

**The Relationship Between Locus of Control, Residential Setting, and Employment Status
Within a Sample of Adults with Mental Retardation**

By

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**A Doctoral Project Submitted in Partial Fulfillment of
the Requirements for the Degree of Doctor of Psychology
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ABSTRACT

As individuals with mental retardation transition from the school setting to vocational and residential services, one of the primary referrals made by special educators and school psychologists is to developmental disability programs. Since the 1990's the guiding philosophy of these programs has been consumer empowerment, which attempts to promote self-determination and self-efficacy in individuals with disabilities. While the consumer empowerment philosophy creates a shift in locus of control from the program staff to the consumers, there has been little study of locus of control within populations with mental retardation. Previous research has suggested that individuals with mental retardation exhibit a more external locus of control than do peers without disabilities, but few studies have looked at factors that are associated with greater internal locus of control within this population. Of the studies that have examined correlates of internal control within normal populations, paid employment, independent living, increased intelligence, and male gender have been found to be associated with greater internal locus of control. The purpose of this study was to determine if these factors are also correlated with greater internal locus of control within a sample of individuals with mental retardation.

The participants in this study were 77 individuals with diagnoses of mental retardation who received services from a non-profit agency for the developmentally disabled in Staten Island. All subjects participated in vocational activities, received residential services, were over 18 years of age, and were within the mild to moderate range of mental retardation. Locus of control was assessed via the Adult Version of the Nowicki-Strickland Internal-External Scale (ANS-IE), and case records were reviewed to

determine cognitive level, demographic information, and relevant employment and residential information.

The results of the study reveal that individuals with mental retardation who were engaged in supported employment were significantly more internal than those in workshop settings. Significant differences in locus of control were not found between individuals in supported apartments and those in group homes, but a trend was found in the predicted direction. Individuals who were residing in supported housing and engaged in supported employment did not exhibit greater internal locus of control than those who were functioning in more supportive settings, as the predicted interaction effect was not significant. The results also reveal that a significant difference in locus of control did not exist between individuals with mild and moderate mental retardation. Finally, this study also found that gender difference in locus of control did not exist within the sample.

The results of this study have implications for school psychology and the agencies serving individuals with mental retardation. Given the association between paid employment and internal locus of control, service agencies may do well to increase efforts to integrate individuals with mental retardation into the general workforce, while providing counseling that specifically aims at promoting self-determination, self-efficacy, and internal locus of control. For the school psychologist, this study suggests that an understanding of both disabled students' perceptions of control and service agencies' ability to foster control and choice are important considerations during the transitioning process. In addition, as studies suggest that internal locus of control is associated with more adaptive adult outcomes, school-based intervention strategies that foster internal control may have important long-term implications for students.

CHAPTER I

INTRODUCTION

As noted by Baumeister and Baumeister (1995), “Mental retardation is a problem of human development, an expression of behavioral differences among people as reflected in quality of adaptation and adjustment to changing demands of our environment” (p. 283). Although definitions of mental retardation tend to change with the social and political climate, there are generally three features that are thought to characterize people with this disorder: subnormal intellectual functioning, deficits in adaptive functioning, and early onset. As such, DSM-IV defines mental retardation as significantly sub-average intellectual functioning characterized by an IQ of 70 or below (Criteria A), concurrent deficits or impairments in present adaptive functioning (Criteria B), with an onset before the age of 18 years (Criteria C) (APA, 1994). Approximately 1% of the population suffers from mental retardation (APA, 1994).

The DSM-IV classification system further allows for persons with mental retardation to be described in terms of their degree of intellectual impairment. As Hodapp and Dykens (1996) describe, mild mental retardation (IQ 50-55 to 70) makes up the largest group of persons with mental retardation, perhaps as many as 90% of all persons with this disorder (APA, 1994). These individuals are often indistinguishable from persons without disabilities and often blend into the mainstream population. The second most common level of impairment is moderate mental retardation (IQ 35-40 to 50-55). Many of these individuals show one or more clear organic causes for their mental retardation, such as Down syndrome or Fragile X syndrome. Severe mental retardation (IQ 20-25 to 35-40) and profound mental retardation (IQ below 20 or 25)

make up the smallest sub-groups of mental retardation, but comprise those individuals with the most severe impairments. Almost all of these individuals show organic causes for their retardation, and most require special assistance throughout their lives (Hodapp & Dykens, 1996).

Based on federal and state law, three publicly funded service systems share the responsibility for transitioning youth with mental retardation into paid integrated employment and community living (Certo, Pumpian, Fisher, Storey, & Smalley, 1997). These three service systems are special education, rehabilitation programs, and developmental disability programs. During this transitioning process, one of the primary referrals made by special educators and school psychologists is to developmental disability programs, as these agencies provide the majority of post-school services for individuals with mental retardation (Certo et al., 1997). In analyzing the history of these programs, it can be seen that delivery of services to people with mental retardation has been greatly influenced by the social and political philosophies of the times.

