

Development of the fear survey for adults with mental retardation

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Abstract

This paper describes the development of the fear survey for adults with mental retardation (FSAMR) and provides initial evidence of its psychometric properties. The FSAMR was designed to be sensitive to the assessment needs of individuals with mental retardation. The items were developed through open-ended interviews, a review of existing measures, expert input, and pilot testing. The sample consisted of 138 adults with mental retardation (73 from institutional settings and 65 from community settings). Cronbach's alpha internal consistency coefficients were 0.97 for the scale, and above the 0.60 threshold set for the study for all but the acquiescence response set (ARS) subscale. Significant concurrent validity coefficients with anxiety measures were in the moderate range ($r = 0.32$ and 0.40) and are comparable to other similar studies. Implications for using the FSAMR are discussed.

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1. Introduction

Fear is an important human emotion that can be adaptive in promoting safety and survival, or maladaptive in negatively affecting quality of life (Ginsburg & Walkup, 2004; Pinkersgill, Valentine, May, & Brewin, 1994). Having mental retardation has been consistently associated with higher levels of self-reported fears in children and adults in the relatively small number of studies in this area (e.g., Gullone, Cummins, & King, 1996a; Ramirez & Kratochwill, 1997). In particular, there have been very few studies with adults with mental retardation. They face

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societal expectations and opportunities that differ from their younger and same-aged peers with and without mental retardation. Their cognitive deficits affect their ability to interpret and cope with life's challenges, including potentially fearful stimuli as they increasingly live and work in community settings (Ollendick, Oswald, & Ollendick, 1993; Taylor, Richards, & Brady, 2005).

In the literature, the terms of fear, phobia, and anxiety overlap and are often used interchangeably. Fears are emotions involving an immediate alarm reaction to a specific threat, while anxiety has been viewed as a more diffuse reaction to non-specific stimuli. Fears can be normal and adaptive or of the severe type (i.e., phobias) that lead to the avoidance of the feared stimulus, involve severe distress, do not respond to information or reassurance, and interfere significantly in the individual's daily functioning (Ginsburg & Walkup, 2004).

Clinically, it is important to develop a normative base of normal fears that can be compared to excessive fears or phobias (Ginsburg & Walkup, 2004). Research in this area has been impeded by a lack of fear scales that are appropriate for adults with mental retardation. With emphasis on the triple response mode assessment of fears (cognitive, physiological, and motor) (e.g., Albano, Causey, & Carter, 2001), self-report measures are important because they assess aspects of fear that may not otherwise be addressed. Also, rating scales (self- and other-reports) are considered the measures of choice in normative fear research, partly because they allow for the comparison of information from different studies (Fonseca, Yule, & Erol, 1994). However, measures tend to be used with persons with mental retardation without having been specifically developed for this population (Glenn, Bihm, & Lammers, 2003; Ollendick et al., 1993).

There are two main problems with fear scales used with persons with mental retardation. The first is that none has been recently updated. Because the changing nature of fears has long been recognized (Croake & Knox, 1973; Fonseca et al., 1994), it is important to regularly update the content of fear schedules to reflect present realities. Additionally, scales used in past research with adults with mental retardation are predominantly or entirely based on items of older scales, resulting in rather homogenous item pools. The second main problem is that most fear studies have made procedural adaptations in the administration of the scales without revising their item content to be more reflective of the lives of persons with mental retardation.

Two scales have been used in fear research with adults with mental retardation. However, no information is available regarding either measure's psychometric properties for use with this population. The fear survey schedule (FSS) is an 89-item survey that was compiled for a study of fears in adults with mental retardation (Duff et al., 1981) from four fear survey schedules that were developed in the 1960s. A second measure is an extended version of the fear survey schedule-III that was procedurally modified (e.g., changing from a 5-point to 3-point rating scale) for use with adults with mental retardation (Pickersgill et al., 1994). The items were unchanged for the study, and included the original 52 items of the FSS-III (Wolpe & Lang, 1964) plus 12 items added by Arrindell, Emmelkamp, and van der Ende (1984) to measure the sex and aggression dimensions.

Similarly, in the child literature, alterations in the measures used with youth with mental retardation have been limited to procedural. A partial exception is the fear survey for children with and without mental retardation (FSCMR) (Ramirez & Kratochwill, 1990), an adaptation of the children's fear survey schedule (Ryall & Dietiker, 1979). In their study, Ramirez and Kratochwill (1990) asked open-ended questions to children with and without mental retardation about which things they feared. Many of these fears were reported to be more prevalent than those in the original FSCMR item list, and it was recommended that they be considered for future inclusion in the FSCMR (Ramirez & Kratochwill, 1997). Other measures that have been used with children with mental retardation are the fear survey schedule-revised (FSSC-R) (King, Josephs, Gullone, Madden, & Ollendick, 1994) and the fear survey for children-II (FSSC-II)

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