

A COMPARISON OF URBAN RURAL
PLACEMENT OF INDIVIDUALS
WITH DEVELOPMENTAL
DISABILITIES IN
OKLAHOMA

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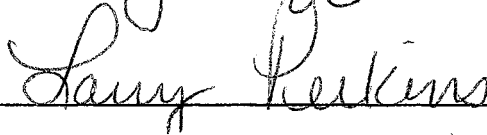
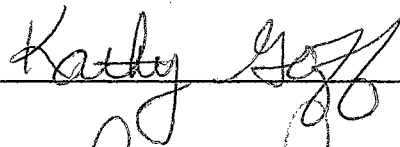
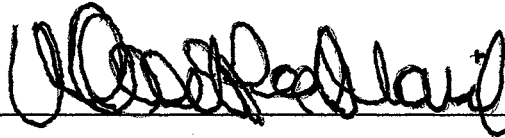
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CHAPTER I

Background

Classifying people with developmental disabilities as consumers can be understood in the historical context of its evolution as a sociocultural phenomenon. Caruso (1988) wrote that the label placed on an individual will define how that person is understood and treated by others. Schlesinger (1963) portrayed people in prehistoric times (4,000,000 B.C. to 476 A.D.) as symbolic, verbally communicating, reasoning individuals, with a distinct culture. In fact, by 7,000 B.C. history suggests that our ancestors congregated in villages and established roles for acceptable human interactions and individual behavior which eventually become institutionalized. During this time, the tribes consisted of no scientific practitioners such as medical doctors or therapists. Therefore, an individual's mental and physical health was treated by the Shaman, or religious leader of the tribe. If an individual's behavior contrasted the tribes's view of normal or productive, he or she sought treatment from the Shaman.

Archeological research findings of a male's skeletal remains revealed a disabled Neanderthal estimated to be 45,000 years old. This individual was identified as blind

in one eye and having a deformed arm, collarbone, and shoulder blade. Apparently, having lived to the age of forty, researchers believe this male was cared for by those in his community. Other archeological evidence from graves show that tribal communities supported physically disabled infants, children, and adults.

In 30 A.D. a Roman aristocrat, Aurelius Cornelius Celsus, labeled the disabled as *imbeciles* in a medical journal *De Medicina*. His definition of an imbecile is an individual that is generally weak and having any form of debility. In addition, the Greeks used the label *idiot* to refer to any individual who did not engage in some form of public life. During Celsus' time, the idiots were treated for behavioral infractions by practices of starvation and the use of chains and fetters. Other cures or treatments included wearing a talisman, such as the liver of a dead athlete or the heart of a dead animal. Males were sometimes castrated and females sterilized. Consequently, these practices persisted well into the twentieth century (Schlesinger, 1963).

History reveals that during the reign of Nerva in 97 A.D., attempts were being implemented to cease the practice of infanticide. Before that time human animals often killed infants by drowning or overexposure to the natural elements. Mutilation of the indigent and abandoning children also became a common practice during this time. With the advent

of capital penetration, members of a society began to view those with debilities as an economic resource. Disabled children were no longer victims of infanticide. Their lives, however, tended to progress only as far as begging. In fact, the more grotesque a disabled child looked, the greater the begging income potential became (Zilboorg, 1941). Solecki (1971) writes that during the second century A.D. Romans used individuals with disabilities as sources of household amusement and also purchased them at special markets. Legless, armless, dwarfs, hermaphrodites, and three-eyed individuals were both bought and sold. Thus, they became an economic commodity as capital penetration saturated the society. History apparently demonstrates the nature of labels and interaction between mainstream and marginal populations and thus their importance for better understanding and explaining capitalism.

The Oklahoma Department of Human Services Developmental Disabilities Service Division (ODDSD) views people with developmental disabilities as "people" first. The agency's philosophy asserts that people with developmental disabilities have the same needs as everyone else and that their lives should be as normal as possible. Through varying levels of support, ODDSD attempts to provide services in a manner that protects personal dignity and enhances the opportunity for self-determination. The institution also supports the belief that people have rights

to participate in the following decisions that concern their own lives: (a) Adults should be able to live in their own homes; (b), Children should be able to live with their families while being appropriately educated; (c) Peoples' lives should be free of "unnecessary intrusion," and (d), People should be able to live in nurturing settings, free of abuse and neglect (Citizenship Rights Training Manual, 1993). These beliefs set the framework for the design and delivery of services to consumers with developmental disabilities. ODDSD lists the following principles as guidelines for appropriate service delivery in the 1993 Citizenship Rights Training Manual:

1. Planning arises from a thorough recognition and understanding of a person's or family's needs including desires, capabilities, life stages, living situation, and opportunities for greater independence in life activities.

2. People with developmental disabilities and their families, not the program, agency, or facility, are the center of the organization of services.

3. The service process must consider the whole person rather than addressing particular needs in isolation.

4. Services and programs are created to meet the unique needs of the individual.

5. Service delivery should enhance and strengthen existing supports rather than replace them.

6. Providing the supports to live independently or

with families frees one to interact and participate in community life (Citizenship Rights Training Manual, 1993, p. 17).

Statement of the Problem

A problem exists in society when human populations are labeled and institutionalized or deinstitutionalized. Another problem follows when the labels used to characterize populations stereotype, mislead, or at least misdefine the nature of human relationships. Such a problem exists currently for individual consumers with developmental disabilities and their caregivers. The labels suggest not only that a relationship exists but that the relationship is not defined in parallel. One label takes a consumer perspective, and the other takes a caregiver perspective. The label *caregiver* implies that one provides care and the other needs care. A parallel definition of this relationship would state *consumer* and *vendor* rather than *caregiver*. Now, having couched the relationship in parallel terminology, it clearly proves what is at issue lies in the nature of political and economic relationships from both perspectives. Moreover, an economic relationship assumes a political one in a capitalist society.

Purpose of the Study

This study examines differences in cultural norms as they are experienced by consumers with developmental disabilities, based on size of community. Size of community represents the independent variable and, due to a lack of

agreement on the literature concerning definitions of classifying this variable, will be classified in three different ways: (a) the census definition of county, and (b) place, and (c) one alternative definition of county. Size of community is also an indicator of social organization. The relationship between consumers with developmental disabilities and the size of the community is of specific consideration because of the 1987 court mandated deinstitutionalization of residents with developmental disabilities in Oklahoma, Homeward Bound vs. Hissom Memorial Center (HMC). The Oklahoma Department of Human Services defines a developmental disability as a severe chronic disability attributable to a physical or mental impairment manifested before the age of 18 that is likely to continue indefinitely, resulting in substantive functional limitations and reflects the need for individually planned service systems that are lifelong or of extended duration (Murray, 1993). The definition of developmental disability includes, but is not limited to, mental retardation (Janicki & MacEachron, 1984). Mental retardation, however, is the most prevalent diagnostic condition of individuals with developmental disabilities (Murray, 1993). Rural or urban placement may result in different experiences for individuals with developmental disabilities as they encounter mainstream society. The range of this study will be the extent to which rural or urban environments produce

different levels of independence, productivity, integration, and consumer satisfaction.

Objectives of the Study

The objectives of this study are to identify variations on independence, productivity, integration, and consumer satisfaction for individuals with developmental disabilities across differing community sizes, based on the 1994 data while using 1993 data as a baseline. Independence, productivity, integration, and consumer satisfaction represent dimensions of consumer outcomes established in the 1987 amendments to the Developmental Disabilities Act. These four dependent variables generally constitute the framework for conceptualizing dimensions of quality of life and outcomes for people with developmental disabilities (Murray, 1993).

To analyze critically the relationship between consumer and vendor, it is essential to better understand and explain quality of life for any marginal verses mainstream population, particularly the nature of human interaction for consumers with developmental disabilities. More research will illuminate the definition of quality of life for consumers with developmental disabilities. It can also enhance a better understanding of the dynamic structural impact legal mandates impose on social groups. A longitudinal study including goals and behaviors from both vendor and consumer perspectives is indicative of behavioral

changes over time and indicates adaptive skills that are occurring from both perspectives.

Significance of the Study

Living standards for consumers with developmental disabilities must be developed, quality assurance measures initiated, and the reliability of established standards guaranteed. Quality assurance projects that describe consumers using scaled items facilitate a better understanding of court ordered deinstitutionalization and other social dynamics of the consumer-vendor nature, such as court ordered integration, independence, satisfaction, and productivity. Consumer outcome studies are of immense importance when attempting to enhance understanding of mainstream verses marginal social dynamics and to explain better consumer-vendor relationships in general. In 1990 in Oklahoma the state' population was 3,145,585 and the quality assurance project interviewed 2,080 consumers with developmental disabilities. Each year this project locates and interviews more consumers with developmental disabilities. In 1991, the project completed 2,304 interviews, in 1992, 3,569, in 1993, 3,704, and in 1994, 3,789. The subjects for this study include all consumers residing in Oklahoma in 1993 and 1994 at the same location who were receiving support from the Developmental Disabilities Services Division of the Department of Human Services. The sample for this study includes 2,473 subjects

that range in age from infants to the *old old*.

The demographic information describes, or labels and stereotypes, consumers with developmental disabilities. Statistical analyses of demographic data reflect changes in stereotypes and labels and can therefore, indicate the attitudes of ideals of mainstream culture concerning consumers with developmental disabilities. A humanitarian philosophy underscores the people's first language preferred by advocates and consumers with developmental disabilities. In fact, there exists a general humanitarian belief that language changes attitudes (Henderson, 1974). Language is depicted as an expression of human experience and is therefore a significant indicator of mainstream cultural attitudes. Focusing on language from a historical perspective shows a constant trend of changing labels characterizing consumers with developmental disabilities. Language is operationalized for the purpose of better understanding the current preference for general characteristics of the group to be recognized as individuals and consumers with developmental disabilities in a capitalist, social climate.

Historically, societies labeled individuals with developmental disabilities with rhetoric such as imbeciles, idiots, patients, a case, clients, retarded, or feeble minded. The upcoming trend in rhetorical jockeying is to change the current preferred label of *consumer* to

constituent. Structurally, language defines the nature of human interaction. For example, the trend of changing labels for individuals with developmental disabilities reflects a shifting focus on empowering the individual that is consistent with pervasive individualism in current social milieu. The rhetoric indicates that institutions have less control and consumers more control of their economic situation. The new label *constituent* demonstrates the indicative nature of the growing importance of political as well as economic dynamics and labels. The more the labels represent a categorizing of individuals with debilities, the better people will understand the differences and similarities of mainstream and marginal cultures. In addition, the shifting of language redirects the social focus or definition of political and economic dynamics. It is, therefore, easier to understand why individuals with developmental disabilities need both a political and economic identity. In Oklahoma not only did the rhetoric of group characterization change but also the names of institutions to redefine the situation. For example, Enid State School became the North West Oklahoma Resource Center (NORC), and Pauls Valley State School became Southern Oklahoma Resource Center (SORC). These new names further underscore the need to understand the political and economic dynamics that include the rhetoric and jargon characterizing variations between mainstream and marginal populations

within a culture.

Developmentally disabled consumers constitute a marginal community, which often struggles with the mainstream population for financial and other social resources. Mainstream and marginal are both conceptualized as to size, social interaction, and psycho-cultural variables, and these aspects determine the cultural norms as they are experienced by consumers with developmental disabilities. Consequently, the size of community in which the consumer with developmental disabilities resides determines the consumer's independence, productivity, integration, and consumer satisfaction. Once again, the relationship between consumers with developmental disabilities and the size of the community is of specific consideration because of the 1987 court mandated deinstitutionalization of residents with developmental disabilities in Oklahoma, Homeward Bound vs. Hisson Memorial Center (HMC).

Quality of life is measured by the variables independence, integration, productivity, and consumer satisfaction. These four sub-dimensions representing quality of life are measured across three categories: the county level of analysis as defined by the U.S. Census Bureau, the county level of analysis using an alternative definition of county, and the place level of analysis using populations from the U.S. Census data.

The size of community indicates social organization and is the independent variable. A community is considered rural if it has 2,500 people or less. A county is considered rural if the 1990 Census indicates that 50% of the population live in areas with 2,500 people or less. Using this characterization of the 77 counties in Oklahoma, 23 of them are urban, leaving 54 rural counties.

The alternative definition of county, on the other hand, distinguishes the differences between rural and urban counties and places. Rural counties and places lie outside a Metropolitan Statistical Area and consist of places with no population greater than 10,000 (Martin, 1995). According to the alternative definition, of the 77 counties in Oklahoma, 64 are rural and eight are urban. This classification differs from the U.S. Census Bureau's definition of rural and urban by indicating 15 less counties as urban hence 10 more counties become rural.

A distinction between the two most approximating metropolitan areas in Oklahoma, Oklahoma City and Tulsa, constitutes the third classification. In addition to these two metropolitan areas, at the county and place levels of analysis, every site number is coded as either town or village, based on population from 1990 census data. This classification uses the U.S. Census Bureau definition of rural communities by population.

Limitations

Limitations of this study include a philosophical, ideological, and methodological arguments, and the theoretical base is eclectic. The nature of a survey aims at yielding information that is descriptive. Nevertheless, the consumer is interviewed, opened questions are asked, and interviewers are instructed to write an addendum if any discussion about a consumer, vendor, or interaction is discussed. In addition to the heavy use of statistical analysis, this project uses a myriad of methodologies. Historical context, secondary use of census data, and participant observation as a field interviewer for one year assist the otherwise limitations expected from strictly quantitative data analysis.

CHAPTER II

REVIEW OF LITERATURE

Theoretical Orientation

Sociological theory attempts to relate specific events with general principles to bring out similarities or essential systematizing qualities used as tools for deductive reasoning. For sociologists logical deduction results from three dominant paradigms of thought. The mainstream formal schools of social thought include the Structural Functionalist, Conflict, and Symbolic Interaction Paradigms. Each of the three perspectives can be compared along four general categories: subject matter, assumptions, methodology, and objectives. The subject matter denotes the level that social analysis is performed. The range for any subject matter researches from a macro to a micro unit of analysis or a combination of both. The assumptions constitutes the key elements of a theory. The method of argument can be qualitative or quantitative or a combination of both. The objective of theoretical inquiry is always important when distinguishing the differences between theories that describe, explore, or explain human interaction:

Scientific conceptions are not a revolution of prior

and independent reality. They are a system of hypotheses worked out under conditions of definite test, by means of which our intellectual and practical traffic with nature is rendered freer, more secure and more significant (Dewey, 1929, p. 165).

Theory Integration

According to Ritzer (1992), extant paradigms do exist and always will. They, however, tend to be one-sided and pay no regard to the other while analyzing social interaction. "This is reflected in the social factists' concern with macro-level structures; the social definitionists' concern with action, interactions; the social construction of reality; and social behaviorist' concern with behavior." (Ritzer, 1992, p. 27). Due to these one-sided approaches, more contemporary theorists focus on a more integrated approach to understanding human dynamics. Social factist, Robert Merton (1975), for example, had a growing interest in theory integration, which was indicated by his admittance that theories were mutually enriching. Merton (1975) wrote that different theories are "opposed to another in about the same sense as ham is opposed to eggs: they are perceptively different but mutually enriching" (p. 30). Similarly, Hugh Mehan and Houston Wood (1975), social definitionists, confess that they hold at least one assumption of the factist, "the reality of an external and constraining world" (p. 180). Arthur Staats (1976), a

social behaviorist, seeks to integrate creative mental processes (a basic assumption of social definitionists) with traditional behaviorism.

Conflict Theory

One theoretical paradigm that establishes parameters for conducting this study is conflict theory. According to George Ritzer (1992), conflict theory consist of a union of Marxism and sociological theory plus an alternative to structural functionalism. Social conflict results in human competition for resources. Turner (1974) suggests that the unit of analysis for conflict theorists is vague because it may be defined as an individual, groups, organizations, classes, nations, or communities. The way in which conflict is defined will vary depending on the unit of analysis. A vague level of analysis fosters a more abstract theory. As a result, conflict theory applies to all units or levels of analysis from the individual to the institutional structures. The benefit of a more abstract theory applies for this research appears in the ability to explain conflict among mainstream and marginal cultures. Contemporary conflict theorists, Coser (1967) and Dahrendorf (1959), seek to uncover basic laws of conflict among a wide range of social units. Both, for example, portray the social group as the unit of analysis from a conflict perspective.

Conflict theory maintains a set of assumptions that seek to explain the differences between groups of people,

often with emphasis on economic and political dynamics. Consistent with Marx, this research concentrates on conflict, specifically between large-scale structures created by one group and their affects on another social group. The data base used for this study exists because of legal action that ended in court-ordered mandates to deinstitutionalize people with developmental disabilities in Oklahoma. This empirical study is a secondary analysis of data collected for the purpose of documenting quality control of court ordered action.

Karl Marx

Karl Marx, an economist, journalist, political scientist, and social philosopher inspires modern conflict theorists. He focused on society's cultural phenomenon or ideology, in particular conflict or the relationship between large scale social institutions and actors. His subject matter was therefore more macro than micro. Marx defined actors, mental processes, human interaction, human potential, and distortion or alienation in terms of how they were affected by the social structures of society. In particular, Marx focused on the large-scale structures of capitalist society and their alienating impact on human beings (Ritzer, 1992). In addition, Marx adopted a deterministic view of history that influenced his assumptions. He assumed that social institutions are dependent on human interaction through labor, and because of

this dependence, humans change their reality. Therefore, according to Marx, social institutions are not inherent or necessary as a prerequisite of any society but are instead a product of society. Marx also committed to the idea that different social structures exist and people move in and out of existence between structures.

Other conflict theorists assume that resources are not equally distributed. Those without will eventually develop an awareness and dissatisfaction with the status quo and question its usefulness for their social reality. Those without may also unite in an overt effort to confront those who have resources, and as a result of evolution, political leadership defines at two extremes, or polarize. These general assumptions result in social exchange, aimed at redistributing resources.

The above method of argument used by Marx and his followers is a dialectic model of logic, and it adds new features to social thinking that are conceptually beyond and complimentary with the structural functional and symbolic interactions models of logic. The dialectic method of analysis claims that different social phenomenon may have an effect on others while being affected at the same time. This assertion differs from traditional methods of arguing a point by omitting the focus of cause and effect thinking (Ritzer, 1992). The dialectic model asserts that social facts and social values become assumptions. "To keep values

out of the study of the social world is undesirable because it produces a dispassionate, inhuman sociology that has little to offer to people in search of answers to the problems they confront" (Ritzer, 1992, p. 25).

Dialecticians also value a relational view of human interaction. They define social phenomenon in past, present and future historical implications. The future orientation especially dictates a focus for conflict theorists because it encourages action that elicits social change, which will hopefully credit their concepts in the future.

Marx's objectives for theoretical pondification and writing were complex and numerous. He wanted to explain the social reality he saw around him. Thus, his studies consisted of conceptual relationships, not grand abstractions. He analyzed conflict between social groups but did not believe conflict was an inevitable process of human interaction. His concern for better understanding conflict and contradiction are "important ... it leads to an interest in conflict and contradiction among different levels of social reality" (Ritzer, 1992, p. 151). Finally, his objectives of explaining conflict oppose the structural functionalist view that looks to describe the way various levels of social reality mesh neatly into a cohesive whole.

Max Weber

Max Weber juxtaposed traditional communities with rational communities and the substitution of formal rules

and procedures with the traditionally more spontaneous behavior (Palen, 1992). As Weber analyzed social change, he despaired over the increasing rationalization in community life and its opposition to traditional family beliefs. Weber believes that once the family institution loses control of individual behavior in human interaction, decisions will be made on the more strict, rational basis of what is good for production in a capitalist economy verses what is good for humans such as the need to work, the need for income, and the need for self-respect (Eshleman & Cashion, 1983).

Weber studied a number of social institutions using typologies or the conceptual tools of ideal types. Ideal typologies used in the analysis of community serve as a tool to measure specifically defined human interaction for empirical testing. This kind of methodology is, however, comparative because theorists implement ideal type constructs as operationalizing concepts. For example, a relative definition of community denotes either a rural or urban variable. Thus, operational definitions are methods of defining constructs based on how they are measured (Katzer et al. 1991). Consequently, the typological approach does describe a community's characteristics and human interactions, but it does not explain how or why those traits and relationships form. According to Stinchcombe (1968), typologies have two functions:

a statement that a large number of variables have only a small number of combinations of values that actually occur, with all other combinations being rare or nonexistent, ... which results in a radical improvement in scientific theory and a convenient way of writing a function of two or more variables in such a way that interaction effects can be simply stated (Stinchcombe, 1968, p. 47).

As an action theorist, he focused on differentiating between human action and human reaction. His theory of action operationalizes four basic ideal types: means-end rationality, value rationality, effectual action, and traditional action (Ritzer, 1992). Weber emphasizes in his study of social stratification that a social class (mainstream or marginal) represents a group of people whose shared situation is a possible, and sometimes frequent, basis for action by the group. Thus, action, not the group, is Weber's unit of analysis as he defines ideal types. Likewise, in this study the current trend to deinstitutionalize consumers with developmental disabilities forms the unit of analysis, not the consumers themselves.

Weber most often cites institutions of bureaucracy as an example of an ideal type. "Weber's prime ideal type of rational behavior was institutionalized bureaucracy" (Palen, 1992, p. 145). According to Macionis (1992), a bureaucracy is an organizational model rationally designed to perform

complex tasks efficiently, such as court ordered deinstitutionalization. Based upon the subject matter of why people interacted, Weber presents an ideal type bureaucracy with six characteristics: specialization, hierarchy of offices/positions, rules and regulations/standardized, technical competence, impersonality, and formal, written communication (Macionis, 1992). Although Weber attempts to define human interaction by developing the ideal type, critiques often claim that he is "not totally consistent in the way he used the ideal type" (Ritzer, 1992, p. 222). For instance, Hekman (1983) recognizes that Weber used several varieties of ideal types including historical, sociological, action, and structural. Obviously, his original role modeling was not flawless. Now, however, theorists who use ideal type methodologies to analyze communities employ a more clear, distinct, and consistent use of terminology and procedures. Theoretically, the ability to define a social phenomenon at both a macro and micro level characterize Weber's gift. This research expounds on his lead by analyzing the differences between mainstream and marginal cultures and by also explaining the differences between consumers and vendors.

Symbolic Interactionist Theory

Symbolic Interactionism, a prominent paradigm of sociology introduced in the 1950s by George Mead, defines

the subject matter of theoretical analysis at the micro-level. The major assumption of symbolic interactionism emerges in the idea that people have the capacity for thought and that human reality is accomplished through social interaction that shapes thought. In other words, people learn meanings and symbols within their social milieu and people learn how to modify those meanings and symbols that have universal understanding through modification or a re-definition, of the situation. This ability to re-define the situation gives insight into how others think and feel. Reflection of personal experience and the ability to imagine facilitates understanding of the feelings and thoughts others experience in both similar and opposite situations.

A set of propositions explains human interactional processes of both individuals and groups. The theory implies that certain environments are necessary for growth and development of socialization (Miller, 1973). Interactions play an integral role for individual growth and development. The principles that make up interactional processes state that human beings have the capacity to think, and social interaction shapes the individuals' capacity for thought through learning the meanings and symbols used for communication , particularly one's own cultural meanings and symbols. These principles are evident by the proactive labeling of consumers, soon to be constituents, with developmental disabilities in postmodern

Oklahoma. Individuals have the ability to interpret meanings and symbols based on self examination of experiences and then modify and demonstrate flexibility to accept or reject available opportunities. These intertwined patterns of action and interaction make up groups, communities, and societies (Ritzer, 1992).

George H. Mead (1934-1962)

George H. Mead, often called the father of symbolic interactionism believed that individuals learn how to interact by following three developmental stages of socialization. The first stage is learning through imitation, also called the preparatory stage. The second stage, called the game stage, involves learning that individuals respond to positive and negative expectations simultaneously. The third stage occurs when one learns that the self has meaning based upon universally understood symbols and the ability to see oneself through the reflection of others (Miller, 1973). Furthermore, for these developmental stages to occur, the environment must represent society and culture that is not artificial. An example of an artificial culture appears in institutionalizing and deinstitutionalizing groups of people based on cultural characterization.

Mead's (1934-1962) idea of social behaviorism states that "part of the act lies within the organism" (p. 42). To Mead behavior symbolizes the act, or level of analysis. He,

like many others, rejected the behaviorists' assumption that human beings are blind and unconsciously responding to external stimuli and suggested that consciousness, action, and interaction also affect one's behavior. Rather than being a free-agent, the individual operates under the control of a the larger community (the society). Mead would give priority to the social world in understanding social experience and urged sociologists to explain the organization that conducted human interaction in social groups. Mead did not define subject matter as the conduct of separate individuals but rather as the organized conduct of the social group. Basically, the part is explained in terms of the whole, not the whole in terms of the part (Mead, 1934-1962).

Charles Cooley (1902-1964)

Charles Horton Cooley of the Iowa School of symbolic interactionists also performed seminal work for the perspective. He is remembered the most for his concept of the looking-glass self, which explains how an individual's consciousness is shaped through the process of social interaction. He believed that the basis for behavior centers in one's primary group such as family, peer, or community. Through group membership an individual shapes behavior and thus is formed or socialized. Cooley promulgates symbolic interactionism by using a method of understanding called sympathetic introspection, which allows

others to analyze situations through the general understanding of meanings and motives that are at the base of social behavior (Ritzer, 1992).

Georg Simmel (1858-1918)

Georg Simmel emphasizes the interactional processes in human action. He asserts that identifying and systematically formalizing basic patterns of human interaction such as competition (economic), cooperation (political), and conflict form the objective of sociology. He believes that these actions underlie social interaction (Ritzer, 1992). Simmel defines the subject matter by focusing on the vendor-consumer level of analyses. According to Flanagan (1990), Simmel attempts to explain the urban experience and community life and how they affect the way people think and behave. George Simmel argued that the city presents a crush of people, objects, and events that oblige the urbanite to be constantly on guard. Do the vendors and consumers in this study, if in urban areas, appear to be more on guard; and if so what would indicate it?

Population and density are aspects of the rural-urban dichotomy, the marginal verses mainstream cultural dichotomy, and the vendor-consumer relationship. The two important subjects Simmel identifies as features of urban life that effect people in urban communities are: (a) the intensity of nervous stimuli (numbers) and (b) the powerful

impact of economic structures on human relationships (distance) (Flanagan, 1990). The term *numbers* refers to group size, or the number of people as well as the effect size has on the quality of human interaction. In fact, Simmel was the first to imply that the nature of relationships can change by adding just one person to the dynamic. According to Ritzer (1992), with the added knowledge of how relationships move from dyad to triads, one understands the developments and changes of large-scale social structures, which Simmel believes can become separate and dominate over the individual.

The term *distance* refers to the value of anything that is determined by its availability to the individual (Ritzer, 1992). Simmel assumes that individuals must discriminate to cope if they are overwhelmed and over-stimulated by developing differing forms of distance in relationships (Macionis, 1992). Within the larger community milieu, an individual tends to be more reserved because economic relationships causing tension and calculation undermine personal relationships (Flanagan, 1990). In regard to the use of ideal types to study community, Simmel's social geometry clearly attempts to characterize human interaction by numbers and distance. Thus, Simmel aimed to explain why people (city dwellers) behave as they do by using numbers and distance. Later, Savage and Warde (1993) characterize Simmel's theory as "endeavors to specify the city as the

locus of modernity" (p. 5).

Simmel's sociological theory greatly influenced American social theorists at the University of Chicago. As a result, The Chicago School embraced Simmel's move away from the status quo structural functionalist paradigm to a symbolic interactionist paradigm. Consequently, one of his lasting contributions to a symbolic interactionsists paradigm is the level of analysis on small-scale issues to incorporate individual action and interaction (Ritzer, 1992).

