This study investigated the occupational choice process according to the special needs of the young adult with mild mental retardation. The study was guided by specific assumptions developed after a review of the literature concerning the condition of mental retardation and occupational role development. Propositions were developed and a model was constructed to illustrate the relationships between components of the occupational choice process and factors affecting occupational role development. A case study is presented to illustrate that the theory could be applied to a practical situation and to illustrate those areas for occupational therapy intervention.

Individuals with mental retardation are estimated to comprise 3 percent of the population in the United States. About 85 percent of these individuals are classified as having mild mental retardation. A significantly large proportion of individuals with mild mental retardation fall within the adolescent and young adult age ranges (1). Mild mental retardation is a condition that imposes restrictions on the individual including impaired intellectual development. These restrictions inhibit the development of basic skills and habits needed for adjustment to the adult role including assuming an occupational role.

**Review of the Literature**

Occupational therapists have been concerned with occupational role development and have been involved in the treatment of mild mental retardation. A review of the occupational therapy literature failed to reveal studies directly relating occupational role development and the occupational choice process to the individual with mild mental retardation. Treatment programs for mildly retarded individuals have stressed prevocational evaluations, work training, community treatment, and the development of occupational skills (2). Little emphasis has been placed on the mildly retarded individual's right to choose his occupational goals. Recently, Reilly related occupational role acquisition to occupational therapy. She defined occupational role as the activity in one's daily life that allows a person to contribute to society, thereby defining the person's societal worth. Occupational roles include preschooler, student, worker, volunteer, homemaker, and retiree (3). Reilly proposes that therapists examine occupational roles, identify the skills supporting these roles, and define the developmental stages for acquiring these skills (4).

The American Journal of Occupational Therapy 13

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choice is an optimization of personal satisfactions within the constraints of the work world.

The first period is the fantasy period. The developmental tasks of this period are identifying with a worker such as policeman, mother, or father; realizing that work is important through performing household chores, learning task-related habits, and learning to anticipate rewards for work.

The tentative choice period follows and is divided into four stages: the interest stage, the capacity stage, the value stage, and the transitional stage. During the interest stage, the individual identifies current interests, likes, and satisfactions. A self-identity begins to form that eventually leads to an occupational identity. During the capacity stage interests are considered together with personal abilities. Adolescents test their capacities through broadening interests. They view a series of events such as future training that will strengthen their capacities for a tentative occupational goal. In the value stage new occupational choices are based upon interests, capacities, and the satisfactions expected from work. Values are given to future goals and present actions are viewed as important for these goals. During the final transitional stage the focus begins changing from a tentative to a realistic choice. As individuals continue gaining experience, they resist making a premature choice because they realize that more varied experiences are needed before a final choice can be made.

The realistic period includes three stages: the exploratory stage, the crystallization stage, and the specification stage. During the exploratory stage various choices continue to be explored and the individual discusses them with experienced persons in each occupation. Also considered are environmental variables that may limit the number of appropriate occupational choices. In the crystallization stage a choice is made that allows optimal expression of interests, capacities, and values within the framework of limiting variables. The final specification stage allows specification within the chosen occupation. This implies choice of work setting, a desire for further training, or concentration on one aspect of the chosen occupation.

Through the occupational choice process the individual who can be qualified for numerous occupational roles narrows the choices and selects the most appropriate occupational role. Individuals may change their occupational choice as desires and circumstances change through reentry into the choice process (11).

Super summarizes various theories of occupational development that can be easily related to individuals with mild mental retardation and to Ginzberg's occupational choice process. Super contends that people differ in their abilities, interests, and personalities and are qualified by these characteristics for a number of occupations. The career pattern (occupational level attained, education, frequency and duration of trial and stable jobs) is determined by the individual's parental socioeconomic level, mental ability, personality characteristics, and exposure to opportunities. Development through occupational stages can be guided, partly by facilitating the maturation of abilities and interests, and partly by aiding in reality testing and in the development of a self-concept. Work satisfactions depend upon the extent to which the individual finds adequate outlets for his or her abilities, interests, personality traits, and values (12).

The theorists agree that occupational role development involves a choice process. Abilities, skills, interests, self-evaluation, and exposure to opportunities affect the process. The occupational role choice is an optimization of personal satisfaction versus social demands and changing experiences.

Mild Mental Retardation. A review of the literature on mild mental retardation illustrates how the condition affects occupational role development. The literature from medical sciences, behavioral sciences, and social sciences reveals many definitions and classifications of mild mental retardation. The following is a comprehensive definition used for this study: mild mental retardation is one classification of mental retardation characterized by the individual who is capable of effective social and economic functioning in a low-demand environment and who needs support and supervision to manage personal affairs (13). Characteristics of the condition are as follows: intelligence quotient ranges from 55 to 68. Expected maximum level of intelligence according to chronological age ranges from 8 to 11 years with an average of 9 to 10 years (14). Initial diagnosis usually occurs in the school when the child is unable to meet peer group social standards, needs special help for learning, and begins to show antisocial or erratic behavior. With special training they are able to develop social, communication, and artistic skills. Social adjustment remains that of a normal adolescent but lacks the usual imagination, judgment, and inventiveness (15).

