

COMPARATIVE ATTITUDES OF POTENTIAL
EMPLOYERS OF MENTALLY RETARDED
ADULTS ON THREE CHARACTERISTIC
STEREOTYPES

By

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CHAPTER I

INTRODUCTION

During the First Session of the Oklahoma 38th Legislature, Senate Bill No. 46 was enrolled to authorize an appropriation of 1.5 million dollars to develop group home services for mentally retarded adults.

These group home services are to be designed to provide living facilities and support services for mentally retarded adults who have the potential and desire to live semi-independently and independently in the community.

The Oklahoma Department of Human Services, Division of Planning and Resources Development, defines a group home, or residential facility as "A facility operating for care and treatment of the developmentally disabled on a 24 hour-a-day basis, providing diagnosis, evaluation, treatment, education, training, personal care, or sheltered workshop services."¹

The primary target population for group home services is defined in Title 56 of the Oklahoma Statutes.

The term 'mentally retarded person', as used in this act, means a person afflicted with mental defectiveness from birth or from an early age to such an extent that he is

incapable of managing himself or his affairs, who for his own welfare, or for the welfare of others, or of the community, requires supervision, control, or care, and who is not mentally ill, or of unsound mind to such an extent as to require his certification to an institution for the mentally ill as provided under the Mental Health Law. For the purposes of this project, individuals who are considered to be 'mildly retarded' have been designated as the primary target group.²

Group Home Concept

In accordance with current trends in the field of mental retardation, the Oklahoma Department of Human Services, Division of Residential Services to the Mentally Retarded, plans to transfer mentally retarded adults, currently living in state institutions for the mentally retarded, to available and appropriate community-based group homes, designed to accommodate six to eight mentally retarded adults. The projected number of adults who could be transferred to group homes from state institutions in 1983 numbers 200. The projected number of adults who could be transferred within the next two years is 2,000.³

The rationale behind Oklahoma's new commitment to de-institutionalization and normalization is complex. First of all, smaller community-based residential facilities are cost effective and can be economically justifiable. The average yearly cost per

resident in an Oklahoma group home is \$7,056.00 as compared to the average yearly cost of \$14,400.00 to \$21,600.00 per resident for institutional care.⁴

A second consideration is that group homes are a more normalized approach to the care and treatment of the mentally retarded. Wolfensberger defines normalized services as those that use "culturally valued means, in order to enable people to live culturally valued lives."⁵

Wolfensberger goes on to say that service systems should provide two things: 1) change of perceptions or values of the perceiver and 2) minimization of the stigma of deviancy that activates the perceiver's devaluation.⁶ This is not to say that normalization is an attempt to change the mentally retarded, but instead, it is "a challenge to human services to enhance both the skills and the societal image of their clients."⁷

Another consideration is the concern for the human dignity and constitutional rights of institutionalized mentally retarded adults which has brought about many changes in the way institutions are viewed.

Legal Ramifications

In several states, Alabama (Wyatt vs. Stickney) being a landmark case, lawsuits have been filed against state institutions for

unnecessary and involuntary institutionalization of mentally retarded adults.⁸ Oklahoma could face similar litigation if conditions and practices of institutionalization are not changed.

Major concerns in institutionalization include inadequate opportunity for habilitation for the residents, lack of privacy, excessive use of chemical restraint and physical seclusion, restrictive settings, and in rare cases, abuse of residents by staff. Group homes are viewed by mental retardation professionals as providing a high level of humane and individualized care which can greatly enhance the lives of mentally retarded people.

Bellmon Report

In a report issued by Henry Bellmon, Director of the Oklahoma Department of Human Services, Bellmon indicated that the agency should move away from institutionalization of mentally retarded persons and provide more community-based care. In the report, Bellmon said:

In the past, the Department of Human Services has over-emphasized institutional care and treatment. In the future, the agency's resources should be used to help the people it serves live as normally as possible. Institutionalization should be considered as a last resort only when family settings and community resources cannot provide the necessary care.⁹

There are 18 communities in Oklahoma, which in 1983, have group home programs for mentally retarded adults. Thirty homes are projected to be opened in Oklahoma communities within the next two years.

Statement of the Problem

The ultimate goal of the group home program in the majority of existing programs is for the community residential placement of mentally retarded adults also to include gainful and competitive employment for those individuals. In addition, Group Home Standards for Mentally Retarded Adults, as established by the Oklahoma Department of Human Services, Division of Planning and Resources Development, require group homes to provide "ample opportunity for the residents to acquire job related skills and/or gainful employment" as part of the program's vocational objectives.¹⁰

Several of the 18 communities with group home projects have sheltered workshops for the more severely impaired, but as Title 56 of the Oklahoma Statutes reads, the primary target group for group home services will be the mildly retarded who are educable and employable.

Success of community residential and job placement will not only depend on the thoroughness of the screening process for

selecting participants in the program, but will also depend on the public's opinion of mentally retarded adults. Most crucial to the issue is the general attitude toward the physical and visible presence of mentally retarded adults in the community, not only at the group home locale, but also in the work place.

Many people have little knowledge and understanding of the mentally retarded, and have had little or no exposure to mentally retarded persons. In some communities, there has been great resistance to the location of group homes in certain areas.

In Rockville Centre, New York, a group of citizens purchased a house designated for a group home, and then offered it for sale below market value, hoping that they could keep the house from becoming a group home. The State of New York filed suit, and the 18 citizens who purchased the house have been charged with conspiring to keep the retarded out and with violation of the State Human Rights Law by discriminating against the handicapped in housing.¹¹

Resistance to Group Homes

However, not every state is in agreement with the right of individuals or groups to establish group homes in community residential settings. In July, 1980, the Ohio Supreme Court declared unconstitutional part of a state law which said that zoning

ordinances could not be used to bar the opening of licensed group homes in communities, thus limiting the opportunities for mentally retarded adults to live semi-independently in the community.¹²

In Ponca City, Oklahoma, a group of citizens banded together to prevent Opportunity Homes, Inc., from establishing a group home in their neighborhood, although zoning had been approved by the city zoning commission and city council.¹³ Their anti-group home campaign culminated with a middle-of-the-night, anonymous, door-to-door distribution of a letter depicting the group home setting as being detrimental to property values and the safety of neighbors. The letter was unsigned, and knowledge of its origin denied by the protestors. The long city council and zoning commission battle ended in favor of the protestors. However, some months later a group home site was selected in another section of town and approved by the zoning commission and city council. There was no formal complaint filed against the second location in the group's attempt to establish group home services in Ponca City.

There are many differing views on establishing group homes in community residential areas. Groups in other states have

undertaken studies concerning the impact of group homes on property values, but to the author's knowledge, no one has conducted a study of neighborhood property values in Oklahoma.

Property Value Impact Study

The New York State Office of Mental Retardation and Developmental Disabilities, conducted a study in August, 1978, to investigate neighborhood property impacts. Their findings indicated that in the 42 communities studied, property values in communities with group homes had the same increase or decrease in market prices as areas without group homes. In addition, the market value of properties neighboring group homes was not significantly affected; immediate adjacent properties did not decline in property value; and establishment of group homes did not generate a higher degree of neighboring property turnover. The group also found that group home residents are not "visible" from the street; the group home function is not conspicuous; group home maintenance is generally better than surrounding properties; and group homes are consistent with and compatible with neighboring properties in type and size of structure.¹⁴

Enid, Oklahoma Plan

In Enid, Oklahoma, location of this study, there has been little resistance thus far to the site selection of the two group homes now in operation. However, the intent of the board of directors is to open a network of group homes, and there will be a need to develop a public relations program to accompany the expansion of the program.

Public relations efforts have been minimal since the inception of the group home program in Enid, in July, 1980. In October, 1980, a logo was designed by an art student at Phillips University, Enid, and adopted by the board of directors. This was the first step toward establishing the name of the agency.