Structural Functionalist Theory

Structural functionalism, the oldest sociological paradigm, has many historical and current protagonists. This theoretical approach focusses on the interrelationships between individuals and groups in a given society and the way in which this structure functions to maintain the society as a whole. Structural functionalist often focus on the functional requisites of a social system that allow the system to survive and the corresponding structure that meet those needs. According to structural functionalists, social systems have a tendency to perform certain tasks that are necessary for the sociological analysis. The subject matter for structural functionalists analysis is the social structures that meet social needs. They analyze social and cultural phenomena in terms of the functions they serve in the system. Structural functionalists make three major

assumptions for analyzing social interaction: (a) that social systems are interrelated and interdependent, (b) that a state of equilibrium exist among social systems that is comparable to the healthy state of organismic like, and (c) that all parts of a social system will reorganize to bring about equilibrium. Structural functionalists rely upon qualitative data for analysis of social interaction. The objective of this type of analysis is to describe social structures and how they impose themselves on human interaction.

Emile Durkheim (1858-1917)

Emile Durkheim, a social factist, believes the proper subject matter for sociology is macro-structural level phenomenon. Social conflict results in human struggle over resources. As the father of sociology, Emile Durkheim, pointed out that mechanical and organic societies have different values and meanings for rural and urban cultures. The mechanical society corresponds with rural living, and the organic parallels urban living. Whereas the mechanical/rural societies provide human nurturing through family and community systems, organic/urban societies provide individual needs through state and government bureaucracies.

Developmentally disabled consumers are often in a struggle with the mainstream population for financial and other social resources. Ideological values concerning

quality of life also can be a source of conflict. For example, the mainstream population may not recognize accessing a building as a resource while the developmentally disabled do. The sighted person does not recognize access to a school with braille capability as necessary, but the blind would recognize it as an essential resource. Durkheim describes rural/mechanical and urban/organic as cultures that hold different values and meanings. The mechanical culture is paralleled with rural living. Organic culture is paralleled to urban living. For example, mechanical/rural cultures provide for human nurturing through family and community systems. Organic/urban cultures provide individual needs through state and government bureaucracies.

Durkheim was a positivist who combined theoretical and empirical research to describe his main concerns about social order (Palen, 1992). Along with his many other distinguished assertions, Durkheim's ideal type models include social order (community) and the differences that characterized mechanical and organic communities. To define the differences between mechanical and organic communities Durkheim's unit of analysis is the social division of labor. He was optimistic, believing that larger communities would have a positive effect on human interaction. Many other theorists of his time viewed the impact of social change on individuals as a process that would alienate people from their work and one another. Durkheim endorsed the move

toward specialization and argued that the resulting interdependence would create a more integrated society (Eshleman & Cashion, 1983).

In a mechanical society, human interaction results in social order because the relationships are characterized by little or no division of labor. People's roles are general and individuals usually provide many of their own needs. By contrast, the characteristics of relationships in the more modern organic society are based on specialization. In other words, individual roles are more narrowly defined, and people are more dependent on others for needs they are not involved in procuring. According to Ritzer (1992), Durkheim focuses on the differences in the indicators of dynamic density, law, anomie, collective conscience, religion, and collective representation to describe mechanical and organic communities.

Durkheim, unlike others, did not assume that biological or psychological rules resulted in human interaction (Eshleman & Cashion, 1983). He did, however, assume social facts, that society was external to the individual, focusing on characteristics of groups and structures rather than individuals. To Durkheim, social facts were observable social phenomena, which exist external to human individuals. In other words, social structures endured over time, outliving humans that pass through them. "In short, individuals are more the products of society than the

creators of it" (Eshleman & Cashion, 1983, p. 29). Durkheim's contribution to social methodology is modeled in his classical statistical study on suicide. This study established that human behavior could be better understood by placing observed behavior in the social context in which the behavior took place. He also used cross-cultural comparisons in his study of suicide. For Durkheim his work with suicide underscored the role of social structures at the most subjective level, which leads back to his main concern of social order and solidarity.

Ferdinand Toennies (1855-1936)

Ferdinand Toennies recognized the impact of using organic points of positivism on theoretical definitions of reality. Positivism, a philosophical point of view, refers to a scientific explanation of reality to the folk or traditional metaphysical orientation. The positivists' theoretical objective aims to explain facts (Schwab, 1992). By contrast, other theoretical objectives attempt to explain, understand, or change facts.

Toennies tries to explain that interpersonal relationships suffer in industrial society, and he defends that occurrence by examining patterns of kinship. In *Gemeinschaften* (organic communities) patterns of relationships are based on common economic, political, and other interests (Eshleman & Cashion, 1983). In addition, these relationships are based on traditions that guide

individuals by accepted norms and conventions imposed by family and religious social institutions. Thus, tradition, enduring, personal relationships, rural villages, kinship, and friends characterize the interactions of people living in Gemeinschaftlich communities (Ritzer, 1992). Toennies applies a comparative methodology to demonstrate the differences between ideal type Gemeinschaftlich (rural) and Gesellschaftlich (urban) communities.

Relationships in Gesellschaftlich (mechanical solidarity) communities depend on reason and contracts to impose social control. According to Ritzer (1992), Gesellschaftliche represent a type of social organization based on cultural pluralism and transitory relationships. Toennies assumes that people in Gesellschaftlich communities are motivated by self-interest, have little common identity, and view others as a means of getting their needs met. He further assumes that in Gesellschaftliche money and contracts replace sentiment in relationships. Based on these assumptions, people in Gesellschaftlich communities have little if any common identity or concern for the community at large, and relationships consist of formalized contracts, court orders, or legal agreements, such as the nature of vendor-consumer relationships (Eshleman & Cashion, 1983). Moreover, Toennies suggests, as did Simmel, that tension between the patterns of interaction at the extreme ends of ideal type communities can sometimes cause conflict and

tension. In other words, he defines by examples the differences between mainstream and marginal cultures.

Toennies also studied the contrast between Gemeinschaft/rural and Gesellschaft/urban cultures. Toennies observed that Gemeinschaftlich cultures are characterized by primary or personal relationships while Gesellschaftlich cultures are characterized by more secondary relationships. Classical social theory proposes that different views hold value for any culture depending on subjective individual perspectives as well as the more objective rural and urban perspectives. Ferdinand Toennies was also interested in contrasting the differences between Gemeinschaft/rural and Gesellschaft/urban cultures. Toennies contributed an observation that Gemeinschaftlich communities are characterized by primary or personal relationships while communities characterized by Gesellschaftlich relationships are more secondary in nature. As classical social theory bears witness, what holds value for any culture depends on individual perspective (subjective) as well as rural and urban differences (objective).

Louis Wirth (1897-1953)

Louis Wirth focuses on forms of urban processes and their impact on human organization and experience under the conceptual label *urbanism* (Palen, 1992). According to Palen (1992), competition, achievement, specialization,

superficiality, anonymity, independence, and tangential relationships characterize urbanism as an ideal type. During the industrial era of rapid growth and change, Wirth states that the necessary frequent movement of great numbers of individuals in a congested habitat caused friction and irritation. Nervous tensions that derive from such personal frustrations increase due to the rapid tempo and complicated technology under which life in dense areas must be lived (Wirth, 1938, pp. 15-16).

According to Flanagan (1990), Wirth's comments in "Urbanism as a Way of Life" are exceptional for three reasons: the vivid imagery of being alienated in a crowd, the demands of being punctual in an economically productive agenda, and the systematically synthesized works of previous theorists. Wirth wanted to construct characteristics of an ideal type human experience in urban life to explain, not describe, the experience of living in a large community.

His methodology involves developing characteristics of the extremes of urban and folk communities. His writings indicate the assumption that urban and folk communities are opposites and that interaction can be measured on a continuum approach, with the differences in human interaction being defined somewhere between folk or urban (Flanagan, 1990). Wirth's opposing urban and folk characteristics explore given social situations, identify

the basic features, compare these characteristics to his ideal types, and then determine the degree to which these situations are characterized as either folk or urban. Furthermore, Wirth, like Weber, is an action theorist. Wirth's subject matter encompasses social life in the city, and it claims that social life in the city creates a distinct way of life he labeled *urbanism*. According to Wirth, three independent variables characterize urbanism: size, density, and heterogeneity (Palen, 1992).

Size refers to a given population in terms of numbers of people. Wirth assumes the greater the population, the more likely differences within the community will result in patterns of competition as foundations for relationships. Once competition abounds formal mechanisms of control emerge that cause social solidarity. Wirth characterizes the extremes in size as either social freedom or a social void that results in anomie (Flanagan, 1990).

Density indicates the number of people increasing while the spatial area stays constant. Density increases superficial and anonymous contacts with people, and to a degree, dictates the spatial configuration of a community. Wirth's study of the density variable establishes assumptions for the division of labor that he thinks dictate human relationships in communities. "The dominant spirit that emerges from the close conglomeration of different types of people in a community is that of competition and

mutual exploitation ... where the clock and traffic signal are the symbolic basis of social order" (Flanagan, 1990, p. 57).

The third variable of Wirth's typology, heterogeneity, encompasses the notions of a diverse population (size) and division of labor (density), which asserts that "multiple memberships become transitory and relatively unimportant" (Flanagan, 1990, p. 57). Instead of anchoring individuals in a stable social life, shifting memberships in multiple groups result in conflict and change. "The individual must subordinate some of his individuality to the demands of the larger community, and in that measure immerse self in mass movements" (Wirth, 1938, pp. 16-18). According to this statement, it appears that Wirth believes mass society engulfs community and that individuals surrender to the common conditions of political powerlessness, alienation, and contradictory norms and values.

Wirth's and the earlier theorists' image of large community life is now criticized as too one-sided, possessing an anti-urban bias. Flanagan (1990) suggests that Wirth's emphasis on "predatory relationships and human isolation in the crowd is at best a biased account of the community life" (p. 54). Although their contributions are powerful, Simmel, Tonnies, and others viewed society as a social unit transcending the individual. Thus they did not investigate the means by which people come to accept and

reflect their fundamental conditions and structures of society; a question that later American sociologists sought to answer (Eshleman & Cashion, 1983).

The Study of Community

The theoretical studies of Marx, Weber, Tonnies, Wirth, Simmel, and many others seek to describe the simultaneous social changes of the industrial revolution, the rise of capitalism, urbanization, religious change, and the growth of science. These changes, labeled dichotomous typologies of logical constructs or models, analyze the changes confronting the classical theorists' reality (Palen, 1992). Basically, theorists feared the rapid change in community patterns would sabotage the intimate, customary, rural-based community relationships. At that time in Europe, old patterns of economic standards were failing, social customs became unrecognizable, and the family structure was losing control (Schwab, 1992). Tonnies, Weber, Simmel, and others examined the decline of local attachments and the rise of mass urban society. Ultimately, these studies contributed to the understanding of the process of human evolution, in this case the patterns of human land settlement.

The concept of community has evolved drastically from its nineteenth-century definition to its present relevance in American community studies. The classical theorists applied the community concept when analyzing changing relationships between the individual and society. As time,

resources, and technology revolutionized, the characteristics of communities evolved. The classical community theorists recognized three basic changes occurring in community life as it evolved: the foundation of one's social rank changed from the family status to individual achievement, the individual formed the basic unit of society, and the society's characteristics changed from sacred-communal to secular-association (Schwab, 1992). Eventually, the term *community* came to imply the growing phenomenon of human interdependence (Spates & Macionis, 1987).

Social Construction of Communities

George Hillery (1955) and later Karp, Stone, and Yoels (1977) find at least three common elements of the 94 separate uses of the term community from a sociological perspective. They are: (a) geographical area, territorial variable or spatially circumscribed area, (b) social interaction, sociological variable or the values, attitudes, and attributes held in common, and (c) common ties, psycho-cultural variable or members engaged in some form of sustained social interaction.

Geographical Area or Territorial Variable.

Community as a geographical area or territorial variable, remains distinctively unlike other forms of social organization such as family or religious communities. It generally does not, however, delineate strictly on the basis

of territory. The territorial distinction of communities encompasses a range of social organizations and depends on both population and density. These distinctions further classify as metropolises, cities, towns, or villages (Angotti, 1993). This study refers to this type of community, dealing with census data that yield both population and density information at the county and place levels of analysis.

Social Interaction or Sociological Variable.

Poplin (1972) defines community as social interaction to indicate three aspects: a network of interaction, a social system, or a social group. A network of interaction focuses at the macro-level of interaction between groups and institutions. Relationships, where people join together in a web of social ties, usually possess little common identity, and characterize social interaction for resources illustrate a network of interaction (Macionis, 1992). Moreover, in a network most members do not directly connect but are indirectly connected through others. The identified number and types of ties between individuals forming the network constitute these structural relationships. Contemporary theorist Mark Granovetter (1973) suggests that weak ties within networks may be as important in understanding human interaction as the strong ties.

Social systems such as the family, government, religion, economy, education, and health care establish

institutional elements of society. The whole notion of social systems defines the nature of deinstitutionalizing any marginal group. "Social systems theory incorporates the social group into a more comprehensive frame of reference" (Poplin, 1972, p. 15). Furthermore, Eshleman and Cashion (1983) claim that the essential technique to understanding different social systems applies the concepts of *role* and *status*. Role and status characteristics define patterns of appropriate behavior for social interaction. Social system theorists do not identify social institutions by observing actual human phenomena. Instead they use descriptive models of comparison like Weberian ideal types. This project uses community in this sense because it focuses on cultural level reality, mainstream verses marginal.

By contrast, two or more people who identify with one another and have a distinctive pattern of interaction portray a social group, which is theoretically the most antiquated concept (Macionis, 1992). In other words, social groups include people who have shared experiences and think of themselves as "we" (Macionis, 1992, p. 100). The types of relationships that bind people together in a group describe what sort of community it is. Thus, primary and secondary groups, reference groups, formal or informal organizations, and ingroups or outgroups all provide methodological tools for studying human interaction in communities. For instance, primary groups contrast

secondary groups based on four categories: quality of relationship, duration of relationships, breadth of relationship, and subjective perception of relationship (Macionis, 1992). Typical examples of the primary group include family and close friends. Conversely, typical characteristics of secondary group communities consist of co-workers. In general, both groups are measured using these four categories as ideal types to characterize relationships. This study expects to discover that the vendor-consumer relationship exemplifies more of a primary than secondary group for many consumers.

Common Ties or Psycho-Cultural Variable.

The last element of Hillery's original scheme, the common ties of the psycho-cultural variable, focuses on the idea of bonds between members of communities (Poplin, 1972). Community ties refer to "an awareness of sharing a way of life as well as the common earth" (MacIver & Page, 1949, p. 10). Theorists on both ends of the theoretical spectrum debate the value of common ties. At one extreme, humanists assume people gain a sense of security because they identify with a community whether it be mainstream or marginal. At the other extreme, the common tie definition of community centers on cultural issues that assume interaction is a result of shared common values, norms, goals, and a subjective component of security.

Poplin (1972) asserts that ... "it is doubtful common

values and psychological identification really typify the modern community" (pp. 22-23). He goes on to suggest that strong community ties may possibly hamper an individual's creativity and action. This particular explanation of community encompasses the basic assumptions of the symbolic interactionist paradigm and some theory integration including aspects of conflict and structural functionalists assumptions.

Today, modern theorists apply the term *community* to infer a variety of meanings. Larry Lyon (1987) suggests that whenever a word has so many uses, it is unscientific and perhaps better suited for the subtleties of philosophy than for strict scientific methodological use. Dennis E. Poplin (1972), emphasizes that the many different uses of the term *community* have reduced its usefulness for the purpose of scientific communication. Although the concept of *community* now denotes a multiplicity of connotations, both classical and contemporary theorists agree on some specific paradigms. These significant paradigms began with the writings of theorists such as Weber, Simmel, and Tonnies.

Alternative Approaches To Community Theories

The typological approach utilizes scientific concepts to define variables that take on different values in particular given social situations. "The type-concept in scientific discourse is a concept which is constructed out

of a combination of the values of several variables" (Stinchcombe, 1968, p. 44). As a result, theoretical explanations of any given situation simplify due to the limited number of combinations of values.

When a large variety of variables go together, specific values of one variable presumably associate with specific values of another variable. This occurrence creates polarization, also known as the creation of typologies or sets of type-concepts. It facilitates as a methodological tool for scientific inquiry, and when applied to community studies, it tends to define community characteristics in terms of opposites (Stinchcombe, 1968). Sociologists who have questioned the adequacy of classical typologies point to "... the faulty character of racial stereotypes, the informal aspects of bureaucratic structures, and have exposed the latent functions of a variety of deviant behaviors" (Karp, et al., 1977, p. 62).

Durkheim and Tonnies remain most influential in laying the ground work for the structural functionalists paradigm typology approach for the study of communities. Simmel and Wirth, in other words, represent more of the symbolic interactionists objective of understanding society by using ideal types as tools for methodology. When examining ideal types, Weber is the most influential theorist because of his methodological contribution and his clear example of an ideal type bureaucracy. He is not, however, strictly a

functionalist, conflict, or interactionist theorist because his work is eclectic. Simmel's interest in analyzing individual behavior and his focus on didactic and triadic relationships is an example of micro-level analysis depicting the heart of symbolic interactionists subject matter. In fact, he conceptualizes society as a social system of interaction that stresses social processes. Moreover, he believes that individual action helps theorists "piece together the real life of society as we encounter it in our experience," (Wallace & Wolf, 1991, p. 239). Weber not only contributed the example of an ideal type bureaucracy but he also introduced the concept of verstehen, or subjective meaning, that best exemplifies his contribution to the intellectual roots of symbolic interactionists. Wallace and Wolf (1991) also cite the breadth of Weber's theoretical contribution as an ability to bridge macro and micro perspectives.

More contemporary theorists Ralf Dahrendorf (1959), Lewis Coser (1967), and Randall Collins (1971) continue Weber's analytical tradition toward scientific objectivity in the search for numerous social patterns of stratification, power, and status. After analyzing ideal types they believe that communities are headed toward an increasingly bureaucratic society (Wallace & Wolf, 1991).

Modern Theorists

Talcott Parsons, a structural functionalist, also uses a typological approach to analyze community. Parsons's expressive and instrumental patterned types originated from Tonnies Gemeinschaft-Gesellschaft typologies. Wallace and Wolf (1991) cite Parsons' example of the doctor's role:

the patterning of doctor's role as related to cultural tradition and that the specialization of technical competence is characteristic of that role in contemporary America ... the contrast between the roles of medicine man and physician illustrates the general shift from an expressive orientation in gemeinschaft societies to an instrumental orientation in industrial, or gesellschaft, societies (p. 37).

Modern theorists Savage and Warde (1993) examine the classical writings of Simmel and Wirth. They characterize their theoretical efforts as a search for a generic urban culture. The studies specifically applies Wirth's attempt to contrast urban and rural ways of life by observing measurable differences and Simmel's attempt to focus on delineating the city as the locus of modernity, exactness, order, and punctuality. Savage and Warde (1993) conclude that both Wirth and Simmel "failed to provide a convincing demonstration of the existence of an urban way of life" (p. 5). They further critically argue the experience of modernity is not universal, has cost and benefits that are unequally distributed based on the powerful effects of

spatial and social organization in communities.

Alfred Schutz (1899-1959) also defines social situations in terms of ideal types (Wallace & Wolf, 1991). According to Schutz, one can assume that individuals draw from a "common stock of knowledge" that define concepts of appropriate patterns of social behavior in communities (Macdonis, 1992). This common stock of knowledge concept enables us to categorize the world in terms of types of objects such as books, cars, and neighborhoods. Therefore, his view empowers individuals with the ability to construct definitions of world phenomena by means of typification or creating ideal types (Wallace & Wolf, 1991, p. 292). Most other theorists, regardless of theoretical traditions, use ideal types as empirical standards to analyze social behavior. Finally, Schutz asserts that ideal types are every day assumptions people have that contribute to human interaction.

Mainstream verses Marginal Communities

Mainstream and marginal communities conceptually embody all the notions of communities that are theoretically discussed so far such as: (a) geographical area, territorial variable or spatially circumscribed area, (b) social interaction, sociological variable or the values, attitudes, and attributes held in common, and (c) common ties, psycho-cultural variable, or members engaged in some form of sustained social interaction. In this research, mainstream

and marginal are both conceptualized as to size, social interaction, and psycho-cultural variables. According to Stonequist (1937), concerning marginal populations:

"protection weakens people; it reduces competition, increases inertia, and produces a false sense of security. Moreover, the protected are always at the mercy of the protectors; they get only what they are given; and they live under the constant shadow of a political sword. The great truth is ... that emancipation a righteous demands for fair and just treatment and in developing self to be at least as good as the other fellow. Prejudices exist within groups... that strive for inclusion in mainstream cultures. This struggle for status dominates the minds and the behaviors of members of the community - a struggle carried on by individuals without much effective support from one another, and therefore rather hopeless in character" (pp. 15&16).

Concerning the differences in rural and urban, Stonequist (1937) states "cultural conflict is particularly evident in urban centers," (p. 213).

Out of common-sense observations and everyday relationships come identifying names and monikers. Even words of respectability can acquire questionable implication because they are tintured with attitudes of prejudice and associated with lowliness of status. In many situations

specific terms rise and point directly to the dual nature of marginal cultures. For example the terms, consumer for individuals with developmental disabilities, feminist, and ecologist all contrast with mainstream contemporary culture. Everett V. Stonequist (1937) uses the phrase 'marginal man' as an analytical tool for comparing mainstream groups within a culture to groups that differ. In particular, Stonequist focuses on the study of personality and cultural conflict using race, personality traits, and immigrants as examples of his marginal man concept. Analytically, "the essential and the universal become separable from the accidental and unique; the deviations or sub-types more accurately understood in terms of the special conditions" (Stonequist 1937, p. 211)."

SOCIALIZATION: The American Experience

Socialization truly is an exercise in vulnerability. Humanity focuses much energy externalizing the physical plane in its attempt to control powerfully definitions of action. As we are socialized, we are edged away from an 'eco-orientation' toward individualism or eco-centered. Small humans are taught to be male or female, American, elite or poor; then, the labels continue to expose the human experience to these prescribed definitions of life.

Examples of an American's experience include heavy socialization to the use of defense mechanisms and institutional or formal systems of obfuscation. A common

defense mechanisms and often unconscious baggage is projection. Projection is rationalization at a personal level and applied to ecology is the notion that as humans we live outside the planet opposed to within it. Another defense mechanism is vilifying. For example, science will vilify other ways of knowing as perhaps the occult or nonlogical. Sociology is an example of formal obfuscation in that human interpretation of interaction as an academic discipline is burdened with a language all its own. Sociology nicely divides life into economics, politics, family, education, or the many other categories. American's are overwhelmed with not only sociology but many legitimate labeling agencies that might blind experience.

The way American humanity occupies the planet is the result of systems of thought or paradigms. Science is myopically focused on taking things apart to understand, which is often called reductionism. As interaction is reduced to instances, the meaning of the whole is too often lost. Maybe in our quest for capital gain Americans so formalized knowledge and its inheritance that other formal institutions gave up. For example, the family almost has no cultural responsibility for passing on knowledge to our young. It seems that far too many parents are willing to let anything, everything, and anybody teach their young but themselves. Society has no outrage for the parent who sues the public school because their 17 year old cannot read. My

question to the parent is, "where the hell have you been the last 17 years that you are just now figuring out your child cannot read?" Parents are not held accountable for the paradigmatic health of their children. Clarification is needed here as to the difference between parents being accountable for paradigmatic health and actual behavior. Parents nor teachers should suffer consequences of another's actions (child or otherwise) but should be pressed into the responsibility of transmission of knowledge. Parent and teachers project onto each youth certain cultural beliefs that direct and paint a particular world view. Once formed, these beliefs grow to be both true and right for those born to it.

Marginal cultures are a function of social conditions and social situations. With the postmodernism cultural conflicts are particularly evident in urban centers and, place of residence becomes a significant index of cultural status. For example, place of residence for consumers with disabilities used to be in state schools/homes today they live in community based, deinstitutionalized community settings.

Conflict results when groups possessing different cultures interface and clearly define determining influences that create marginality. Cultural conflict is a form of group conflict in which the source of the conflict lies in the cultural differences. These differences are interpreted

in moral terms. Fundamentally, it is the struggle for existence. Which group will control the situation? Each group seeks to protect itself by keeping the other group in its place.

The ultimate issue is social control, maintaining social distance. Distribution of resources results when the controlling group feels threatened by a marginal culture. According to Cooley and others, one's sense of self comes from the social group, the social reference. The concept of the group provides both a frame of reference within which various dynamics can be defined as either cause or consequence, depending on whose defining. To the degree that the individual lives in a culture where change is rapid, and where different codes of conduct exist, his/her problem of achieving independence, satisfaction, integration, and productivity is correspondingly increased.

Deinstitutionalization: The Bureaucratic Fix

The Joint Commission on Mental Illness and Health (ASHA Report, 1989) established a blueprint for deinstitutionalization. The process of deinstitutionalization entails moving individuals with developmental disabilities from large institutions to smaller, more community based settings. With this process the emphasis shifted from providing services to individuals with developmental disabilities in segregated institutions to community integration (Murray, 1993).

Deinstitutionalization aimed to provide residential settings for people with developmental disabilities that are less custodial, less regimented, less segregated, and less differentiated from normal environments in society, (Warren, 1986). Consequently, evidence remains mixed for the success of deinstitutionalization affecting positive change for consumers with developmental disabilities (Scheerenberger & Felsenthal, 1977; Butler & Bjaanes, 1978). Butler and Bjaanes (1978) describe some community care facilities as miniature replicas of the larger institutions, which typically foster social isolation, dependence, and competition for attention. Scheerenberger and Felsenthal (1977) claim that some people with developmental disabilities acquired negative feelings as a result of being separated from life-long friends at their former institutional residence. In addition, Grimes and Vitello (1990) shared concern of some parents who could see the potential instability of community programs and the absence of supportive services, particularly for long-term medical and behavioral problems.

This conflict lies in two underlying assumptions concerning deinstitutionalization. The first assumption generated the belief that all institutions endanger the growth of all individuals with developmental disabilities, and the second is that any community setting is a more normal environment compared to any institution (Kleinberg &

Galligan, 1983). Obviously, some parents and critics of deinstitutionalization believe these two assumptions do not apply equally to all individuals with developmental disabilities. For example, Rein (1970) defines social services as "collective interventions which are outside the market place to meet the needs of individuals as well as to serve the corporate interests of the wider community" (p. 47). Conflict theorists have a long history of pursuing resolutions to problems created by such social conflict. Conflict theorists seek both to understand causes and explain consequences of identified social conflict.

Parents of all socioeconomic levels demand better schools. Teachers demand better pay and safe working conditions. Many competing groups demand cultural identity, and minority groups demand preparation to compete in American society. All of these examples illustrate controversies weighing down the education infrastructure. When considering education, we in the United States are better at the rhetoric of equal opportunity than we are at the practice of it. For example, the vast majority of Americans believe schooling is crucial to personal success. We also assume that society offers unlimited educational opportunity consistent with a person's abilities and talents, regardless of class, race, and sex, (Macionis, 1992).

Spates & Macionis (1987) suggest that cities often

intensify social forces at work in class struggles, racism, and sexism. If this statement is true, then examining the history and development of deinstitutionalization of consumers with developmental disabilities in America should indicate a disproportionate use by lower class, nonwhite, female, rural consumers. Focusing more attention on mainstream verses marginal cultures will facilitate a better understanding of the social forces of cities because they are essentially a postmodern phenomena. Postindustrial, in other words the current, deinstitutionalization dynamics also provide a good example of institutional discrimination and, therefore, offer an opportunity to examine the effects of differing levels of school funding at an institutional level.