Occupational choice is often
forced on mildly retarded adolescents in the late teens when their formal education terminates. At this time, the adolescents may not be ready for an occupational choice because their interests, skills, and aspirations for a satisfactory occupational choice are not fully developed. These individuals generally have a poor self-evaluation. They repeatedly find themselves unable to handle social, educational, or vocational situations and quickly acquire a sense of failure. This creates a poor self-concept that perpetuates itself (16). The development of values and goals for an occupational role by the mildly retarded adolescent can be facilitated through opportunities for success. These improve the self-evaluation that increases motivation to receive additional recognition through an occupational role. The interests of retardates are easily affected by the presence or lack of experience. Training programs can also provide the necessary experiences to develop interests.

Actual occupational choices for the mildly retarded are limited by nature of regional industrial patterns, national economic conditions, local social patterns such as minority group distribution, and regional age and sex distribution. The opportunities may also be restricted by lack of cooperation between social agencies such as schools and vocational training centers, home and training institutions, or treatment institutions and training centers (17).

Various programs are presently available for the older adolescent and adult mildly retarded individual. Employment oriented programs may take the following form: vocational rehabilitation programs or job placement with close supervision (18). Nonemployment programs include adult education groups or day care centers oriented toward learning self-management, self-assistance, and social cooperation skills.

In summary, the literature illustrates that mildly retarded adolescents or young adults can be guided toward the assumption of an occupational role. The guiding agent should be aware of the restrictions placed upon occupational role performance by the retardation and by social structures.

The Model
The study was guided by the following assumptions: 1. A model can be constructed to illustrate the relationships between the components of occupational role development. 2. The mildly retarded adolescents or young adults can be assessed for the presence of basic attitudes, abilities, skills, and habits. They can also be assessed for their stage in the occupational choice process and factors in the environment that limit the number of realistic occupational choices. 3. The case method can be used to generate questions about occupational role development for occupational therapy intervention or "treatment."

Construction of the model, illustrated in Figure 1, was based upon nine propositions (as identified by the author). 1. The environment, occupational choice process, and occupational role are directly related in an ascending hierarchy. 2. When there is a greater number of abilities, skills, and supportive environmental experiences, the choice process is followed with more ease and the number of feasible occupational roles is greater. 3. Passage through the choice process occurs more easily when an adaptation is made to environmental input or behavior is changed according to environmental feedback. 4. The more easily the choice process is followed, the more successful the individual will be in his or her chosen occupational role. 5. An occupa-
tional choice that is not appropriate can be changed through re-entry into the choice process. The former occupational choice directly affects the reentry because the individual has developed a set of skills and habits that influence future role choices. The mildly mentally retarded individual with limited abilities and skills will have difficulty following the choice process and will have fewer occupational roles from which to choose. Environmental experiences, the family, culture, or social organizations may adversely affect the retarded individual's passage through the choice process. The retarded individual may have difficulty adapting to environmental input so that he or she does not alter his or her behavior according to environmental feedback. Thus the choice process is not easily followed. Elements of the environmental experience; the family, culture, economic conditions, or social organizations may force the individual to make a premature occupational choice so that the choice process is not followed and the chosen role is not appropriate.

Case Study Instruments

Eight instruments were used to assess the components of the occupational choice process. The instruments used and relevance to this study were as follows: The Adaptive Behavior Scale (13) was used to assess daily living skills. The Time Practices Inventory and Temporal Attitude Scale (19) were used to assess the individual's attitudes toward time and whether he or she knew the importance of time management. The Value Orientations Inventory (20) was used to evaluate cultural and social values. The "Interest Check List" (8) indicates whether individuals can identify their interests as strong, casual, or nonexistent. The Occupational History (7) predicts how and when the individual learned: occupational behavior, how to approach a task, and how to meet role expectations. The Occupational Choice Questionnaire (10) indicates the individual's level in the occupational choice process. The Pre-Work Questionnaire, developed by a member of the Occupational Therapy Department at the University Affiliated Program at Children's Hospital, Los Angeles, based upon research by Maurer (6), describes attitudes toward work, how they were learned, and from whom they were learned. The Work Satisfaction Questionnaire: What Is Important to You When You Choose a Job? indicates whether or not the individual can define job satisfiers (21).

A scoring grid was developed for this study to relate the information from the instruments to the occupational choice process. The grid, with data from the case study, is illustrated in Figure 2.

Case Study

A 20½-year-old female of American-Japanese descent was selected for this study because of her age, level of functioning, and involvement in an occupational therapy
The girl was diagnosed as having mental retardation at age 7½ years when she began having seizures. The specific etiology of the retardation remains questionable. Upon her mother’s request, the girl was transferred from a regular school class to a class for educable retarded children during the second grade. She continued in these classes through the grade school years. In June 1970, she received a special certificate of completion from high school.