The agency was without a brochure explaining program components until August, 1982. Prior to the printing of the brochure, the board of directors and staff used the cover letter of the resident application form as an information sheet. In August, 1981, a two page information sheet with the agency logo heading the first page, was developed for direct mail and distribution to individuals and groups in the community.

Several problems were encountered during the planning stages for the agency brochure. The board of directors wanted a brochure for fund raising purposes, and the support staff wanted a brochure which explained program components and served as an advocacy

tool for the mentally retarded adults they worked with. The executive director needed a brochure which could aid in all aspects of program promotion.

Because of budget limitations, only one brochure could be designed and printed for distribution, and would have to broadly represent all aspects of the program. The brochure was divided into six sections: What is a group home? Who lives in the group homes? Why have group homes? Where are the group homes? Who operates the group homes? and How are the group homes funded? Included in the brochure was a section to be filled out by donors, volunteers, or those wishing to learn more about the agency. One-thousand brochures have been distributed in the community since the first printing in August, 1982.

In addition to printed material, the executive director speaks to an average of two civic, church, or other professional and non-professional groups in the community each week. Talks are adapted to the particular group's interests, and question and answer sessions follow.

Three slide presentations have been developed for presentation to community groups, potential residents, and parents of potential residents in an effort to further educate and orient individuals to the goals and capabilities of the group home program.

Press releases are sent out periodically, concerning staff or program changes, donations, or special service projects.

The agency has an annual benefit Veranda Sale, and several other fund raisers each year. Public service announcements are utilized and fliers are distributed to help publicize each event.

Needed Public Relations Efforts

There has been no formal attempt to target specific audiences for the purpose of job development for the residents of the group homes. Most of the public relations efforts to date have been focused on the funding needs of the agency, since the agency must raise an annual average of \$24,000.00 locally to support continuation of the group home program.

As more educable and employable mentally retarded adults enter the work force, potential employers will need to be educated as to the needs and capabilities of the mentally retarded adult.

Without attention to community reaction and attitudes, the integration of the mentally retarded adult into the community could be a difficult process. With collection and interpretation of data regarding attitudes toward the mentally retarded, a strategy could be developed for implementation of a public relations program which could improve the overall image of the mentally retarded adult as an employee and neighbor.

With the opening of 30 group homes in Oklahoma within the next two years, the development of an instrument to aid communities in determining attitudes toward the mentally retarded would be of assistance in mapping a strategy for the expansion of existing services, and the establishment of new group home services.

To date, no studies concerning community attitudes toward de-institutionalization of mentally retarded adults have been conducted by the 18 agencies providing group home services in Oklahoma. This study, therefore, is designed to investigate attitudes in one community, Enid, Oklahoma, in an effort further to determine the impact of the mentally retarded adult in the community.

Enid Group Homes, Inc., is a private, non-profit corporation established in July, 1980, to provide an option to institutional placement for mentally retarded adults in North Central Oklahoma.

Each group home is a residential facility which provides training for independent living for mentally retarded adults. Training is provided in formal and informal activities within each home, and is designed to the individual to 1) develop skills in performing activities of daily living including self-help, motor skills, and communications, 2) enhance emotional, personal, and social development, 3) provide experiences conducive to the

acquisition of a positive self-concept and desire to learn, and
4) provide experiences for gaining useful occupational and pre-
vocational skills.

In addition, the homes are designed to provide living facilities and support services which allow mentally retarded adults to live in the community. Social, self-care, academic and financial skills, transportation services, and access to other agencies and programs are among the support services provided. Each home has a manager directly responsible for the residents and the program in that home. The homes are supervised by an executive director.

Enid Group Homes, Inc., opened its first residence at 505 West Elm, Enid, Oklahoma, in January, 1981. Four men and four women live in the home. All are successfully employed within the community, and in addition, share in the cooking, cleaning, and other household chores. Prior to placement in the group home, all the residents lived in state institutions for the mentally retarded. Enid Group Homes, Inc., has provided the first opportunity to live semi-independently that most of the participants in the program have had. Ages of the residents in the first group home range from 20 to 41 years.

The second residence was opened in December, 1981. Five men and two women live in the home. Again, all are successfully employed within the community, and also share in maintaining

the household. The second group home is located at 401 West Elm, Enid, Oklahoma. Ages of the residents range from 21 to 45 years.

Group Home Funding

The first residence was funded as a pilot project for one year through a grant from the Oklahoma Department of Human Services, under the Developmental Disabilities Assistance and Bill of Rights Act, Title V, P. L. 95-602. Beginning September, 1981, however, the home has been operating from client room and board fees and contributions from program supporters.

The second group home is funded through a similar grant until August, 1983. The receipt of grant funds of \$37,188.00 is dependent on matching funds in the amount of \$24,000.00, which is locally raised to support and continue the program. The total, combined costs of both group home programs is \$109,000.00.

Oklahoma has been rather slow in coming to the realization that large institutions are not always the answer to the problems of the adult mentally retarded.

Prior to establishment of group home services in Oklahoma, the only available residential facilities for the mentally retarded were the three state training schools for the mentally retarded, located in Enid, Pauls Valley, and Sand Springs. In 1963, the Oklahoma State Legislature provided for statewide planning for the

mentally retarded so that Oklahoma could qualify for federal grants under Public Law (PL) 88-156, and PL 95-602.¹⁶ Under this legislation, the planning for the care and treatment of the mentally retarded was expanded to include community residential services for mentally retarded adults.

It was not until 1980 that funding was provided for the establishment of group home services, and Enid was the first site approved for funding of this type.

In 1981, some 33 subgrantee projects were approved by the developmental disabilities planning council, a committee appointed by the governor, and one of the subgrantee projects again included group home services in Enid. The other 32 projects were sheltered workshop services and special programs at the three state institutions for the mentally retarded.

As of 1978, 17 states had established group homes serving 15 or fewer persons.¹⁷ Minnesota and Michigan have developed the largest number of group homes and are usually referred to in the literature as national leaders in the group home movement.

The group home concept has proven itself thus far as a viable alternative to institutional placement for the adult retarded, and appears to be the current trend in the move toward de-institutionalization in Oklahoma.

ENDNOTES

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²Ibid.

³Jerry Poyner, Personal Interview, Oklahoma City, Oklahoma, January 18, 1983.

⁴Roberta Cazzelle, "Oklahoma Association of Workshops and Community Residential Facilities (OAW/CRF) 1983 Membership Facility Survey," report distributed to the membership of the OAW/CRF (Durant, 1983), p. 1.

⁵Wolf Wolfensberger, "A Brief Overview of the Principle of Normalization," Normalization, Social Integration, and Community Services, (Baltimore, 1980), p. 8.

⁶Ibid.

⁷William T. McCord, "From Theory to Reality: Obstacles to the Implementation of the Normalization Principle in Human Services," Mental Retardation, 20 (1982), p. 249.

⁸Albert R. Cavalier and Ronald B. McCarver, "Wyatt v. Stickney and Mentally Retarded Individuals," Mental Retardation, 19 (1981), pp. 209-214.

⁹Kyle Noble, "Services for the Mentally Retarded and Developmentally Disabled," News & Views, DHS Pub., No. 83-7 (1983), p. 9.

¹⁰Oklahoma Department of Human Services, Division of Planning and Resources Development, Standards for Group Homes for Mentally Retarded Adults, Appendix, Item X, Attachment #2 (Oklahoma City, 1981), p. 8.

¹¹Mariette J. Bates and Paul R. Dolan, "New York State Has Filed a Suit Against a Group of Rockville Center Citizens," Community Living, 3 (1980), p. 7.

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¹⁶Kyle Noble, "Mentally Retarded and Developmentally Disabled," M-R Quarterly, DHS Pub. No. 81-34 (1981), p. 7.