In the past as new urban systems sought to impose institutional order on the growing masses of children, school programs boomed. Urban school systems became characterized by centralization and bureaucratization. Extending the influence of the school as much as possible became the generalizing mission statement of public schools. In large cities officials established new programs for younger people in order to socialize young immigrants as early as possible. Today as a socializing agent, public schools manipulate both behavior and values. The programs of public schools promote conformity, cooperation, industriousness, thrift, temperance for women, cleanliness,

patriotism, punctuality, self-discipline, and respect for authority, (Mohl, 1985).

Mohl (1985) refers to public schools as a "child-saving" agency much like the juvenile court programs and deinstitutionalization. These "child-saving" agencies possess pervasive and powerful socializing influences that affect many people (p. 165). Therefore, institutions in the business of saving children may be perceived either as imposing social order or providing upward mobility to those with talent and ambition. Both perceptions contain some validity. Public schools do regulate behavior while promoting virtues such as work, morality, and patriotism for both the mainstream and marginal students. On the other hand, institutions can impose social order that is not appropriate for marginal characters.

Normalization: The Ideological Fix

The principle of normalization centers on both social and physical integration of people with developmental disabilities into "culturally normative community settings" (Wolfensberger, 1972, p. 48). One of the best examples of normalization is the label of consumer used to characterize the developmentally disabled population receiving benefits in Oklahoma and many other states. In recent history society perceives *consumers* as more politically correct than labels such as disabled, retarded, or feeble minded when considering the struggle of ideological differences between

mainstream and developmentally disabled populations, Devlin (1989) stated: "normalization is an ideology, complete with a moral system of thought, a self-contained value system" (p. 93). It is founded in the a priori premise that the lives of people with even the most severe disabilities have dignity, worth, and value. Individuals with developmental disabilities often compete with the mainstream population for opportunities, financial and other social resources at home, school, work, and all arenas of everyday life. For example, the mainstream population may not recognize access to a building as a resource; yet those with developmental disabilities do. The sighted person may not recognize a school with braille capability as necessary, but a person with visual challenges would consider it an essential resource.

Over the past twenty years, the adjustment of people with developmental disabilities to their environment has been viewed from the ideological standpoint of normalization. Normalization means "making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of mainstream society" (Nirje, 1969, p. 181). In 1989 the Joint Commission of The President's Committee on Mental Retardation and Joint Commission on Accreditation of Hospitals used the concept of normalization as a guideline for deinstitutionalizing consumers with developmental

disabilities. Normalization supports the ideal that the environment is an integral part of determining quality of life, including human growth and development. Using the "least restrictive environment" concept mandated by federal courts, advocates for people with developmental disabilities reasoned that committing individuals with developmental disabilities to institutions was analogous to imprisonment for people whose only "crime" was mental retardation (ASHA report, 1989, p. 2). Least restrictive environment mandates strived to create an environment for the developmentally disabled as close to normal living conditions as possible (Nirje, 1980).

Mainstreaming people with developmental disabilities into culturally normative settings may produce normalization. Such settings include living arrangements, schools, civic activities, and the work place. In a survey of 43 states, 27 of them reported closing institutions for persons with developmental disabilities (Zirpoli & Wieck, 1989). It is becoming increasingly more common to see people with developmental disabilities in varied normative social settings.

Mainstreaming: The Educational Fix

Mainstreaming suggests the integrating of as many children with handicapping conditions as possible into regular classrooms. The term *mainstreaming* was specifically applied to the classroom within an educational setting. As

a result of mainstreaming, the number of special education classes has been greatly reduced. Proponents of mainstreaming believe that it lessens the stigma of being developmentally disabled (Zigler, et al., 1986). Others believe that mainstreaming people with developmental disabilities was motivated by perceived political correctness, which at the time focused on the integration of all marginal groups in society. Critics fear that mixing students with developmental disabilities with all other students will only serve to frustrate everyone. Classroom overcrowding and a lack of special education training for teachers, can create stress and perhaps all students will be more at risk.

If a group of individuals have to be "normalized, deinstitutionalized, and mainstreamed," then it demonstrates that they have been socially marginalized previously. The concept of marginality is a measure of the degree to which individuals and groups are prohibited from full participation in society. Social roles for individuals considered to be marginal are different. Therefore, social expectations for individuals living in rural or urban areas will vary for "marginal people." This concept is exemplified by recognizing that once new groups of individuals occupy roles from which they had been previously excluded, they are no longer marginal. From a sociological perspective, marginality opposes the standard

that identifies desired expectations in society. Therefore once a group of marginal individuals within any community achieve greater independence, productivity, integration, and consumer satisfaction through deinstitutionalization, they become more mainstream. Then, the individuals would no longer be considered marginal by society's standards because they occupy a place within the community from which they were previously excluded.

Formal education, the infrastructure which distributes schooling, possess both academic and social responsibilities. The manifest functions of formal education include both direct and specialized training and uses the more academically responsible rhetoric. On the other hand, latent functions of formal education are less recognized and take on the more socially responsible rhetoric. Social placement, child care, social control, and value orientation demonstrate examples of latent functions. Whereas, knowledge, socialization, and integration demonstrate manifest functions of schooling in America.

In the industrial past, the family and church maintained effective social control, regulation, and cultural conformity. Then, the industrial era experienced rapid growth, chaos, urban crime, violence, and rioting. As a result, new mechanisms of social control beyond the family and church were required to extend cultural domination. Vigorous efforts to shape values and behavior appear in the

form of public education. Along with charity and social welfare, public education emerged as a powerful instrument of urban order and social regulation (Mohl, 1985). In the 1980s the central issue of school agendas related to desegregation in schools and to the disparity between the populations of inner cities and suburban rings. In most urban areas, white students live in the suburban ring while black students in the inner cities (Kornblum & Julian, 1989).

Schooling contains many responsibilities in postindustrial America. Today's economic social structure centers on written communication, which has amplified the importance of formal education in postindustrial America. Postindustrial, urban America is characterized by bureaucratic growth and dominated by the economic social structure (Macionis, 1992). Each social institution possess a huge infrastructure, providing support to those who administer the programs as well as those who benefit. In this way many social interactions are dominated by urban, economical, and educational dynamics.

The postindustrial, public school extends society's influence over people into the neighborhoods and the family. This far-reaching influence, however, may feel more like a means of order and control than an opportunity to some. Schooling in urban post-industrial America posses these questions for research: (a) what problems does the American

society face in shaping its educational institutions to meet the requirements of changing economics and cultures; (b) how do established bureaucracies in educational institutions militate against effective reform; and (c) how are changes in curricula and other school programs designed for marginal populations best implemented (e.g., consumers with developmental disabilities).

The failure of the urban American educational system remains a complex issue that is defined differently by different groups in society, depending on the goals of the group in question (Kornblum & Julian, 1989). Public schools serve as instruments of socialization and social control. They promote patriotism, piety, and assimilate immigrants. They teach basic skills and transmit mainstream American culture and values across generations. Finally, they generally reflect the interest of those who possess economic and political power (Mohl, 1985). If industrial society is characterized by the principles of mass education, then what may we say characterizes postindustrial society? With regard to schooling for those in postindustrial America, the demand for reading, writing, and arithmetic skills can be overwhelming for both mainstream and marginal consumers. The conflict lies that only the extreme groups become defined; mainstream and marginal cultures. The dilemma for marginal cultures is that people may define their plight as more amusement than despair and stimulate rather than

depress individuals (Stonequist, 1937). From the consumers with developmental disabilities standpoint, the problem of social adjustment is one of psychological integration. At the individual level, however, persons facing their own interpersonal conflicts feel that from a marginal perspective it will seem more of a confused unfriendly world, compared to mainstream definitions concerning quality of life.

Research Questions

This research questions whether urban or rural environmental setting has measurable impact on consumer outcomes. Do consumers deinstitutionalized into rural situations or metropolitan areas have greater improvement in independence, productivity, integration and consumer satisfaction? Do consumers with developmental disabilities show equal variance on dependent variables in different metropolitan areas? These are quantifiable measures to be based on an analysis of variance and covariance. McGarver and Ellis (1974) in a thorough literature review found mixed results of prognostic studies that attempted to isolate variables that correlate with success and failure in community placements. Descriptive follow up studies like Edgerton (1967, 1976) and O,Conner (1976) have been more useful.

CHAPTER III

METHODOLOGY

The survey research used in this study provides empirical, quantitative methodology to address the quality assurance for court mandated deinstitutionalization of consumers with developmental disabilities. This research project is a secondary analysis of the Developmental Disabilities Quality Assurance Project (DDQAP) instrument data base.

Research Design

The research design involves a longitudinal Analysis of Variance of 2,473 individuals with developmental disabilities throughout the process of deinstitutionalization from 1993 to 1994 (N = 3,704 in 1993 and N = 3,789 in 1994). The 2,473 subjects in this study are a matched sample using site codes from the 1993 and 1994 surveys to establish at least one year in the community placement. Survey research describes different characteristics of the dependent variable to be used for comparison (Babbie, 1990). This research , for example, questions whether size of environmental setting has measurable impact on consumer outcomes for individuals with developmental disabilities.

In order to determine whether any observed differences in the data result from chance or true dissimilarities, a statistical procedure called Analysis of Variance (ANOVA) was performed. ANOVA tests the hypothesis that the group means of the dependent variables are equal. The dependant variable is interval level, and one or more categorical variables define the groups. The term *factors* describes these categorical variables. Two sums determine the average measure of variability: (a) the within-groups sum of squares, which is a measure of the variability within groups and (b) the between-groups sum of squares, which measures the variability of group means. To reach the statistic *F* (Analysis of Variance), the between-groups mean square must be divided by the within-groups mean squares (Norusis, 1983). A *significant F* indicates that the population means are probably unequal; it does not indicate where the differences lie.

A variety of special techniques called *multiple comparison procedures* indicate which population means are different from the others. The Scheffe' Multiple Comparison procedure is used in this study. It requires larger differences between means for significance than a majority of the multiple comparison methods (Norusis, 1983). The Scheffe' test is needed because a problem exists when many comparisons are made. Some seem to be significant even when all of the population means are equal. The Scheffe' test

protects against the tendency to label too many differences significant. It establishes a more rigid criterion for calling differences significant than the ANOVA (Norusis, 1983).

The Oklahoma Developmental Disabilities Service Division was court ordered to contract with an independent research consortium in order to provide annual assessments and quality assurance of community placements for Hisson residents. The result of annual assessments created an automated data base including changes in class members' independence (adaptive development, frequency of challenging behavior, and severity of challenging behavior), satisfaction with services, and quality of life based on standardized measures. In 1989 the Oklahoma State University's Sociology Department was awarded a research grant to monitor the quality of services provided to consumers with developmental disabilities. Researchers Conroy, Feinstein, and Associates from Temple University were contacted as experts to assist in the development of a monitoring instrument. The instrument chosen resembles a model from Temple University that represents a similar court-ordered monitoring of the deinstitutionalization process of consumers with developmental disabilities from the Pennhurst State School and Hospital. The final version of Oklahoma's instrument was designed to gather data on demographics, residential history, family and advocate

contact, adaptive equipment needs, adaptive development, abilities to control the frequency and severity of challenging behavior, need for medical services, drug usage, weekly contact information, civil involvement, citizenship activities, service planning, consumer perceptions of their living situation, and interviewer perceptions of the site's physical quality.

Interviewing in Oklahoma began in January of 1990. The interviewers collected data concerning the quality of life for consumers with developmental disabilities in all institutional and community settings. Moreover, Oklahoma's study possesses two unique qualities. First, past studies neglect to focus on an entire state's population of consumers with developmental disabilities. Secondly, this study is the first with the objective of actually interviewing the consumer with developmental disabilities. The database consists of consumers with developmental disabilities who receive funds from the Developmental Disabilities Service Division of Oklahoma's Department of Human Services or the consumer.

Measures

An Analysis of Variance is the method used to address the variations in size of community that represent quality of life for the consumer with developmental disabilities. Independence, productivity, integration, and consumer satisfaction all measure quality of life. These four sub-

dimensions representing quality of life are measured across size in three ways: the county level of analysis as defined by the U.S. Census Bureau, the county level of analysis using an alternative definition of county, and the place level of analysis using populations from the U.S. Census data.

Independent Variables

Size of community represents the independent variable and is classified in three different ways to characterize community placements for consumers with developmental disabilities. The first classification uses the U.S. Census Bureau definition of rural and urban counties for each consumer placement. The primary political divisions of most states are termed *counties*. According to the U.S. Census Bureau definition, an urban or metropolitan county exists when 50 percent of the population is living in an area of more than 2,500 people. A rural designation is indicated if 50 percent of the population resides in areas containing 2,500 people or less (U.S. Census Bureau, 1990). Using this characterization of the 77 counties in Oklahoma, 22 counties classify as urban, leaving 54 rural counties (U.S. Census Bureau, 1990). (see Table 1).

There are several reasons why the Census data analysis can be unworkable. First of all, the Census Bureau will not clearly define a county as either rural or urban due to most counties enveloping both rural and urban social

Indication of Oklahoma Counties from US Census Bureau

Adair	Grant	Nowata
Alfalfa	Greer (U)	Okfuskee
Atoka	Harmon (U)	Oklahoma (U)
Beaver	Harper	Oklmulgee(U)
Beckam (U)	Haskell	Osage
Blaine	Hughes	Ottawa
Bryan	Jackson (U)	Pawnee
Caddo	Jefferson	Payne (U)
Canadian (U)	Johnston	Pittsburg
Carter (U)	Kay (U)	Pontotoc
Cherokee	Kingfisher	Pottawatomie
Choctaw	Kiowa	Pushmataha
Cimarron *	Latimer	Roger Mills*
Cleveland (U)	Leflore	Rogers
Coal	Lincoln	Seminole
Comanche (U)	Logan	Sequoyah
Cotton	Love *	Stephens (U)
Craig	McClain	Texas *
Creek	McCurtain	Tillman (U)
Custer	McIntosh	Tulsa (U)
Delaware	Major	Wagoner
Dewey *	Marshall	Washington (U)
Ellis	Mayes	Washita
Garfield (U)	Murray (U)	Woods (U)
Garvin	Muskogee (U)	Woodward (U)
Grady	Noble	

* no interviews done in those counties
 (U) urban counties, all others rural

organization. At best, the description of social organization according to the census bureau definition yields a linear understanding of rural and urban based on the percentages of population placement. When counties are defined using both population size and density, certain trends might stand out. Neither variable, however, has proven to be reliable as indicators of rural versus urban social organization (U.S. Census Bureau, 1990). For instance, the mean population of a county generally increases as population density increases. In Oklahoma, few counties are defined as relatively low population density and relatively large overall populations. Most counties in Oklahoma maintain both low populations and population density.

Another problem in interpreting U.S. Census data is that the information is not readily available to the public. Public availability and access to information are both features of vital importance in deinstitutionalization in order to implement and regulate easily the final rule (quality assurance). Consequently, the difficulty of accessing and interpreting the U.S. Census data to better understand rural versus urban socialization results from many different definitions used by Federal agencies for rural and urban. For example, the Federal Highway Traffic Safety Administration, the Rural Electrification Agency, the U.S. Department of Agriculture, Farmer's Home

Administration, and the Environmental Protection Agency all use different definitions and variations of space and humanity to characterize a population as either rural or urban. These various definitions are also used to characterize social organization as "experiencing financial hardship, or as measures of income or profit, to set speed limits, as boundaries of human population distribution, and areas with a serious lack of mortgage credit for low and moderate-income households" (Title V Housing Act of 1949, section 1944, p. 10).

The distinction of urban or rural county of consumer placement by site code using an alternative definition of rural verses urban at the county level of analysis denotes the second dependent variable and classification of community. According to Doug Martin (1995), rural counties are those that lie outside a Metropolitan Statistical Area and have no community with a population greater than 10,000. A Metropolitan Statistical Area (MSA) is a relatively freestanding metropolitan area that is not closely associated with other metropolitan areas. These areas are typically surrounded by rural counties. There are eight counties that meet MSA criterion in Oklahoma. If only the MSA criterion is used, a number of counties having a subjectively urban character would classify as rural and vis versa. Therefore, by using an alternative definition of urban and rural, an attempt is made to identify counties as

rural by virtue of their population and their proximity to urban areas. Some feel that considerations of samples should be limited sufficiently in order to isolate those counties that have rural qualities instead of just counties that are located rurally. By using an alternative definition of rural verses urban counties, those counties with rural characteristics will differentiate better from the urban ones.

This alternative definition of counties may be a more sophisticated way to understand county level data in Oklahoma when attempting to characterize populations. It excludes nine counties labeled urban when compared to the Census definition of rural and urban counties. Therefore, the alternative definition of counties in Oklahoma characterizes eight counties as urban and 64 counties as rural (see Table 2). County population distributions and densities may characterize people in too broad of terms so that detail is missing. Thus, differences in marginal populations lack definition while mainstream is clearly outlined.

The third classification of the independent variable is a distinction of social organization based on place size rather than county. Oklahoma City and Tulsa distinctions are characterized both as metropolitan, and are therefore urban at the place level of analysis. Angotti's (1993) definition of place changes geographical boundaries and

Indication of Oklahoma Counties from Alternative Definition

Adair	Grant	Nowata
Alfalfa	Greer	Okfuskee
Atoka	Harmon	Oklahoma (U)
Beaver	Harper	Okmulgee
Beckam	Haskell	Osage
Blaine	Hughes	Ottawa
Bryan	Jackson	Pawnee
Caddo	Jefferson	Payne
Canadian (U)	Johnston	Pittsburg
Carter	Kay	Pontotoc
Cherokee	Kingfisher	Pottawatomie (U)
Choctaw	Kiowa	Pushmataha
Cimarron *	Latimer	Roger Mills *
Cleveland (U)	Leflore	Rogers (U)
Coal	Lincoln	Seminole
Comanche (U)	Logan	Sequoyah
Cotton	Love *	Stephens
Craig	McClain	Texas *
Creek	McCurtain	Tillman
Custer	McIntosh	Tulsa (U)
Delaware	Major	Wagoner
Dewey *	Marshall	Washington
Ellis	Mayes	Washita
Garfield (U)	Murray	Woods
Garvin	Muskogee	Woodward
Grady	Noble	

* no interviews done in those counties

(U) urban counties, all others rural

characterizations of human social organization beyond county level analysis. In addition to metropolitan, other places are classified as either city, town, or village based on population at a specific place from the U.S. Census Bureau data in 1990. The term *metropolis* generally refers to settlements with at least one million in population, including central cities and suburbs. Whereas, the term *city* refers to a medium-sized settlement with a population between 100,000 and one million. The term *town* refers to settlements between 2,000 and 100,000 population. The term *village* refers to settlements of 2,000 and less population (Angotti, 1993).

Place, for the reporting of decennial census data, include census designated places and incorporated places. Each place is assigned a five-digit FIPSE code that is unique within the State. Both the census and FIPSE codes are assigned based on alphabetical order within State. In Oklahoma both Oklahoma and Tulsa are relatively more urban than all other places. Place definitions can indicate trends in several different counties. For example, Logan, Oklahoma, and Cleveland counties contribute to characterizing the population labeled the Oklahoma City metro area.

The only metropolitan places in Oklahoma, are Oklahoma City and Tulsa, with one million plus population. Oklahoma City and Tulsa, while similar in space and population, vary

when comparing access to education and work for people with developmental disabilities. There are no other metropolitan places in Oklahoma, and there are no cities according to Angotti's (1993) definition. Most places in Oklahoma are towns or villages.

Dependent Variables

Analysis of Variance assumes: (a) the treatments' regression equations are linear and (b) the linear regressions for the different treatments are parallel. A statistical analysis of variance will be used to evaluate differences in conceptual indicators for each of the four dependent variables: independence, productivity, integration, and consumer satisfaction.

The Adaptive Behavior, the Severity of Challenging Behavior, and the Frequency of Challenging Behavior scales demonstrate Independence. Horn and Fuchs (1987) explain adaptive behavior as a dynamic construct, influenced by cultural norms, age-related expectations, and the zeitgeist of the times. The consumers' adaptive behavior scores many times determine care and treatment. Grossman (1973) defined adaptive behavior in terms of the degree to which consumers meet standards of personal independence and social responsibility. Adaptive behavior is also age reflective. In this study, evaluations of consumer adaptive skills and behavior development scales were obtained in a personal interview with the primary caregiver-vendor of the consumer.

The Adaptive Skills scale also measures both severity and frequency of inappropriate behaviors directed towards others, inappropriate actions directed towards self, stereotyped behaviors, sexual acting out, and general listlessness (Murray, 1994). Severity of challenging behavior items measure physical capabilities, cognitive attributes, group interaction, and the consumer's ability to deal with complex instructions. Frequency of challenging behavior scores indicate the ability of a consumer to control the frequency of challenging behaviors. All the measurements for independence are scaled from 1 to 100, where a score of 100 signifies the most positive outcome. A high score on the behavior developmental scale indicates more adaptive behaviors and high scores on the challenging behavior scales indicate the individual is better able to control the frequency or severity of problematic behaviors. A study of successful and unsuccessful community placements suggests that mastery of independent living skills and the avoidance of maladaptive behaviors are important determinants of successful community placements (Sutter, Mayeda, Call, Yanagi, & Lee, 1980) (see Appendix A for a complete list of questions).

Productivity is operationally defined and measured as the number of hours per month a consumer is involved in work or educational activities. Work activities may be realized as prevocational services, hours spent at sheltered

workshops, or supported employment or competitive employment. Educational activities include regular and special classes in public schools, special schools, private schooling, and homebound education. Information concerning the number of hours individuals participated in these activities was obtained in a personal interview with the consumer's primary caregiver-vendor (see Appendix A for a complete list of questions).

Integration means both the type and frequency of events a consumer experiences per week outside the residential setting. The social integration indices are an indicator of opportunity for social interaction outside the residence within the community for consumers. The primary caregiver-vendor is asked to report how many times the consumer left the facility to engage in various social activities in the past week. Examples of social activities include leaving the facility to visit friends or relatives, going to the supermarket or store, eating at a restaurant or going to the movies, the bank, or a place of religious worship. The results are tabulated to show how many "outside events" a person experiences per week. Possible answers range from more than twice a week to never. Those consumers who have a high score in social competence are considered better equipped to handle participation and responsibility for their own welfare, and those with low scores are less able to meet such environmental demands (see Appendix A for a

complete list of questions).

Consumer satisfaction is assessed with a scale that measures across two dimensions, consumers' satisfaction with the residential setting and with the interaction available. The scale is scored from 1 to 100 where a score of 100 indicates the highest satisfaction. The questions that indicate consumer satisfaction were answered by the consumer. These indicators from the survey may distinguish different human experiences for consumers based on rural or urban placement or differences within urban metropolitan Oklahoma. Examples of questions the consumer is asked include: "do you like living here, do you like the people that work with you, do you have good friends here, do you like the things you do, do you earn any money, do you get to choose the food you will eat at home, do you choose your own friends, do you have friends that visit you, do you have guardians or advocates, is there anything you would like to tell me (the interviewer) and if you had one wish, what would it be for"? (see Appendix A for a complete list of questions).

Data Collection

Appointments by phone established a time for interviews with a primary caregiver-vendors and each consumer with developmental disabilities by trained field research assistants. Consumers with developmental disabilities, however, were sometimes unable, unwilling, or unavailable

for interviews. The assessment instrument was administered by a trained research staff including graduate students from the sociology and speech pathology departments of Oklahoma State University. These assessments are conducted annually at the consumer's residence which include a variety of residential settings throughout Oklahoma. This court-ordered data base, originally generated to monitor quality assurance for consumer's with developmental disabilities in Oklahoma, also provided a general data base for various other uses. Interviews were ordered to be conducted with the consumer's primary caregiver-vendor (a parent, social worker or other staff member that is knowledgeable of the consumers' behaviors). During the interviews, vendors were asked about consumers' demographic data, level of retardation (if any) past living history, adaptive development, challenging behaviors, severity of challenging behaviors, medical need, civic involvement, service needs, goals, and contact with friends, family, advocates and others in the community.

Consequently, the terminology used to classify levels of retardation for people with developmental disabilities proved problematic. The jargon kept changing over time, and caregiver-vendors, not recognizing the correct answer, often guessed at the consumer's level of retardation (Dunsmore, 1993). For this reason, level of retardation was found to be less reliable than the independence scale that included

adaptive behavior measures. In addition to guessing the level of retardation, other inaccurate answers may also have been given by caregiver-vendor in an effort to speed the approximately one hour per consumer interview. Charts that should list level of retardation for the developmentally disabled consumers are maintained at each site, but these charts were rarely offered to interviewers. Moreover, charts contained an inconsistent format and were often filled with medical jargon so that the information was not easily interpreted.

Interviewer training is conducted in a three-day workshop each year. In this workshop interviewers receive a Survey Instruction Manual that contains all information needed and are shown detailed presentations of the manual during the workshop. Directors of the Developmental Disabilities Quality Assurance Project together with the experienced interviewers go through each item on the survey instrument explaining such things as the meanings of each item, possible responses and their interpretations, and how to make the responses form computer readable. In addition, interviewers are taught skills such as terminology they might encounter in the field, how to use sign language for a few items on the Consumer Interview, and survey coding methods. A speech pathologist presents information about characteristics of consumers with developmental disabilities and interviewing techniques to enhance both their ability to

communicate and to better understand and interpret responses. The workshop also structures role play experiences where situations are created in all placement types that could possibly lead to incorrect interpretation of data. After the workshop, a two-week, in-service training occurs where new interviewers are paired with an experienced interviewer in the field to observe interviewing techniques and then conduct their own interviews with the experienced interviewer present. Lastly, each new interviewer goes into the field with the Director of Field Operations to conduct an observed interview as the final check on training.

Generalizability

The objective of survey research lies in its ability to show how the larger population from which the sample is selected, with definite goals of prediction and control, corresponds to the variables under investigation. Generalizability is the extent to which research findings can be applied outside the research situation. Demographic characteristics of the sample and Oklahoma populations will be presented to better distinguish the subjects of this study. Generalizability, however, is not known for this study because the sample is not randomly selected. Yet, by using a survey instrument that has previously been tested for validity and reliability, the data are legitimate even though the sample is not random (Helmig, 1994).

In fact, the data collected was court ordered and the result of a highly publicized lawsuit. Fear of job loss or of portraying negative attitudes could have led to biased or false information being provided to the interviewers by a developmentally disabled consumer's caregiver-vendor. The tendency of subjects, either vendor or consumer, to acquiesce to the interviewer, or answer positively to all items, is a common recognized potential problem. As a result, consumer interviews often required a judgment call on the ability and attention of each consumer or caregiver to give appropriate responses. An interviewer's experience communicating with consumers who are developmentally disabled could also cause this judgment to vary.

Sample Description

The selection process for this study involved targeting all consumers in Oklahoma receiving support from the Developmental Disabilities Services Division of the Department of Human Services. The Developmental Disabilities Service Division of the Department of Human Services generated a list of consumers with developmental disabilities. Thus, the sample consisted of those consumers that The Oklahoma Department of Human Services Developmental Disabilities Service Division had identified as individuals with developmental disabilities receiving benefits and residing in Oklahoma in 1993 and 1994 at the same location (See Tables 3 and 4 for demographics that are descriptive of

the sample population). In addition, the study identifies research subjects by number only. Ultimately, the sample should be reflective or representative of the survey population that it was taken from (Babbie, 1990). According to Babbie (1990), government agencies maintain lists of individuals that can be especially relevant to the research needs of a particular survey such as the names of automobile owners, welfare recipients, registered voters, taxpayers, and so forth. In this research the government agencies, able to provide this information, were the Department of Human Services and the Developmental Disabilities Service Division.

