EFFECT OF MODERN TRAINING TECHNIQUES
ON ECONOMICALLY-DISADVANTAGED
HOMELESS PEOPLE

DISSERTATION

Presented to the Graduate Council of the
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For the Degree of

DOCTOR OF PHILOSOPHY

By

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This study examined a segment of the homeless population who participated in a jobs training program. The research investigated the effect of socioeconomic status, self-esteem, and locus of control on the clients in getting and keeping jobs.

The training was a comprehensive 36-day treatment dealing with three major areas: (a) how to get a job, (b) how to keep a job, and (c) how to develop life-coping skills. A quasi-experimental research design was used for testing by t-tests, two-by-two repeated-measured anova, chi-square tests, and regression analysis.

The findings showed that high socioeconomic status clients demonstrated higher self-esteem and internal locus of control than low socioeconomic status clients at the start of the treatment. The treatment had a significant effect on both groups with an increase in self-esteem and internal locus of control and a decrease in both external locus of control dimensions of powerful others and chance. The treatment had a greater effect on the low socioeconomic status clients than on the high socioeconomic status clients on increases in self-esteem and locus of control--internal.

Both groups were successful in finding jobs, with 79% for high socioeconomic status clients and 74% for low socioeconomic status clients
having jobs at the end of the treatment. Both high self-esteem and high socioeconomic status had a positive effect on the length of time over a six-month period following treatment that clients were able to maintain employment (job retention).

This study must be considered largely as exploratory in its findings. Restrictions in the selection process prevented the results from being generalized. It does, however, provide a very important profile of a segment of the homeless population that can be useful in the research for new and improved methods of dealing with the problems of the homeless unemployed.
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CHAPTER 1

INTRODUCTION

Background and Significance of the Problem

Depending on the source of the data, reports of the number of the homeless in the United States vary more than 350,000 to over 3,000,000 persons. The department of Housing and Urban Development of the federal government estimates the number at 350,000, while the National Coalition for the Homeless reports the number as possibly being closer to 3,000,000 persons throughout the United States (Foscarini, 1988). In either case, the number of homeless probably surpasses the peak years of the Great Depression when only 150,000 persons were reported in the homeless shelters around the country (Brown, 1985). There are no accurate counts of the number of people living in the streets during the depression.

Gathering data on the homeless is more difficult than on any other segment of the American population. Counting the homeless is extremely difficult because of the lack of a clear definition of homelessness, the mobility of the population, and the cyclical nature of homelessness for many individuals. The homeless are difficult to locate and are often reluctant to be interviewed. The very nature of their rootless lives, which necessitates seeking food and shelter wherever it is available, makes this group one of the most difficult to study and analyze. Accurate counts are almost impossible to obtain, but it is generally agreed that the plight of the
homeless is a serious problem throughout the United States, and that their number is on the increase.

In a large majority of the homeless population, there is the added burden of being jobless. Only a small fraction of this population holds even part-time or minimum wage jobs. This segment is often among the growing number of families in which only one parent can find work, or there is only one parent. The economic condition of these families is such that they cannot afford the monthly expenses of housing in addition to the other expenses necessary for minimum subsistence (Levin, 1988).

America's homeless of today are disturbingly different from the hobos of the 1940s and 1950s and the skid row derelicts of the 1960s and 1970s. Today's homeless are more likely to be younger, more likely to be female, more likely to be families, more likely to be previously employed, and more likely to be from a racial minority (Rossi, 1988). In the past, the homeless were invisible. Shelters and the bowery sections of large cities were the only places they could be found. Today the homeless are in the park across from the White House in Washington, D.C., on the heat grates in front of Macy's Fifth Avenue in New York City, and on the sunny beaches of Miami, Florida. The homeless can be found all across the country, in large cities and in small rural towns (Levin, 1988). Three decades ago, the average age of the homeless was 59 years. The current average age of the homeless is approximately 35 years. More females are found on the streets now than during that time. Families are becoming homeless in large numbers. It is estimated that families make-up 25% of today's homeless population (Rossi, 1988). No one factor can be attributed as the cause for these conditions, but several changes in the make-up of the unemployed and those below the
poverty line have contributed to this major sociological problem within the United States.

Factors Contributing to the Homeless Problem Over the Last Ten Years

Several factors that have affected the poor and the unemployed, and contributed to the homeless problem include: (a) a shift in job markets, (b) changes in social attitudes, and (c) reductions in government support services. These factors have been influenced over the past ten years by shifts in economic, social, and political policies and procedures throughout the country.

The first factor, the shift in job markets, has caused dramatic changes in the past ten years. Industries have been affected by automation, technological advancement, foreign competition, and the movement from a manufacturing economy to a service economy. Many companies have gone out of business or have undergone drastic restructuring in their efforts to survive. The current turbulence has encouraged corporate takeovers which, in turn, have added to the problems of high unemployment. Many firms have reduced their labor forces as the result of mergers, or have downsized, reducing staff in an effort to avoid unwanted takeovers. Shifts in the location of new jobs from the North to South and East to West have also caused difficulties in matching available jobs to workers with the required skills. This phenomenon is what John Naisbitt (1982) called structural unemployment. The impact of these job losses is felt by the executives, managers, professionals, skilled and unskilled workers (Leana & Ivancevich, 1987).
Many who have suffered from job losses due to the changes in the job market have had difficulty adjusting. Some who have been unsuccessful in finding other employment have drained their financial resources and have eventually become homeless.

The second factor, changes in social attitudes, has had a major effect on policies and practices used in working with the underprivileged population. The major emphasis for support programs has shifted from the federal level to the state and local level, and to community and private charitable organizations. Some of the programs that were sponsored by government agencies are no longer supported by any agencies. This change in social attitude has had a major influence on changes in the government's support of programs.

The third factor, reductions in government support services, has had a major impact on every welfare program funded in the last ten years. Legislative changes in social programs, such as reduced aid to dependent children, stricter food stamp regulations, reduced aid for health and child care, reduced training for the economically disadvantaged, and overall efforts to reduce the federal budget, have greatly effected the lower one-fifth of the population who are close to, or below, the poverty line (Danziger & Weinberg, 1986). These changes, in conjunction with reduced public housing, overcrowding and early releases from the penal institutions, and the decentralization of mental patients from state hospitals to local resident care have contributed to the growing population of homeless that crowd the streets of American cities (Harrison, 1976).

These changes in the job market, social attitudes, and government support services throughout the country during the past ten years have
shifted the demographics of occupational groups that are now found in the homeless population. The population of the homeless cannot be viewed as one homogeneous group of hobos, derelicts, and undesirables.

**Segments of the Homeless Population**

It is difficult to determine the exact composition of the current homeless population because of limited data. It is speculated that the population consists of at least four major segments: (a) traditional poor, (b) technologically displaced workers, (c) event-caused poor, and (d) mentally ill and substance abusers (Institute of Medicine, 1988).