As noted by Braddock (1998), societal perceptions and responses toward people with developmental disabilities continually evolve. In the first half of the twentieth century, the primary service option for people with mental retardation was the large, state operated institution. These institutions were often located in rural areas, and offered little opportunities for community integration. Rather than being viewed as contributing members of society, individuals with mental retardation were viewed as dependents of the state. As such, most adults with significant disabilities were viewed as unemployable and incapable of independent living (Brooke, Wehman, Inge, & Parent, 1995).

In the 1950's through 1970's, advocates for the developmentally disabled brought attention to the appalling conditions of many of these institutions. During this time, which is commonly referred to as the deinstitutionalization period, the number of institutional placements dramatically decreased as community service options expanded (Bradley & Knoll, 1990). The 1954 Rehabilitation Act amendments furthered this movement by acknowledging persons with mental retardation as eligible recipients of vocational rehabilitation services. However, the primary vocational support option that emerged from this legislation was the segregated sheltered workshop, a service characterized by token wages and menial work (Braddock, 1998). At the same time, the system for residential services that emerged was unorganized and inconsistent in their ability to transition individuals from state institutions to placements in community housing. As a result, many individuals were released to their families, placed in nursing homes, or left to fend for themselves (Ridgway & Zipple 1990).

Eventually, people with disabilities, their families, advocates, and professionals began to openly criticize the sheltered employment facilities and residential programs. During the 1970's and 1980's, as dissatisfaction with service providers grew, a philosophical shift emerged that dramatically changed the state of service delivery for people with mental retardation (Brooke et al., 1995). As noted by Wolfe, Kregel, and Wehman (1996), Nirje's (1969) conceptualization of the normalization principle prompted a dramatic shift in service delivery away from segregated services for people with disabilities. Nirje (1969) described normalization as a way of offering individuals with disabilities an experience of everyday life that is as close as possible to the norms of mainstream society. Wolfensberger (1972) expanded on the normalization concept to

remove the idea that disabled individuals should somehow be “shaped” to fit into socially acceptable roles. Normalization was now conceptualized to focus on enabling individuals with disabilities the opportunity to lead lives that are valued by other members of the community. The normalization principle quickly became the guiding philosophy of most human service programs in the United States during the 1970’s and 1980’s, and key components of the concept became embedded in numerous federal laws. Wolfe et al. (1996) contend that normalization should be viewed as directly responsible for the increase in community based employment programs and community residential placements.

The normalization principle sparked much interest not only in agencies for the developmentally disabled, but also in research institutions and state and federal agencies. Brooke et al. (1995) note that during the late 1970’s and early 1980’s supported employment demonstration projects began to emerge in connection with university-based programs. With the success of these demonstration projects came a new model for rehabilitation. Employment began to be seen as a means by which developmentally disabled individuals could obtain community membership. In line with this new model, programs began to be developed that offered integrative and inclusive services (Degeneffe, 2000). Brooke et al (1995) also note that in the late 1980’s several historical events occurred that helped establish supported employment as a viable rehabilitation service option. Perhaps the most important of these events was the 1986 amendment of the Rehabilitation Act, which included a definition of supported employment, provisions for exclusive funds for supported employment (Title VI-C), and authorization of case service dollars for individuals traditionally served by vocational rehabilitation (Title I).

Thus by the end of the 1980's a new array of vocational services were available for persons with developmental disabilities, and consumers could now choose from a variety of vocational alternatives. These alternatives ranged from pre-vocational day treatment services to supported employment in the community (Brooke et al., 1995).

During the same period of time, the residential service options for individuals with disabilities greatly expanded. Numerous federal and state laws were implemented to facilitate the transition into community residences and decrease the influence of community opposition. Thus greater numbers of consumers were finding placements in a variety of residential settings, including group homes, community residences, individualized residential alternatives, intermediate care facilities, and supported apartments.

Additionally, research began to emerge demonstrating the benefits of supported employment and community living, thus contributing to the growth of these services. Revell, Wehman, Kregel, West, and Rayfield (1994) analyzed national programmatic and outcome data associated with the implementation of supported employment within each state of the United States. Revell et al. (1994) found that as of 1991 the national mean average weekly salary for supported employment participants had increased by approximately 500% when comparing the wages of participants before supported employment to after supported employment. In addition to financial benefits, research studies demonstrated increases in quality of life for supported employment participants. Inge, Banks, Wehman, Hill, and Shafer (1988) found significant differences in life quality between individuals in sheltered workshops and participants in supported employment. Individuals in supported employment had more adaptive behaviors, better