When observing the census definition of urban and rural (see Table 3), the N totals are relatively equal with urban (N = 1285) and rural (N = 1130). The alternative definition, however, shows distinctly different N totals for urban (N = 899) and rural (N = 1512). The age and sex evenly distribute in both cases under both definitions for the county level data. The county level demographics demonstrate a trend of predominantly white under both definitions at the county level. Under the census definition, 86 percent of the urban population is white and 88 percent of the rural population is white. Under the alternative definition, 84 percent of the urban population is white and 88 percent of the rural population is white. It is significant to recognize that when examining both

Table 3
County Level Demographics of Urban and Rural from US Census Bureau and Alternative Definition

	US Census Bureau		Alternative Definition	
	Urban (N = 1285)	Rural (N = 1130)	Urban (N = 899)	Rural (N = 1512)
Age	$\bar{x} = 40$	$\bar{x} = 46$	$\bar{x} = 36$	$\bar{x} = 47$
Sex				
Male	659 (51%)	591 (52%)	463 (52%)	786 (52%)
Female	624 (49%)	537 (48%)	434 (48%)	724 (48%)
Race				
White	1096 (86%)	988 (88%)	746 (84%)	1337 (88%)
Black	134 (10%)	60 (5%)	111 (12%)	83 (6%)
American Indian	37 (3%)	67 (6%)	26 (3%)	75 (5%)
Hispanic	10 (0.8%)	9 (0.8%)	8 (1%)	11 (0.7%)
Asian	1 (0.1%)	3 (0.3%)	1 (0.1%)	3 (0.2%)
Other	1 (0.1%)	1 (0.1%)	1 (0.1%)	1 (0.1%)
Level of Retardation				
Not MR	30 (2%)	20 (2%)	11 (1%)	39 (3%)
Mild	246 (19%)	160 (14%)	173 (19%)	233 (15%)
Moderate	193 (15%)	167 (15%)	126 (14%)	234 (16%)
Severe	227 (18%)	213 (19%)	154 (17%)	286 (19%)
Profound	307 (24%)	280 (25%)	262 (29%)	323 (21%)
Unknown	279 (22%)	287 (26%)	170 (19%)	394 (26%)
Medical Needs				
No Needs	783 (61%)	559 (50%)	531 (59%)	811 (54%)
Visiting Nurse	374 (29%)	429 (38%)	281 (31%)	521 (34%)
Urgent	83 (6%)	61 (5%)	66 (7%)	78 (5%)
Can't Survive	42 (3%)	79 (7%)	18 (2%)	100 (7%)
Placement Type				
Institution	717 (56%)	937 (83%)	487 (54%)	1163 (77%)
Community	294 (3%)	131 (12%)	182 (20%)	243 (16%)
Private Home	113 (9%)	31 (3%)	93 (10%)	51 (3%)
Supported Living	161 (13%)	31 (3%)	137 (15%)	55 (4%)

Those under "Can't survive" would not have lived without 24 hour care from medical personnel. Urgent medical needs means that the individual has a life threatening condition that requires very rapid access to medical care.

definitions for the level of retardation, 26 percent of both rural populations possess levels of retardation that are unknown. Also, the levels of retardation remain relatively and comparatively consistent between urban and rural for both definitions. In addition, the predominant trend for both definitions at the county level illustrates that at least 50 percent or higher have no medical needs. Table three presents four placement types, primarily as a function of the size of the residence and the number of occupants. Under both the census and alterative definitions, the majority of consumers reside in institutions. In both cases rural areas have the highest number of institutionalized consumers when compared to urban areas. For other types of placement, including community, private homes, and supported living, the distributions were similar for the census and alternative definitions.

At the place level analysis (see Table 4), the largest N total occurs in towns (N = 1636), which is due to the fact that the state of Oklahoma consists primarily of towns. The mean age in Tulsa ($\bar{x} = 35$) is significantly lower than the mean age in villages ($\bar{x} = 56$). Sex, on the other hand, is evenly distributed at all place levels. Under the variable of race, 91 percent of the white population live in villages with the next largest percentile living in towns (87%). Whites establish 82 percent of Tulsa's population and 78 percent of Oklahoma City's population. Almost half of the

Table 4
Place Level Demographics from US Census Bureau Populations

	Oklahoma City (N = 118)	Tulsa (N = 231)	Town (N = 1636)	Village (N = 421)
Age	$\bar{x} = 42$	$\bar{x} = 35$	$\bar{x} = 41$	$\bar{x} = 56$
Sex				
Male	56 (48%)	124 (54%)	866 (53%)	203 (48%)
Female	62 (52%)	106 (46%)	768 (47%)	218 (52%)
Race				
White	92 (78%)	188 (82%)	1415 (87%)	384 (91%)
Black	23 (20%)	35 (15%)	118 (7%)	18 (4%)
American Indian	1 (0.8%)	6 (3%)	76 (5%)	6 (4%)
Hispanic	1 (0.8%)	1 (0.4%)	17 (1%)	0 (0%)
Other	1 (0.8%)	0 (0%)	4 (0.3%)	1 (0.2%)
Level of Retardation				
Not MR	1 (1%)	4 (2%)	35 (2%)	10 (2%)
Mild	33 (28%)	47 (20%)	280 (17%)	44 (10%)
Moderate	26 (22%)	31 (14%)	244 (15%)	58 (14%)
Severe	22 (19%)	45 (20%)	282 (17%)	91 (22%)
Profound	9 (8%)	54 (24%)	473 (29%)	49 (12%)
Unknown	26 (22%)	48 (21%)	320 (20%)	169 (40%)
Medical Needs				
No needs	71 (60%)	159 (69%)	892 (55%)	218 (52%)
Visiting Nurse	31 (26%)	59 (26%)	555 (34%)	155 (37%)
Urgent	15 (13%)	7 (3%)	101 (6%)	21 (5%)
Can't survive	1 (1%)	4 (2%)	87 (5%)	26 (6%)
Placement Type				
Institution	43 (36%)	63 (27%)	1182 (72%)	360 (85%)
Community	58 (49%)	27 (12%)	305 (19%)	35 (8%)
Private Homes	15 (13%)	40 (17%)	62 (4%)	26 (6%)
Supported Living	2 (2%)	101 (44%)	88 (5%)	0 (0%)

Note. Not MR = no mental retardation.

Urgent medical needs means that the individual has a life threatening condition that requires very rapid access to medical care.

Those under "Can't survive" would not have lived without 24 hour medical personnel care.

population, 40 percent, of the developmentally disabled that live in villages have unknown levels of retardation. Furthermore, the predominant trend at all place levels is that individuals with developmental disabilities generally possesses no medical needs, which results in over 50 percent of the population at each level. Table four also presents four placement types. Under place level definitions, the majority of consumers reside in rural institutions as indicated by the numbers for towns and villages. Consistent with the county level data, rural areas have the highest number of institutionalized consumers when compared to urban areas. For other types of placement, including community, private homes, and supported living, the distributions were similar with the exception of Tulsa, where data indicates 44% of individuals with developmental disabilities live in supported living situations.

Reliability

Reliability is the degree to which the method of measurement is trustworthy or dependable and the results will be the same each repeated time (Babbie, 1979). The reliability of the instrument used in this DDQAP research was examined by Foster, Dodder, and Bolin (1995) (see Appendix B). Interrater reliability, on the other hand, is the degree to which two different raters record the same data from the same subjects. In 1991 and 1992, Foster et. al. found a high reliability for demographics, adaptive

development, challenging behavior (severity and frequency), and consumer satisfaction variables. A high test-retest reliability was also found for consumers regarding their perception of food quality. Test-retest reliability refers to the degree to which subjects give the same responses to the same questions asked more than once by the same interviewer.

Validity

Validity is the degree to which the instrument used for measurement actually measures the objective factor. Dunsmore (1993) conducted a factor analysis to determine if the research instrument demonstrated construct validity. The results concluded that all items on the Adaptive Behavior scale showed construct validity. Construct validity is the extent to which measures agree with other measures of the same concept (Katzner, Cook & Crouch 1982/1992). Bolin (1993) conducted an additional measure to insure validity, in which selected interviews were randomly checked to assure accuracy of coding input on the Oklahoma State University mainframe computer. Bolin found that of the 1,650 possible coding errors per interview, no errors were found. Interviewer bias, error due to coding, machine read data entry, and analysis are quality control points and must be factored into any quantitative research project.

Chapter IV

The scaled items of adaptive behavior, frequency of challenging behavior, and severity of challenging behavior operationally measure consumer outcomes of independence (see Table 5). An acquirement of independent living traits are thought to influence the success or failure of community integration. Independence is measured on a scale from 1 to 100, where a score of 100 indicates the most independence (Murray, 1994).

ANOVA was run on adaptive behavior between urban and rural sites as defined by the census, the first definition. The results are significant ($P = < .01$) with those in rural areas obtaining a lower score ($\bar{x} = 46.38$) than those in urban ($\bar{x} = 54.54$).

ANOVA was also run on the frequency of challenging behavior between urban and rural sites as defined by the census. The results are again significant ($P = 0.03$) with urban and rural areas presenting differences. Rural areas ($\bar{x} = 93.06$) show a higher score than urban ($\bar{x} = 92.11$), indicating better ability to control frequency of challenging behavior in rural areas. Likewise, ANOVA demonstrates the same trend occurring with the severity of challenging behavior between urban and rural sites as

County Level Analysis of Urban and Rural from US Census Bureau

Dependent Variables Frequency	Independent Variables			
	Urban (N=1240)	Rural (N=1081)	F	P
Independence				
Adaptive Behavior	54.54	46.38	46.02	<.01
Frequency of Challenging Behavior	92.11	93.06	4.58	0.03
Severity of Challenging Behavior	95.03	95.2	0.3	0.58
Productivity				
Work	100.01	94.41	4.23	0.03
School	72.41	71.3	0.04	0.83
Total Productivity	103.59	96.27	9.66	0.0019
Integration	3.88	2.22	115.59	<.01
Consumer Satisfaction	82.32	77.93	17.88	<.01

Note. All the measurements for independence are scaled from 1 to 100 where a score of 100 signifies the most positive outcome.

Productivity is measured as the number of hours per month a consumer is involved in work or educational activities.

Integration results are tabulated to show how many outside events a subject experiences per week.

Consumer satisfaction is measured on a scale from 1 to 100, where 100 indicates the highest satisfaction.

defined by the census, although the results are not significant ($P = 0.58$). Rural areas ($\bar{x} = 95.20$) show a higher score than urban ($\bar{x} = 95.03$) again indicating more ability to control challenging behavior for those in rural areas. Moreover, if the scores for the frequency and severity of challenging behavior are low, then these scores indicate individuals with developmental disabilities have greater ability to control challenging behavior. This ability is apparently higher in less densely populated areas.

"Productivity is operationally defined as the number of hours per month that individuals are involved in work or educational activities" (Murray, 1994, p. 7). ANOVA was run on the amount of work individuals with developmental disabilities participated in per month between urban and rural sites as defined by the census. The results are again significant ($P = 0.03$) with those in urban areas obtaining higher scores ($\bar{x} = 100.0$) for the amount of work than those in rural areas ($\bar{x} = 94.41$). ANOVA was also run on the amount of school attended per month for individuals with developmental disabilities between urban and rural sites as defined by the census. The results are not significant ($P = 0.83$) with those in urban areas having a higher score ($\bar{x} = 72.41$) and rural areas having a lower score ($\bar{x} = 71.30$). total productivity (Busy94) represents the total involvement of work and school per month. ANOVA indicates significant

results ($P = < .01$) for total productivity between urban and rural areas as defined by the census. Those in urban areas obtain a higher score ($\bar{x} = 103.59$) on productivity than those in rural areas ($\bar{x} = 96.27$).

Occasions for interactions in the community designate integration. For this study the primary caregiver/vendor reported how many times individuals engaged in social activities per week. The total amount of activities per week is indicated in Table 5 as total productivity. ANOVA was run on Wkly94 between urban and rural sites as defined by the census. Once again, the results are significant ($P = < .01$) with those in urban areas obtaining higher scores ($\bar{x} = 3.88$) in participation of activities per week than those in rural areas ($\bar{x} = 2.22$).

For this study consumer satisfaction was measured across two aspects: (a) the consumers' satisfaction with their residential setting and (b) choice, or their satisfaction with the availability of interactions. In addition, consumer satisfaction is measured on a scale from 1 to 100, where 100 indicates the highest satisfaction. ANOVA was run on consumer satisfaction as indicated by the consumer interviews between urban and rural sites as defined by the census. The results are significant ($P = < .01$) with those in urban areas possessing higher satisfaction ($\bar{x} = 82.32$), and rural possessing lower satisfaction ($\bar{x} = 77.93$).

County Level Analysis of Urban and Rural from Alternative Definition

Dependent Variables Frequency	Independent Variables			
	Urban (N=859)	Rural (N=1456)	F	P
Independence				
Adaptive Behavior	53.04	49.52	7.9	0.005
Frequency of Challenging Behavior	91.69	93.05	8.81	0.003
Severity of Challenging Behavior	94.75	95.31	2.99	0.08
Productivity				
Work	93.05	102.26	12.31	0.0005
School	78.42	65.52	6.54	0.01
Total Productivity	98.19	103.21	4.78	0.02
Integration				
Consumer Satisfaction	4.11	2.51	98.43	<.01
Consumer Satisfaction	83.41	78.68	18.91	<.01

Note. All the measurements for independence are scaled from 1 to 100 where a score of 100 signifies the most positive outcome.

Productivity is measured as the numbers of hours per month a consumer is involved in work or educational activities.

Integration results are tabulated to show how many outside events a subject experiences per week.

Consumer satisfaction is measured on a scale from 1 to 100, where 100 indicates the highest satisfaction.

Urban - Rural Alternative Definition

An alternative definition denotes the classification of community (see Table 6). It provides a more specific reference for the distinction of urban or rural county of consumer placement by site code. Martin (1995), using the alternative definition, defined rural counties as those that lie outside a Metropolitan Statistical Areas and have no community with a population greater than 10,000. A Metropolitan Statistical Area (MSA), on the other hand, is a relatively freestanding metropolitan area that is not closely associated with other metropolitan areas; they are typically surrounded by rural counties. Consequently, there exist eight counties that meet MSA criterion in Oklahoma. Thus, this alternative definition drastically reduces the number of urban counties from those identified as urban by census criterion. Using an alternative definition of urban and rural attempts to identify counties as rural by virtue of their population and their proximity to urban areas as well as better differentiating those with rural characteristics from those with urban.

The scaled items of adaptive behavior, frequency of challenging behavior, and severity of challenging behavior measure consumer outcomes in terms of independence. Independence is measured on a scale from 1 to 100, where a score of 100 indicates the most desired outcome. ANOVA was run on adaptive behavior between urban and rural sites as

defined by the second alternative definition of size of county. The results prove significant ($P = < 0.01$) with those in urban areas obtaining a higher adaptive score ($\bar{x} = 53.04$), and rural obtaining a lower score ($\bar{x} = 49.52$).

ANOVA was also run on frequency of challenging behavior between urban and rural sites as defined by the alternative definition. The results are significant ($P = < .01$) with urban and rural areas presenting differences. Rural areas show a higher score ($\bar{x} = 93.05$) than urban areas ($\bar{x} = 91.69$). Similar to frequency of challenging behavior, ANOVA demonstrates the same trend occurring with the severity of challenging behavior between urban and rural sites as defined by the alternative definition. The results are significant ($P = 0.08$) with the rural showing a higher score ($\bar{x} = 95.31$) than urban ($\bar{x} = 94.75$). Those in more densely populated areas appear to possess less of a problem with controlling the frequency or severity of their challenging behaviors.

"Productivity is operationally defined as the number of hours per month that individuals are involved in work or educational activities" (Murray, 1994, p. 7). ANOVA was run on the amount of work individuals with developmental disabilities accomplished per month between urban and rural sites as defined by the alternative definition. The results are significant ($P = < .01$) with those in rural areas obtaining higher scores ($\bar{x} = 102.26$) for amount of work than

those living in urban areas ($\bar{x} = 93.05$). ANOVA also shows significant results ($P = < .01$) for the amount of school attended per month between urban and rural sites as defined by the alternative definition. However, those in urban areas have higher school attendance scores ($\bar{x} = 78.42$) than those in rural areas ($\bar{x} = 65.52$). Busy94 is an indication of the total amount of work and school per month. ANOVA was run on total productivity between urban and rural sites as defined by the alternative definition. The results are significant ($P = 0.02$) with urban and rural areas having differences. Rural areas possess a higher total score ($\bar{x} = 103.21$) than urban areas ($\bar{x} = 98.19$).

Occasions for interactions in the community designate integration. For this study the primary caregiver/vendor reported how many times an individual engaged in social activities per week. The total amount of activities per week is indicated by the variable, Wkly94. ANOVA was run on Wkly94 between urban and rural sites as defined by the alternative definition. The results are significant ($P = < .01$) with those in urban areas obtaining higher scores ($\bar{x} = 4.11$) for the amount of social activities per week than those in rural areas ($\bar{x} = 2.51$).

For this study consumer satisfaction was measured across three aspects: (a) the consumers' satisfaction with their residential setting and (b) their satisfaction with the availability of interactions and, (c) choices. In

addition, consumer satisfaction is measured on a scale from 1 to 100, where 100 indicates the highest satisfaction (Murray, 1994). ANOVA was run on consumer satisfaction as indicated by the consumer interviews between urban and rural areas as defined by the alternative definition. The results are significant ($P = < .01$) with those in urban areas possessing greater consumer satisfaction ($\bar{x} = 83.41$) and rural possessing lower consumer satisfaction ($\bar{x} = 78.68$).

Place Definition

Table 7 uses a place level of analysis as a distinction of social organization rather than a county level of analysis to measure the size of place. At the place level of analysis, Oklahoma City and Tulsa both characterize metropolitan areas. In addition to Oklahoma City and Tulsa, other places are defined as either towns or villages based on their populations at a specific place from the U.S. Census Bureau data in 1990. The only metropolitan or city areas in Oklahoma are Oklahoma City and Tulsa. Yet, while similar in space and population, they differ in their access to opportunities for individuals with developmental disabilities. The Scheffe procedure was applied for the place level analysis due to the use of four (rather) than two categories of the independent variables.

The scaled items of adaptive behavior, frequency of challenging behavior, and severity of challenging behavior measure consumer outcomes in terms of independence.

Table 7

Means, F Value, and P Value for Dependent Variables by Place Level Analysis from US Census Bureau Populations

Dependent Variables	Oklahoma City (N=117)	Tulsa (N=221)	Town (N=1571)	Village (N=404)	F	P	Sheffe
Independence							
Adaptive Behavior	64.61	61.84	50.09	43.53	28.99	<.01	3.96
Frequency of Challenging Behavior	90.36	91.42	92.50	93.91	4.64	<.01	3.96
Severity of Challenging Behavior	93.11	94.69	95.01	96.30	6.46	<.01	3.96
Productivity							
Work	127.78	98.36	94.21	123.26	18.01	<.01	3.96
School	64.20	102.15	67.01	90.57	7.25	<.01	3.97
Total Productivity	122.80	104.84	96.86	123.14	18.28	<.01	3.96
Integration	4.83	6.32	2.95	1.45	97.13	<.01	3.96
Consumer Satisfaction	80.49	85.38	80.17	77.88	4.72	<.01	3.96

Note. All the measurements for independence are scaled from 1 to 100 where a score of 100 signifies the most positive outcome. Productivity is measured as the number of hours per month a consumer is involved in work or educational activities. Integration results are tabulated to show how many outside events a subject experiences per week. Consumer satisfaction is measured on a scale from 1 to 100, where 100 indicates the highest satisfaction.

Independence is measured on a scale from 1 to 100, where a score of 100 indicates the most desired outcome (Murray, 1994). The Scheffe procedure shows significant differences ($P = < .01$) on adaptive behavior between those living in villages ($\bar{x} = 43.53$) compared to those living in towns ($\bar{x} = 50.09$), Tulsa ($\bar{x} = 61.84$), and Oklahoma City ($\bar{x} = 64.61$). There also exists significant differences between towns ($\bar{x} = 50.09$) and Tulsa ($\bar{x} = 61.84$) and Oklahoma City ($\bar{x} = 64.61$). Those in villages scored significantly lower ($\bar{x} = 43.53$) on adaptive behavior than those in Oklahoma City, Tulsa, and towns. Those in towns scored significantly lower ($\bar{x} = 50.09$) than those in Oklahoma City and Tulsa. No significant differences exist between Oklahoma City and Tulsa on adaptive behavior. The direction indicates higher adaptive behavior skills in more densely populated places.

Frequency and severity of challenging behavior both indicate the ability of individuals with developmental disabilities' ability to control challenging behavior. The Scheffe procedure indicates significant differences ($P = < .01$) on frequency of challenging behavior. Those in villages scored significantly higher ($\bar{x} = 93.91$) than those in towns ($\bar{x} = 92.50$), Tulsa ($\bar{x} = 91.42$), and Oklahoma City ($\bar{x} = 90.36$). Also, those in towns scored higher ($\bar{x} = 92.50$) on frequency of challenging behavior than those in Tulsa ($\bar{x} = 91.42$) and Oklahoma City ($\bar{x} = 90.36$). This trend indicates that those in less densely populated areas have a

higher frequency of challenging behavior and thus, less ability to control challenging behavior. The Scheffe procedure also shows significant differences ($P = < .01$) on the severity of challenging behavior. Those living in villages scored higher ($\bar{x} = 96.30$) than those in towns ($\bar{x} = 95.01$), Tulsa ($\bar{x} = 94.69$), and Oklahoma City ($\bar{x} = 93.11$). Also, those living in towns scored higher ($\bar{x} = 95.01$) than those in Tulsa ($\bar{x} = 94.69$) and Oklahoma City ($\bar{x} = 93.11$). Once again, the trend indicates that those in more densely populated areas have less severity of challenging behavior.

Productivity is operationally defined as the number of hours per month that individuals are involved in work or educational activities. The Scheffe' procedure shows significant differences ($P = < .01$) for access to work opportunities as an indicator of productivity between villages ($\bar{x} = 123.26$), towns ($\bar{x} = 94.21$), and Tulsa ($\bar{x} = 98.36$). There also exist significant differences at ($P = < .01$) between Oklahoma City ($\bar{x} = 127.78$), towns ($\bar{x} = 94.21$), and Tulsa ($\bar{x} = 98.36$). The highest score is for Oklahoma City ($\bar{x} = 127.78$), which is significantly higher than Tulsa ($\bar{x} = 98.36$) and towns ($\bar{x} = 94.21$) with respect to access to work opportunities for individuals with developmental disabilities. Villages ($\bar{x} = 123.26$) are the second most significant place level compared to Tulsa ($\bar{x} = 98.36$) and towns ($\bar{x} = 94.21$). Schools also indicate the amount of productivity for individuals with developmental

disabilities. The Scheffe procedure shows a significant difference ($P = < .01$) with regard to schooling between Tulsa ($\bar{x} = 102.15$), Oklahoma City ($\bar{x} = 64.20$), and towns ($\bar{x} = 67.01$). Tulsa appears to possess access to an array of schooling opportunities that are significantly better for individuals with developmental disabilities compared to both Oklahoma City ($\bar{x} = 64.20$) and towns ($\bar{x} = 67.01$). Busy94 represents the sum total of both work and school as indicators of productivity. There are significant differences ($P = < .01$) on busy94 as indices of productivity between Oklahoma City ($\bar{x} = 122.80$) and towns ($\bar{x} = 96.86$). There also exist significant differences between villages ($\bar{x} = 123.14$) and towns ($\bar{x} = 96.86$) and Tulsa ($\bar{x} = 104.84$). These scores indicate a positive direction for higher probability of being busy in villages and Oklahoma City compared to towns and Tulsa. This probability comes as a surprise and could possibly be explained by Tulsa's focus on rehabilitative work, which would lead to a lack of a high mean for busy.

Occasions for interactions in the community designate integration. For this study the primary caregiver/vendor reported how many times an individual engaged in social activities per week. The total amount of activities per week is indicated by the variable, Wkly94. At place level analysis, the Scheffe procedure shows significant differences ($P = < .01$) between towns ($\bar{x} = 2.95$) and

villages ($\bar{x} = 1.45$). In addition, there are significant differences between Oklahoma City ($\bar{x} = 4.83$), towns ($\bar{x} = 2.95$), and villages ($\bar{x} = 1.45$). A significant difference exist on outings per week for Tulsa ($\bar{x} = 6.32$), possessing more outings than villages ($\bar{x} = 1.45$), towns ($\bar{x} = 2.95$), and Oklahoma City ($\bar{x} = 4.83$).

For this study consumer satisfaction was measured across three aspects: (a) the consumer's satisfaction with his or her residential setting and (b) his or her satisfaction with the availability of interactions and (c) his or her satisfaction with the choices available. In addition, consumer satisfaction is measured on a scale from 1 to 100, where 100 indicates the highest satisfaction (Murray, 1994). The Scheffe procedure exhibits an evident trend for consumer satisfaction. It shows higher consumer satisfaction in more densely populated areas. Tulsa ($\bar{x} = 85.38$) has the highest consumer satisfaction and with Oklahoma City ($\bar{x} = 80.49$) having the second highest. Towns ($\bar{x} = 80.17$) have the third highest score, and villages ($\bar{x} = 77.88$) come in last. The ANOVA ($F = 4.72$) indicates that these are not significantly different.

Summary and Findings

This exploratory research set out to examine how the size and definition of community influence the individuals' with developmental disabilities quality of life as evident in their independence, productivity, integration, and

consumer satisfaction. Clear cause and effect relationships cannot be drawn from the statistical analysis of this data; however, ANOVA and the Scheffe indicate significant differences among almost all of the independent variables at each level of analysis and the dependent variables representing quality of life. The significant differences ($p = <.05$) are evident in Tables 5, county level of analysis of urban and rural from the US Census Bureau, 6, county level of analysis by alternative definition, and 7, place level of analysis using definitions from the US Census Bureau.

Chapter V

Results and Findings

The survey research used in this study provides empirical, quantitative methodology to address the quality assurance for court mandated deinstitutionalization of consumers' with developmental disabilities. The research design involves a longitudinal Analysis of Variance of 2,473 individuals with developmental disabilities throughout the process of deinstitutionalization from 1993 to 1994 (N = 3,704 in 1993 and N = 3,789 in 1994). The 2,473 subjects in this study are a matched sample using site codes from the 1993 and 1994 surveys to establish at least one year in a community placement. This research questions whether size of environmental setting has measurable differences on consumer outcomes for individuals with developmental disabilities.

In order to determine whether any observed differences in the data are likely the result from chance, a statistical procedure called Analysis of Variance (ANOVA) was performed. ANOVA tests the hypothesis that the group means of the dependent variables are equal across the independent variable (size). A variety of special techniques called *multiple comparison procedures* indicate which population

means are different from the others. The Scheffe Multiple Comparison procedure is used in this study. It requires larger differences between means for significance than a majority of the multiple comparison methods (Norusis, 1983). The Scheffe test is needed because a problem exists when many comparisons are made.

Independence

The dependent variable independence, in this research, supports that people in urban areas are more independent. Striving for independence is imperative for inclusion in mainstream cultures. It dominates the minds and often the behaviors of people within their community. Humanity in the American society focuses much energy externalizing the physical plane in its attempt to powerfully control definitions of situations. As we are socialized, we are edged away from an 'eco-orientation' toward individualism or ego-centered. Independence in its very own definition states that a persons is independent when they are not connected or related to another, or separate in other words an individual (Guralnik & Friend, 1968). Thus, the research suggests that more socialization, resulting in independence, is likely to occur in urban areas.

In this study individuals with developmental disabilities operationally define a marginal community. Therefore, this group will "strive for inclusion in mainstream cultures" (Stonequist, 1937, p. 213). This

struggle for inclusion results in competition which Stonequist (1937) believes is especially evident in urban areas. Through data entry and statistical procedures, trends emerge that indicate agreement with this idea of competition in more densely populated areas. On the county level of analysis of urban and rural from the US Census Bureau definition (see Table 5), independence for an individual with developmental disabilities exists at a higher magnitude for those living in urban areas. Adaptive behavior is higher in urban areas and the frequency and severity of challenging behavior is lower in urban areas, indicating greater ability to control challenging behavior. Perhaps, competition prompts those individuals living in urban areas to strive for higher standards. Regardless of the consequences of competition, the low probabilities for adaptive behavior and frequency of challenging behavior indicate that the scores for independence are not likely due to chance but are likely real differences based on size of the individual's environment.