**The Traditional Poor**

The first segment, the traditional poor, are those who have been on the cycle of social dependency for most of their lives. Because of circumstances, this group has fallen through the safety net of social support programs. During the last eight years much of the social support system in the United States has changed due to reduced funding by the government. Programs in Head Start, Food Stamps, and Aid to Dependent Children have been cut back or eliminated. The growing philosophy throughout the country is that support to the poor and disadvantaged should be shifted to the private sector and to the communities where the problems exist (Foscarini, 1988). Since 1981, federal subsidies for low-income housing have been cut from $32 billion to $7.5 billion, a drop of 75%. Many in this segment of the homeless are one-parent families; particularly, minority single parents with young children. The traditional poor segment is
estimated at about 25% of the total homeless population (Institute of Medicine, 1988).

The New Poor

The second segment, the technologically displaced workers, are new to the ranks of the poor and underprivileged. They are workers who have been caught in the condition of structural unemployment. John Naisbitt (1982) points out that there has been a major restructuring of the economic system over the past ten years due to the shift from an industrial society to an informational society.

In 1950 only about 17 percent of us worked in information jobs. Now more than 60 percent of us work with information as programmers, teachers, clerks, secretaries, bureaucrats, lawyers, bankers, and technicians... only 13 percent of our labor force is engaged in manufacturing operations today. (p. 14)

The impact of this change is emphasized by the doubling of unemployment figures over the national average in cities like Wheeling, West Virginia, Detroit, Michigan, and Pittsburgh, Pennsylvania. Pockets of unemployment have been caused as old industries are phased out, and workers are left with skills that have little transferability to other segments of the economy. Many of the unemployed are at a stage in their lives where changes are difficult and traumatic. Often members of this group move their families to other locations in the country where job opportunities are greater. Many times the adjustment is very difficult, and those who deplete all their financial funds during this transition find they are without both financial and social support systems. As a result, they become part of the homeless community.
Many of this group are what homeless-advocate Maria Foscarini (1988) calls the "new poor." A young shipyard worker who has been laid off from his job is without work and not able to provide housing for his wife and family. His wife is working as a waitress for minimum wages, and they are not able to meet the necessary expenses for housing and still provide the remaining expenses for themselves and their two children, ages four and six. More than one-fifth of the homeless Foscarini (1988) deals with are working parents who are not able to pay rent or afford other necessities for minimum subsistence. According to the National Coalition for the Homeless (Sloss, 1984), nearly 40% of the homeless are families with dependent children. This new poor segment of the homeless population is estimated to be about 25% of the total (Institute of Medicine, 1988).

**Event-Caused Poor**

The third segment, the event-caused poor, are unemployed because of personal crises experienced in their lives. These individuals have experienced some traumatic crisis in their lives, such as a death, a divorce, or a prison term, that has precipitated a loss of job and, in some cases, loss of total means of financial support. Those who cannot find work and have no family or social support to assist them often end up living on the streets. This segment is estimated at about 10% of the homeless population (Institute of Medicine, 1988).

**Mentally Ill and Substance Abusers**

The fourth segment is made up of individuals with special mental and emotional problems. Many have been released early from public institutions,
because of cutbacks in financial support from government agencies. The reform of state mental hospitals over the past ten years has resulted in the release of patients from the large central facilities which were common in the 1970s to be served by local and residential treatment agencies. Unfortunately, the majority of these released patients go without treatment. Due to their mental or emotional conditions, they are not able to work. It is estimated that this segment represents about 40% of the homeless population (Institute of Medicine, 1988).

Although lack of housing is a common denominator among all four segments of the homeless population, conditions vary considerably as to possible solutions. Remedies for the drug addicts or mentally ill segment must be completely different from those used to help the traditional poor or event-caused poor. It is also important to recognize that the new poor may be facing a set of unique problems that are not common among other homeless persons. Programs for rehabilitation must address the specific needs of individuals within each segment. One program of job rehabilitation that is targeted at members from the traditional poor and new poor segments is Project Restart.

Focus of this Research on the Homeless Seeking Jobs

Restart, Incorporated is a non-profit organization that was established in 1983 to help rehabilitate members of the homeless population. The program draws financial and voluntary support from the Meadows Foundation, ARCO, Southland Corporation, East Dallas Cooperative Parish,
individual donations, and the Dallas Chapter of the American Society for Training and Development.

Restart is the only program of its kind in the country. Through a 5 1/2 week boot-camp like program, clients are taught the skills necessary for obtaining and maintaining a job, for stabilizing life situations, and for moving back into life’s mainstream, and away from the streets and the welfare rolls. The program helps break life cycles and redirects the lives of its clients. To date, over 75% of Restart’s graduates have found steady employment. (Levin, 1988, pg. 47)

Restart’s volunteer members include business, community service, church, and professional persons. Restart’s purpose is to help the economically disadvantaged unemployed and their families to secure employment and to re-establish independent support. The program office and housing facility for clients and family are located in East Dallas. The East Dallas section of the city is an old, low-income residential area in transition to a new high-rise and office complex area. Full-time paid officers include a Program Director, Program House Manager, and Resident Cook. Volunteer officers who serve on the board of directors include business, community service, and church members. A staff of unpaid volunteer workers include a Program Coordinator, Program Evaluator, Program Section Leaders, and Facilitators and are made up of members of the American Society for Training and Development. Most of the volunteer members are full-time business trainers or consultants who donate time after office hours to facilitate various phases of the program. The program provides food and shelter for the clients and their families, along with a five and one half-week training program without cost.

The program philosophy is built on a set of three assumptions made about the clients selected for the intervention. These assumptions are:
(a) that the clients are responsible for their behavior and their state of life, 
(b) that they make cognitive choices that affect their state of life, and 
(c) that they can learn a new set of strategies that can change their behavior 
and reduce the barriers that are preventing them from attaining their goals. 
As a result of these assumptions, the program focuses on self-help. The 
importance of personal responsibility and individual choices is emphasized. 
This approach is explained in a quotation from Maxine Lazovick, the 
Program Coordinator in 1985, who is Assistant Vice-President of Credit 
Analysis at Interfirst Bank of Dallas, Texas:

We concentrate on self-image. As long as clients have the attitude 
that they're victims and their situations are the results of parents or society or anything but themselves, they're never going to change. We stress the winner philosophy, which is that you are responsible. We tell the clients they are capable people who can achieve what they want to achieve. We convince them of that and give them some tools to help them on the way. Our idea is that instead of giving people fish to eat, teach them how to be fishermen so they can be self-supporting. That's the difference between Restart and some short-term help programs that don't really let people take control of their situation. (Lazovick, 1985, p. 1)

The program emphasizes positive image and personal responsibility. 
However, Lazovick had two major concerns about implementing the 
program that centered on the initial attitudes of the clients and the diversity of their backgrounds. 

Program Concerns

Her first major concern was that many of the clients entering the 
program had apparently low self-esteem and a general tendency to project 
responsibility for their particular circumstances onto external causes. It was
agreed that the program learning objectives would include building stronger self-evaluations and emphasize taking responsibility for personal behavior.

Lazovick's second major concern was that clients came to the project with diverse social and economic backgrounds and presumably had different sets of attitudes and values concerning work in general and project Restart in particular. Some of the selected clients were young, single-parent females who had been on welfare for most of their lives. Others in the program had earlier successes in educational attainment and work accomplishments. Several were from middle-class backgrounds and had experienced severe financial setbacks that had exhausted all their financial resources and left them, and sometimes their families, living in the welfare shelters in Dallas. It was generally agreed that the clients fitted into two distinct socioeconomic groups, and that the program structure would have to decide if any modifications were needed in the training content to recognize these differences.