¹⁷Terrilyn Atkinson, Kathy Brown, Ann Giambetti, Stephen Lichter, William McCord, Sandra Mlinarcik, Stanford Searl, and Stephen J. Taylor, "Title XIX and De-institutionalization: The Issue for the 80's," a paper prepared for The Center on Human Policy (Syracuse University, 1981), p. 95.

CHAPTER II

REVIEW OF SELECTED LITERATURE

Introduction

As Oklahoma moves closer to widespread de-institutionalization of the mentally retarded, more attention will need to be given to the public's attitudes and concerns about the de-institutionalization process.

For the purpose of this study, the review of literature began with journal publications of the 1960s, since the trend in de-institutionalization was not a strong force in the field of mental retardation prior to that time. A review of books and other bibliographical references did not yield any related studies concerning community attitudes toward the mentally retarded.

Much of the literature regarding attitudes toward the mentally retarded appears to be scattered and inconsistent in findings.

Two professional journals are available to those working in the field of mental retardation, through membership in the American Association on Mental Deficiency. Those journals are the American Journal of Mental Deficiency and Mental Retardation. The journals,

however, are primarily devoted to issues of institutional care, and papers concerning community-based care are few and far between. It is the author's hope that this will change considerably as more community-based care is established, and more information of a scholarly nature is made available to individuals working in community-based organizations.

Related Literature and Reliability

In the existing literature, there is a great deal of debate concerning the reliability of studies conducted, concerning community attitudes toward the mentally retarded.

Gottlieb and Siperstein stated the following concern:

Given the great variability in the attitude literature regarding the attitude referent, the measurement instrumentation, the subject samples employed, general misconceptions about mental retardation and mentally retarded people, and the vast differences in the mentally retarded people themselves, there is little wonder that the data base provides confusing and contradictory information.¹

Attitude Predictors

Jordan, in his review of the literature found that what did emerge, were four classes of variables which appear to be

predictors of attitudes: 1) economic-demographic factors, 2) contact factors, 3) socio-psychological factors, and 4) knowledge factor.²

However, Jordan notes that most of the research studies were "inconclusive or contradictory about the predictor variables," a result of the researcher's inability to control or determine which attitude levels are being measured. "The lack of control over attitude levels being measured" and the lack of control over variables, Jordan goes on to say, will "continue to produce inconsistent, contradictory, and non-comparable findings in attitude-behavior research."³

Attitudes Toward Adults vs. Children

Another problem encountered by the author in the review of the literature was the lack of information regarding attitudes toward the adult mentally retarded. There are a number of studies developed for measurement of attitudes toward mentally retarded children, but few studies focus on the de-institutionalized, community-based mentally retarded adult.⁴ The common belief among mental retardation professionals in Oklahoma is that mentally retarded children are considered "cute" and get much attention. However, that child will "disappear" after age 18 and reappear as just another undesirable dimension of our society. In essence,

mental retardation is no longer "acceptable" after an individual reaches a certain age, and those individuals have a difficult time making the transition from childhood to adulthood.

Attitudes Toward Adults

One of the few studies available which is devoted to assessing community attitudes toward mentally retarded adults was done by Kastner and Reppucci. The researchers designed an investigation which would employ a "special manipulation on survey responses."⁵ Residents living near a house for sale were told the house could be a potential group home site. Then, residents were asked to respond to survey questions designed to elicit their attitudes toward mentally retarded adults. A control group of residents in another comparable section of town were asked to participate in the survey without being told there was a potential group home site near them, and a comparison of the two groups' responses was made.

Positive Response Bias

The Kastner and Reppucci study was done as a comparison study to the 1974 Gallup Survey in conjunction with the President's Committee on Mental Retardation.⁶ The Gallup Survey indicated that most members of the survey community positively accepted the presence of mentally retarded adults in the community. However,

the Gallup Survey appears to be generally disregarded by mental retardation professionals, because the results "typify the general outcome of attitude surveys" . . . and deals with "obvious fundamental human rights and broadly stated equality issues . . . that leave little realistic room for discriminatory applications in an interview situation."⁷

As with the other studies in literature, the findings of Kastner and Reppucci indicate that the attitude survey in general is likely to elicit a positive response bias regarding the subject of mental retardation.⁸

Other studies conducted with similar outcomes and conclusions are: Latimer: "Current Attitudes Toward Mental Retardation,"⁹ Hollinger and Jones: "Community Attitudes Toward Slow Learners and Mental Retardates: What's in a Name?"¹⁰ and Gottlieb and Corman: "Public Attitudes Toward Mentally Retarded Children."¹¹

Since the sample drawn in this study was drawn from the 1983 Business Referral Memberships of the Greater Enid Chamber of Commerce in an effort to determine attitudes potential employers have toward the mentally retarded, attention was given in the review of the literature to any studies related to employment of mentally retarded adults. Again, much of the literature was devoted to lower functioning individuals who require sheltered workshop placements, as opposed to community job placement.

Job Placement Study

One study, did, however, address the issue of community job placement. Phelps selected a random sample of employers in his study, "Attitudes Related to the Employment of the Mentally Retarded", but again came up with the same results of other attitudinal studies: positive response bias, which almost seems inherent in research of attitudes toward the mentally retarded.¹³

Public Relations Efforts

Another area investigated in the review of literature, was past or present public relations efforts by agencies serving the mentally retarded adult. Since this study was done with a public relations perspective, the literature was reviewed to determine if any public relations efforts concerning the mentally retarded had been documented and the effectiveness of the public relations strategy evaluated. Gottlieb and Corman, found no evidence of any evaluation of public relations efforts in their review of the literature, and recommended that the "public relations aspect is vital in promoting the acceptance of mentally retarded adults in the community."¹⁴

Bruno and O'Brien drew a random sample of state and private institutions for the mentally retarded to determine what public

relations strategies were employed by those agencies. Their findings indicated the following rank order of public relations strategies:

1. tours of the facility
2. speaking engagements
3. articles in local newspapers
4. publication of papers or newsletters
5. public relations committee or person in charge of public relations activities
6. open houses
7. memberships of staff in local organizations
8. articles in professional and non-professional journals

Bruno and O'Brien suggest these current practices not be discontinued, but mental retardation facilities need to take a more aggressive approach to public relations and public education. The authors suggest "additional research in the area of traditional public relations approaches to support further or replace the old are needed."¹⁶

Summary

The review of literature suggests that information regarding community attitudes toward the mentally retarded is sketchy and inconclusive, at best. At the same time, there is a vital need for

information regarding those public attitudes if the transition from institutional living to community-based living is to be achieved without too much hardship on the mentally retarded adult and the service provider. However, to date, researchers have not been satisfied with survey instruments because of the many variables they believe to affect response bias and confusion concerning attitudes toward mentally retarded adults.

Findings in the review of literature indicate that, although it is difficult to obtain reliable results from most survey instruments, researchers and professionals in the field of mental retardation must continue to determine attitudes, and develop public relations and community education strategies, so that mentally retarded adults can enter community living and experience improved services designed around their needs and the needs of the community.

The intent of this study was to determine the attitudes of potential employers of mentally retarded adults on three characteristic stereotypes: Abnormality, Competency, and Social Distance.

Are mentally retarded adults considered to be more normal than abnormal? Are mentally retarded adults considered to be competent to perform job skills or the daily tasks of living semi-

independently or independently in the community? Are mentally retarded adults considered to be desirable or undesirable additions to the work force and neighborhood?

Several basic assumptions have been made by service providers throughout the state concerning public attitudes toward the mentally retarded adult, but no one has done an empirical study concerning those attitudes. Most service providers believe that mental retardation is misunderstood and believe that much of their time must be spent in basic education of the public.