The girl lives with her mother in a one-bedroom apartment. Her parents have been divorced for a number of years, although the mother and the patient visit the father weekly. The father owns and operates a liquor and candy store where the girl sometimes helps with minor tasks. The mother has been trained as a beautician but presently does not work stating that she must be home to care for the girl. There is also a brother who is a year older than the patient. He attended junior college and is presently in the military service.

The girl began treatment at an outpatient community facility at 16 when she needed nutritional guidance. She has been involved in the occupational therapy program in that setting for four years. She presently participates in a group for mildly mentally retarded adolescents one afternoon per week. She also works ½ days each week at the program’s clinic selling coffee and doughnuts.

Case Study Analysis. The conflicts between the mother and the father created an unstable family environment for the girl during childhood and early adolescence. At present the mother is supportive and would like the patient to work but places restrictions on the number of occupations she might choose from. The cultural background continues to influence the family’s customs. The family is of low-income status. Currently the family receives services from various social organizations including health care facilities, the Social Welfare Department, and the Department of Vocational Rehabilitation.

The Adaptive Behavior Scale indicates that the patient has not acquired some basic abilities, skills, and habits needed for an occupational role. These include: traveling independently by public transportation, and independence in economic activities such as handling bills, coins, or checks, budgeting money, running errands, and purchasing clothing. She also has difficulty understanding verbal or written directions and reading. Her self-direction and socialization skills need further development. When performing a task she only occasionally uses initiative, becomes easily discouraged, and occasionally needs redirection in order to complete a task. She participates in group activities only when encouraged and sometimes talks about irrelevant facts during discussions.

The Pre-Work Questionnaire indicates that the patient has some awareness of values and satisfactions related to occupations and has completed tasks in the fantasy period such as identifying values with a worker, learning about various kinds of work, and gaining a sense of industry. The following instruments indicate that, although she has accomplished tasks in the fantasy period, she is still struggling with tasks in the tentative choice period. The Interest Check List indicates that the girl is aware of personal interests but has not explored a wide variety of interests on her own. Her major interests correlate with her stronger abilities and skills. The fact that she can identify some interests in relation to her abilities is an appropriate task for the tentative choice period. The Value Orientations Inventory shows that she can identify her values but has not applied them to an occupational choice. Her life does not appear to be directed by the clock or time schedules, which indicates that she has a more casual attitude toward time than most Americans. According to the Time Practices Inventory and Temporal Attitude Scale, she has an accurate concept of time but depends upon her mother for reminders about getting up or adhering to time schedules. These attitudes would adversely affect work habits such as punctuality and conforming to schedules. The Value Orientations Inventory also shows that she prefers decisions to be made by older persons and feels that her life is directed by others. This is supported by past experience where others have made her decisions and directed her activities. These values may limit the number of occupations that would afford her success.

Other elements of the tentative choice period are evident. The Occupational Choice Questionnaire indicates that she recognizes her limited intellectual capacities and plans no further education. Her present occupational choice as a cafeteria worker would require only on-the-job training and is realistic in terms of her current education. The choice is based upon past experience through Goodwill Industries as a cafeteria worker. In addition, the Work Satisfaction Questionnaire shows that some job satisfiers have been identified, indicating the presence of a beginning value system for occupational choices. Her insight
into her personal abilities is poorly developed. She has not accomplished tasks in the realistic period such as redefining values, job satisfiers, abilities, and interests in terms of alternative occupational choices. Therefore, her choice is tentative. She needs guidance to develop the basic skills, reconsider her personal interests and values, and explore alternative choices.

**Implications for Intervention.**
The measurement grid (Figure 2) indicates that the weakest areas are a lack of basic abilities, skills, and habits, few leisure activities, poor peer interaction, time management, and family difficulty. In addition, the patient needs help recognizing and evaluating her abilities, skills, and habits. These are all suitable areas for occupational therapy intervention. A suggested treatment program would include training in the basic skills of money management, using public transportation, following directions, and developing decision making through leisure skills. The patient might be included in a group composed of other mildly retarded adults who could discuss individual interests, strengths, and weaknesses, job satisfiers, and good work habits. The group could visit or talk with people in various occupational roles. An actual work experience could also be a benefit, one that would stress work habits of punctuality, following specific procedures, recognizing when help is needed, and following a schedule. The experience should be structured to include using public transportation, money management, decision-making skills, and social interaction. The patient’s performance should be evaluated by the therapist and discussed with the patient in terms of future occupational choices.

**Summary**
Occupational Therapy programs for the mildly retarded have traditionally focused on pre-vocational testing and training. There is a real need to consider the individuals and their movement through the occupational choice process. The occupational therapist with knowledge of occupational role development and of basic life skills is uniquely suited to accomplish this intervention. The present study indicated that individuals with mild mental retardation can be assessed for their interests, abilities, skills, and values. Their developmental level in the occupational choice process can be located so that intervention can be planned.

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