Based on early experience with both client groups, it was decided that there would be no special adaptation in the training to address these differences. In the first two programs in which fifteen clients had completed the training, job success was 90%, with approximately one-half the clients from low socioeconomic backgrounds and one-half from upper socioeconomic backgrounds. It was concluded that in spite of the traumatic conditions which both groups faced, the original learning objectives of increased self-evaluation and strengthened personal responsibility were applicable for both groups.
Client Selection and Training Outline

Clients are recommended to the project by several social and religious agencies that work with the homeless in the Dallas area. Prospective clients are tested for literacy and mental stability and then interviewed by a screening committee. The screening committee consists of members of the project's board of directors. The final approval for admission to the project is made by the Project Director following a one-on-one personal interview with the candidate.

The selected clients and their families, if they have family members, are housed and fed free of charge at a reconditioned apartment complex donated by the Southland Corporation. Each client attends a 36-day comprehensive training program conducted at the Restart facility. The training sessions are conducted at fixed times during the day and evening. Class attendance is required. The training sessions concentrate on three main areas: (a) how to get a job, (b) how to keep a job, and (c) how to develop life-coping skills. A detailed curriculum of the training program is provided in Appendix A.

Active job searches begin the second week of the program. Clients are expected to make at least 50 contacts per week with potential employers. The goal of the program is to have clients successfully employed, with enough money saved to allow them and their families to move to self-supporting living accommodations at the end of the five weeks.
Significance of this study

The main questions addressed in this study are the following:

1. Is there a difference in psychological factors between traditional poor and new poor entering a program of job rehabilitation?
2. If there is a difference, will it affect their success in getting and keeping jobs?
3. Can training produce a change in the psychological factors under study?
4. What are the effects of such training on job retention?

This is the first study to address these questions as they relate to the homeless.

Theoretical Model

A model was constructed in order to find answers to the main questions addressed in this study. The model links the effects of the intervention on the psychological factors of the clients and their success in getting and maintaining employment. Because the intervention uses modern training techniques, the model selected is taken from research conducted in the field of training and development. The model is one of the few theoretical models that addresses the effects of attitudes and beliefs of trainees on a training intervention. It is proposed by Raymond Noe (1986) from the University of Minnesota.

Noe's Training Model

Noe's model conceptualizes how motivation influences the effectiveness of training programs. The model integrates several factors
from organizational behavior theory to show how trainees' attitudes may influence the effectiveness of training. Measures of training effectiveness include the following: motivation to learn, learning, behavior change, and end results. End results are tangible improvements in individual and organizational outcomes. The central focus of the model is locus of control and its relationship with trainees' receptiveness and eventual success in training programs that are designed for behavioral change. Locus of control is a psychological measure of a person's belief about the control of outcomes, that are contingent upon his or her behavior. It is a construct derived from Rotter's (1966) social learning theory.

Noe's model theorizes direct relationships among locus of control, effort-performance expectancies (Broedling, 1975) and performance outcome expectancies resulting from training (Froman, 1977). The effort-performance expectancy is a person's perception of the amount of effort that is required to accomplish a particular task (performance). In this study, the specific task to be accomplished is to complete the rehabilitation training program. The performance-outcome expectancy is a person's perception that successful completion of the task (performance) will lead to a desired outcome. In this study, the desired outcome is gainful employment. The source of these two constructs is Victor Vroom's (1982) expectancy theory. These expectancies affect the trainee's motivation to learn, which in turn influences the final effectiveness of the training program.

**Modifications to the Noe's Model**

Noe's basic model was adapted to include two additional constructs of self-esteem and socioeconomic status. The reasons for these modifications
were: (a) to determine if there were differences in clients' perceptions of worth and responsibility and if these differences result from diverse socioeconomic backgrounds, and (b) to determine if a difference in perceptions of worth and responsibility affects clients' responsiveness and success in the training program. Because the research involves a unique population, these factors are added to the model in order to gain a wider understanding of the homeless group under study.

A diagram of the model relationships is as follows:

![Research model used for analyzing Restart Program.](image)

Figure 1. Research model used for analyzing Restart Program.

The diagram begins at box (1). It represents the selected clients in both high socioeconomic status (HSES) and low socioeconomic status (LSES). Both selected groups are unemployed. High socio-economic status
(HSES) and low socioeconomic status (LSES) classifications are shown as having a direct affect on both locus of control (2) and self-esteem (3). These two constructs, self-esteem and locus of control, in turn, have an effect on both the clients' effort-performance expectancies (E1) and performance-outcome expectancies (E2) box (4). The effort-performance expectancy (E1) is the clients' belief in their abilities to complete the training program satisfactorily. The performance-outcome expectancy (E2) is the clients' belief that the training will lead to gainful employment, box (9). Strong expectancies by the clients in these two beliefs will affect their motivation to learn, box (5), and in turn improve the effects of the treatment, box (6), on the three outcomes of the intervention. These three outcomes include: learning, box (7), behavioral change, box (8), and the end result, gainful employment, box (9). The model also shows the effect of learning (7) on the two constructs of locus of control (2) and self-esteem (3). This effect is tested by repeated-measure at the end of the training.

Framework for Hypotheses

This research compares two diagnostic categories of unemployed. One category is identified as the low socioeconomic status clients (LSES) and the second as the high socioeconomic status clients (HSES). The study examines the effect of rehabilitative training using both cognitive and behavioral techniques on the two groups. Specific attention is given to how training affects self-esteem, locus of control, and gainful employment.
**Research Hypotheses**

Noe's (1986) theoretical model indicates that internal locus of control trainees will be more successful in training effectiveness than the external locus of control trainees. This study postulates that the new poor and the traditional poor view themselves and the control of their lives differently. The high socioeconomic status (HSES) clients are expected to enter the program with a low self-esteem (S/E) due to the loss of jobs and the catastrophic condition of being without financial funds, but will demonstrate an internal locus of control (L/C-I) developed from past successes in life. The training will help renew their perception of self-importance by an increase in self-esteem (S/E) scores and reinforcement of internal locus of control (L/C-I) scores. Increases in scores will improve their chances of being hired after treatment and will help them maintain gainful employment (GE) during the following six months.

The low socioeconomic status (LSES) clients are expected to enter the program with lower self-esteem (S/E) than the high socioeconomic status (HSES) clients. It is also assumed that they will demonstrate a more external locus of control, either locus of control-powerful others (L/C-P) or locus of control-chance (L/C-C). The difference in locus of control perception for the low socioeconomic status (LSES) clients will be due to a need to rationalize their current condition in order to maintain some measure of self-esteem (S/E). The training will help improve the perceptions of self-esteem (S/E) and improve the locus of control by decreasing its external tendency, but it will not improve their chances of getting a job after treatment, or maintaining employment, as much as it will for the high socioeconomic status (HSES) clients.
Null Hypotheses

The following null hypotheses are used to test the overall research predictions and to evaluate the difference in psychological perceptions of self-worth and personal responsibility between the new poor (HSES) and the traditional poor (LSES):

- **Hypothesis 1:** There is no difference in self-esteem (S/E) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients before treatment.