Part of the public relations program for Enid Group Homes, Inc., has been public education, based on the assumption that people know little or nothing about mental retardation. However, this basic assumption and educational effort may need to address several areas of concern beyond what is currently addressed in educational and public relations efforts. Areas addressed from a public education aspect include: causes of mental retardation; the differences between mental retardation and mental illness; degrees of mental retardation; and the ability of mentally retarded adults to live and work semi-independently and independently in the community.

It was the purpose of this study to elicit responses indicative of the attitudes of respondents toward Abnormality, Competency, and Social Distance, in reference to mentally retarded adults. This information will be used to make any necessary changes in public

relations and community education programs in an effort to change any misconceptions individuals may have regarding mental retardation.

It is the author's hope that the findings of this study will provide a data base on which to plan future strategies for continuation and expansion of the group home program in Enid, Oklahoma.

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⁷Kastner and Reppucci, p. 138.

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¹⁶Ibid, p. 39.

CHAPTER III

METHODOLOGY AND DESIGN

Respondent Selection

This thesis primarily sought a selected public's attitude toward three characteristic stereotypes of mental retardation: Abnormality, Competency, and Social Distance.

Ninety-one opinions concerning the adult mentally retarded were collected over a three-month period. Statement sources included personal interviews with Enid citizens, question and answer sessions following public addresses, and interviews with professionals in the field of mental retardation.

Twenty-four statements were selected, some based on fact, and some were based on common misconceptions about the three aspects of perceived characteristics of mental retardation selected for this study. Eight statements involved the concept of Abnormality, eight with the concept of Competency, and eight with the concept of Social Distance. The statements were randomly ordered and pre-

sented as statements about the mentally retarded. The respondents were asked to read each statement and mark their degrees of agreement or disagreement.

Statements were accompanied by five-point, Likert-type scales, ranging from strongly agree to strongly disagree. A positively worded statement toward the representative concept was assigned a value of 5 points for strongly agree and a value of 1 point for strongly disagree. The scale of a negatively worded statement was assigned values of 1 point for strongly agree to 5 points for strongly disagree.

Two-hundred-and-thirty-eight potential employers in the Enid, Oklahoma area were selected at random from the 1983 Business Referral Memberships of the Greater Enid Chamber of Commerce.

Classifications of businesses included in the study were:

1) construction, 2) hotels, motels, restaurants, cafes, 3) amusement, entertainment, 4) retailers, wholesalers, services, distributors, manufacturers, and 5) transportation.

The business classifications were selected by the mentally retarded individuals participating in the group home program in Enid. Each of the 15 program participants were asked to rank-order his or her preference as prospective employees for each of the businesses listed. The type of business was listed on a card and

accompanied by a picture or drawing of a person performing a task which might be associated with the duties of that particular job.

The five business classifications selected for the study represent the types of jobs and work placements which already have been obtained by a portion of the residents, and also represent the type of job or work placement which they believe they would find "enjoyable." Due consideration was given to skill levels and abilities of the mentally retarded adults participating in the screening and selection process before presentation of the job selection cards, in order to avoid any unrealistic choices of job placement.

Data Collection

A random sample of 238 respondents was drawn from the 476 listings in the 1983 Business Referral Memberships of the Greater Enid Chamber of Commerce whose classification fell under one of the five following categories: 1) construction, 2) hotels, motels, restaurants, cafes, 3) amusement, entertainment, 4) retailers, wholesalers, services, distributors, manufacturers, and 5) transportation.

Surveys were mailed out with a cover letter explaining the nature of the project and instructions on responding to the 24

statements regarding the mentally retarded. Self-addressed, stamped envelopes were included for respondents to return the questionnaires.

Of the 238 questionnaires mailed out, 103 were completed for a 43 per cent return rate. Three of the responses were unusable, because items were left blank or comments were written instead of checking degrees of agreement.

The survey comprised of 24 scaled items. Eight items dealt with the concept of Abnormality, eight with the concept of Competency, and eight with the concept of Social Distance.

Items dealing with Abnormality:

1. It is difficult to detect a mentally retarded adult on appearance alone.
2. Mentally retarded adults, with exceptions, probably tend to be more violent in nature.
3. Mentally retarded adults are more normal than abnormal.
4. Statistics probably would show that mental retardation is higher among low-income families.
5. Regardless of an employer's good intentions, he must accept the fact that mentally retarded employees pose greater problems.
6. As far as behavior goes, mentally retarded adults present no more problems than other people.
7. Criminal tendencies are no more evident in mentally retarded adults than anybody else.
8. Mentally retarded adults, on the average, exhibit more anti-social behavior.

Items dealing with Competency:

1. School is, to some degree, a waste of time for mentally retarded adults.
2. Mentally retarded adults can handle a wide range of jobs.
3. The ability of mentally retarded adults to perform only routine tasks is unfortunate, but true.
4. Mentally retarded adults need no more supervision than other people to perform simple tasks.
5. Mentally retarded adults do not have the competency required to perform most of the important day-to-day tasks in society.
6. Mentally retarded adults should be paid the same as anyone else doing the same job.
7. Generally, mentally retarded adults are no more difficult than other people to reason with.
8. Mentally retarded adults, on the whole, cannot work as fast as other employees.

Items dealing with Social Distance:

1. Mentally retarded adults, by law, should be provided the same job opportunities as anybody else.
2. Around children, mentally retarded adults probably should be watched with more caution.
3. Mentally retarded adults simply are not desirable employees, no matter how much one might wish otherwise.
4. Whether or not mentally retarded adults should be allowed to marry has no bearing on the welfare of society's future.

5. It is only natural that mentally retarded people are happier with their own kind.
6. Mentally retarded adults, for the most part, can fit quite well into the normal world.
7. Hiring the mentally retarded does not cause as much social hardship as commonly believed.
8. A justification can be made as to whether mentally retarded adults should have sexual freedom.

Each item on the survey was accompanied by a 5-point scale, ranging from strongly agree (5) to strongly disagree (1). Values on statements negative toward the concept were reversed so that strongly agree was assigned a value of 1 point and strongly disagree was assigned a value of 5 points.

Analysis

The initial analysis involved a two-way analysis of variance. The data were derived from the attitude scores toward the three categories of opinion statements involving the concepts of Abnormality, Competency, and Social Distance, as recorded by the 100 respondents.

This treatments-by-subjects analysis of variance allowed the author to compare the difference in attitudes among subjects and to determine the differences among the three concepts. In addition, the two-way analysis of variance tested the stability and internal measurement consistency, or reliability, of items in the scales.

Therefore, an over-all comparison of differences in attitudes and the mean differences of attitudes toward the three concepts could be made.

Additionally, discriminatory power of opinion statements were determined to extract any ambiguous items in the scale.

CHAPTER IV

FINDINGS

Opinionnaire Reliability

In any Likert-type opinionnaire or attitude scale, the investigator seeks to determine if the instrument measures consistently whatever it is measuring -- purportedly in this case: attitudes toward mentally retarded adults as reflected by degree of agreement with 24 statements regarding Abnormality, Competency, and Social Distance. If a scale measures attitudes consistently, the mean differences among a substantial number of respondents' ratings would exceed those expected by mere sampling error alone.

In this study, the between-respondents mean variance did exceed chance expectations, or sampling error, ($F = 3, 67, p < .01, df = 99/2297$). This difference among the 100 respondents accounted for 11.7 per cent of the total variance in attitude scores. The reliability coefficient, or index of internal measurement consistency, was .73, which showed a high-moderate reliability.

Scale Item Differences

Most attitude studies are conducted to provide guidelines for future communication efforts. Thus, a public's attitude toward specific opinion items is important for communication strategy involving message treatment and appeal. If, for example, community employers perceive mentally retarded adults as noticeably low on statements regarding those individuals' competency, the direction and tenor of communication efforts to clear the air of misunderstandings are obvious.