US Census Bureau County Level of Analysis

Individuals with developmental disabilities also show higher productivity, integration, and consumer satisfaction in urban areas under the US Census Bureau definition (see Table 5). The probability for each dependent variable is significantly low except for the variable that indicates school attendance. The probability of 0.83 most likely

ensued because the original law suit instigating deinstitutionalization in Oklahoma transpired in Tulsa, an urban area. Thus, the aftermath of the outcome of the law suit most likely rendered greater amounts of effort for school integration and attendance.

Alternative County Level of Analysis

Analogous to the US Census Bureau definition, the alternative definition also demonstrates higher independence, integration, and consumer satisfaction for individuals with developmental disabilities living in urban areas (see Table 6). Under productivity, however, the amount of work and the total productivity are higher in rural areas. It should be noted that this occurrence plausibly results from the difference in the two definitions and thus, the amount of people in each area. Because the alternative definition drastically reduces the number of urban counties from those identified as urban by census criterion, the total amount of individuals living in rural areas increases from $N = 1081$ to $N = 1456$. Therefore, the amount of people working and the total productivity are higher in rural areas. Nevertheless, school attendance remains higher in urban areas, which probably results from the law suit originating in Tulsa, one of only two urban areas under the alternative definition. It should also be noted that the probability is low for all of the dependent variables under the alternative definition, which indicates

that redefining the size of the county does in fact influence the relationships of the independent variables.

Place Level Analysis

When looking at place level analysis (see Table 7), villages with a population (N = 404) show greater opportunities for total productivity. Furthermore, under productivity there are more opportunities specifically for work in Oklahoma City and specifically for school in Tulsa, both urban areas. Work involvement is greater in Oklahoma City perhaps because of more opportunities for work in metropolitan areas. Perhaps the increased opportunity for schooling in Tulsa results from the lower mean age ($x = 35$), and also, Tulsa is more focussed on rehabilitative services. In fact, Tulsa concentrated on more integrative schooling after the law suit. The greater amount of total productivity for villages appears to contradict the county level of analysis under both definitions.

This contradiction, however, is plausibly due to the existence of specialized workshops for individuals with developmental disabilities. For example, in Love county, which is rural, the Sunshine industry specializes in job production for individuals with developmental disabilities. There exist a number of these programs scattered throughout this state, predominantly in rural counties, which offer opportunities for these individuals in villages. Other than

the specifics mentioned, the overall quality of life for individuals with developmental disabilities is greater in Oklahoma City and Tulsa, the only two metropolitan areas in Oklahoma. Separating the units of analysis into place level yields the greatest significant results as demonstrated by the probability scores of all less than .01. These scores indicate that size of the community does in fact alter the quality of life rather than chance or other extraneous variables.

The implications according to Durkheim are that social conflict results in human struggle over resources. Mechanical and organic societies have different values and meanings for rural and urban cultures. The mechanical society corresponds with rural living, and the organic parallels urban living. Whereas the mechanical/rural societies provide human nurturing through family and community systems, organic/urban societies provide individual needs through state and government bureaucracies. Developmentally disabled consumers, as individuals, are often in a struggle with the mainstream population for financial and other social resources. Ideological values concerning quality of life also can be a source of conflict. If in fact urban societies do provide individual needs through state and government bureaucracies, then it can be assumed from the results of the data that individuals with developmental disabilities in urban areas are receiving more

support and are, as a result, more independent.

Total Productivity

For the dependent variable, integration, the results under the indicator of total productivity demonstrates that individuals living in urban areas experience more integration through exposure and participation in civic activities. Exposure to an environment that offers many opportunities and activities is thought to result in an individual becoming more normalized to that environment. Normalization sustains the ideal that the environment is an integral part of determining quality of life, including human growth and development. Mainstreaming people with developmental disabilities into culturally normative settings may produce normalization. Such settings include living arrangements, schools, civic activities, and the work place. The results of this study suggest that individuals with developmental disabilities possess more opportunities for civic activities in urban areas. Therefore, normalization in urban areas is more likely to occur, and quality of life is more likely to abound.

Interaction

Toennies studied the contrast between Gemeinschaft/rural and Gesellschaft/urban cultures. His theory and classical social theory propose that different views hold value for any culture depending on subjective individual perspectives as well as the more objective rural

and urban perspectives. Toennies was also interested in contrasting the differences between Gemeinschaft/rural and Gesellschaft/urban cultures. Toennies contributed an observation that Gemeinschaftlich communities are characterized by primary or personal relationships while communities characterized by Gesellschaftlich relationships are more secondary in nature. In addition, these relationships are based on traditions that guide individuals by accepted norms and conventions imposed by family and religious social institutions. Thus, tradition, enduring personal relationships, rural villages, kinship, and friends characterize the interactions of people living in Gemeinschaftlich communities (Ritzer, 1992).

Relationships in Gesellschaftlich (mechanical solidarity) communities, on the other hand, depend on reason and contracts to impose social control. The American culture holds its own perspective on what is valuable for an individual. Adhering to Toennies' belief that Gesellschafte, or urban communities, depend on reason and contracts to handle social situations, the results indicate that in the state of Oklahoma, the American values of social involvement may be indeed more prominent in urban areas. This prominence, according to Toennies, occurs due to the contracts of the community. Therefore, if the government or other social institutions see benefit or reason for social involvement for individuals with developmental disabilities,

then the integration of these individuals will be higher in areas where more normalization and mainstreaming are encouraged. Tulsa, one of the two metropolitan areas, holds mainstreaming as a high value due to the law suit originating there.

For the dependent variable, productivity, the results of this study reveal that although at the place level of analysis productivity as a whole is greater in villages, the county level analysis shows higher productivity in urban areas. The probable reason for higher productivity in villages lies in the special work programs established for individuals with developmental disabilities, existing in mainly rural areas. At the place level, Oklahoma City, however, shows the highest productivity under the indicator of work, and Tulsa shows the highest productivity under the indicator of school. Therefore, it is reasonable to assume from these results and the results at the county level of analysis that productivity is indeed higher in urban areas. Productivity parallels the idea of interdependence. In an interdependent society, such as those that characterize urban areas in the United States, productivity is essential so that the needs of all those contributing to the functioning of the society are met. The classical community theorists, Marx, Weber, Toennies, Wirth, and Simmel, identify three basic changes occurring in community life as it evolved: the foundation of one's social rank changed from

the family status to individual achievement (independence), the individual as the basic unit of society, and the changing nature of society's characteristics changed from sacred-communal to secular-association (integration) (Schwab, 1992). Eventually, the term *community* came to imply the growing phenomenon of human interdependence (productivity) (Spates & Macionis, 1987).

Consumer Satisfaction

For the dependent variable, consumer satisfaction, the results of this study suggest that higher satisfaction occurs in urban areas. The consumers indicated satisfaction based on their choices and experiences in their setting and in the community (see Appendix A). These individuals, however, may possess a different perspective on what is satisfactory compared to someone living within the mainstream population. The dilemma for individuals that constitute marginal cultures is that they may define their plight as more amusement than despair and be stimulated rather than depressed (Stonequist, 1937). From the consumers' perspective, the problem of social adjustment is one of psychological integration. At the individual level, however, persons facing their own interpersonal conflicts may feel that from a marginal perspective it will seem more of a confused unfriendly world, compared to mainstream definitions concerning quality of life.

The major assumption of symbolic interaction emerges in

the idea that people have the capacity for thought and that human reality is accomplished through social interaction that shapes thought. In other words, people learn meanings and symbols within their social milieu and people learn how to modify those meanings and symbols that have universal understanding through modification, or a re-definition, of the situation. In other words, an individual with developmental disabilities will experience satisfaction through his or her own definition of what comprises a satisfactory and pleasing situation. The symbolic interactionist theory implies that certain environments are necessary for growth and development of socialization (Miller, 1973). These principles are evident by the proactive labeling of consumers, soon to be labeled constituents, with developmental disabilities in postmodern Oklahoma. Individuals have the ability to interpret meanings and symbols based on self examination of experiences and then modify and demonstrate flexibility to accept or reject available opportunities. These intertwined patterns of action and interaction make up groups, communities, and societies (Ritzer, 1992).

George H. Mead, a symbolic interactionist, believed that individuals learn how to interact by following three developmental stages during socialization. For these developmental stages to occur, the environment must represent society and culture that is not artificial. An

example of an artificial culture appears in institutionalizing and deinstitutionalizing groups of people based on cultural characterization. Rather than being a free-agent, the individual operates under the control of the larger community (the society). Mead would give priority to the social world in understanding social experience and urged sociologists to explain the organization. If individuals living in an urban area experience more satisfaction, then according to Mead, that individual is operating under the control of that community, which encourages its members to feel satisfaction through the opportunities available to them, whether it be in his or her living environment, school participation, work, or civic activities.

Another symbolic interactionist Georg Simmel emphasizes the interactional processes in human action. He asserts that identifying and systematically formalizing basic patterns of human interaction such as competition (economic), cooperation (political), and conflict form the objective of sociology. He believes that these actions underlie individuals' satisfaction with social interaction (Ritzer, 1992). Simmel defines the subject matter by focusing on the satisfaction of consumers (individuals with developmental disabilities). Simmel's objective was to explain the urban experience and community life, how they affect the way people think and behave, the satisfaction

they feel.

Population and density are aspects of the rural-urban dichotomy and the vendor-consumer relationship. Two important subjects Simmel identifies as features of urban life that affect people in urban communities are: (a) the intensity of nervous stimuli (numbers) and (b) the powerful impact of economic structures on human relationships (distance) (Flanagan, 1990). The term *numbers* refers to group size, or the number of people as well as the effect size has on the quality of individual satisfaction. The term *distance* refers to the value of anything that is determined by its availability to the individual (Ritzer, 1992). Within an urban area, an individual tends to have more opportunities available to him or her. Simmel aimed to explain why people (city dwellers) behave as they do by using numbers and distance. Later, Savage and Warde (1993) characterize Simmel's theory as "endeavors to specify the city as the locus of modernity" (p. 5). Consequently, one of his lasting contributions to a symbolic interactionist's paradigm is the level of analysis on small-scale issues that would include individual satisfaction.

Limitations of Using Community Theories

According to Schwab (1992) the concept of community remains theoretically controversial and evolutionary and has been this way for 200 years. As a result, community theories are declining as theoretical tools used to explain

human behavior. Early concepts of community focused on the relationship of individuals and groups to their particular community. The founders of community studies lived in a period of rapid, pronounced change. "In this atmosphere, the modern concept of community first emerged" (Schwab, 1992, p. 335). Industrialization, urbanization, and bureaucratization were major forces shaping human interaction, and products of these profound rapid changes were often considered negative. Tonnies, Durkheim, and other European theorists documented both the destruction of small, tightly integrated communities and the emergence of community in its modern form. Therefore, their works generally reveal a negative impression of urban life that includes egoism, isolation, and anomie as pervasive aspects (Schwab, 1992). Schwab (1992) asserts that this tradition continued into the early American sociology tradition and is particularly evident in the works of the Chicago School.

The important differences between the classic sociologists and modern theorists lies in the meanings they attribute to the concept of community. Classical theorists use the concept in a broad sense, considering whole societies. By contrast, more modern theorists use the concept of community synonymously with city. The Chicago School ecologists, in particular, used the concept of community to represent patterns of symbiotic and communalistic relations that develop in a population

(Schwab, 1992). Classical theorists assert that social solidarity is achieved through the integration of subgroups within a community so that they can survive as specialization spreads. Integration is, therefore, functional due to self-interest and the needs of subgroups in organic communities. Conversely, theorists in the ecological camp identify subgroups' social cohesion but call them *sub-communities* (Schwab, 1992). Sub-communities are spatially defined and the means of social control may vary. For example, in formal institutions, courts, or informal institutions, residential sub-groups may impose social control.

Both classical and modern theorists define sub-groups spatially within the larger community. "Natural areas ... are dynamic social phenomena where individuals, groups, and institutions are constantly being sorted and relocated" (Schwab, 1992, p. 342). A mosaic of the social world, sub-communities, or natural areas provide the unit of analysis for ecological theorists. Slums, central business districts, and working class neighborhoods represent examples of natural areas. "Natural areas develop their own peculiar traditions, customs, conventions, standards of decency and propriety ... language that is appreciably different from other local communities" (Park, 1952, p. 201). Natural areas also tend to perpetuate themselves and make contributions to the larger community. This tendency

creates a functional interdependency that ecologists assert is the basis of social integration in the larger community.

Schwab (1992) criticizes the natural area concept by pointing out that communities are not "plan-less outgrowths of ecological segregation ... or homogenous, stable sub-communities" (Schwab, 1992, p. 343). Schwab uses specific examples of ecologists' works to show how immigrant communities are organized into diverse groups. His criticism centers on the focus of social disorganization, a theoretical lag from classical theorists who lived during times of rapid change and disorganization. Theorists challenged the validity of natural areas as a conceptual tool for community research as early as the 1930s. In fact, it continues to be the focus of theoretical debate. The lack of clear boundaries delineating natural areas and the non-existence of culturally homogenous areas in communities that were examined results in a shift from the physical characteristics of urban subareas to the social characteristics of the same areas. Keller (1968) suggests that the term *neighborhood* integrates many of the key elements of natural areas. Since the 1940s major areas of community research focus on urban-rural differences in neighborhoods, formal and informal participation in neighborhood activities, family adaptation to new neighborhoods, social networks, and symbolic communities, which are all integrated under the heading of social

construction of communities (Schwab, 1992).

Currently, some rural sociologists criticize ideal types particularly because of the focus on urban definitions of social interaction and the heavy reliance on quantitative methods of analysis. R. Lee Maril's (1983) book *Texas Shrimpers* demonstrates changes in non-farm communities that are also important indicators for community studies. Maril (1983) illustrates the necessity for qualitative as well as quantitative data for the purpose of analyzing and understanding human organization. His methodology includes census and survey data, open-ended interviews, participant observation and random sampling in order to study Texas shrimpers. Demographic characteristics such as ethnicity, income, age, education, marital status, and children provide what Maril considers to be indicators of "attitudes toward their work at sea, attitudes about the importance of their work, attitudes toward the impact of work on families, and attitudes toward accidents and safety in the workplace" (Maril, 1983, pp. 53-71). Other unique, judicious differences in Maril's community studies include his focus on the sea (a human resource) as a unit of analysis and his thick, rich description of the stratified human interaction between *headers*, *riggers*, *capitians*, and *capitain-owners* (pp. 9-52). These relationships provide detailed explanations of predictable patterns of human interaction.

Suggestions for Further Research

Further research on the relationship between the size of environment and the quality of life for an individual with developmental disabilities should consider the variation between the state of Oklahoma and other states. It is valuable to examine the size from a political perspective due to the political structure (Hissom lawsuit) that Oklahoma deinstitutionlizes individuals with developmental disabilities. Research is often used to aid lawmakers in decisions concerning the overall care of individuals with developmental disabilities. Moreover, further study incorporating the cost variable for operating group homes of different sizes is needed for assisting lawmakers in decisions of deinstitutionalization. Due to the tremendous changes occurring in the United States with regard to care and service for individuals with developmental disabilities, ongoing research is imperative.

Maril (1983) and later Janet Fitchen (1991) both profoundly demonstrate the need to focus on the many dynamics of community life such as poverty, its causes and consequences, women's roles, and government intervention. To further illustrate this need, Fitchen (1991) suggests that community studies should be more holistic, to include the notion of 'quality of life', integrating changes currently occurring in rural areas. She suggests that changes should be described historically, in context, to

better understand their effects on rural people and places. Ideal type methodology, by contrast, generally describes social interaction in terms of bipolar divisions between rural and urban areas.

Fitchen (1991) further suggests that in addition to the farm crisis, a typical unit of analysis for community studies should be how the farm crisis effects farm families, farm communities, and the economies of both, as this study used deinstitutionalization for individuals with developmental disabilities. Other units of analysis Fitchen (1991) identifies are accelerated change in the late 1980s, ways of life, rural identities, rural plant closings, substitute jobs - "labor force for sale" (p. 70), job creation - "shortchanged by new jobs" (p. 78), changes in the households, changes in aging patterns in rural areas, perceptions of change, rural poverty, rural housing situations, family insecurity and instability, residential mobility within and between rural counties, in-migration of poverty to rural areas, consequences of using cost-effective models to estimate rural needs and services, outdated rural attitudes, local innovation and cooperation, patterns of local leadership, government intervention, emerging issues of the global economic structure, environmental problems, rural prisons for urban inmates, and waste disposal, all quality of life issues. She, like others in the discipline of sociology, supports the need for a new definition of

social situations that requires critical analysis and seeks answers to questions beyond ideal type descriptions of populations. This new definition of the social situation for any individuals must create a notion of quality of life.

Weber consolidates the idea of quality of life, and the components of social change in his belief that once the family institution loses control of individual behavior in human interaction, decisions will be made on the more strict, rational basis of what is good for production in a capitalist economy verses what is good for humans such as the need to work, the need for income, and the need for self-respect (Eshleman & Cashion, 1983). More contemporary theorists Ralf Dahrendorf (1929), Lewis Coser (1913), and Randall Collins (1941) continue Weber's analytical tradition toward scientific objectivity in the search for numerous social patterns of stratification, power, and status. After analyzing ideal types, they believe that communities are headed toward an increasingly bureaucratic society (Wallace & Wolf, 1991). With that in mind, the bureaucratic structure of Oklahoma deems deinstitutionalization of developmental disabilities consumers important because it has the appearance of a good quality of life, a notion quality of life important to most of humanity. It is not clear who defines situations, for who, how long, and how restricted? It is clear that in Oklahoma, America we have a

notion of quality of life. Many think the individual should decide, yet others are reinforced by the idea that the bureaucratic structures are in control and effectively managing society's quality of life. This idea is how bureaucratic structures are born and continue to age.

References

Angotti, T. (1993). Metropolis 2000 planning, poverty and politics. New York: Routledge.

Babbie, E.R. (1979). The practice of social research. (2nd ed.). Belmont, California: Wadsworth Publishing Company, Inc.

Babbie, E. (1990). Survey research methods. (2nd ed.). Belmont, California: Wadsworth Publishing Company.

Butler, E., & Bjaanes, A. (1978). Activities and the use of time by retarded persons in community care facilities.

Caruso, D. R. & Hodapp, R. M. (1988). "Perceptions of retardation and mental illness. American Journal on Mental Retardation, 93(2), 118-124.

Collins, R. (1971). Functional and conflict theories of educational stratification. American Sociological Review, 36, 1002-1019.

Conroy, J. (1992). Size and quality in residential programs for people with developmental disabilities. Unpublished doctoral dissertation, Temple University, Philadelphia.

Conroy, J. W., & Bradly, V. J. (1985). The Pennhurst Longitudinal Study: A report of five years of research and

analysis. Philadelphia: Temple University Developmental Disabilities Center/UAP. Boston: Human Services Research Institute.

Coser, L. A. (1967). Continuities in the study of social conflict. New York: The Free Press.

Dahrendorf, R. (1959). Class and class conflict in industrial society. Stanford, California: Stanford University Press.

Deinstitutionalization: Its effect on the delivery of speech-language-hearing services for persons with mental retardation and developmental disabilities. (1989). (ASHA Reports Vol. 31, No. 3, pp. 84-87.

Dewey, J., & Ratner, J. (Ed.). (1963). Philosophy, psychology and social practice. New York: G. P. Putnam's Sons.

Devlin, S. J. (1989). Reliability assessment of the instruments used to monitor the Pennhurst plaintiff class members. Unpublished doctoral dissertation.

Edgerton, R. B. (1976). The cloak of competence: Years later. American Journal of Mental Deficiency, 80, 485-497.

Eshleman, J., & Cashion, R. & B. G. (1983). Sociology An Introduction. Boston: Little, Brown and Company.

Fitchen, J. M. (1991). Endangered spaces, enduring places: change, identity, and survival in rural america. Colorado: Westview Press.

Flanagan, W. G. (1990). Urban Sociology: Images and

Structure. Boston, MA: Allyn and Bacon a Simon & Schuster Company.

Flanagan, W. G. (1993). Contemporary urban sociology. New York: Cambridge University Press.

Foster, L., Dodder, R., & Bolin, B. (1995). Measures to monitor developmental disabilities quality assurance: A study of reliability. Manuscript submitted for publication.

Granovetter, M. (1973). The Strength of Weak Ties. American Journal of Sociology, 78, (6), 1360-1380.

Grimes, S. K., & Vitello, S. L. (1990). Follow-up study of family attitudes toward deinstitutionalization: Three to seven years later. Mental Retardation, 28, 219-225.

Grossman, H. J. (1973). Manual on terminology and classification in mental retardation. Washington, D.C.: American Association on Mental Deficiency.

Guralnik, D. B., & Friend, J. H. (Eds.). (1968). Webster's new world dictionary. United States: The World Publishing Company.

Hekman, S. (1983). Weber, the Ideal Type, and Contemporary Social Theory. Notre Dame: Indiana University of Notre Dame Press.

Helmig, A. R. (1994). Residential settings and quality of life for individuals with developmental disabilities: A symbolic interactionist perspective. Unpublished doctoral dissertation, Oklahoma State University, Stillwater, Oklahoma.

Henderson, G. (1974). Human relations from theory to practice. Norman, Oklahoma: The University of Oklahoma Press.

Hillery, G. A., Jr. (1955). Definitions of Community: Areas of Agreement. Rural Sociology, 20, 111-23.

Homeward Bound, Inc. v. Hissom Memorial Center, Civil Action No. 85-C-437-E. (1985).

Horn, E., & Fuchs, D. (1987). Using adaptive behavior in assessment and intervention: An overview. The Journal of Special Education, 21, (1), 11-26.

Janiki, M. P., & MacEachron, A. E. (1984). Residential, health, and social service needs of elderly developmentally disabled persons. The Gerontologist, 24, (2), 128-136.

Karp, D. A., Stone, G. P., & Yoels, W. C. (1977). Being Urban: A Social Psychological View of City Life. Lexington MS: D. C. Heath and Company.

Katzer, J., Cook, K., & Crouch, W. (1991). Evaluating information: A guide for users of social science research. (2nd ed.). Reading, Massachusetts: Addison Wesley Publishing Co.

Keller, S. (1968). The Urban Neighborhood: A Sociological Perspective. New York: Random House, Inc.

Kleinberg, B. (1995). Urban America in transformation: Perspectives on urban policy and development. Thousand Oaks, California: Sage Publications, Inc.

Kleinberg, J., & Galligan, B. (1983). Effects of deinstitutionalization on adaptive behavior of mentally retarded adults. American Journal of Mental Deficiency, 88, 21-27.

Kornblum, W., & Julian, J. (1989). Social problems. (6th ed). Englewood Cliffs, NJ: Prentice-Hall, Inc.

Lakin, K., Krantz, G., McCarver, R. B., & Ellis, M. C. (1974). Placement of the retarded in the community: Prognosis and outcome. International review of research in mental retardation, 7, 145-207.

Lyon, L. (1987). The Community In Urban Society. Chicago, Illinois: The Dorsey Press.

Macionis, J. J. (1992). Society the basics. Englewood Cliffs, NJ: Prentice-Hall, Inc.

MacIver & Page, C. H. (1994). Society: An Introductory Analysis. New York: Holt, Rinehart and Winston, Inc.

Maril, R., L., (1983). Texas Shrimpers: Community, Capitalism, and the Sea. College Station TX: Texas A&M University Press.

Martin, D. (1995). Crime along rural interstate highways. Free Inquiry in Creative Sociology, 23, 105-109.

Mead, G. H. (1934/1962). Mind, self and society: From the standpoint of a social behaviorist. Chicago: University of Chicago Press.

Mehan, H., & Wood, H. (1975). The reality of Ethnomethodology. New York: Wiley.

- Merton, R. K. (1975). Study of social structure. Approaches to the Study of Social Structure, pp. 21-52.
- Miller, D. L. (1973). George Herbert Mead: Self, language, and the world. Austin: University of Texas Press.
- Mohl, R. A. (1985). The new city urban america in the industrial age, 1860-1920. Arlington Heights, Illinois: Harlan Davidson, Inc.
- Murray, B. (1993). Executive Summary: Longitudinal Assessment of Consumer Outcomes 1990 to 1993. Developmental Disabilities Quality Assurance Research Project 1993 Yearly Report. Stillwater, Oklahoma: Oklahoma State University, Department of Sociology.
- Murray, B. (1994). Measuring changes in consumer outcomes: A five year longitudinal analysis. Developmental Disabilities Quality Assurance Research Project 1994 Yearly Report. Stillwater, Oklahoma: Oklahoma State University, Department of Sociology.
- Nirji, B. (1969). The normalization principle and its human management implications. Changing Patterns in Residential Services for the Mentally Retarded. (pp. 181-194). Washington D.C.: President's Committee on Mental Retardation.
- Nirje, B. (1980). The normalization principle. Normalization, Social Integration and Community Services. Baltimore: University Park Press.
- Norusis, M. J. (1983). Introductory statistics guide:

SPSS. New York: McGraw-Hill Book Company.

O'Connor, G. (1976). Home is a good place. Monograph of the American Association of Mental Deficiency, No. 2, Washington D.C.

Oklahoma Department of Human Services Developmental Disabilities Services Division. (1993). Citizenship Rights Training Manual. Oklahoma State Government Printing Office.

Palen, J. J. (1992). The Urban World. New York: McGraw-Hill, Inc.

Park, R. E. (1952). Human Communities. Glencoe, IL: The Free Press.

Poplin, D. E. (1972). Communities: A Survey of Theories and Methods of Research. New York: The Macmillan Company.

Rein, M. (1970). Social Policy: Issues of Choice and Change. New York: Random House.

Ritzer, George (1992). Sociological Theory, (2nd ed.) New York: Alfred A. Knopf.

Savage, M., & Warde, A., (1993). Urban Sociology, Capitalism And Modernity. New York: The Continuum Publishing Company.

Scheerenberger, R., & Felsenthal, D. (1977). Community settings for MR persons: Satisfaction and activities. Mental Retardation, 15, (4), 3-7.

Schlesinger, A. (1963). The historian and history. Foreign Affairs, (41), 491-497.

Schwab, W. A. (1992). The Sociology of Cities.

Englewood Cliffs, New Jersey: Prentice-Hall, Inc. a Simon & Schuster Company.

Solecki, R. (1971). Shanidar. New York: Alfred A. Knopf.

Spates, J. L., & Macionis, J. J. (1987). The Sociology of Cities. Belmont, California: Wadsworth Publishing Company.

Staats, A. W. (1976). Skinnerian behaviorism: Social behaviorism or radical behaviorism? American Sociologist, 11, 59-60.

Stinchcombe, A., L., (1968). Constructing Social Theory. New York: Harcourt, Brace, & World, Inc.

Stonequist, E. V. (1937). The Marginal Man. USA: Charles Scribner's Sons.

Sutter, H. N., Mayeda, T., Call, T., Yanagi, G., & Yee, S. (1980). Comparison of successful and unsuccessful community-placed mentally retarded person. American Journal of Mental Deficiency, 85, (3), 262-267.

Turner, R. (Ed.). (1974). Ethnomethodology: Selected readings. Baltimore: Penguin.

U.S Bureau of the Census. (1990). General characteristics of the population: 1990. Washington, D.C.: U.S. Government Printing Office.

Wallace, R. A., & Wolf, A. (1991). Contemporary Sociological Theory: Continuing the Classical Tradition. Englewood Cliffs, New Jersey: Prentice-Hall, Inc. a Simon &

Schuster Company.