- **Hypothesis 2:** There is no difference in locus of control-internal (L/C-I) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients before treatment.

- **Hypothesis 3:** There is no difference in locus of control—powerful others (L/C-P) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients before treatment.

- **Hypothesis 4:** There is no difference in locus of control—chance (L/C-C) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients before treatment.

The following null hypotheses test the effect of training on the new poor and the traditional poor, as related to their perceptions of self worth and personal responsibility:

- **Hypothesis 5:** There is no difference in self-esteem (S/E) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients after treatment.
Hypothesis 6: There are no pre-post differences in self-esteem (S/E) measures among both high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients.

Hypothesis 7: There is no difference in locus of control—internal (L/C-I) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients after treatment.

Hypothesis 8: There are no pre-post differences in locus of control—internal (L/C-I) measures among both high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients.

Hypothesis 9: There is no difference in locus of control—powerful others (L/C-P) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients after treatment.

Hypothesis 10: There are no pre-post differences in locus of control—powerful others (L/C-P) measures among both high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients.

Hypothesis 11: There is no difference in locus of control—chance (L/C-C) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients after treatment.

Hypothesis 12: There are no pre-post differences in locus of control—chance (L/C-C) measures among both high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients.

The following null hypotheses test the effect of training on the new poor and the traditional poor as related to gainful employment:

Hypothesis 13: There is no difference in gainful employment (GE) between the high socioeconomic status (HSES) clients and the low socioeconomic status (LSES) clients immediately after treatment.
**Hypothesis 14:** There is no difference in gainful employment (GE) between the high socioeconomic status (HSES) clients and the low socioeconomic status (LSES) clients six months after treatment.

The final null hypothesis test the effects of socioeconomic status, self-esteem, or locus of control as a contributing factor to maintaining employment.

**Hypothesis 15:** There is no correlation between maintaining employment (ME) and socioeconomic status (SES), locus of control (L/C) and self-esteem (S/E).

**Operational Definitions**

The following definitions will be used to establish measurable constructs for this research:

The **Economically disadvantaged unemployed** are individuals who are without gainful employment and without any financial support.

**Low socio-economic status (LSES).** Classification into this group is determined by a rating system that evaluates work history, education and past social dependency. Details of the evaluation procedure are included in Appendix B.

**High socio-economic status (HSES).** Classification into this group is determined by a rating system that evaluates work history, education and past social dependency. Details of the evaluation procedure are included in Appendix B.

**Self-esteem (S/E)** is the evaluation a person makes and customarily maintains, with regards to himself or herself. It is an attitude of approval or disapproval and indicates the extent to which a person believes himself or
herself capable, significant, successful, and worthy as measured by the instrument called Coopersmith's Self Esteem Inventory-Adult Form. (See Appendix C.)

**Locus of control (L/C)** is a generalized expectancy pertaining to the connection between personal characteristics and/or actions and experienced outcomes.

**Locus of control: Internal (I)** is a pervasive belief that outcomes are contingent upon one's own actions, as measured by the instrument called Levenson's Locus of Control Internal Scale. (See Appendix D.)

**Locus of control: Powerful others (P)** is a pervasive belief that outcomes are contingent upon powerful others as measured by the instrument called Levenson's Locus of Control Powerful Others Scale. (See Appendix D.)

**Locus of control: Chance (C)** is a pervasive belief that outcomes are contingent upon chance or fate, as measured by the instrument called Levenson's Locus of Control Chance Scale. (See Appendix D.)

**Gainful employment (GE)** is the hiring of a client to a full time, income producing job by an employer.

**Maintaining employment (ME)** is the number of months between the treatment completion and the following six months during which the client has gainful employment.

Because of specific state and federal laws protecting the confidentiality of personal data pertaining to clients' backgrounds and employment status, information gathered on the socioeconomic status and employment status is provided by officers of Restart, Incorporated, who have legal access to the private files of each individual client. Data
pertaining to the test instruments on self-esteem and locus of control were compiled by the researcher in this study.

Introduction to the Remaining Chapters

The related literature on the topics of self-esteem, locus of control, and expectancy theory as related to economically disadvantaged unemployed is detailed in Chapter 2. This review is followed in Chapter 3 which is a detailed description of the procedure used in the research, including the design, sample, measurement, treatment, and the findings resulting from the analysis. Chapter 4 presents a summary of the study, a discussion of findings, and a set of recommendations to improve and expand the results of the study.
CHAPTER 2

REVIEW OF LITERATURE

Introduction

This study investigates the homeless who are actively seeking employment. Specifically it evaluates the effects of training on two segments of the homeless population, the traditional poor and the new poor. Because individuals in these two segments come from different socioeconomic backgrounds, it is assumed they have different values and attitudes when entering the training program. In particular, the constructs of self-esteem and locus of control are assumed to reflect these value and attitude differences. The study evaluates the effect of training on these two constructs. Changes in the two constructs resulting from training are assumed to improve the success rate for individuals in finding and maintaining employment.

No previous research has provided comparisons of the traditional poor and the new poor among the homeless population. This investigation is the first of its kind and is original in its content. In order to better understand the impact of the specific training applied in this study, however, several related areas of research are reviewed. The general phenomenon of poverty, unemployment, values among the traditional poor and the new poor, and attitudinal and behavioral changes are reviewed. In addition, the specific findings relating the research hypotheses on self-esteem, locus of
control, expectancies, and work rehabilitation training are reviewed in detail.

Studies on the Value System Among the Poor

With the current unemployment rate at 5.1% (Bureau of Labor Statistics, 1989), the lowest level in fifteen years, it is difficult to realize, that there are probably one million or more homeless individuals in the United States (Sloss, 1984). With the strongest economy the world has ever seen, and the largest Gross National Product ever recorded, it is difficult to realize that there are individuals in this country that do not have adequate food to maintain good health, clothing suitable for the climate in which they live, medical care necessary to prevent disease and maintain health, and, in some cases, housing in which to live and raise their families (Davis, 1983). Some would suggest that there is no excuse for people to be homeless and without jobs when so many opportunities exist for jobs in our economy.

Rogers (1982) argues that the economic system in the United States and its prevailing value system create some negative consequences for the poor. The philosophy of capitalism advances a number of beliefs that are harmful to the poor. Among the most damaging are the following: (a) The economic system is so viable that anyone who wants to work and make a good living can do so--anyone who fails is not trying, (b) The best motivation of people is economic self-interest, and (c) The economic system rewards people equitably.

As a result of these values, the poor are often considered lazy and dishonest. Helping the poor is considered a defeating strategy which encourages slothful behavior. Therefore, only the least objectionable, the
aged, the disabled, and mothers with dependent children are considered for assistance. Even noted scholars, such as Oscar Lewis (1965), have reinforced this notion of laziness in their theory on the culture of poverty.