The author, then was interested in any differences among the 24 scale items; overall, and between specific pairs of items.

Variance analysis revealed a significant difference among the lowest and highest rated items ($F = 20.06$, $p < .01$, $df = 99/33$). Post-hoc t-tests for differences in attitudes between pairs of items were computed.¹ Item mean ratings are shown in Table I. Item mean scores that are accompanied by the same letter of the alphabet are highly likely to have occurred by chance and can be considered equally rated. Several items do differ, however, and these differences accounted for about 15 per cent of the total variation in agreement scores.

A careful study of Table I shows that items within each of the three characteristic components vary greatly in the rank position

TABLE I
 MEAN AGREEMENT WITH EACH OF 24 STATEMENTS
 OF ATTITUDE TOWARD MENTALLY RETARDED
 ADULTS: BY CHARACTERISTIC COMPONENT

Characteristic Component	Mean Agreement	Item No.	Rank Position
Competency	4.00 a	1	1.5
Competency	4.00 a	14	1.5
Social Distance	3.75 a b	8	3.0
Abnormality	3.70 a b c	22	4.0
Social Distance	3.60 b c d	21	5.5
Abnormality	3.60 b c d	10	5.5
Abnormality	3.50 b c d e	16	7.0
Abnormality	3.40 c d e f	24	8.5
Competency	3.40 c d e f	5	8.5
Social Distance	3.30 d e f g	11	10.5
Competency	3.30 d e f g	13	10.5
Abnormality	3.20 e f g h	2	12.0
Social Distance	3.10 f g h	20	13.0
Competency	3.00 g h	6	15.5
Social Distance	3.00 g h	7	15.5
Competency	3.00 g h	12	15.5
Social Distance	3.00 g h	23	15.5
Competency	2.98 g h	15	18.0
Competency	2.90 h i	18	21.0
Abnormality	2.90 h i	19	21.0
Social Distance	2.90 h i	9	21.0
Abnormality	2.90 h i	3	21.0
Social Distance	2.90 h i	4	21.0
Abnormality	2.60 i	17	24.0

Items followed by identical letters not significantly different
 Critical mean difference = .34, $p < .01$, $df = 2277$

of their ratings. For example, Competency items (1 and 14) have the highest rank positions of 1.5 each, while two other Competency items (15 and 18) hold positions 18 and 21, near the bottom. Likewise, Social Distance items range, in rank position from 3 to 21. And Abnormality items range in rank from a high of 4.0 to the bottom of the list in rank position 24.

Conversely, if the reader scans down each column of letters beside the agreement ratings in Table I, he can see insignificant differences among items that correspond to different stereotyped component characteristics regarding mentally retarded adults. For example, the very first column, comprising the letter "a" shows items regarding Competency, Social Distance, and Abnormality -- all eliciting mean agreement scores not significantly different.

Such disparity in rank positions of attitude statements within the same characteristic component indicates that labels other than the ones used for the components would be more appropriate. What label, for example, would logically encompass a group of items with similar mean ratings, but which were classified into different component classifications.

On a positive note, however, it appears the author's 24 scale items are measuring one underlying variable, as indicated by the significant difference in mean ratings by the respondents and the

high-moderate reliability coefficient. The above comments merely suggest that component headings do not offer a clear-cut explanation of underlying attitudinal referents.

Similarities and Differences Among Component Characteristics

The above analysis included all 24 scale items, disregarding the component characteristic to which they purportedly corresponded. The primary purpose to this point was to determine scale reliability.

Since the author classified items into component characteristics, other analyses were warranted to establish any similarities and/or differences among mean agreements with the Competency, Social Distance, and Abnormality components.

Component Similarities

Another index of measurement consistency was observed from elementary linkage and factor analysis of respondents' mean agreement with statements comports to each of the component characteristics.² Eight statements corresponded to each component, for a total of 24 statements. Mean agreement with the eight statements for each component was computed for each of the 100 respon-

dents. Instead of 24 items, then, the author dealt with mean agreement with each of three components. The data file comprised 100 mean agreement scores on each of three components.

The author intercorrelated the three sets of 100 mean scores to determine similarity in pattern of response of the three components. Product-moment correlations are reported in Table II.

TABLE II
PRODUCT-MOMENT CORRELATION COEFFICIENTS
AMONG THREE CHARACTERISTIC COMPONENTS
REGARDING MENTALLY RETARDED ADULTS

	Competency	Social Distance	Abnormality
Competency		.717	.646
Social Distance	.717		.715
Abnormality	.646	.715	
Average Correlation	.682	.716	.681
% Variance Explained	.464	.513	.463

When the 24 opinions were arranged into their corresponding component characteristics and correlated over all 100 respondents, only one cluster was extracted. In other words, the three component characteristics -- Competency, Social Distance, and Abnormality -- "held together" in the eyes of the 100 respondents. Put simply, the relative mean ratings of the three components by respondents were so similar that one can say that the three component characteristics measured one concept: attitude toward mentally retarded adults.

The "average correlation" row of Table II shows that the representative component characteristic was Social Distance, since it had the highest correlation with the other two characteristics, on the average (.716, $p < .01$, $df = 98$). And Competency and Abnormality were significantly correlated with Social Distance (.717 and .715, $p < .01$, $df = 98$), respectively.

In essence, then, if one can determine the mean attitude on how willing respondents are regarding socializing with mentally retarded adults, one also could fairly well predict their attitudes about the competency and normality of retarded individuals.

Whatever is measured by the statements corresponding to the component characteristics -- and the author contends it is attitude

toward mentally retarded adults -- the measurement is consistent. The components are "more like each other" in the respondents' views than they are to anything else.

Differences Among Component Characteristics

As in the variance analysis of differences among all 24 opinion statements and 100 respondents, the analysis of component characteristics "proved" reliable.

Differences among respondents' variance was significant at the .01 level ($F = 2.45$, $df = 99/198$) as they were among opinion statements ($F = 2.18$, $p < .01$, $df = 2/198$).

Mean attitude toward all three component characteristics combined was 3.26, which hovered around the "neutral" attitude on a 5-point scale. Competency netted the most positive attitude (3.33), followed by Abnormality (3.24) and Social Distance (3.20). With a critical difference of .13, $p < .05$, the latter two -- Abnormality and Social Distance -- showed no significant difference in respondents' attitude toward mentally retarded adults.

Reliability of Individual Opinions

The fact that the author's 24-item opinion scale "proved" reliable does not mean that all opinion statements measured attitudes consistently. Reliable items are those that separate respondents

who showed the most negative and most positive attitudes overall. For example, if respondent A showed a mean attitude of 2.0, and respondent B showed a mean attitude of 4.0, the respective lower and higher attitude should be evident on all, or nearly all, the 24 opinions.

To determine an individual item's discriminatory power, the author computed the mean attitude for each item for the 25 respondents with the most positive attitudes. Then she computed the mean attitude of each item for the 25 respondents who registered the lowest mean attitudes. Table III lists the mean attitudes of the highest and lowest respondents, as well as, each item's discriminatory power and power ratio.

Table III shows that the 25 respondents with the most positive attitude toward mentally retarded adults registered a mean of 3.89, which can be described as "positive," but not "strongly positive" on a 5-point scale. The 25 most negative respondents registered a mean of 2.61, which lies between "neutral" and "negative," leaning toward the neutral midpoint of 3.0.