Warren, L. (1986). Nationally speaking: Helping the developmentally disabled adult. The American Journal of Occupational Therapy, 40, (4) 227-229.

Wirth, L. (1938). Urbanism as a Way of Life. American Journal of Sociology, 4, 1-24.

Wolfensberger, W. (1972). The Principles of Normalization in Human Services. Toronto: National Institute on Mental Retardation.

Zigler, E., & Hall, N. (1986). Mainstreaming and the philosophy of normalization. Mainstreaming Handicapped Children: Outcomes, Controversies, and New Directions. Hillsdale, New Jersey: Lawrence Erlbaum Associates, Publishers.

Zilboorg, G. A. (1941). History of medical psychology. New York: W. W. Norton.

Zirpoli, T., & Wieck, C. (1989). Economic and political factors affecting deinstitutionalization: One state's analysis. The Journal of Special Education, 23, 201-211.

APPENDIXES

APPENDIX A
DEVELOPMENTAL DISABILITIES QUALITY ASSURANCE
QUESTIONNAIRE 1993 & 1994

OKLAHOMA STATE UNIVERSITY
DEPARTMENT OF SOCIOLOGY
STILLWATER, OKLAHOMA

**DEVELOPMENTAL DISABILITIES
QUALITY ASSURANCE
QUESTIONNAIRE**

This document and attachments are confidential and are available only to participants in the assessment project. Contents are not to be read or duplicated without authorization by Developmental Disabilities Services Division or the individual/guardian.

**OKLAHOMA STATE UNIVERSITY
DEPARTMENT OF SOCIOLOGY
STILLWATER, OKLAHOMA**

**DEVELOPMENTAL DISABILITIES QUALITY
ASSURANCE QUESTIONNAIRE**

This document and attachments are confidential and are available only to participants in the assessment project. Contents are not to be read or duplicated without authorization by Developmental Disabilities Services Division or the individual/guardian.

Interviewer	Site Code	ID Number	D.O.B
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Type of Facility		Class Status	
<input type="checkbox"/> []]ESS = Enid State School <input type="checkbox"/> []]FC = Foster Care <input type="checkbox"/> []]GH1 = Group Home with 2 or 3 Residents <input type="checkbox"/> []]GH2 = Group Home with 4, 5, or 6 Residents <input type="checkbox"/> []]GH3 = Group Home with 7 or More Residents <input type="checkbox"/> []]HMC = Hisson Memorial Center <input type="checkbox"/> []]ICF = ICF <input type="checkbox"/> []]IL = Independent Living <input type="checkbox"/> []]INC = Incarcerated: (JAIL OR PRISON) <input type="checkbox"/> []]MHF = Mental Health Facility <input type="checkbox"/> []]MR = ICF/MR Placement <input type="checkbox"/> []]OS = Out of State <input type="checkbox"/> []]OSD = Oklahoma School for the Deaf <input type="checkbox"/> []]PVS = Pauls Valley School <input type="checkbox"/> []]RH = Relative's Home or Their Own Home <input type="checkbox"/> []]SIL = Semi-Independent Living <input type="checkbox"/> []]SUP = Supported Living <input type="checkbox"/> []]UN = Unknown <input type="checkbox"/> []]OT = Other		<input type="checkbox"/> []]Focus <input type="checkbox"/> []]Balance <input type="checkbox"/> []]Non Member <input type="checkbox"/> []]Don't Know	
		Race	
		<input type="checkbox"/> []]White <input type="checkbox"/> []]Black <input type="checkbox"/> []]Oriental <input type="checkbox"/> []]Asian <input type="checkbox"/> []]Pacific Islander <input type="checkbox"/> []]American Indian <input type="checkbox"/> []]Alaskan Native <input type="checkbox"/> []]Other	
Sex		Level of Retardation	
<input type="checkbox"/> []]Male <input type="checkbox"/> []]Female		<input type="checkbox"/> []]Does not have mental retardation <input type="checkbox"/> []]Mild <input type="checkbox"/> []]Moderate <input type="checkbox"/> []]Severe <input type="checkbox"/> []]Profound <input type="checkbox"/> []]Unknown	

SECTION I: RESIDENTIAL HISTORY/FAMILY AND ADVOCATE CONTACT.

<p>1. What is your relationship to the person? (principal respondent:)</p> <p><input type="checkbox"/> [] A family member</p> <p><input type="checkbox"/> [] A non-relative guardian</p> <p><input type="checkbox"/> [] A friend</p> <p><input type="checkbox"/> [] A direct contact staff person (paraprofessional)</p> <p><input type="checkbox"/> [] Case Manager/Social Worker/QMRP</p> <p><input type="checkbox"/> [] Other Professional or administrator</p> <p><input type="checkbox"/> [] Other (Define) _____</p> <p style="text-align: right;">[] 0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: right;">[] 0 1 2 3 4 5 6 7 8 9</p>	<p>2. When did the person move here? (Enter birth (month/year) if life long residence with family).</p> <p>M [] 0 1</p> <p>M [] 0 1 2 3 4 5 6 7 8 9 = unknown</p> <p>D [] 0 1 2 3</p> <p>D [] 0 1 2 3 4 5 6 7 8 9</p> <p>Y [] 0 1 2 3 4 5 6 7 8 9</p> <p>Y [] 0 1 2 3 4 5 6 7 8 9</p>
<p><input type="checkbox"/> [] A direct contact staff person (paraprofessional)</p> <p><input type="checkbox"/> [] Case Manager/Social Worker/QMRP</p> <p><input type="checkbox"/> [] Other Professional or administrator</p> <p><input type="checkbox"/> [] Other (Define) _____</p> <p style="text-align: right;">[] 0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: right;">[] 0 1 2 3 4 5 6 7 8 9</p>	<p>3. Is the residence private or public?</p> <p><input type="checkbox"/> [] Private nonprofit</p> <p><input type="checkbox"/> [] Private proprietary</p> <p><input type="checkbox"/> [] Public</p> <p><input type="checkbox"/> [] Private home</p> <p><input type="checkbox"/> [] Other: _____</p> <p style="text-align: right;">[] 0 1 2 3 4 5 6 7 8 9</p> <p style="text-align: right;">[] 0 1 2 3 4 5 6 7 8 9</p>
<p>4. Where did this person live immediately before coming here?</p> <p><input type="checkbox"/> [] ESS = Enid State School</p> <p><input type="checkbox"/> [] FC = Foster Care</p> <p><input type="checkbox"/> [] GH1 = Group Home with 2 or 3 Residents</p> <p><input type="checkbox"/> [] GH2 = Group Home with 4, 5, or 6 Residents</p> <p><input type="checkbox"/> [] GH3 = Group Home with 7 or More Residents</p> <p><input type="checkbox"/> [] HMC = Hissom Memorial Center</p> <p><input type="checkbox"/> [] ICF = ICF</p> <p><input type="checkbox"/> [] IL = Independent Living</p> <p><input type="checkbox"/> [] INC = Incarcerated: (JAIL OR PRISON)</p> <p><input type="checkbox"/> [] MHF = Mental Health Facility</p> <p><input type="checkbox"/> [] MR = ICF/MR Placement</p> <p><input type="checkbox"/> [] OS = Out of State</p> <p><input type="checkbox"/> [] OSD = Oklahoma School for the Deaf</p> <p><input type="checkbox"/> [] PVS = Pauls Valley School</p> <p><input type="checkbox"/> [] RH = Relative's Home or Their Own Home</p> <p><input type="checkbox"/> [] SIL = Semi-Independent Living</p> <p><input type="checkbox"/> [] SUP = Supported Living</p> <p><input type="checkbox"/> [] UN = Unknown</p> <p><input type="checkbox"/> [] OT = Other</p>	<p>5. How many times has this person changed home addresses in the past year? = unknown</p> <p>[] 0 1 2 3 4 5 6 7 8 9</p> <p>[] 0 1 2 3 4 5 6 7 8 9</p> <p>6. How many short term placements has this person experienced in the past year? = unknown</p> <p>[] 0 1 2 3 4 5 6 7 8 9</p> <p>[] 0 1 2 3 4 5 6 7 8 9</p> <p>Examples of short term placements include respite care, emergency admission to a state center, psychiatric facility stay. DO NOT INCLUDE home visits or hospital stays for physical health.</p>

Lives with family
 About once a week or more
 About once a month
 About every 3 months
 Twice a year or less
 Never in the past year
 No family, or No DDS case manager or No Advocate

7. In the past year, how often has the family contacted the person or the staff by phone?
 8. How often did family member(s) (biological/adoptive) visit the person in the client's home in the past year?
 9. How often did this person visit in the family's biological/adoptive home or on outings in the past year?
 10. How often did the DDS case manager make contact with client by phone in the last year?
 11. How often did the DDS case manager make contact with client by visit in the past year?

12. What is the date of the most recent DDS case manager visit to the residence? never
 unknown

13. Is the name and phone number of this person's case manager readily available to the client and people with whom they live?

- M [] 1
 M [] 2 3 4 5 6 7 8 9
 Y [] 1 2 3 4 5 6 7 8 9
 Y [] 1 2 3 4 5 6 7 8 9

[] Yes [] No

14. What other advocates made contact with person? List all that apply. (IF ANSWER is No Advocate, MOVE TO QUESTION 17).

- [] Guardian ad litem
 [] Office of Client Advocacy (Ombudsman)
 [] Volunteer
 [] Other (e.g. Protection and Advocacy)
 [] No advocate (SKIP TO # 17)

About once a week or more
 About once a month
 About every three months
 Twice a year or less
 Never in the past year
 No advocate

15. How often did other advocates or staff contact the person or family by phone in the past year? (INCLUDE ALL NON-DDS ADVOCATES).
 16. How often did other advocate(s) visit the person and family in the past year? (Include all non-DDS advocates).

SECTION III: ADAPTIVE EQUIPMENT NEEDS

NEEDS but does not have HAS or does NOT NEED Has but needs REPAIR	Next, I will be asking some questions regarding any physical aids that are used or needed by the person. For each of the aids, please indicate whether the person needs the aid but does not have it, or has the aid, or does not need the aid.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [] 17. Glasses	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [] 18. Hearing Aid	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [] 19. <input type="checkbox"/> Wheelchair <input type="checkbox"/> walker, <input type="checkbox"/> braces, <input type="checkbox"/> cane	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [] 20. Helmet	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [] 21. Communication Device	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [] 22. Other Equipment	
Describe _____	[] <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	[] <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION IV: ADAPTIVE SKILLS (BEHAVIOR DEVELOPMENT SURVEY)

General Rules for Behavior Domains.

1. Give credit only for what the person does do, not for what the person "can do" or "could do" or "might be able to do." We want NO SPECULATION - only observable, actual behaviors.
2. If the behavior is performed with verbal prompts, give credit (unless otherwise noted in the item). Do not give credit for behaviors performed with physical prompts (unless otherwise noted).
3. Give credit for a behavior if it is performed at least 75% (3/4) of the time.
4. On any item, you can enter zero (0) if the item is not applicable, or if the person is too young or unable, or if there is no opportunity.
5. LEAVE NO BLANKS.

23. Body Balance (MARK HIGHEST NUMBER THAT APPLIES).

- ~~5~~ [] Stands on "tiptoe" for ten seconds if asked
- ~~4~~ [] Stands on one foot for two seconds if asked
- ~~3~~ [] Stands without support
- ~~2~~ [] Stands with support
- ~~1~~ [] Sits without support
- ~~0~~ [] Can do none of the above

24. Use of Table Utensils (MARK HIGHEST NUMBER THAT APPLIES)

- ~~6~~ [] Uses knife and fork correctly and neatly
- ~~5~~ [] Uses table knife for cutting or spreading
- ~~4~~ [] Feeds self with spoon and fork - neatly
- ~~3~~ [] Feeds self with spoon and fork - considerable spilling
- ~~2~~ [] Feeds self with spoon - neatly
- ~~1~~ [] Feeds self with spoon - considerable spilling
- ~~0~~ [] Feeds self with fingers or must be fed

25. Eating in Public (VISUAL AIDES ARE ACCEPTABLE) (MARK HIGHEST NUMBER THAT APPLIES)

- ~~3~~ [] Orders complete meals in restaurants
- ~~2~~ [] Orders simple meals like hamburgers or hot dogs
- ~~1~~ [] Orders soft drinks at soda fountain or canteen
- ~~0~~ [] Does not order food at public eating places

26. Drinking (MARK HIGHEST NUMBER THAT APPLIES)

- ~~3~~ [] Drinks without spilling, holds glass in one hand
- ~~2~~ [] Drinks from cup or glass unassisted - neatly
- ~~1~~ [] Drinks from cup or glass - considerable spilling
- ~~0~~ [] Does not drink from cup or glass

27. Toileting (MARK HIGHEST NUMBER THAT APPLIES).
- 4 [] Never has toilet accidents during day or night time
 - 3 [] Never has toilet accidents during the day time (but may have problems at night)
 - 2 [] Occasionally has toilet accidents during the day time
 - 1 [] Frequently has toilet accidents during the day time
 - 0 [] Is not toilet trained at all
28. Bathing (MARK HIGHEST NUMBER THAT APPLIES).
- 6 [] Prepares and completes bathing unaided
 - 5 [] Washes and dries self completely
 - 4 [] Washes and dries reasonably well with prompting
 - 3 [] Washes and dries self with help
 - 2 [] Attempts to soap and wash self
 - 1 [] Actively cooperates when being washed and dried by others
 - 0 [] Makes no attempt to wash or dry self
29. Dressing (MARK HIGHEST NUMBER THAT APPLIES).
- 5 [] Completely dresses self
 - 4 [] Completely dresses self with verbal prompting only
 - 3 [] Dresses self by pulling or putting on all clothes with verbal prompting and by fastening (zipping, buttoning, snapping) them with help
 - 2 [] Dresses self with help in pulling or putting on most clothes and fastening them
 - 1 [] Cooperates when dresses, e.g., by extending arms or legs
 - 0 [] Must be dressed completely
30. Sense of Direction (MARK HIGHEST NUMBER THAT APPLIES).
- 3 [] Goes several blocks from grounds, or from home, without getting lost
 - 2 [] Goes around grounds or a couple of blocks from home without getting lost
 - 1 [] Goes around cottage, ward, yard, or home without getting lost
 - 0 [] Demonstrates no sense of direction
31. Money Handling (MARK HIGHEST NUMBER THAT APPLIES).
- 4 [] Uses money with little or no assistance (e.g., assistance with budgeting is OK)
 - 3 [] Uses money with minor assistance (e.g., checking for correct change, etc.)
 - 2 [] Uses money with some assistance (e.g., being told the correct bills or coins)
 - 1 [] Uses money with complete assistance of staff
 - 0 [] Does not use money
32. Purchasing (MARK HIGHEST NUMBER THAT APPLIES).
- 5 [] Chooses and buys all own clothing without help
 - 4 [] Chooses and buys some clothing without help
 - 3 [] Makes minor purchases without help (e.g., snacks, drinks)
 - 2 [] Does some shopping with slight supervision
 - 1 [] Does some shopping with close supervision
 - 0 [] Does no shopping
33. Writing (MARK HIGHEST NUMBER THAT APPLIES).
- 5 [] Writes complete lists, memos or letters
 - 4 [] Writes short sentences
 - 3 [] Writes or prints more than ten words without copying or tracing
 - 2 [] Writes or prints own name or other words without copying or tracing
 - 1 [] Traces or copies own name or other words
 - 0 [] Does not write, print, copy, or trace any words

34. Sentences (MARK HIGHEST NUMBER THAT APPLIES).
- 3 [] Sometimes uses complex sentences containing "because," "but," etc.
 - 2 [] Asks questions using words such as "why," "how," "what," etc.
 - 1 [] Speaks in simple sentences
 - 0 [] Is nonverbal or nearly nonverbal
35. Reading (MARK HIGHEST NUMBER THAT APPLIES).
- 5 [] Reads books or other materials suitable for children nine years old or older
 - 4 [] Reads books or other materials suitable for children seven years old
 - 3 [] Reads simple stories or comics suitable for children at a kindergarten or first grade level
 - 2 [] Recognizes 10 or more words
 - 1 [] Recognizes various signs, such as "EXIT", "STOP", "WOMEN", "MEN", Street Signs.
 - 0 [] Recognizes no words or signs.
36. Numbers (MARK HIGHEST NUMBER THAT APPLIES).
- 5 [] Does simple addition and/or subtraction
 - 4 [] Counts 10 or more objects
 - 3 [] Mechanically counts aloud from one to ten
 - 2 [] Counts two objects by saying "one, two"
 - 1 [] Discriminates between "one" and "many"
 - 0 [] Has no understanding of numbers
37. Room Cleaning (MARK HIGHEST NUMBER THAT APPLIES).
- 2 [] Cleans room well, e.g., sweeping vacuuming, tidying
 - 1 [] Cleans room but not thoroughly
 - 0 [] Does not clean room at all
38. Food Preparation (MARK HIGHEST NUMBER THAT APPLIES).
- 3 [] Prepares an adequate complete meal
 - 2 [] Mixes and cooks simple foods
 - 1 [] Prepares simple foods requiring no mixing or cooking
 - 0 [] Does not prepare food at all
39. Table Clearing (MARK HIGHEST NUMBER THAT APPLIES).
- 2 [] Clears table of breakable dishes and glassware
 - 1 [] Clears table of unbreakable dishes and silverware
 - 0 [] Does not clear table at all
40. Job Complexity (MARK HIGHEST NUMBER THAT APPLIES)
- 2 [] Competitive employment or goes to workshop
 - 1 [] In pre-vocational training, in school, or retired
 - 0 [] Performs no outside work
41. Initiative (MARK HIGHEST NUMBER THAT APPLIES).
- 3 [] Initiates most of own activities
 - 2 [] Initiates some of own activities
 - 1 [] Will engage in activities only if assigned or directed
 - 0 [] Will not engage in assigned activities

42. Attention (MARK HIGHEST NUMBER THAT APPLIES).

- [] Will pay attention to purposeful activities for more than 20 minutes
- [] Will pay attention to purposeful activities for about 15 minutes
- [] Will pay attention to purposeful activities for about 10 minutes
- [] Will pay attention to purposeful activities for about 5 minutes
- [] Will not pay attention to purposeful activities for as long as 5 minutes

43. Personal Belongings (MARK HIGHEST NUMBER THAT APPLIES).

- [] Very dependable, always takes care of belongings
- [] Usually dependable, usually takes care of belongings
- [] Unreliable, seldom takes care of belongings
- [] Not responsible at all, does not take care of belongings

44. Interaction with Others (MARK HIGHEST NUMBER THAT APPLIES).

- [] Interacts with others for more than five minutes
- [] Interacts with others for up to five minutes
- [] Interacts with others in limited ways, e.g., eye contact, handshakes responsive to touch
- [] Does not interact with others

45. Participation in group activities (MARK HIGHEST NUMBER THAT APPLIES)

- [] Initiates group activities at least some of the time (leader and/or organizer)
- [] Participates in group activities spontaneously and eagerly (active participant)
- [] Participates in group activities if encouraged to do so (passive participant)
- [] Does not participate in group activities (unless physically guided)

46. Walking and Running (With cane, crutches, brace, or walker, if used). (MARK ALL THAT APPLY).

- [] Walks alone
- [] Walks up and down stairs alone
- [] Walks down stairs by alternating feet
- [] Runs without falling often
- [] Hops, skips or jumps
- [] None of the above)

47. Self-Care at Toilet (MARK ALL THAT APPLY.)

- [] Lowers pants at toilet without help
- [] Sits on toilet seat without help
- [] Uses toilet tissue appropriately
- [] Flushes toilet after use
- [] Puts on clothes without help
- [] Washes hands without help
- [] None of the Above

48. Washing hands and Face (MARK ALL THAT APPLY).

- [] Washes hands with soap
- [] Washes face with soap
- [] Washes hands and face with water
- [] Dries hands and face
- [] None of the above

49. Care of Clothing (MARK ALL THAT APPLY.)

- [] Cleans shoes when needed
- [] Puts clothes in drawer or chest neatly
- [] Puts soiled clothes in proper place for laundering/washing, without being reminded
- [] Hangs up clothes without being reminded
- [] None of the above

50. Shoes (MARK ALL THAT APPLY)

- [] Puts on shoes correctly without assistance
- [] Ties shoe laces without assistance
- [] Unties shoe laces without assistance
- [] Removes shoes without assistance
- [] None of the above

51. Pre-verbal Expression (MARK ALL THAT APPLY)

- [] Is able to say (sign) at least a few words
- [] Nods head or smiles to express happiness
- [] Indicates hunger
- [] Indicates wants by pointing or vocal noises
- [] Expresses pleasure or anger by vocal noises
- [] Chuckles or laughs when happy
- [] None of the above

52. Complex Instructions (MARK ALL THAT APPLY.)

- [] Understands instructions containing prepositions, e.g., "on," "in," "behind"
- [] Understands instructions referring to the order in which things must be done, e.g., "first do this, and afterward, do that"
- [] Understands instructions requiring a decision, e.g., "If there's any ham, make a sandwich; but if there's none, open some soup"
- [] None of the above

53. Time (MARK All THAT APPLY)

- [] Tells time by clock or watch correctly
- [] Understand time intervals, e.g., there is one hour between 3:30 and 4:30
- [] Understands time equivalents, e.g., "9:15" is the same as "quarter past nine."
- [] Associates time on clock with various actions and events, e.g., 6:00 means dinner time
- [] None of the above

54. Awareness of Others (MARK ALL THAT APPLY.).

- [] Recognizes own family
- [] Recognizes people other than family
- [] Has information about others, e.g., relation to self, job, address, name
- [] Knows the names of people close to him/her, e.g., in neighborhood at home or day program
- [] Knows the names of people not regularly encountered
- [] None of the above

73. How many days in the past four weeks has this person been ill enough that he/she had to restrict normal daily activities? (ENTER EXACT NUMBER, 0 THROUGH 28)

[] 0 1 2

[] 3 4 5 6 7 8 9

Describe illness: _____ [] 0 1 2 3 4 5 6 7 8 9
_____ [] 0 1 2 3 4 5 6 7 8 9

74. How often does this person see a doctor or a nurse (OTHER THAN MEDS ADMINISTRATION)?

[] Twice a year or less

[] Three to six times a year

[] Once a month

[] Once a week

[] Once a day

[] More than once a day

75. What is the date of the last general medical checkup received by the person?

M [] 0 1 = never

M [] 2 3 4 5 6 7 8 9 = unknown

Y [] 0 1 2 3 4 5 6 7 8 9

Y [] 0 1 2 3 4 5 6 7 8 9

76. Has the person ever had difficulty receiving medical services in the past two years?

[] No problem

[] One to three times

[] Four to six times

[] Seven to nine times

[] Over nine

77. What was the date of the person's last dental examination?

M [] 0 1 = never

M [] 2 3 4 5 6 7 8 9 = unknown

Y [] 0 1 2 3 4 5 6 7 8 9

Y [] 0 1 2 3 4 5 6 7 8 9

78. Has a doctor ever indicated that the individual has a history of seizure activity?

[] Yes

[] No

[] Don't know

79. How often does the individual experience seizures (INCLUDE ALL TYPES AND OCCURRENCES)? (MARK ONLY ONE)

[] Continuous intermittent seizures

[] More than five per day

[] More than one but less than five per day

[] About one per week

[] About one per month

[] Seven to 11 per year

[] One to six per year

[] Has documented history of seizures but no seizures in past year

[] No seizures in past five years

[] No seizures

DRUG USAGE (QUESTIONS 80-85)

DRUG Compare medications received to the Drug Table. If medication appears on the table, insert the numerical code for the drug. (OTHERWISE LEAVE BLANK)

FREQUENCY of Administration

TD or total daily dosage if they take several different doses of the same drug in one day

PRN or when needed

QID or four times daily

TID or three times daily

BID or two times daily

HS or one time daily,

AVG or average daily dosage if they take a medication less than one time daily

DOSAGE (in mgs) of medication for each administration.

If TD then add up total daily dosage

If AVG then total for one week and calculate average.

PURPOSE Mark purpose for giving medication

behavioral control

seizure control

other or does not know

Important: Six blocks are available for responses. If individuals receive less than six drugs appearing on the table, leave remaining blocks blank

<p>Drug: _____</p> <p>drug code: [] 0 1 2 3 4 5 6 7 8 9 [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Dosage</p> <p>Freq. [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] TD [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] PRN [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] QID [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Purpose</p> <p>= [] BID = [] behavioral control</p> <p>= [] HS = [] seizure control</p> <p>= [] AVG = [] other/unknown</p>	<p>Drug: _____</p> <p>drug code: [] 0 1 2 3 4 5 6 7 8 9 [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Dosage</p> <p>Freq. [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] TD [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] PRN [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] QID [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Purpose</p> <p>= [] BID = [] behavioral control</p> <p>= [] HS = [] seizure control</p> <p>= [] AVG = [] other/unknown</p>
<p>Drug: _____</p> <p>drug code [] 0 1 2 3 4 5 6 7 8 9 code [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Dosage</p> <p>Freq. [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] TD [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] PRN [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] QID [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Purpose</p> <p>= [] BID = [] behavioral control</p> <p>= [] HS = [] seizure control</p> <p>= [] AVG = [] other/unknown</p>	<p>Drug: _____</p> <p>drug code [] 0 1 2 3 4 5 6 7 8 9 code [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Dosage</p> <p>Freq. [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] TD [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] PRN [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] QID [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Purpose</p> <p>= [] BID = [] behavioral control</p> <p>= [] HS = [] seizure control</p> <p>= [] AVG = [] other/unknown</p>
<p>Drug: _____</p> <p>drug code [] 0 1 2 3 4 5 6 7 8 9 code [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Dosage</p> <p>Freq. [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] TD [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] PRN [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] QID [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Purpose</p> <p>= [] BID = [] behavioral control</p> <p>= [] HS = [] seizure control</p> <p>= [] AVG = [] other/unknown</p>	<p>Drug: _____</p> <p>drug code [] 0 1 2 3 4 5 6 7 8 9 code [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Dosage</p> <p>Freq. [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] TD [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] PRN [] 0 1 2 3 4 5 6 7 8 9</p> <p>= [] QID [] 0 1 2 3 4 5 6 7 8 9</p> <p align="center">Purpose</p> <p>= [] BID = [] behavioral control</p> <p>= [] HS = [] seizure control</p> <p>= [] AVG = [] other/unknown</p>

MEDICATIONS TABLE

01 Acetophenazine	23*fluphenazine	41 oxazepam	55 triazolam
20 Adapin(R)	24 flurazepam	40 Pamelor(R)	77 tridione
02 alprazolam	68 gemonil	73 Pamelor(R)	56*trifluoperazine
03 amantidine	55 Halcion(R)	53 Parnate(R)	43*Trilafon(R)
04 amitriptyline	25*Haldol(R)	73 paramethadione	77 trimethadione
06 amoxapine	25*haloperidol	74 peganone	58 trimipramine
07 amphetamine sulfate	26 hydroxyzine	42 pemoline	62 Valium(R)
06 Asendin(R)	27 imipramine	23 permitil	64 valproic acid
26 Atarax(R)	63 Inderal(R)	43*perphenazine	62 valrelease
30 Ativan(R)	63 inderide	17 Pertofrane(R)	59 verapamil
40 Aventyl(R)	28 isocarboxazid	75 phenacemide	26 Vistaril(R)
33 benactyzine	27 iamimine	44 phenelzine sulphate	49 Vivactil(R)
07 Benzedrine(R)	13 Klonopin(R)	66 phenobarbital	02 Xanax(R)
09 Buspirone	11 Librium(R)	71 phensuximide	79 zarontin
60 carbamazepine	29 lithane	75 phenurone	
14 Catapres(R)	29 lithium	67 phenytoin	
65 celontin	29 lithobid	45*pimozide	
47 Centrax(R)	30 lorazepam	46 piperacetazine	
10 chloral hydrate	31*loxapine	21 Pondimin(R)	
11 chlordiazepoxide	31*Loxitane(R)	47 prazepam	
12 *chlorpromazine	32 Ludiomil(R)	72 primidone	
81 chlorprothixene	32 maprotiline	48 prochlorperazine	
29 cibalith-S	28 Marplan(R)	23 Prolixin	
13 clonazepam	69 mebaral	63 propranolol	
14 clonidine	51*Mellaril(R)	49 protriptyline	
15 clorazepate	70 mephenytoin	22 Prozac(R)	
16 *Cloxapen(R)	69 mephobarbital	46 guide	
16 cloxacillin	33 meprobamate	35*Reglan(R)	
48*Compazine(R)	70 mesantoin	50 Restoril(R)	
63 Corgard	34*mesoridazine	37 Ritalin(R)	
42 Cylert(R)	35*metuclopramide	41 Serax(R)	
24 Dalmane(R)	36 methamphetamine	34*Serentil(R)	
64 Depakene(R)	68 metharbital	20 Sinequan(R)	
80 Depakote(R)	65 methsuximide	56*Stelazine(R)	
17 desipramine	36 methylphenidate	58 Surmontil(R)	
36 Desoxyn(R)	71 milontin	03 Symmetrel(R)	
54 Desyrel(R)	33 Miltown(R)	81 Taractan(R)	
18 Dexedrine(R)	38*Moban(R)	60 Tegretol(R)	
18 dextroamphetamine	38*nolindone	50 temazepam	
62 diazepam	(hydrochloride)	51*thioridazine	
67 dilantin	72 mysoline	52*thiothixene	
80 divalproex sodium	63 nadolol	(hydrochloride)	
20 doxepin	39 naloxone	12*thorazine(R)	
04 Elavil(R)	39 naltrexone	01 tindal(R)	
33 Equanil(R)	39 Narcan(R)	27 tofranil(R)	
29 eskalith	44 Nardil(R)	15 Traxene(R)	
79 ethosuximide	52*Navane(R)	53 tranlypromine	
74 ethotoin	10 Noctec(R)	54 trazodone	
43 etrafon	17 Norpramine(R)	39 Trexan(R)	
21 fenfluramine	40 nortriptyline	43 Triavil(R)	
22 fluoxetine	45*Orap(R)		

Yes
 No
 Don't Know
 Not Applicable

86. If the person receives medications for behavior control, has a written behavior management plan been developed and implemented?
 (IF YES ASK TO SEE IT)
 If not yes Skip to #90
87. If the person receives medications for behavior control, has a written behavior plan been approved by a Human Rights Committee in the past year?
88. Have all people who worked with the person received instruction on how to implement the behavior management plan?
 [] Has plan. Instruction has been provided to all
 [] Has plan. Instruction has been provided to some
 [] Has plan. No instruction has been provided
 [] Does not have behavior management plan
89. Have behaviors of concern become less frequent or severe since the behavior management plan started?
90. If the individual received a drug identified with an asterisk has the individual received a screening for Tardive Dyskensia in the past year?
91. If the individual received a drug identified with an asterisk and has participated in screening have screening results been positive for Tardive Dyskensia in the past year?