**Culture of Poverty Theory**

Lewis (1965) maintains that the poor develop a deviant culture with values and norms that are self-defeating. As a result, poverty becomes self-perpetuating. The following quotation summarizes his position:

> In anthropological usage the term culture implies essentially a design for living which is passed down from generation to generation. In applying this concept to the understanding of poverty, I want to draw attention to the fact that poverty in modern nations is not a state of economic deprivation, of disorganization, or of the absence of something positive in the sense that it has structure, a rationale, and defense mechanisms without which the poor could hardly carry on. In short, it is a way of life, remarkably stable and persistent, passed down from generation to generation along family lines. (p. 24)

Lewis believes that this condition is so pervasive that by the time the children of the poor are six or seven, they have absorbed the basic values and attitudes of this culture and are not psychologically geared to take full advantage of changing conditions or increased opportunities which may occur in their lives. Others, such as Banford (1968), extend the culture of poverty theory to include patterns of non-deferred gratification among the poor. The middle-class person supposedly feels the need and desire to save, postpone, and renounce certain immediate pleasures, while the poor do not experience any need to delay their gratifications.

These theories raise an important question for both government and industry. Does socioeconomic status have an effect on individuals' work values? The success of welfare-reform programs, minority group hiring and
training programs, and other such efforts may well be influenced by ideas about the rewards of work which are held by members of the target population.

**Comparison Studies of Values among Upper and Lower Socio-Economic Classes**

Lewis (1965) claims to have identified at least 70 behavioral traits, including the infrequent use of banks and museums and nonparticipation in labor unions, that distinguish the value system among the lower class. Although he acknowledges that the poor may be aware of, and even profess to have, middle-class values, he regards their aberrant behavior as proof that they do not share those values. In a study by Goodale (1971) with 110 hardcore unemployed and 180 employed skilled workers on work values, attitudes toward work differed significantly. The hardcore unemployed put less emphasis on keeping active on the job, had less perceived social status related to employment, and had less belief in the intrinsic rewards of work itself.

Even the hope for better jobs through better education is viewed differently among classes. According to Ornati (1966), middle- and upper-class parents think in terms of a college education for their offsprings, while lower-class parents' aspirations usually stop at a high school diploma. Poor parents, with little education, are more likely to believe in luck than in education. Both low educational attainments and the quality of life create a social environment among the low-income families that leads the poor to believe that education is not for them.
Not all researchers concur with the culture of poverty theory, however. For example, Feldman (1973) studied a sample of 200 workers and found that blacks, both employed and unemployed, had stronger perceptions of the relationship between work and its outcomes, than did whites. Goodwin (1972) also found no cultural differences between welfare mothers and non-welfare mothers regarding work.

In contrast with Ornati's (1966) suggestion that poor parents are contemptuous of education, Podell (1968) found that welfare mothers had high aspirations for their children. Almost half of the sample of welfare mothers expressed a desire for their children to be professionals and managers. However, their expectations were much lower. Only 25% thought their children would be able to attain those occupational levels.

Finally, the data suggest that there may be little difference in cultural values toward work between the poor and upper class. Rogers (1982) reports that a large portion of the poor are generally in regular employment, uphold conventional values and develop cohesive family relationships. The data show that 49% of all heads of poor families were in the work force. Twenty percent held full-time jobs and worked 50 weeks a year. A large portion of the remaining 51% were poor mothers who cared for infant children at home.

It appears that the evidence on cultural values is not conclusive on either side. The theory of cultural poverty is based on the assumption that behavioral differences reflect attitude, belief, and value differences (Shiller, 1976). The one observable, and therefore measurable, construct is behavior. Shiller concludes that differences in behavior might just as easily occur from differences in situations or opportunities as from cultural differences. In
either case, the final difference is behavior, which is the focus of much of the
effort to mitigate the basic problems of poverty.

Models for Changing Behavior

Learning can be simply defined as a change in behavior. In any
program of training in which job rehabilitation is the purpose the question of
how persons learn must be a major consideration. Some approaches focus
on changing behavior while others concentrate on changing attitudes.
Although there is general agreement among the experts on the definition of
learning, there are varied opinions concerning the theory of learning.
Malcolm Knowles (1980) identifies three predominate theories of learning:
behaviorism, cognitivism, and humanism.

Behaviorism can be traced back to the turn of this century. It started
with Thorndike’s stimulus-response model. The model focus is on control
and shaping behavior. The theory proposes that behavior is controlled by
environmental contingencies of external rewards or reinforcement.

Cognitivism was started several years later, around 1930, in
opposition to behaviorism. This approach focuses attention away from
external reinforcement to the internal processes occurring in learning. The
theory delves into the way individuals deal with the complexity of their
environment. The theory proposes that how learners perceive and
conceptualize their physical and social world has the greatest effect on the
process of learning.

The humanism theory was started around 1940, and is the latest of
the schools of learning. Its focus is on the affective field of the learner. The
theory proposes that learning is awareness and emotional commitment. The
emphasis is on how persons "feel" as well as how they behave or think. In the learning process, the behavior of the learner is more important than the behavior of the teacher. The concern is with "self-actualization," which means being all that you can be.

Since the present study is concerned with job rehabilitation using the latest business training techniques, this review is focused on three applications of learning theory used in the business community. The first technique, Behavior Modeling, is an application of the theory of behaviorism. The second technique, Sensitivity Training, is an application of the theory of humanism. And the third technique, Rational Emotive Therapy, is an application of the theory of cognitivism.

**Behavior Modeling**

A major contributor to the behavioral school of learning is Bandura (1969) of Stanford University. Although his theory of Social Learning does not follow the traditional reinforcement approach, it does center on the actions of the learner and is based on the assumptions of the stimulus-response model. The emphasis is on "modeling," or learning through imitation. According to Latham and Mitchell (1978), Bandura's theory is an interaction among cognitions, behaviors, and environmental determinants. The process for Behavioral Modeling has four phases: attentional, retention, motor reproduction and feedback.

In its application, a facilitator starts by explaining the model in a step-by-step procedure that follows a corrective action to some interpersonal problem (attention). Then a model video-tape recording is played to demonstrate appropriate behavior in working step-by-step through the
interpersonal problem (retention). The third step is to practice the new behavior by means of role playing (motor reproduction). The last step is a critique by the facilitator and other learners on the handling of the role-play (feedback). According to Sorcher (1971), this approach is an application of Festinger's (1957) theory of Cognitive Dissonance. Festinger believed that changes in behavior bring about changes in attitude. One of the classic studies on Behavior Modeling in a business environment was done by P. L. Meyer and M. S. Raich (1983). Their sample consisted of 20 salespersons, who were given Behavior Modeling training and 20 salespersons who did not receive training. The experimental group's sales per hour increased by 8% following the training, while the control group's sales decreased by 3%.

The approach has a popular following among businesses today. Many industries, such as General Electric, apply the technique to supervisory training for first line and middle managers (Sorcher, 1971).