Determining the discriminatory power of an opinion statement necessarily is arbitrary. Some students of the subject recommend that any item with a power ratio of .30 or more is sufficient.³ In this study, the author chose to consider items with non-negative standard power ratios as sufficiently discriminatory.⁴ These

TABLE III

DISCRIMINATORY POWER OF 24 OPINION STATEMENTS REGARDING MENTALLY
RETARDED ADULTS (N = 100)

Item No.	Component	Content	Highest Respondents	Lowest Respondents	Mean Discriminatory Power	Power Ratio	Standard Power Ratio
20	SD	Fit Normal World	4.13	1.96	2.17	.43	1.67
6	C	Learn only routine	4.04	2.04	2.00	.40	1.57
7	SD	Watch with children	3.96	2.13	1.83	.37	1.44
5	C	Handle many jobs	4.21	2.48	1.73	.35	1.36
24	AB	Anti-social behavior	4.25	2.52	1.73	.35	1.36
13	C	Incompetent in task	3.88	2.17	1.71	.34	1.32
17	AB	Pose problems on job	3.67	1.96	1.71	.34	1.32
19	AB	No behavioral problems	3.71	2.13	1.58	.32	2.37
8	SD	Undesirable employees	4.33	2.78	1.55	.31	1.21
4	SD	Equal job opportunities	3.79	2.35	1.44	.29	1.13
11	SD	Happy with own kind	3.96	2.65	1.31	.26	.51
18	C	Slow at work	3.54	2.17	1.37	.27	2.45
Mean totals			3.96	2.27	1.68	.34	
3	AB	Normal vs. abnormal	3.58	2.35	1.23	.25	-.97
15	C	Reasonable people	3.96	2.78	1.18	.24	-.93
22	AB	Normal crime tendency	4.33	3.13	1.20	.24	-.93
21	SD	No trouble employees	4.13	3.00	1.13	.23	-.89
10	AB	Naturally violent	4.13	2.96	1.17	.23	-.89
12	C	Normal supervisory needs	3.71	2.61	1.10	.22	-.86
9	SD	Marriage OK for society	3.33	2.26	1.07	.21	-.82
16	AB	Mostly low-income	4.04	3.09	.95	.19	-.74
1	C	Education is futile	4.00	3.22	.78	.16	-.62
14	C	Equal pay justified	4.29	3.70	.59	.12	-.47
2	AB	Same in appearance	3.38	2.83	.55	.11	-.43
23	SD	Sexual freedom questionable	2.96	3.30	-.34	-.07	-.27
Mean totals			3.82	2.94	.04	.19	
Grand mean totals			3.89	2.61	1.31	.257	

include the 12 items above the horizontal line in Table III. They include five Abnormality, four Competency and three Social Distance items. The 12 weak discriminatory items below the horizontal line include three Abnormality, four Competency and five Social Distance items. Therefore, from the total items in each component, more Abnormality than not were sufficiently discriminating; and less Social Distance items than not were sufficiently discriminating. The number of Competency items "equalled out" in high and low discriminatory power.

It should be noted that discriminatory power refers to an item's capacity to reflect differences among opinions of respondents who "truly" differ on the issue in question. It does not refer to the direction or magnitude of respondent's ratings, except in a comparative sense.

For example, the 12 high discriminatory items in the "Highest Respondents" column of Table III netted a mean attitude of 3.96, while the 12 low discriminatory items averaged 3.82, an insignificant difference ($t = 1.01$, $p > .05$, $df = 22$). Even in the "Lowest Respondents" column, the low discriminating items ($t = 4.73$, $p < .01$, $df = 22$). To repeat, the discriminatory power of an opinion scale item does not involve the direction or magnitude of attitudes of positive and negative respondents except from the standpoint of comparative difference.

Of prime concern is the discriminatory power column. The top 12 items in the "Mean Discriminatory Power" column of Table III averaged 1.68, compared with .94 for the low-powered items, a significant difference ($t = 5.59, p < .01, df = 22$). And the "Power Ratio" column shows that high discriminatory items above the horizontal line are nearly twice as "powerful" as the low discriminatory items below the line (Means: .34 vs. .18).⁵

Item Content and Discriminatory Power

A further note regarding Table III deals with content as related to the discriminatory power of items. The author compared high and low discriminatory items of each component characteristic. She hastens to remind the reader that high discriminatory items are those on which respondents were highly divided in opinion. These could be viewed as issues causing the most controversy between employer factions regarding de-institutionalizing of mentally retarded adults. Of course, low discriminating items could represent troublesome issues also, if they elicit unfavorable attitudes. This simply would mean that potential employers were "unified" in their disfavor. On the other hand, low discriminatory items could be those in which respondents were "unified" in positive thinking about mentally retarded adults.

Disagreement on Social Distance

The five Social Distance items on which employers were most divided dealt with what might be called "in-group, out group" views of mentally retarded adults, as well as views about employing them. Positive respondents assigned a mean attitude of 4.02 to retarded adult behavior in the "normal" world, behavior around children, and happiness with their own kind. Negative respondents rendered a mean rating of 2.25 on these items. The mean difference between positive and negative respondents was 1.77. On desirability as employees and equal employment opportunity, positive employers registered a mean of 4.06, while negative respondents assigned a 2.57 -- a mean difference of 1.49.

Disagreement on Competency

Four Competency items on which employers were most divided involved type and capacity of work for which mentally retarded adults were capable. Positive respondents showed a mean attitude of 3.92 on items relating to routine tasks, handling a variety of tasks, competency in task handling and slowness in work. They especially thought mentally retarded adults could handle a variety of tasks, not necessarily just the routine.

Negative respondents assigned a mean of 2.21 on these competency items, 1.70 points lower than did positive respondents. Their most negative perception was that mentally retarded adults were slow in work performance.

Disagreement on Abnormality

The three Abnormality statements on which employers differed most simply dealt with societal and job-related behavioral problems. Favorable respondents recorded a mean of 3.88 on anti-social behavior, posing of job problems and display of behavioral problems in general. Their highest rating was on anti-social behavior, which meant they most disagreed that retarded adults were anti-social. Unfavorable respondents assigned a 2.20 average rating to mentally retarded adults on Abnormality, perceiving them more as problems on the job and behavioral problems, generally. They least perceived them as being anti-social, although the rating of 2.25 still was negative. The mean difference between positive and negative respondents was 1.67.

An interesting aspect of the above findings is that the highest ratings regarding Abnormality from both the most positive and most negative respondents were on sociability. Both types of respondents were more likely to perceive retarded adults as posing problems in general and on the job.

Low-Powered Social Distance Items

The following discussion deals with component characteristic items on which the most positive and most negative 25 per cent of respondents most agreed. Such items should be viewed as ambiguous -- as containing content referents interpreted similarly by respondents positive toward retarded adults, as well as by those who were negative. Also, the items could apply to attitudes about any citizen and not be peculiar to a respondent's attitude toward the mentally retarded adult.

The three low discriminatory Social Distance items dealt with respondents' perceptions of mentally retarded adults' marriage and sexual "rights" and whether they would be troublesome as fellow employees. Positive employers rendered a 3.47 average attitude compared with negative employees' 2.85, for an average difference of .62.

The intricacies of findings on the low discriminatory Social Distance items are enigmatic to the author. But perhaps that is why they held low discriminatory power in the first place.

As examples, negative employers gave a non-committal rating of 3.00 to the item stating that retarded adults are troublesome on the job. Yet earlier it was pointed out that, on the high discriminatory item stating that mentally retarded adults posed problems on

the job, they assigned a negative 1.96. It seems that negative respondents see retarded adults more as a problem than as a troublesome factor. The term "trouble" may have been the problem, in that it may have been interpreted as "rebellious," "obstinate," "disrespectful," etc. Positive respondents also saw mentally retarded adults as less troublesome than as a problem.

Also, respondents most negative toward retarded adults were slightly more favorable to their having sexual freedom than were the positive employers (3.30 vs. 2.96). But they were less favorable toward marriage by mentally retarded adults (2.26 vs. 3.33). The author is at a loss on the significance of these findings, except to suggest that some differences are indicated between marriage and sexual freedom, for whatever reasons.