SECTION VI: HOME LIVING ARRANGEMENTS/FINANCIAL INFORMATION/SOCIAL INTERACTIONS

- [] 0 1 2 3 4 5 6 7 8 9 92. How many individuals (non-relatives) reside in the home (if multiple living units, indicate the number of individuals residing in the person's living unit).
- [] 0 1 2 3 4 5 6 7 8 9 93. What is the person's average monthly income from SSI, Social Security, gainful employment or any other source? (ENTER 0-\$9,999)
- [] 0 1 2 3 4 5 6 7 8 9 94. How much does the client pay per month for residential services? (ENTER 0-999)

WEEKLY CONTACT INFORMATION

Questions #95 - #99

"contacts" = in the physical presence of non-handicapped individuals or groups
 "communication" = each contact which included communication.

Please tell me about the contacts the client has had with non-handicapped people in the last week which lasted at least 5 minutes.

locations	Number of Handicapped in Person's own Group (including Person)		
	one	2 to 4	5 or more
neighborhood	contacts	contacts	contacts
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	communication	communication	communication
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
recreational	contacts	contacts	contacts
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	communication	communication	communication
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
commercial	contacts	contacts	contacts
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	communication	communication	communication
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
job/day programs & schools	contacts	contacts	contacts
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	communication	communication	communication
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
church	contacts	contacts	contacts
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	communication	communication	communication
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
other including transportation	contacts	contacts	contacts
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	communication	communication	communication
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9

CIVIL INVOLVEMENT AND CITIZENSHIP ACTIVITIES

100. Is the person an adult who has a guardian appointed by a court?
= [] Person is an adult with a guardian.
= [] Person is an adult who does not have a guardian (SKIP TO # 102)
= [] Person is under 18 years of age. (SKIP TO #102)
-
101. What kind of guardianship has been ordered? (MARK ALL THAT APPLY).
= [] General guardian of property
= [] Limited guardian of property
= [] General guardian of person
= [] Limited guardian of person
= [] Don't know
-
102. Has the individual participated, during the past year, in an organization which supports or promotes self-advocacy by persons with disabilities? (Has attended or sponsored meetings or events of such organizations as people First, or other local self advocacy group).
= [] Yes
= [] No (Skip to # 104)
= [] Don't Know (Skip to #104)
-
103. How often does the person typically participate in organized self-advocacy activities? (CHOOSE ONE).
= [] Daily
= [] Weekly
= [] Every other week
= [] Monthly
= [] Quarterly
= [] Semi-Annually
= [] Annually
-
104. Does this person participant (at least four times a year) in a civic organization (Lions Club, Kiwanis, Zonta, Scouts) or Social Club (Garden Club, church group, etc.)?
= [] Yes Specify: _____ [] 0 1 2 3 4 5 6 7 8 9
= [] No [] 0 1 2 3 4 5 6 7 8 9
= [] Don't Know
-
- | Yes | No | Don't Know |
|-------|-------|------------|
| _____ | _____ | _____ |
-
- _____ = 105. Is the person registered to vote?
_____ = 106. Has the person voted in the past two years? (SKIP to 110 if no/unknown)
_____ = 107. Has the person been called for jury duty in the last two years?
_____ = 108. Has the person ever served on a jury in the last two years.
_____ = 109. Has the person required or sought legal assistance, from a lawyer, in the past year? (IF ANSWER IS NO OR DON'T KNOW, SKIP TO #112).
_____ = 110. Has the person received legal assistance from a lawyer in the past year?
_____ 111. Was legal assistance sought/received to assist with: (MARK ALL THAT APPLY).
= [] Civil rights, entitlements, services
= [] Other civil matters
= [] Criminal matters
= [] Other (Describe) _____ [] 0 1 2 3 4 5 6 7 8 9
_____ [] 0 1 2 3 4 5 6 7 8 9
_____ = 112. Do you think the person, has been discriminated against because of their disabilities?
IF ANSWER IS NO OR DON'T KNOW, SKIP TO #114

113. Do you think any of these opportunities have been limited on the basis of disability related to the following: (MARK ALL THAT APPLY).

- [] Physical access to building
 - [] Access to employment services
 - [] Access to educational services
 - [] Access to other human services
 - [] Access to transportation
 - [] Interaction with non-handicapped neighbors and friends
 - [] Participation in civic events (with non-handicapped individuals)
 - [] Participation in recreation/leisure
 - [] Other
- Describe _____ [] 0 1 2 3 4 5 6 7 8 9
 _____ [] 0 1 2 3 4 5 6 7 8 9

SECTION VII: SERVICE PLANNING/DELIVERY

114. Does the person have an individual habilitation plan (IHP) or individual program plan (IPP) which is over one year old? (IF NO SKIP TO QUESTION 127).

- [] Yes, and it is on site
- [] Yes, but not on site now OR on site but out of date (over 1 yr old)
- [] No written plan

115. When was the last team meeting for the individual habilitation plan?

- M [] 0 1 2 3 4 5 6 7 8 9 (GET THIS FROM IHP OR IPP)
- M [] 0 1 2 3 4 5 6 7 8 9
- Y [] 0 1 2 3 4 5 6 7 8 9
- Y [] 0 1 2 3 4 5 6 7 8 9

Number of goals (0-9)	For the following what is the total number of goals in IHP/IPP for the person:
[] 0 1 2 3 4 5 6 7 8 9	116. In work skill areas
[] 0 1 2 3 4 5 6 7 8 9	117. In recreational activities planning and use. (i.e. games, hobbies, sports, arts, and crafts).
[] 0 1 2 3 4 5 6 7 8 9	118. In use of self-care skills and domestic skills (not including food preparation).
[] 0 1 2 3 4 5 6 7 8 9	119. In use of community living skills? Use of money; telling time; learning name and address or using ID; basic safety skills; handling emergencies; how to obtain generic community services; travel; health care; use of telephone; decision making about daily living activities.
[] 0 1 2 3 4 5 6 7 8 9	120. In sensory, motor and communication skills? Vision; hearing; ambulation; arm use and hand-eye coordination; use of verbal language; use of nonverbal communication; use of written language; use of numbers and numeric concepts; sensory awareness
[] 0 1 2 3 4 5 6 7 8 9	121. In reduction of challenging behavior? (See Questions 55-70)
[] 0 1 2 3 4 5 6 7 8 9	122. In development of social skills?
[] 0 1 2 3 4 5 6 7 8 9	123. In skills to obtain a job? (Motivation to work, interviewing)
[] 0 1 2 3 4 5 6 7 8 9	124. In goals to maintain job daily attendance, punctuality, etc.
[] 0 1 2 3 4 5 6 7 8 9	125. In citizenship instruction?
[] 0 1 2 3 4 5 6 7 8 9	126. In other goal directed activities?

Number of Hours per Month

For the following what is the total number of hours spent per MONTH for the person by:

[]	0	1	2	3	4	5	6	7	8	9	127. Habilitation Training Specialist:
[]	0	1	2	3	4	5	6	7	8	9	Paraprofessional services spent on habilitation
[]	0	1	2	3	4	5	6	7	8	9	objectives identified in the IHP.
[]	0	1	2	3	4	5	6	7	8	9	128. Homemaker Services by certified homemaker
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	129. Occupational Therapy Services:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	130. Physical Therapy Services:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	131. Psychotherapy Services by licenced psychologist or
[]	0	1	2	3	4	5	6	7	8	9	psychological assistant:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	132. Psychiatric Services:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	133. Speech and Communication Therapy:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	134. Audiology Services:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	135. Nursing Services by RN or LPN:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	136. Pre-Vocational Services:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	137. Work Activities Training
[]	0	1	2	3	4	5	6	7	8	9	(Paid wages but less than 1/2 of minimum wage):
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	138. Sheltered Employment
[]	0	1	2	3	4	5	6	7	8	9	(provided by workshop but receive more than 1/2 of
[]	0	1	2	3	4	5	6	7	8	9	minimum wage)
[]	0	1	2	3	4	5	6	7	8	9	139. Supported Supportive Employment:
[]	0	1	2	3	4	5	6	7	8	9	(Paid and supervised by job coach).
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	140. Competitive Employment:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	141. Public School (regular classes):
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	142. Public School (special classes):
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	143. Special School:
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	144. Private School
[]	0	1	2	3	4	5	6	7	8	9	(Paid for by school system):
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	145. Private School (other than above):
[]	0	1	2	3	4	5	6	7	8	9	
[]	0	1	2	3	4	5	6	7	8	9	

Number of Hours per Month

For the following what is the total number of hours spent per MONTH for the person by:

[]	0 1 2 3 4 5 6 7 8 9	146. Formal infant stimulation or preschool development training program outside of home:
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	147. Homebound Education
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	148. Respite Services:
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	149. Physician Services by M.D. or D. O.:
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	150. Neurological Services:
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	151. Other Services Received Away from Residence by the Person: Specify: _____ [] 0 1 2 3 4 5 6 7 8 9
[]	0 1 2 3 4 5 6 7 8 9	[] 0 1 2 3 4 5 6 7 8 9
[]	0 1 2 3 4 5 6 7 8 9	152. How many hours per month are spent by the client in travel to services?
[]	0 1 2 3 4 5 6 7 8 9	
[]	0 1 2 3 4 5 6 7 8 9	

PART II: CONSUMER INTERVIEW (COPYRIGHT CFA 1986)

These questions should be answered by the consumer/client, and if appropriate and feasible, should be answered in private. Also consumer should be assured that responses will be kept private (confidential). Attempt to interview the consumer, even if there is doubt about ability to respond. Ask the person if he/she is willing to talk to you. If not, do not proceed. If willing enter a "Did not answer" when an item is not applicable, or for which the person is too young or unable to respond, or if no answer is given.

= [] Not Willing (SKIP TO #25)
= [] Willing

Yes (nice, good, always, frequently)
|
| Unsure (sometimes, occasionally)
|
| No (mean, bad, never)
|
| Did not answer
|

= = = = 1. How do you feel about living here? _____

= = = = 2. How do you like the people who work with you? _____

= = = = 3. How do you feel about the food here? (DO NOT ASK IF LIVING WITH FAMILY) _____

= = = = 4. Do you have enough clothes to wear? _____

= = = = 5. Do you have any real good friends? More than one? = Yes No _____

= = = = 6. Are people who work with you here mean or nice? _____

= = = = 7. Do you like the things you do during the day? _____

= = = = 8. Do you make money? _____

= = = = 9. Please let me check - did you say the food here is bad or good? _____

= = = = 10. How often do you pick what you will eat? _____

= = = = 11. How often do you pick what clothes you will buy? _____

= = = = 12. How often do you pick what clothes you will wear? _____

= = = = 13. How often do you pick what you will do in your free time? _____

= = = = 14. How often do you pick a friend for free time? _____

= = = = 15. How often do you pick how you will spend money? _____

= = = = 16. How often do you have friends visit you? _____

= = = = 17. Can your friends visit you anywhere in your living area that you pick? _____

Never/No Family/No Guardian/No Advocate

	Daily							
		Weekly						
			Every other week					
				Monthly				
					Quarterly			
						Lives with family		
							Did not answer	

18. How often do you visit with your family?
19. How often do you visit your guardian?
20. How often do you visit advocates?
21. How often do you leave your home for recreation?
22. How often do you use transportation that other non-handicapped people use?

23. Is there anything else you would like to tell me? (Record response word for word, editor will code.)

Answer: " _____ [] 0 1 2 3 4 5 6 7 8 9
 _____ [] 0 1 2 3 4 5 6 7 8 9

24. If you had one wish what would you wish for? (Record response word for word, editor will code.)

Answer: " _____ [] 0 1 2 3 4 5 6 7 8 9
 _____ [] 0 1 2 3 4 5 6 7 8 9

25. If answers to questions were "Never" or "Did not Answer", Why?

- [] Refused
- [] Unable
- [] Other Reason: _____ [] 0 1 2 3 4 5 6 7 8 9
 _____ [] 0 1 2 3 4 5 6 7 8 9

OBSERVATIONS

26. Is the person dressed appropriately?

- [] Yes Explain: _____ [] 0 1 2 3 4 5 6 7 8 9
- [] No _____ [] 0 1 2 3 4 5 6 7 8 9

27. Is the person clean and groomed appropriately?

- [] Yes Explain: _____ [] 0 1 2 3 4 5 6 7 8 9
- [] No _____ [] 0 1 2 3 4 5 6 7 8 9

28. Is the person free of visible bruises, rashes, sores, cuts, or other signs of ill health?

- [] Yes Explain: _____ [] 0 1 2 3 4 5 6 7 8 9
- [] No _____ [] 0 1 2 3 4 5 6 7 8 9

PART III: PHYSICAL QUALITY
 ADAPTED FROM SELTZER, 1982, MEAP RATING SCALE
 MODIFIED BY TEMPLE UNIVERSITY, 1983

COMPLETE THIS SCALE FOR THE SMALLEST LIVING UNIT FOR EACH FACILITY.

SECTION 1: EXTERNAL

1. As a neighborhood, how does the area around this site look?
 - [] Very pleasant and attractive
 - [] Mildly pleasant and attractive
 - [] Ordinary, perhaps even slightly unattractive
 - [] Unattractive, slum-like

2. How attractive are the site grounds?
 - [] Very attractive - landscaping or very attractive natural growth; well maintained; no litter or weeds, clean paths, neatly trimmed
 - [] Somewhat attractive - shows signs of care and frequent maintenance
 - [] Ordinary - somewhat attractive, but poorly maintained or ordinary looking; little landscaping, some weeds or litter
 - [] Unattractive - no grounds, sidewalks only; show little or no maintenance

3. How attractive is the building in which the client lives?
 - [] Very attractive - unique and attractive design, excellent maintenance
 - [] Somewhat attractive - may show some deterioration on close inspection, or design is adequate but not unusually attractive
 - [] Ordinary - buildings are somewhat attractive but poorly maintained, or are not notable in either design or maintenance
 - [] Unattractive - buildings are deteriorated or unattractive

SECTION 2: ROOM BY ROOM (Enter code for each room)

Directions: Rate each of these five areas and mark your rating in the appropriate space. (DO NOT RATE IF LIVES WITH FAMILY AND RATING QUESTIONS ARE INTRUSIVE.)

LIVING ROOM	DINNING ROOM	BEDROOMS	KITCHEN	BATHROOM
4. Orderliness/clutter				
=	=	=	=	=
No Such Room				
=	=	=	=	=
Neat - living spaces are very orderly; there seems to be a "place for everything and everything is in its place"				
=	=	=	=	=
Some disarray - looks "lived in"; some furniture moved around, magazines lying around, etc.				
=	=	=	=	=
Cluttered - living spaces are somewhat disorganized and messy; some objects lying about; area seems crowded				
=	=	=	=	=
Very cluttered - furniture and other objects are in disarray; floor area has objects to maneuver around				

LIVING ROOM
 DINNING ROOM
 BEDROOMS
 KITCHEN
 BATHROOM

5. Cleanliness of walls and floors (or rugs)

- No Such Room
- Very clean - both walls and floors are kept very clean, spotless; floors are polished
- Clean - both walls and floors are cleaned regularly; some dust in corners, fingerprints on walls
- Somewhat dirty - either walls or floors needed cleaning; considerable dust, fingerprints or stains
- Very dirty - both walls and floors need a major cleaning; surfaces stained, scuff marks, surfaces dirty to touch

6. Condition of furniture

- No Such Room
- Excellent condition - like new; well-kept, spotless, highly polished or without stains
- Good condition - not new, but in good condition; slightly worn, small scratches, dusty, a few stains, some dirt in creases
- Fair condition - older, but still structurally sound; moderately clean
- Deteriorated - old and in poor repair; some tears, stains, dirt or dust; may be structurally unsound or dangerous

7. Window areas

- No Such Room
- Many windows - living space has large window areas which give an open feeling
- Adequate windows - windows are sufficient to allow good light; there is no closed in feeling
- Few windows - room tends to be dark, even on sunny days; there is a feeling of being closed in
- No windows - there are no windows, or the windows are non-functional

8. Odors

- No Such Room
- Fresh - living spaces have pleasantly fresh odor
- No odors - nothing noticeable about the air; "normal"
- Slightly objectionable - air is slightly tainted in some way; stale, musty, medicinal
- Distinctly objectionable - unpleasant odors are apparent

9. Variation in design of residents' rooms (apts.)

- [] Distinct variation - as if effort was made to vary style and decor from room to room
- [] Moderate variation - rooms (apartments) are distinct, but there is a general decor throughout
- [] Nearly identical - some variation in size, shape or furniture arrangement; variation is not noticeable unless looked for
- [] Identical - no variation except for decorative detail such as paint or rug color

10. Personalization of residents' rooms (apts.)
- [] Much personalization - most of the furnishings and objects in the rooms belong to the individual; time and energy have been spent in personalization
 - [] Some personalization - residents have added personal objects such as rugs, pictures, chairs, favorite objects
 - [] Little personalization - some family pictures or personal articles, but room does not seem to "belong to the individual"
 - [] No personalization is evident

11. Overall physical pleasantness of the facility
- [] Quite pleasant
 - [] Pleasant
 - [] Somewhat unpleasant
 - [] Distinctly unpleasant

Poor	Fair	Excellent	
- ----- ----- ----- ----- ----- ----- ----- ----- -----			
⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕			[] 12. Overall, how would you rate this site?

⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕			[] 13. How would you rate the quality of food in the refrigerator and cupboards?
---------------------	--	--	---

⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕			[] 14. How would you rate the quantity of food in the refrigerator and cupboards?
---------------------	--	--	--

Cold, impersonal	Neutral	Warm, personal	
- ----- ----- ----- ----- ----- ----- ----- ----- -----			
⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕			[] 15. How do you perceive staff-consumer/consumer-staff interactions?

Unfriendly	Tolerant	Friendly	
- ----- ----- ----- ----- ----- ----- ----- ----- -----			
⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕			[] 16. How do you perceive consumer-consumer interactions?

Pessimistic	Neutral	Enthusiastic	
- ----- ----- ----- ----- ----- ----- ----- ----- -----			
⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕			[] 17. What are staff's expectations of consumers regarding growth?

Not at all	In minor ways	As much as I've ever seen	
- ----- ----- ----- ----- ----- ----- ----- ----- -----			
⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕			[] 18. To what extent is this setting oriented toward measurement, research and scientific approaches? (Examples: behavior charting, regular use of behavior scales, ongoing research projects, etc.)
⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕ ⊕			[] 19. To what extent is the setting handicapped accessible?

APPENDIX B

ARTICLE: MEASURES TO MONITOR DEVELOPMENTAL
DISABILITIES QUALITY ASSURANCE: A
STUDY OF RELIABILITY

Running Head: RELIABILITY

Measures to Monitor

Developmental Disabilities Quality Assurance:

A Study of Reliability

Luann H. Foster, Richard A. Dodder, and Brien L. Bolin

Oklahoma State University

Abstract

This study examines the reliability of an instrument, portions of which have been used in previous research, to examine services provided to consumer's with developmental disabilities (Conroy & Bradley, 1985). Seven types of variables are analyzed: demographic data, residential arrangements, medical needs, adaptive behavior, severity of challenging behavior, frequency of challenging behavior, and the consumer's perceptions of their living situation. Data resulted from accidentally interviewing subjects twice in 1991 (N=49) and 1992 (N=86) who received services from the Oklahoma Department of Human Service Developmental Disabilities Service Division. High interrater reliabilities were found for the demographic data, adaptive behavior, severity of challenging behavior, frequency of challenging behavior, and the consumer's perceptions of living situations each year. High test-retest reliability was also apparent when using a question about food quality. These results suggest that both caregivers (vendors) and individuals with developmental disabilities (consumers) are capable of providing reliable information.

Measures to Monitor Developmental Disabilities

Quality Assurance: A Study of Reliability

In 1989 a class action lawsuit, Homeward Bound vs. Hissom Memorial Center was filed against the major residential care facility for consumers with developmental disabilities in Oklahoma by some families of residents at Hissom. The suit accused the institution of neglect, abuse, and lack of adequate services for their relatives. To comply with the judge's orders resulting from the lawsuit, the Department of Human Services Division of Developmental Disabilities was ordered to conduct an annual independent assessment of consumer (individuals with developmental disabilities) outcomes to audit the newly established community service delivery system.

Following the requirements of the lawsuit, the court system mandated a longitudinal study be conducted to assure that consumers with developmental disabilities receive quality programs and care. In 1990 the Department of Sociology at Oklahoma State University entered into a contractual agreement with the Department of Human Services Developmental Disabilities Service Division to conduct independent assessments. The survey used was an adaptation of the Behavior Development Survey previously used by researchers at Temple University (Conroy & Bradley, 1985).

In 1991, 49 interviews were accidentally scheduled for the same consumers but with different interviewers; 86 such interviews resulted in 1992. These duplicate interviews were almost all with persons who had moved during the year. Thus, the interviewer did not realize the consumer had been interviewed earlier at a different residence. In both 1991 and 1992, the interviewers did not know that surveys were being conducted a second time. The time between the two interviews ranged from three days to five-and-a-half months, with an average time of about two months between interviews. The

average amount of time spent filling out the surveys lasted approximately one hour both years.

Purpose and Rationale

Living standards for consumers with developmental disabilities must be developed, quality assurance measures initiated, and the reliability of established standards guaranteed. Quality assurance projects that describe consumers using scaled items facilitate a better understanding of court ordered deinstitutionalization and other social dynamics of consumer - vendor nature. For example, integration, independence, satisfaction, and productivity that are court ordered can only be guaranteed if research methodology is reliable.

Literature on Reliability of Scales

Reliability represents the extent to which a measure or procedure assigns the same value to characteristics each time that it is used under essentially the same circumstances. Original researchers designed the Adaptive Behavior Scale (Nihira, 1976) in two parts, the first containing 66 adaptive behavior items and 260 indicators of maladaptive behaviors. This scale has undergone considerable modifications since. For example, Conroy and Bradley (1985) used Nihira's (1967) Adaptive Behavior Scale but added 14 items, the Behavior Development Scale, to measure the 14 frequency of challenging behaviors. The 32 items from Nihira's (1967) original 66 items concerning adaptive behaviors plus the frequency of challenging behaviors were used for Conroy and Bradley's (1985) longitudinal analysis at Pennhurst.

Like the Pennhurst study, the project in Oklahoma used the same 32 items (See Table 3) as indicators of adaptive behaviors. Compared to previous research the main difference in Oklahoma's study is that the data have re-defined challenging behaviors from the adaptive skills scale as two separate indicators of adaptive behavior. First, challenging behaviors can range in frequency from less than once per month to more than five times per week. Examples of challenging behaviors are sexual and untrustworthy. Secondly,

challenging behaviors such as yelling, repeating words, sexual acts, untrustworthy behavior, and hitting can be severe, ranging from no problem to an urgent problem. In the Oklahoma study, the 16 challenging behavior items from the adaptive skills scale are measured in both frequency and severity. In addition, the Oklahoma data began with the same 14 challenging behavior items as the Pennhurst project but split items concerning sexual behavior into in or outside the home, added screaming, yelling, crying, added repeating words over and over, and omitted requires restraints. These 16 items on frequency of challenging behaviors were then repeated for severity. Three scales eventually resulted from past literature for the Oklahoma research: (a) a 32 item Adaptive Development Scale, (b) a 16 item frequency of Challenging Behavior Scale, and (c) a 16 item severity of Challenging Behavior Scale.

In 1976 Nihira reported an interrater reliability of $r=.93$ for the first Adaptive Behavior Scale (66 items) by studying a state operated institution in California. Isett and Spreat (1979) also reported interrater reliability coefficients ranging from .42 to .93 on the 66 items using a sample of 29 consumer interviews conducted by different interviewers within a two week period. Silverman, Silver, Sersen, Lubin, and Schwartz (1986) used the Minnesota Developmental Programming System Behavioral Scale (a scale containing many items similar to those in the Adaptive Behavior Scale) with a profoundly mentally challenged population and produced an interrater reliability of $r=.98$. Devlin (1989) more recently reported a high interrater reliability of $r=.95$ for the same 32 adaptive behavior items used in the current research with a time interval of 9.13 weeks between interviews.

Isett and Spreat's (1979) research on test-retest reliability of the Adaptive Behavior Scale reported uniformly high Spearman rank correlations for the 66 adaptive behavior items ranging from $r=.85$ to $r=.97$. Silverman et al. (1986) also

examined test-retest reliability on their scale with consumers who were profoundly mentally challenged and found $r=.98$.

Conroy and Bradley (1985) concluded in the five-year Pennhurst Longitudinal Report that their 32 adaptive items and the 14 frequency items are highly reliable with a test-retest reliability of $r=.96$. They also report an interrater reliability of $r=.94$ for this scale and $r=.91$ for test-retest reliability (Devlin 1989).