The behavior modification approach differs from the more traditional approach to training in that the distinguishing characteristic of this approach is that it does not directly attempt to change attitude of the participants, nor does it involve lectures about the right and wrong ways of going about the business of supervising. Instead, the objective of this program is to implant more adaptive alternative responses to the variety of employee problems a supervisor encounters in his day-to-day work. The program aims directly at getting behavioral changes without first attempting to change the attitudes of the learner. (p. 45)

Critics (Perry & Dickerns, 1984) of Behavior Modeling consider the method too rigid and manipulative. They also contend that the method is not realistic enough to provide transfer learning to the workplace.
Sensitivity Training

The learning theory defined by the humanist switches from a learning process approach, used by the behaviorist, to a learning content approach used by Maslow (1962) and McGregor (1967) in their development of the hierarchy of needs theory and Theory X, Theory Y. Humanist Morris Massey (1979), points out in his treatment of values that behavior is habitual and that new patterns can only be formed by a "significant emotional event."

It was the "significant emotional event" that the early proponents of the humanist school had in mind when they designed the encounters that learners were exposed to at the National Training Laboratory-NTL (House, 1972). During the 1960s the Sensitivity Training practiced at NTL became very popular. Much of the introspection created by the group dynamics used in the exercises were utilized in programs on team building, conflict resolution, and other interpersonal problem areas. The focus of these programs was on the "gut feeling" of the individual. The intent was to provide a new awareness for individuals that would help them understand the effect their behavior was having on others. The learning process was to first change feelings, which in turn would change attitudes and beliefs, and finally would effect a change in behavior. The process was directly opposite the approach used by behaviorists.

The techniques applied in Sensitivity Training required the use of some fairly complicated psychological elements. Studies showed (House, 1972) that some of the learners suffered serious psychological consequences from the approach. Difficulties with mental breakdowns and other psychological problems, greatly reduced the popularity of this approach.
The approach of change through use of a "significant emotional event," can have both positive and negative results. It relies on both the maturity of the facilitator and the maturity of the learner. It forces a cognitive choice from an emotional experience. In some cases it results in a major change in growth and development. Unfortunately it has occasionally resulted in the total destruction of the learners' self-image.

**Rational-Emotive Therapy**

One of the major contributors to the cognitive school was Kurt Lewin (1951), from the University of Michigan. His work in "field forces," and group dynamics had considerable influence on the early social science techniques used in business training applications. One of the application methods influenced by Lewin was Ellis' (1962) Rational-Emotive Therapy. Ellis' therapy is a type of cognitive restructuring that teaches individuals a more logical way of thinking by replacing irrational thoughts with more adaptive self-statements. This model is believed to reduce extreme negative attitudes that interfere with healthy, goal-oriented behavior. Rational-Emotive Therapy is based on the philosophy that people disturb themselves by their own irrational belief system (Richman, 1979). In a case study on Rational-Emotive Therapy reported by Mallory and Conner (1975), a chronically unemployed client was taught to replace her irrational beliefs regarding poor self-image with new positive work behaviors that allowed her to secure and maintain gainful employment.

Although there is not yet a large body of research available on Rational-Emotive Therapy, Richman (1979) suggests that many employment barriers for the poor contain a large cognitive component.
Cognitive restructuring, when applied to the vocational area, can be an aid to understanding and altering the self-statements of the unemployed. It can be particularly effective with self-statements, as they relate to self-concept, aspirations, and other areas associated with changes in job status. Mahoney (1977) recommends the combination of cognitive and behavioral techniques in job rehabilitation programs, particularly among the economically disadvantaged unemployed.

Studies on the Specific Factors Under Investigation

The constructs of self-esteem and locus of control are currently being used to measure the effects of unemployment on the homeless population. However, a literature search of the psychological, sociological and business periodicals for the past five years, 1985 through 1989, cross referencing unemployment, homelessness, and psychological factors, reveals only 50 related articles out of a total of 9,000 references. None of the 50 articles cited dealt with the problems of the homeless. As Jakoda (1979) noted, the amount of information published about the psychological effects of joblessness is minimal.

In a descriptive account of the unemployment experience, Tiggemann and Winefield (1984) present a composite picture of the unemployed as bored, lonely, and depressed, with a diminishing motivation to do anything. They add that the most noted effect of joblessness, is the loss of morale or self-esteem.
Self-Esteem

Hartley (1980) cited more than 20 studies, dating back to 1930, that show a lowering of self-esteem as a result of unemployment. Numerous studies during the Great Depression of the 1930s gave evidence to the fact that loss of jobs has a negative effect on self-esteem (Bakke, 1933; Pratt, 1933). In more recent studies, Perfetti (1978) and Melville (1977), reached similar conclusions.

In reviewing the findings on self-esteem, it is important to recognize the conceptual difference found in defining the construct. This difference is particularly pertinent with studies on vocational counseling and related subjects. The two most-cited models used with self-esteem are Korman's (1966) balance theory and Super's (1963) cognitive-perceptual theory.

In Korman's model, self-esteem is defined as the extent to which persons see themselves as competent, need-satisfying decision makers. The model is built upon the earlier works of Festinger (1957) on cognitive dissonance and self-consistency.

In Super's model self-esteem is defined as the extent to which persons have clear and certain perceptions of themselves. It is an attitude of approval or disapproval. The model is built upon the earlier works of Erikson (1959) and Rogers and Dymond (1954), and is a more global evaluation of self.

Korman's model implies that individuals with low self-esteem may make vocational choices that are not need-satisfying in order to maintain their self-consistency. On the other hand, Super suggests that individuals with low self-esteem may make poor vocational choices because they do not have a clear and certain perception of the consequences of those choices.
In a study done by Barrett and Tinsley (1977), comparing the two models, the Super model was found to be more valid in work with low self-esteem clients. He concludes that in counseling low self-esteem individuals, concentration should be on increasing the persons' knowledge of themselves and of the various occupational roles available. In this study the Super model is followed. The focus is on a global self-esteem (an overall evaluation of self) since most self-theorists agree on its importance as an influence on behavior (Wylie, 1974).

Perfetti and Bingham's (1983) study of 80 metal refinery workers is an example of unemployment's effect on self-esteem as measured by a global self-evaluation. Their study used Rosenberg's Self-Esteem scale to measure 40 employed and 40 unemployed workers following a plant shutdown. The study showed a significant difference in self-esteem scores. The unemployed had a 30-point decrease as compared to the mean scores of the employed group. The workers averaged over 40 years of age and had an average educational level of 9.4 years. The study did not specify the occupational level, but it may be assumed that the group was unskilled or semiskilled due to the educational level.

In a comparison of younger workers, Tiggemann (1980) found that high school dropouts who could not find a job after four months had lower self-esteem than high school graduates who were jobless for the same period. Although it was not reported, it may be assumed that the dropout group might have been from a lower socioeconomic background than the graduates. In direct contrast to the findings on unskilled and less-educated workers, Hartley (1980) and Boas (1988) found no change in self-esteem for managers and highly educated professionals who had experienced
unemployment. Prior accomplishments, such as occupational levels and educational attainments, which are reflected in the individual's self concept, may lessen the effects of unemployment. If so, individuals from high socioeconomic backgrounds may be less effected by the negative psychological effects of unemployment than individuals who are from low socioeconomic backgrounds. This premise is tested in hypothesis one of the study.