At any rate, the "troublesome," "marriage," and "sex" factors were among the weaker issues to discriminate between respondents holding negative and positive attitudes toward retarded adults.

Low-Powered Competency Items

Low discriminatory Competency items related to mentally retarded adults' reasonableness, need for supervision on the job, learning capacity (futility of education), and the right to equal pay.

Positive respondents averaged a 4.00 rating on these items, .92 points higher than the negative raters' 3.08. The positive and

negative employers differed least on the education and equal pay issues. Again, the findings are interesting in that negative respondents stood between the "neutral" and "positive" scale points on the education and equal pay issues. Yet, earlier it was noted they indicated that retarded adults could learn only routine tasks, couldn't handle a variety of jobs, were incompetent, posed problems on the job, were undesirable employees, should not have equal job opportunities and were slow at work.

The problem with the "futility-of-education" and "equal-pay" items very possibly could lie with the terms "education" and "equal." Courts, universities and many other major institutions continuously have had difficulty operationally defining these terms. Defying any general meaning, their referents depend on the context assumed by the receiver. "Education," for example, could mean teaching a mentally retarded adult to do the most menial task, while "equal" to a respondent could mean "equal pay" for all people who perform that same menial task.

The other two low discriminating Competency items stated that mentally retarded adults were reasonable people and required only normal supervision. Negative respondents leaned toward a neutral attitude on these items. These ratings seemed to be a little

contradictory to lower ratings on some of the earlier high discriminatory items. The author suspects the terms "normal" and "reasonable" constitute an ambiguity problem on these two items.

Low-Powered Abnormality Items

Finally, on the low discriminatory Abnormality items, positive respondents' attitude was 1.02 points higher than negative respondents' (3.89 vs. 2.87).

The two types of employers agreed most on items which said mentally retarded adults came mostly from low-income families and that their appearance was no different from "normal" people's.

Negative respondents indicated a near-neutral attitude on both items, while positive respondents leaned toward the neutral on the "appearance" item and positive on the "low-income" item. These items did not discriminate as well between the two types of respondents, possibly because "low-income" and "appearance" are not a monopoly of any group of people.

The three other low discrimination Abnormality items stated that retarded adults were more normal than abnormal, that their criminal tendencies were normal, and that they were naturally violent. These items, although relatively low in discriminatory power, did separate positive and negative respondents more than did the "low income" and "appearance" statements.

Again, the susceptibility to ambiguity of these items comes from the terms "normal" and possibly "violent." The latter term, for example, has posed countless problems of operationalizing for researchers of mass media "effects."

On the low discriminatory Abnormality items, negative respondents were near neutral on all except the "normality" issue on which they tended to perceive retarded adults as Abnormal. Positive employers held a positive attitude on all but the "normality" and "appearance" items on which they registered between neutral and positive.

In summary, employers were most divided in opinions about retarded adults on issues regarding perceived job-related problems, such as competency, slowness, ability to perform a variety of tasks, etc. Also, they were divided on social behavior issues; i. e., fitting into the normal world, behavior around children, being happier with their own kind, anti-social behavior, and posing behavior problems in general.

Employers were least divided on issues dealing with personal rights and social characteristics. These issues involved sex, marriage, troublesomeness, reasonableness, appearance, normality, economic background, value of education, crime and violence tendencies, equal pay, etc.

Most of these low discriminatory items contained terms which defy operational definitions and which are more subject to individual interpretation. Thus, employers who truly differed in attitudes toward mentally retarded adults responded similarly to these terms, but for different reasons.

ENDNOTES

¹Geoffrey Keppel, Design and Analysis: A Researcher's Handbook. (Englewood Cliffs, New Jersey, 1973), pp. 136-137.

²Louis L. McQuitty, "Elementary Linkage Analysis for Isolating Orthogonal and Oblique Types and Typal Relevancies," Educational and Psychological Measurement, 17 (Summer, 1957), pp. 207-229.

³Power ratio of a statement represents the mean discriminatory power divided by the maximum value of the rating scale being used. In the statement No. 23 example in Table III, the Power Ratio = $-.34/5.00 = -.07$.

⁴Standard Power Ratio of a statement represents the number of standard deviation units the statement's Power Ratio stands above or below the mean Power Ratio. The standard deviation of the 24 Power Ratios in Table III is .28 and the mean is .257. The Power Ratio for statement No. 23, for example, is -.34 standard deviations below the mean of 0.00. And $-.07/.257 = -.27$ standard deviation units below the mean.

⁵Mean Discriminatory Power of an opinion scale item simply represents the difference between the item mean registered by the 25 per cent of the respondents who scored highest on all items and the item mean registered by the 25 per cent of the respondents who scored lowest on all items; i. e., the highest-scoring 25 per cent of the respondents in Table III registered a 4.13 on Social Distance item No. 20. The lowest 25 per cent scored a mean of 1.96. The mean difference was 2.17, which represents the Discriminatory Power of item No. 20, the highest of any item.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The de-institutionalization of mentally retarded adults has become a major concern of professionals and service providers throughout the nation in the field of mental retardation.

Historically, Oklahoma has depended primarily on institutionalization for the care and treatment of the mentally retarded. The advantages of small community-based services have been overlooked, and options to institutional placement have only been developed within the past few years in the state.

The major agency concerned with the de-institutionalization process in Oklahoma has been the Oklahoma Department of Human Services, Division of Planning and Resources Development. With legislative appropriations to develop group home services for mentally retarded adults, more community-based programs will become available, and thus more mentally retarded adults will embark on community residential living.

The push toward de-institutionalization is a multi-faceted issue. Smaller, community-based agencies can be more cost-

effective, and are a more human and normalized approach to the care and treatment of the mentally retarded. Parents, guardians and other representatives of institutionalized mentally retarded adults are beginning to realize that the once widespread practice of institutionalization no longer meets the needs, nor solves the problems of the adult mentally retarded.

The intent of this study was to determine attitudes of potential employers of mentally retarded adults on three characteristic stereotypes: Abnormality, Competency, and Social Distance.

This study indicated that, although an attempt was made to measure three concepts of mental retardation, it was difficult to determine and label separate stereotypical component characteristics regarding mentally retarded adults. When the 24 opinions were arranged into their corresponding three components and correlated over all 100 respondents, what resulted was a measurement of one concept: attitude toward mentally retarded adults.

Attitude toward all three component characteristics combined was 3.62, which falls in the "neutral" attitude range on a 5-point scale.

Based on the findings of this study, the author suggests that further public relations and public education must take place in conjunction with the continuation and expansion of the group home program in Enid, Oklahoma.

Recommendations

One of the findings of this study indicates that the respondents' mean attitude regarding willingness to socialize with mentally retarded adults will also give a fairly accurate indication of how that individual perceives the competency and normality of mentally retarded individuals. What effect might this have on the normalization and de-institutionalization process? As noted in Chapter II, part of the normalization process involves change of perceptions of the perceivers, in addition to allowing the mentally retarded adult to live in a normalized community residential facility.

The author sought to determine what attitudes of a select group of respondents were concerning mentally retarded adults. The purpose of this study was to provide some guidelines for future communication efforts. Thus, public opinion is very important, if communication strategy is to be developed which maximizes the message treatment and appeal of the agency.

This study indicated, overall, the mean attitude toward all three component characteristics combined was 3.26, which shows a somewhat "neutral" attitude.

Although the existing body of information about attitudes toward mentally retarded adults is confusing and contradictory in

nature, mental retardation professionals must continue to try to determine attitudes and establish public relations strategies.

As noted in Chapter II, the most popular and widely used public relations strategies used by agencies serving the mentally retarded include tours of the facility, speaking engagements, articles in local newspapers, publication of papers or newsletters, public relations committee work, open houses, memberships in local organizations by a member of the agency, and articles in professional and non-professional journals.