The few reliabilities reported for the frequency of challenging behaviors have been consistently lower than those reported for the Adaptive Behavior Scale. In 1976 Nihira reported an interrater reliability of $r=.71$ for the 260 Maladaptive Behavior Scale. Similarly, Conroy and Bradley reported a reliability of $r=.70$ in 1985, and Devlin reported a $r=.72$ in 1989 for interrater reliability specifically focusing on the 14 items they used measuring frequency of challenging behaviors. Conroy and Bradley (1985) also examined the test-retest reliability for the frequency of 14 challenging behaviors and reported a high correlation of $r=.90$. Devlin (1989), however, reported a test-retest reliability of only $r=.60$ on the same scale.

Methodology

This reliability study is unique from past studies in two ways. First, on the reliability of adaptation, frequency of challenging behaviors from existing literature was used plus items added to check the severity of challenging behaviors, medical needs, and residential histories. In addition to interviewing the primary vendor, one section of the survey asked the consumers with developmental disabilities for their perceptions of social contacts, satisfaction, and activities. In other words, this study evaluates each consumer's perspective on the nature of services provided. Data were entered into the university mainframe computer for 1991 and 1992 then standard debugging procedures

cleaned the data to eliminate coding errors that would interfere with this or future research.

Subjects

The survey was administered to all consumers with developmental disabilities living in Oklahoma receiving services from the Oklahoma Department of Human Services Developmental Disabilities Service Division. Assessments were completed each year on approximately 3700 males and females ranging from infants to senior citizens with developmental disabilities in all types of residences, including three state schools, intermediate care facilities, private intermediate care facilities for consumers with mental retardation, community placements, and group homes. The 49 (1991) and 86 (1992) individuals used in the interrater reliability study were from this larger (3700) group due to accidentally interviewing these consumers and their vendors twice. In most cases the consumers had moved. Only 12 of the 49 consumers in 1991 (24.5%), and 43 of the 86 in 1992 (50.0%), however, were interviewed both times because the consumer was either non-verbal, unavailable, or unwilling to be interviewed.

Survey Instrument

The Behavior Development Survey was chosen for this research because of its previously demonstrated construct validity and use in a similar court-ordered deinstitutionalization for individuals with developmental disabilities at Pennhurst State School in Pennsylvania (Conroy & Bradley, 1985). The survey instrument generally explores measures believed to indicate quality of life expressed as integration, independence, satisfaction, and productivity.

The majority of the survey is done by interviewing the consumer's primary vendor who was asked about demographic information, consumer's past living history, medical needs, adaptive development, frequency of challenging

behaviors, and severity of challenging behaviors. A wide range of options exist to define the relationship between consumer and vendor from the survey, including a family member, a non-relative guardian, a friend, a direct contact staff person (para-professional/adult companion), a Case Manager/Social Worker/QMRP, other professional or administrator, a Foster Parent, or Other (Define). Consumer information is actually transmitted through the vendor, and the dynamic between vendor and consumer is an important indicator for interpreting these data. The survey may characterize quality of life more from a vendor's perspective than a consumer's. It is also likely that a parent's perspective will be substantially different from a case manager, direct staff - contact person, or the administrator of a care facility. Moreover, caregiver respondents may have interaction with the consumer as little as once a month to as much as twenty-four hours, seven days a week. Consequently, a great deal of variation in reliability is likely to result from various vendors.

Lastly, the consumers were asked about their perceptions of living environment, their contacts with friends, family, or advocates, if they liked the food, if they liked what they did during the day, and liked their cloths. Quality assurance projects may better explain the consumer - vendor dynamic by using scaled items that explain systematic deinstitutionalization of any marginal population.

Staff Training and Development

A three-day workshop each year provides the necessary training to conduct interviews. Both Directors of the Developmental Disabilities Quality Assurance Project and experienced interviewers go through each question on the survey instrument with new interviewers, explaining such things as the meanings of each question, possible responses and their interpretations, and how to make the response computer readable. In addition, interviewers are

taught terminology and skills that include a range of possibilities they will encounter in the field. After the workshop there is a two-week training period, where each new interviewer is paired with an experienced interviewer in the field to observe interviewing techniques and then conduct their own interviews with an experienced interviewer present. Weekly in-service training is also mandatory as an employment requirement. Approximately half of the interviewers are sociology graduate research assistants and the other half consist of professional interviewers who work full-time on the research project. In both cases interviewers usually work about two years with less than half being new employees each year.

Results

Table 1 contains the demographic characteristics, level of retardation, placement type, and vendor relationship to consumer, for the sample and survey populations. The objective is to compare the accidental samples to the survey populations for each year in order to determine how representative each accidental sample is. In 1991 the sample was characterized as 87.8% state institutionalized while the population is only 38.4% state institutionalized. Conversely, in 1992 the sample was much more similar to the survey population with only 22.1% state institutionalized while the survey population was 24.8% state institutionalized.

Comparison of 1991 and 1992 demographic characteristics show that both samples and populations increased in size. Sex distribution in the sample population is fairly constant for both years. Racial distribution also remained fairly constant in the population, but the sample variation showed an increase in the white category of 33, a 6.7% increase, and a decrease in other races of 3 or 9.3%, from 1991 to 1992. The level of retardation category reveals a pattern of a

decrease in the sample from 1991 to 1992. In other words, in the samples, from 1991 to 1992 consumers were differently defined from profoundly retarded to a lesser level ranking particularly from the severe and moderate status categories. In 1991, 26 consumers were labeled profoundly retarded while in 1992 only 24 were ranked profoundly even though N increased by 37 consumers. Also, in the survey population, there was an increase in classifications of mild retardation, but the reduction in the profoundly retarded category does not occur as dramatically as in the sample. For the 1991 sample more case managers were interviewed as vendor than any other category. Though inconsistent between years, in 1992 direct contact and case managers were well represented as respondent caregivers. The 1992 sample data appear to be more representative of the general characteristics for consumers with developmental disabilities than the 1991 data in all categories.

Correlations of Demographic Characteristics

The reliability of the consumer responses was calculated using Pearson's Product Moment Correlations. Nunnally (1978) suggested .70 as an acceptable correlation for reliability in basic research (.80 for applied settings). Table 2 shows the correlations among the demographic characteristics for both 1991 and 1992. These results were highly reliable. Of the 14 correlations, only four were less than $r=.90$. The least reliable correlations occurred in the level of retardation with $r=.85$ in 1991 and $r=.73$ in 1992. Though relatively low, both correlations are considered significantly reliable.

The residential arrangement reliabilities, also presented in Table 2, were considerably more varied and less reliable than the demographic variables with correlation coefficients between $r=.32$ in 1992 on consumer's previous residence to $r=.99$ in 1991 on date consumer moved. Similarly, for items dealing with consumer's living arrangements, coefficients varied between $r=.98$ and $r=.17$.

Some of the questions that dealt with consumer's medical needs remained moderately reliable while most others did not. For example, the questions on date of last medical checkup, date of last dental exam, history of seizure activity, and frequency of seizures experienced resulted in coefficients above $r=.56$ in each year, but the remaining item coefficients were extremely low or inconsistent between years. The number of days ill in the past month ($r=.03$ in 1991 and $r=.17$ in 1992) represented the least reliable item on medical histories. Urgency for medical care ($r=.22$ in 1991 and $r=.40$ in 1992) and development of a behavior management plan ($r=.34$ in 1991 and $r=.21$ in 1992) were quite low. Improvement of behaviors since implementation of behavior management plan ($r=-.05$ in 1991 and $r=.66$ in 1992), and frequency of seeing medical personnel ($r=.23$ in 1991 and $r=.52$ in 1992) were quite inconsistent between years.

Correlations of the Adaptive Development Scale

The 32 adaptive items illustrates the most consistent scale used in this research (Table 3). It generated scaled total correlation coefficients of .96 in 1991 and .93 in 1992. Four of the items in this measure, however, contained lower reliabilities. The question pertaining to consumer participation in group activities achieved a reliability of only .49 in 1991 and .58 in 1992. The question concerning consumer's ability to understand time generated a correlation of .49 in 1991 and .57 in 1992. Consumers' interactions with others scored the lowest reliability results of all with correlations of .57 in 1991 and .45 in 1992. The ability of the consumer to show initiative also showed lower correlations with .53 in 1991 and .59 in 1992. Never the less, scale totals were above .90 both years.

Correlations of Frequency of Challenging and Severity of Challenging Behavior Scales

The 16 challenging behavior items are coded for both frequency and severity, totalling 32 responses. If a vendor respondent reports that a consumer

has challenging behaviors then frequency is coded within a range from not observed in the past month (0) to observed more than five times per week (3). Coding the severity of challenging behaviors ranges from no problem (0) to an extremely urgent problem (4). The frequency and severity scales (Table 4) showed slightly less interrater reliability overall than the adaptive skills scale with .74 in 1991 and .69 in 1992 on the frequencies of behaviors and .69 in 1991 and .72 in 1992 on severity of behaviors. Several of the items on these scales, specifically those concerning appropriateness of behaviors, were problematic.

Both frequency and severity of inappropriate sexual behaviors in public were particularly unreliable in 1991 (.02 and .08) and in 1992 (-.04 and -.04). Unresponsive to activities also did not generate acceptable correlations. Both frequency and severity measures of this item generated correlations of .32 and .20 in 1991 and .00 and .28 in 1992. Some items produced acceptable correlations in only one of the two years. For instance, frequency of inappropriate clothing removal showed $r=.08$ in 1991 but $r=.76$ in 1992. Frequency of consumer's rebellious behavior produced correlations of .14 in 1991 but .55 in 1992. In 1992 the items concerning the frequency of untrustworthy behavior generated a correlation of .61 in 1991 but only .12 in 1992. In 1992 the items about severity of untrustworthy behavior generated inconsistent correlations of .63 in 1991 and -.07 in 1992. Finally, severity of stereotyped behaviors also produced different and low correlations between years with a .33 in 1991 and a -.06 in 1992. For both frequency and severity of challenging behaviors each item correlations were varied although the scaled totals are reasonable. In 1991, the scale total correlations on frequency of challenging behaviors was .74 and on severity of challenging behaviors .69. In 1991 the scale total correlation for frequency of challenging behavior was .69; and the scale total correlation for severity of challenging behaviors was .72.

Correlations of the Consumer Interview

Interviews with consumers produced higher reliabilities in 1991 ($r=.93$) than in 1992 ($r=.65$) on the Consumer Interview Scale total (Table 5). Individual item correlations, however, ranged between the lowest of $r=.17$ in 1992 and the highest being $r=.87$ in 1991. The Adaptive Development (vendor responses) Scale total also indicated that information was more reliable in 1991.

One question on the consumer interview appeared twice as a measure of test-retest reliability of consumer's responses. Early in the interview the consumer was asked, "How do you feel about the food here?" Then later, the consumer was asked, "Did you say the food here is bad or good?" Correlation between these two items, as a measure of test-retest reliability, was extremely high among the 12 duplicate consumer interviews in 1991 ($r=.91$) and the 43 interviews in 1992 ($r=.96$). The correlations for all 2,304 single interviews in 1991 ($r=.94$) and all 3,599 in 1992 ($r=.94$) resulted in scores equally as high on consumer test - retest reliability.

Discussion

Although accidental selection, different caregivers, different interviewers, and changed residential placements may represent the worst scenario, the results of this research were consistent with past research. The Adaptive Development Scale produced very high reliabilities similar to those reported in past literature (Nihira, 1976; Isett and Spreat, 1979; Devlin, 1989). Overall, the frequency items from the Challenging Behavior Scale produced lower but acceptable reliabilities and also were similar to past research. Results reported

here, however, were somewhat lower than those reported by Devlin (1989). The severity of Challenging Behaviors, although, untested previously, were extremely similar to their frequency counterparts.

Some questions on both the Adaptive Development Scale and the Challenging Behavior Scale perhaps reflect value judgments that vary between vendor respondents and can probably, be improved to produce more reliable results. For example, the questions concerning situations in which vendors were asked to make subjective appraisals of consumer behavior (such as consumer initiative, attention, interacting, or understanding of time) appeared to be most problematic. The appropriateness of consumer's behaviors suggests that the term *appropriate* is highly subjective, and when combined with questions concerning sexuality, subjectiveness tends to be magnified. If the survey instructions were to connect appropriateness to specific behaviors that are observable, such as masturbation or other specific behaviors, it might increase reliability. The questions concerning consumer untrustworthiness, rebelliousness, destructiveness, and stereotypical behaviors produced correlations which also varied in reliability. Again, the language is vague and therefore indicate a range of possible interpretations by vendor respondents. If these questions could be connected to more concretely observable behaviors, higher correlations might be achieved. For examples, reliability is likely to be improved if researchers described what kinds of behaviors they are interested in that would indicate a consumer who is untrustworthy (steals from others?), rebellious (defies vendor's request?), or destructive (destroys furniture?) and ask about them specifically. The study found questions about consumer's behavior to vary depending on the role of the vendor answering the questions. For instance, items about the appropriateness of sexual behavior showed that

vendors tended to be more inconsistent about reporting the severity of sexual behaviors in public versus sexual behavior in the residence.

The demographic information produced highly reliable results. This fact suggests that vendors can and do give reliable information when the responses are very concrete and limited to such questions as sex, age, and race. The information, however, concerning residential history, living arrangements and medical needs showed very inconsistent and lower reliabilities. The Adaptive Development Scale with 32 items used for over two decades now has both the highest and most consistent correlations with scaled totals of .96 in 1991 and .93 in 1992.

The slightly lower interrater reliabilities reported in 1992 may be partly due to a more diverse population, hence more representative of consumers with developmental disabilities than the 1991 sample population. Sigelman, Budd, Winer, Spanhel, and Schoenrock (1981) have suggested that these consumers may respond "yes" when in doubt about a question. Less diversity in the population in 1991 may account for less variation in scores that would produce higher reliabilities. In 1991 more consumers were institutionalized and lower functioning than the 1992 population. Past research has concluded that institutionalized, lower functioning consumers tends to display more stable behavior over time with regards to their behavior (Nihira, 1976; King, Soucar & Isett, 1980; Horn & Fuchs, 1987; Fine, Tangerman & Woodard, 1990). Therefore, the larger and more evenly distributed sample in 1992 is thought to give a more accurate assessment of overall consistency in vendor responses and consumer perceptions.

Also, the differences between the 1991 and 1992 correlations on the Consumer Interview may have resulted from conducting fewer interviews in 1991. One clear advantage of having data from two years is the ability to compare and

contrast between years. When reliability studies are conducted in only one year, we do not know if reliabilities will be similar in subsequent years.

Knapp and Salend (1983) suggest caution when interpreting reliabilities of behavior development as well as challenging behavior by stating that:

Interrater reliability can be influenced by several factors, including quality of the informants and specificity of the items...Examiners should consider the following: a) can the potential informant communicate the observations?, b) does the potential informant have a sufficient familiarity with the consumers?, c) has the potential informant viewed a wide range of the consumers' behavior?, d) are the consumers likely to perform at their optimal level in the presence of the informant?" (Knapp and Salend; 1983, p.64).

Another method to improve reliability outcomes is to consider asking the consumer and vendor the same questions. This method would provide a comparison of differences and similarities of both the caregiver and consumer perceptions of reality. Unfortunately, it would also lengthen considerably the time it takes to complete each interview.

A cost analysis of waiver programs for home and community based placements would also enhance a better understanding of the economic and political realities of mainstream versus marginal populations. A comparison of variation between consumers with developmental disabilities in supported living versus group home placements from the consumers perspective would help to define the consumers vision of quality of life. A correlation between adaptive behaviors and level of retardation might better predict the placement type a consumer with developmental disabilities will receive. From the consumer interview results a list of wishes, it would be interesting to know if wishes differ as people move across placement types. The comprehensive nature of the

survey as well as the longitudinal design invite an array of research questions and provides data to further explore, for example, community wide studies looking for variations in employment, education, contributions and activities and other indicators of successful deinstitutionalization.

References

Babbie, E. (1990). Survey research methods. Belmont, CA: Wadsworth Publishing Company.

Bradley, V. J., & Bersani, Hank A. (1990). Quality assurance for individuals with developmental disabilities, Baltimore, MD: Paul H. Brookes Publishing Co.

Conroy, J., & Bradley, V. (1985). The Pennhurst longitudinal study: A report of five years of research and analysis. Philadelphia: Temple University Developmental Disabilities Center. Boston: Human Services Research Institute.

Devlin, S. J. (1989). Reliability assessment of the instruments used to monitor the Pennhurst plaintiff class members. Unpublished research report at Temple University.

Fine, M. A., Tangeman, P.J., & Woodard, J. (1990). Changes in adaptive behavior of older adults with mental retardation following deinstitutionalization. American Journal on Mental Retardation, 94, 661-668.

Horn, E., & Fuchs, D. (1987). Using adaptive behavior in assessment and intervention: an overview. Journal of Special Education, 21, 11-26.

Issett, R. D., & Spreat, S. (1979). Test-retest and interrater reliability of the AAMD Adaptive Behavior Scale. American Journal on Mental Deficiency, 84, 93-95.

King, T., Soucar, E. & Isett, R. (1980). An attempt to assess and predict adaptive behavior of insitituionalized mentally retarded clients. American Journal on Mental Deficiency, 84, 406-410.

Knapp, S. & Salend, S.J. (1983). Adapting the adaptive Behavior Scale. Mental Retardation, 23, 63-67.

Nihira, K. (1976). Dimensions of adaptive behavior in institutionalized mentally retarded children and adults: Developmental perspective. American Journal on Mental Deficiency, 81, 215-226.

Nunnally, J. C. (1978). Psychometric theory (2nd ed.). New York: McGraw-Hill Book Company.

Pumphrey, D., Bean, D., & Rowe, P. (1989). Advocacy service report Office of Client Advocacy Department of Human Services. Oklahoma City, Oklahoma.

Sigelman, C. K., Budd, E. C., Winer, J. L., Spanhel, C. L., & Schoenrock, C. J. (1981). When in doubt, say yes: Acquiescence in interviews with mentally retarded persons. Mental Retardation, 19, 53-58.

Silverman, W. P., Silver, E. J., Sersen, E. A., Lubin, R. A., & Schwartz, A. A. (1986). Factors related to adaptive behavior changes among profoundly mentally retarded, physically disabled persons. American Journal on Mental Deficiency, 90, 651-658.

Stack, J. G. (1984). "Interrater reliabilities of the Adaptive Behavior Scale with environmental effects controlled", American Journal of Mental Deficiency, 88, 396-400.

Table 1

Ns & Percentages of Characteristics of Samples and Populations in 1991 & 1992

Characteristics	1991		1992	
	Sample N=49	Population N=2303	Sample N=86	Population N=3599
Sex				
Male	25 (51.0)*	1248 (54.2)	50 (58.1)	1984 (55.3)
Female	24 (49.0)	1056 (45.8)	36 (41.9)	1605 (44.7)
Race				
White	36 (73.5)	1948 (84.6)	69 (80.2)	3017 (83.8)
Black	7 (14.3)	200 (8.7)	14 (16.3)	320 (8.9)
Other	6 (12.2)	155 (6.7)	3 (3.5)	241 (7.3)
Level of Retardation				
Mild	4 (8.2)	302 (13.1)	19 (22.1)	777 (21.6)
Moderate	4 (8.2)	302 (13.1)	14 (16.3)	631 (17.5)
Severe	13 (26.5)	358 (15.6)	21 (24.4)	626 (17.4)
Profound	26 (53.0)	786 (34.1)	24 (27.9)	901 (25.0)
Unknown	2 (4.1)	555 (24.1)	8 (9.3)	664 (18.4)
Placement Type				
State institution	43 (87.8)	884 (38.4)	19 (22.1)	891 (24.8)
ICF	1 (2.0)	752 (32.7)	13 (15.1)	921 (25.6)
ICF / MR	2 (4.1)	227 (9.9)	11 (12.8)	357 (9.9)
Group home	3 (6.1)	305 (13.2)	19 (22.1)	625 (17.4)
Supportive living	0 (0.0)	2 (<.0)	11 (12.8)	199 (5.5)
Private home	0 (0.0)	98 (.0)	5 (5.8)	365 (10.1)
Foster care	0 (0.0)	33 (<.0)	7 (8.1)	102 (2.8)
Semi-Indep. living	0 (0.0)	16 (<.0)	1 (<.0)	89 (2.5)
Caregivers/Venders				
Family members	0 (0.0)	86 (3.7)	2 (2.3)	277 (7.8)
Nonrelative guardian	0 (0.0)	14 (0.6)	1 (1.2)	27 (0.8)
Friend	0 (0.0)	1 (<.0)	0 (0.0)	2 (<.0)
Direct contact staff	6 (12.0)	521 (22.6)	23 (26.7)	810 (22.7)
Case manager	32 (64.0)	790 (34.3)	33 (38.4)	1277 (35.8)
Other professional	9 (18.0)	692 (30.0)	18 (20.9)	1023 (28.7)
Other	3 (6.0)	200 (8.7)	9 (10.5)	142 (4.0)

*Percentages are in parentheses.

Table 2

Correlations of Demographic Characteristics in 1991 and 1992

Categories	Correlations	
	1991 (N=49)	1992 (N=86)
Demographic		
Race	.89	.97
Sex	1.00	.98
Level of retardation	.85	.73
Date of birth	.97	1.00
Month	.97	1.00
Day	.99	1.00
Year	.99	1.00
Residential history		
Date person moved here	.99	.70
Private or public residence	.59	.55
Where person lived before	.51	.32
Home living arrangements		
How many people in home	.75	.17
Average monthly income	.98	.47
Pay per day of services	.28	.25
Medical needs		
How urgent need for medical care	.22	.40
How many days ill in past month	.03	.17
How often see doctor or nurse	.23	.52
Date of last medical checkup	.62	.56
Date of last dental exam	.93	.63
History of seizure activity	.64	.85
How often seizures experience	.80	.86
Behavior management plan	.34	.21
Behavior improved since plan	-.05	.66
Screened for tardive dyskensia	.45	.31
Test positive tardive dyskensia	.51	.40

To be significant (.01) with N = 49, $r > .35$ and with N=86, $r > .27$.

Table 3

Correlations 1991 and 1992: Adaptive Skills Scale

Adaptive skills items	Correlations	
	1991 (N=49)	1992 (N=86)
Body Balance	.89	.88
Use of table utensils	.93	.85
Eating in public	.68	.74
Drinking	.79	.85
Toileting	.87	.84
Bathing	.78	.88
Dressing	.83	.90
Sense of direction	.79	.76
Money handling	.67	.70
Purchasing	.69	.61
Writing	.91	.69
Sentences	.86	.82
Reading	.90	.67
Numbers	.85	.71
Room cleaning	.77	.76
Food preparation	.89	.81
Table clearing	.89	.82
Job complexity	.74	.72
Initiative	.53	.59
Attention	.70	.52
Personal belongings	.63	.71
Interaction with others	.57	.45
Participation in groups	.49	.58
Walking and running	.92	.87
Self-care at toilet	.86	.90
Washing hands and face	.89	.83
Care of clothing	.76	.77
Shoes	.84	.83
Pre-verbal expression	.67	.83
Complex instructions	.74	.69
Understands time	.49	.57
Awareness of others	.66	.72
Scaled total	.96	.93

To be significant (.01) with N=49, $r > .35$ and with N=86, $r > .27$.

Table 4

Correlations 1991 and 1992: Challenging Behavior Scale

Challenging behavior items	Correlations	
	1991 (N=49)	1992 (N=86)
Frequency		
Physical violence to others	.60	.51
Damages property	.60	.28
Disrupts activities	.65	.39
Profane or hostile language	.80	.45
Rebellious	.14	.55
Runs away	.69	.39
Untrustworthy	.61	.12
Stereotyped behavior	.49	.32
Removes clothing inappropriately	.08	.76
Injures self	.32	.32
Hyperactive	.64	.59
Inappropriate sexual beh. home	.65	.41
Inappropriate sexual beh. public	.02	-.04
Unresponsive to activities	.32	.00
Screams, yells, cries inapprop.	.58	.27
Repeats a word/phrase	.76	.37
Scaled total	.74	.69
Severity		
Physical violence to others	.72	.60
Damages property	.44	.31
Disrupts activities	.63	.38
Profane or hostile language	.73	.63
Rebellious	.26	.53
Runs away	.53	.39
Untrustworthy	.63	-.07
Stereotyped behavior	.33	-.06
Removes clothing inappropriately	.41	.37
Injures self	.54	.23
Hyperactive	.68	.77
Inappropriate sexual beh. home	.45	.37
Inappropriate sexual beh. public	.08	-.04
Unresponsive to activities	.20	.28
Screams, yells, cries inapprop.	.68	.43
Repeats a word/phrase	.88	.35
Scaled total	.69	.72

To be significant (.01) with N=49, $r > .35$ and with N=86, $r > .27$.

Table 5

Correlations 1991 and 1992: Consumer Interview

Consumer interview items	Correlations	
	1991 (N=12)	1992 (N=43)
Feel about living here	.64	.95
Feel about people who work with you	.55	.43
Feel about the food here	.54	.38
Have enough clothes	.54	.45
Any real good friends	.51	.48
People here are mean or nice	.64	.48
Like day activities	.50	.49
Make money	.69	.48
Like food check	.68	.44
Pick what you will eat	.76	.49
Pick clothes you buy	.68	.46
Pick clothes you wear	.59	.55
Pick free time activities	.70	.60
Pick a friend for free time	.68	.53
Pick how to spend money	.71	.49
Have friends visit	.58	.55
Friends visit anywhere you want	.51	.70
Visit with family	.82	.54
Visit with guardian	.81	.40
Visit with advocates	.87	.42
Leave home for recreation	.77	.30
Use non-handicapped transportation	.73	.17
Scaled total	.93	.65

To be significant (.01) with N=12, $r > .50$ and with N=43, $r > .35$.

Author Note

Data have been obtained through a cooperative agreement with the Oklahoma State University Department of Sociology's Development Disabilities Quality Assurance Research Project. Since 1989 the Sociology Department at O.S.U. has conducted yearly independent assessments of consumer outcomes for approximately 3700 individuals receiving services from the Oklahoma Department of Human Services Developmental Disabilities Services Division.

APPENDIX C

OKLAHOMA STATE UNIVERSITY INSTITUTIONAL REVIEW
BOARD HUMAN SUBJECTS REVIEW

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 07-14-95

IRB#: AS-96-003

Proposal Title: A COMPARISON OF URBAN AND RURAL PLACEMENT OF
INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN OKLAHOMA

Principal Investigator(s): Richard A. Dodder, Luann H. Foster

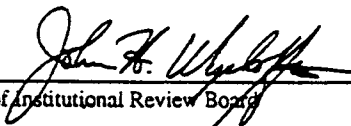
Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

ALL APPROVALS MAY BE SUBJECT TO REVIEW BY FULL INSTITUTIONAL REVIEW BOARD
AT NEXT MEETING.
APPROVAL STATUS PERIOD VALID FOR ONE CALENDAR YEAR AFTER WHICH A
CONTINUATION OR RENEWAL REQUEST IS REQUIRED TO BE SUBMITTED FOR BOARD
APPROVAL.
ANY MODIFICATIONS TO APPROVED PROJECT MUST ALSO BE SUBMITTED FOR
APPROVAL.

Comments, Modifications/Conditions for Approval or Reasons for Deferral or Disapproval
are as follows:

Signature:


Chair of Institutional Review Board

Date: July 19, 1995

VITA

Mary Luann Foster

Candidate for the Degree of

Doctor of Philosophy

Dissertation: A COMPARISON OF URBAN RURAL PLACEMENT
OF INDIVIDUALS WITH DEVELOPMENTAL
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Major Field: Sociology

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Professional Experience:

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Education, Human Relations, Counseling, Nursing,
and Anthropology.