According to Seligman, (1975) unemployment not only has a negative effect on self-esteem, but, in cases where a loss of jobs causes major financial difficulties over long periods of time, persons develop a sense of personal powerlessness. Individuals feel a loss of control over events in their lives. This may enable these individuals to protect themselves from further depression by relieving self-blame. This condition is described as "learned helplessness" by Seligman (1975). The consequences of this helplessness are not only a loss of self-esteem, but also a tendency to demonstrate the attitude that their lives are being controlled by external factors. It is a phenomenon defined by Rotter (1966) as locus of control.

**Locus of Control**

Locus of control is concerned with an individual's belief about the control of outcomes that are contingent upon his or her behavior. It is a construct derived from Rotter's (1966) social learning theory. If a person perceives a reinforcement contingency from his or her behavior, the occurrence of that reinforcement will reinforce that behavior. If a person perceives a reinforcement as contingent on chance or powerful others, its occurrence will not reinforce that behavior. In simple terms, locus of control
is the degree to which an individual accepts responsibility for the outcome of his or her own behavior (Gardner & Warren, 1978).

In a work situation (Wylie, 1974), the perception of internal locus of control (internals), or reinforcement contingency on one's own behavior, influences the amount of motivation a person has toward a particular work task. In like manner, if an individual perceives that the reinforcement is a matter of chance or powerful others, namely external locus of control (externals), then the tendency is not to reinforce the work task.

For example, Tseng (1970) reported significant differences in job performance between internal and external locus of control clients who were involved in a vocational rehabilitation program (N - 140). Internals were found to be higher on working with others, self-reliance, work tolerance, work knowledge, care of equipment, training satisfaction, and need achievement. Reitz and Jewell (1979) also found internal locus of control workers higher in job involvement than external locus of control workers in a six country cross cultural study. In general, the internal locus of control workers demonstrate better overall working habits and attitudes than the external locus of control workers. This is a particularly important finding in regards to job rehabilitation.

Several studies describe different characteristics for workers who demonstrate either an internal or external attitude regarding control of outcomes in the work place. The studies reveal a tendency to associate externals with low socioeconomic groups and internals with high socioeconomic groups.

Heisler (1974) reported that internals were more successful in working careers. He showed that internals received more promotions, had
more salary increases, and were in higher job grade levels than externals who were working for the same federal government agency. Similar findings were reported by Valecha (1972) in a study sampling 4,330 men nationwide, and by Andrisini and Nestel (1976) on a three-year longitudinal study. Spector (1982) concludes that internals, because they have stronger beliefs in personal control, are better suited for highly technical or skilled jobs, professional, managerial, and supervisory jobs. Since the externals have less belief in personal control, they may be better suited for factory line jobs, unskilled and clerical jobs, and jobs of a routine nature.

In contrast, Lefcourt (1969) points out that groups whose social position is one of minimal power, either by class or race, tend to score higher in the external control dimension. Studies by Battle and Rotter (1963), Bradford (1967), Bullough (1967), and Lefton (1968), also suggest that blacks, especially lower class, are often found to be high on the external side. For the unemployed, and particularly for those among the homeless, it may be implied that their expectations regarding work and its rewards would be lower than individuals with higher socioeconomic status. Persons with higher status may feel more in control of the outcomes of their behavior in a work situation. In essence, these studies imply that internals are more likely to be found in high socioeconomic brackets and externals in lower socioeconomic brackets.

There may also be a link between locus of control and unemployment. Young (1985) and Abramson (1978) report that unemployed go through several stages over time, which eventually lead to increased feelings of external locus of control. These findings coupled with Seligman's (1975)
"learned helplessness" findings suggest that there may be a relationship between self-esteem and locus of control.

**Self-Esteem and Locus of Control**

Several studies have demonstrated a correlation between self-esteem and locus of control. Lied and Pritchard (1976) found that internals exhibited a greater self-esteem than externals. Research by Fitch (1970), and Rychman and Sherman (1973) led to similar conclusions that the higher the self-esteem the greater one's perception regarding the internality of locus of control. If this relationship is valid, then one would expect to find high self-esteem and internal locus of control within the high socioeconomic levels, and low self-esteem and external locus of control within the lower socioeconomic levels. It is from these studies that hypotheses one, two, three and four were derived for this study.

**Studies on Noe's Theoretical Model**

As indicated in Chapter 1, this research makes use of a theoretical model developed by Raymond Noe (1986). Noe's model relates the construct of locus of control to training effectiveness and draws upon the earlier works of Victor Vroom (1982) and his expectancy theory.

The expectancy theory (Broedling, 1975) demonstrates that motivation results from the extent to which a person perceives that he can and wants to perform well (expectancy I), and the extent to which he perceives that such performance will produce desired outcomes (expectancy II). The theory implies that the behavior of the individual is rationally determined by the perceived likelihood and desirability of outcomes.
associated with various behavior (Miller and Grash, 1988). The basic hypothesis that perceived outcome of a behavior can influence the performance of that behavior has been supported by several studies, including Graen (1968), Porter and Lawler (1968), and Dulany (1961). These authors report that under a variety of conditions an individual's idea about the reward associated with a particular behavior or a role (such as "worker") can influence the evaluation and performance of that behavior (Feldman, 1973).

Noe's (1986) model is an application of the expectancy theory to a training environment. He suggests that an individual's internal or external attribution (locus of control) made regarding training outcomes has a direct influence on his or her expectancies concerning those outcomes. In the training model, expectancy I refers to the link between the individual's effort and his or her mastery of the program content. Expectancy II refers to the link between successful completion of the program and end results of the training.

In the case of the internal attribute, when persons perceive that they have control over the outcomes based on their own behavior, their expectancies are reinforced. The tendency is toward a stronger motivation to learn, which leads to improved learning, greater behavior change, and enhanced overall training results. In contrast, where the persons have external attributions concerning work outcomes the expectancies are not reinforced and the tendency is toward less motivation, learning, behavior change, and fewer overall training results.

Two extensions on the base training model are adopted in the research approach used in this study. The first extension is based on the
findings by Spector (1982). He suggests that expectancy I is, in many ways, similar to self-esteem, at least in terms of self-perceived ability on the job. A belief, that effort will lead to good job performance is actually a belief in personal effectiveness. The second extension is derived from the work of Broedling (1975). He suggests that expectancy II bears a fundamental similarity to locus of control. A belief that job performance at a given level will result in desired outcomes reflects the extent one feels in control of one's environment. In the research approach used for this study, self-esteem and locus of control are used as measurements reflecting expectancies I and II in the training model. Although there are no studies available on the effectiveness of training on the unemployed homeless, there are two studies that support the basic assumptions made in hypotheses five through twelve.

The first study, by Hesketh (1984), investigated the psychological factors of self-esteem and locus of control as they relate to unemployment. The study compared self-esteem and locus of control with causes attributed to finding or not finding a job.

Hesketh's study tested 82 newly-registered unemployed workers in New Zealand on the dimensions of self-esteem and locus of control. The results were categorized into four groups: (a) low self-esteem and internal locus of control (13 members), (b) high self-esteem and internal locus of control (30 members), (c) low self-esteem and external locus of control (24 members), and (d) high self-esteem and external locus of control (15 members). After six weeks of unemployment the groups were tested for causes attributed to being, or not being, employed. Of the 82 subjects tested, 27 were unemployed and 55 were employed at the second interview.
Causes for employment or unemployment that were tested included: ability, effort, luck, and difficulty of the task of finding a job.