Again, as Bruno and O'Brien suggest, these practices must not be discontinued, but mental retardation facilities need to take a more aggressive approach to public relations and public education.¹

The author suggests that in addition to current practices of public relations and community education, the following recommendations be considered.

1. Where the de-institutionalization process includes community job placement, there must be improved methods of procuring and maintaining jobs for mentally retarded adults in the competitive job market. The results of this study show that the majority of respondents agree that mentally retarded adults should be paid the same amount of money for doing the same job as "normal" people. The problem now will be to get the jobs and keep them. Mental retardation professionals must learn to "market" the

capabilities of the people they work with. This will involve a more business-like approach as opposed to a social service type approach which often involves the "charity" aspect of hiring the handicapped.

2. Additionally, information packets for distribution to local employers would be of assistance in describing program components, and again, the skills and capabilities of mentally retarded adults in the work force. There should be one individual assigned from the agency to work specifically on job procurement and employer relationships on a full-time basis.

3. Professionals in the field of mental retardation must work to inform the public that mentally retarded people are more normal than abnormal, and have the ability and potential to grow and learn, just like anybody else. This education and information needs to begin with elementary aged school children, and continue on through to senior citizen groups.

4. Community residential facilities must strive to continue to remain in the mainstream of the community, so that every opportunity may be afforded the mentally retarded adult who has the desire to live and work semi-independently and independently.

5. The public needs to be informed that mentally retarded children do grow up to be adults. And those adults may mature and

grow wiser through the years just like any other adult. The misconception that mentally retarded adults are "eternal children" needs to be cleared up.

6. Target populations need to be determined, and more "individualized" public relations programs need to be developed for various audiences. This dissemination of information must be continuous and consistent in nature.

7. The public needs to be informed that the mentally retarded adult is not a "menace" or harmful to society. It must be pointed out, that like any individual, mentally retarded individuals experience the same emotions that a "normal" person does.

8. The difference between mental retardation and mental illness must be made clear to the public. Individuals need to understand that mentally retarded people are not "automatically" mentally ill. Again, like "normal" people, some mentally retarded adults may suffer from mental illness, but the chances of mental illness among the mentally retarded is the same as it would be in the general population.

9. The mentally retarded person must not be thought of as physically weak or physically ill. Although many mentally retarded individuals may also have a physical handicap, the majority of them are healthy and very able to perform day-to-day living tasks.

10. Individuals need to be made aware that mentally retarded citizens are entitled to full protection and rights under the law just as any other person is. Mentally retarded adults are no longer "second class citizens," but are emerging into working, contributing members of society. It is the author's hope that society will now make an effort to keep up with the progress of the mentally retarded adult living and working in the community.

ENDNOTE

¹Marvin Bruno and Gary O'Brien, "A Survey of Public Relations Practices in Public and Private Residential Facilities for the Mentally Retarded," Mental Retardation, 8 (1970), p. 37.

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APPENDIX



ENID GROUP HOMES

P.O. BOX 2015 • ENID, OKLAHOMA 73701 • 405/242-1311

April 21, 1983

Dear _____,

Lately, you've possibly heard or read reports about plans to move mentally retarded adults from institutions into community residences. Studies have been conducted in other cities concerning de-institutionalization, but to date, no one has collected data on what attitudes and concerns people in Enid may have regarding the mentally retarded living and working in our community.

To find out how you feel, we've developed a brief survey for random distribution to a representative sample of various individuals and organizations in the community. You'll find the survey attached to this cover letter.

VERY IMPORTANT: You are not required to put your name, address, or any other identifying marks on the survey, because we want to insure confidentiality and anonymity of all respondents. Also, we want to provide you with a chance to express your genuine attitude about each of the twenty-four items, rather than checking responses that you think are considered "right" or "socially acceptable."

As you quickly read through the survey and place a checkmark on each of your responses, keep in mind that we want to know how you feel at this point in time -- not how you think you "should" feel, or not how you wish mentally retarded adults would be viewed by society.

We've tried to keep the items brief, so it should only take a few minutes to complete this survey and get back to your busy schedule.

Enclosed is a stamped, self-addressed envelope for your speed and convenience in responding.

Please let me thank you in advance for your cooperation.

Most Sincerely,

Patty Harkin
Executive Director
Enid Group Homes, Inc.

1. School is, to some degree, a waste of time for mentally retarded adults.

Strongly Agree Agree Undecided Disagree Strongly Disagree

2. It is difficult to detect a mentally retarded adult on appearance alone.

Strongly Agree Agree Undecided Disagree Strongly Disagree

3. Mentally retarded adults are more normal than abnormal.

Strongly Agree Agree Undecided Disagree Strongly Disagree

4. Mentally retarded adults, by law, should be provided the same job opportunities as anybody else.

Strongly Agree Agree Undecided Disagree Strongly Disagree

5. Mentally retarded adults can handle a wide range of jobs.

Strongly Agree Agree Undecided Disagree Strongly Disagree

6. The ability of mentally retarded adults to learn only routine tasks is unfortunate, but true.

Strongly Agree Agree Undecided Disagree Strongly Disagree

7. Around children, mentally retarded adults probably should be watched with more caution.

Strongly Agree Agree Undecided Disagree Strongly Disagree

8. Mentally retarded adults simply are not desirable employees, no matter how much one might wish otherwise.

Strongly Agree Agree Undecided Disagree Strongly Disagree

9. Whether or not mentally retarded adults should be allowed to marry has no bearing on the welfare of society's future.

Strongly Agree Agree Undecided Disagree Strongly Disagree

10. Mentally retarded adults, with exceptions, probably tend to be more violent in nature.

Strongly Agree Agree Undecided Disagree Strongly Disagree

11. It is only natural that mentally retarded people are happier with their own kind.

Strongly Agree Agree Undecided Disagree Strongly Disagree

12. Mentally retarded adults need no more supervision than other people to perform simple tasks.

Strongly Agree Agree Undecided Disagree Strongly Disagree

13. Mentally retarded adults do not have the competency required to perform most of the important day-to-day tasks in society.

Strongly Agree Agree Undecided Disagree Strongly Disagree

14. Mentally retarded adults should be paid the same as anyone else doing the same job.

Strongly Agree Agree Undecided Disagree Strongly Disagree

15. Generally, mentally retarded adults are no more difficult than other people to reason with.

Strongly Agree Agree Undecided Disagree Strongly Disagree

16. Statistics probably would show that mental retardation is higher among lower-income families.

Strongly Agree Agree Undecided Disagree Strongly Disagree

17. Regardless of an employer's good intentions, he must accept the fact that mentally retarded employees pose greater problems.

Strongly Agree Agree Undecided Disagree Strongly Disagree

18. Mentally retarded adults, on the whole, cannot work as fast as other employees.

Strongly Agree Agree Undecided Disagree Strongly Disagree

19. As far as behavior goes, mentally retarded adults present no more problems than other people.

Strongly Agree Agree Undecided Disagree Strongly Disagree

20. Mentally retarded adults, for the most part, can fit quite well into the normal world.

Strongly Agree Agree Undecided Disagree Strongly Disagree

21. Hiring the mentally retarded does not cause as much social hardship as commonly believed.

Strongly Agree Agree Undecided Disagree Strongly Disagree

22. Criminal tendencies are no more evident in mentally retarded adults than anybody else.

Strongly Agree Agree Undecided Disagree Strongly Disagree

23. A justification can be made as to whether mentally retarded adults should have sexual freedom.

Strongly Agree Agree Undecided Disagree Strongly Disagree

24. Mentally retarded adults, on the average, exhibit more anti-social behavior.

Strongly Agree Agree Undecided Disagree Strongly Disagree

VITA

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