In group one—the low self-esteem and internal locus of control subjects and group four—the high self-esteem and external locus of control subjects, no significant differences were found for any of the four attribution causes. In group two, the high self-esteem and internal locus of control subjects who found jobs attributed their success to their own ability, an internal attribution. For those in this group who did not find jobs, the assigned cause was lack of effort, again an internal attribution. In both cases, the subjects from the second group took responsibility for their condition. In contrast, group three, the low self-esteem and external locus of control subjects, had no significantly distinguishable causes for not finding a job. Those who were employed identified the cause as luck, an external attribution. Between groups two and three, where there were significantly attributable causes, the model proposed for this study is supported. Similar findings were reported by Shrauger and Osberg (1980).

The second study, by Kishor (1981), on the subject of vocational choices supported a parallel relationship to Hesketh's findings. He tested high school students from middle- to upper-socioeconomic levels on the dimensions of self-esteem and locus of control. He compared the socioeconomic level of students and the degree to which they had settled on future career plans. Vocational choices for the high self-esteem and internal locus of control subjects were significantly more clear and decisive than subjects with low self-esteem and external locus of control. Evidence from both Hesketh's and Kishor's studies suggests that in any job rehabilitation program for the homeless unemployed, attention should be
given to the positive effects of high self-esteem and internal locus of control. The specific purpose for testing hypotheses five through twelve in this study is to determine if there is any change in these measurements following the training intervention.

Studies on Training Efforts to Effect Change in Self-Esteem and Locus of Control

In evaluating the effectiveness of the training model selected for this research it is important to determine the potential for changing the psychological perceptions held by the unemployed. If the relationship is valid between high self-esteem and expectancy I, a belief that effort can lead to good performance, then the treatment must reinforce the importance of the individual. If the relationship is valid between internal locus of control and expectancy II, a belief that good performance will lead to desired outcome, then the treatment must reinforce the importance of the individual assuming responsibility for his or her own behavior and the consequences of that behavior.

The research is mixed as to the availability of treatments that can have a positive effect on such factors as self-esteem or locus of control. Allerhand, Friedlander, Malone, Medow, and Rosenberg (1969) found that there was no change in attitudinal and motivational dimensions following training efforts with a group of hard-core unemployed. Quinn, Fine, and Levitin (1970) compared hard-core unemployed with and without training and found that those who had been trained had a higher value for work, exhibited better attitudes toward time schedules, and had an increased feelings of personal efficacy concerning achievement. They did not,
however, demonstrate a significant difference in job performance over the untrained. In contrast, Froman (1977) and Moitra (1976) found that attitudes and expectancies, particularly regarding the training program, did have a positive effect on both performance and behavior change.

The most compelling argument for training, however, is found in Hepworth's (1980) study of British unemployed workers. He found that the best predictor of psychological well-being among his sample was whether or not they perceived their time as being usefully occupied. Enrollment in retraining efforts provided a vehicle for realizing a restored sense of control and the necessary experiences typically provided by work, such as imposed time structures and required regular activity. For those seeking to re-enter the work force, this is an important consideration. The issue may not be whether to train or not to train, but rather what kind of strategies should be used in training to enhance the training effectiveness.

**Training Strategies for Changing Self-Esteem**

The literature reveals several techniques that have been successful in improving self-esteem measures. Powell (1973) showed how unemployed engineers and scientists improved their self-confidence in job seeking activities following ten training sessions utilizing role-play and self analysis techniques. Other studies have shown changes in self-esteem among hard-core unemployed.

In Baron, Bass, and Vietze's (1971) study with low socioeconomic black males, self-esteem was effectively affected by using behavior modification. Instructors used social praise as a behavior modifier during a skills training program. Even though the self-esteem perception changed,
however, there was no corresponding change in performance level. Another study by O'Leary (1972) resulted in similar findings. She found, in a vestibule training program for entry employees, that the self-esteem of hard-core unemployed females was improved. The workers attended 12 hours of role-play and problem-solving training. The technique used in the role play exercises was reflection identification. It is a method in which the subjects derive their positions by adopting another person's viewpoint. The purpose of the training was to improve trainees' feelings about themselves, which in turn would improve their attitudes toward their new jobs. The results showed that the trainees' self-image did not improve, when compared to a similar group of untrained, hired, hard-core unemployed. The trainees, however, demonstrated poorer work attitudes than the group without training. This poor work attitude was reflected in a higher turnover rate.

Success in both self-esteem and job related criterion improvement was reported in the Cambridge Job Factory study (Shapiro, 1978). In a Comprehensive Employment and Training Act (CETA) Program, clients from low socioeconomic backgrounds showed improvement in self-esteem after participating in a cognitive self-help program for finding a job. Comparisons with other CETA programs showed Cambridge as being more successful in client placement, 69% verses 33%, and having the highest rating for cost-benefit comparisons.

These studies seem to indicate several important factors in evaluating job rehabilitation training efforts. First, there is some evidence to support improved self-esteem among both high socioeconomic and low socioeconomic clients participating in training programs. Second, the
strategies that proved successful in changing self-esteem perceptions included both behavioral and cognitive approaches to training. Third, and perhaps most important, the change in self-esteem, particularly among the low socioeconomic clients, can have a negative effect on the overall training objective, as was the case in the O'Leary (1972) study.

One explanation for the possible negative effect may be that the improvement in self-esteem brought about higher expectations and aspirations. Since the jobs under study were at minimum wages with limited advancement opportunities it is possible that the work attitudes were negatively influenced.

**Training Strategies for Changing Locus of Control**

Gardner and Beatty (1980) reviewed more than 10 studies in which changes in locus of control occurred following training interventions. Subjects ranged from economically disadvantaged workers to college students. Strategies utilized included behavior modification, group counseling, goal setting, life planning, and achievement motivation. One example of the studies cited is Brown, Heltsleg, and Warren's (1982) work with low income families. In a program dealing with economic planning, these researchers found locus of control to have a significant effect on whether or not married couples agreed on realistic standards for reaching planned goals. The more internal the couples perceived the control of their lives, the more consensus they exhibited in setting standards in the planning process. It was also shown that the better and more realistic the standards were, the better the couple was able to meet their goals.
Gardner and Beatty's (1980) methodology closely follows the expectancy model in job rehabilitation training for the disadvantaged. They suggest the following techniques: (a) reward responsible behavior immediately; (b) discuss the concept of locus of control and explain its positive and negative effects; (c) use goal setting exercises; and (d) discuss the important relationship on the job between promotion, increase pay and work performance.

Gardner and Beatty (1980) also recommended a series of strategies to employ when working specifically on changing locus of control. These strategies are: (a) praise statements of the clients that reflect an internal approach to problem-solving, (b) confront statements which imply external orientation or thinking and try to offer a substitute statement which promotes internality, (c) arrange for clients to list personal problems and have them verbalize possible solutions, (d) focus on the here-and-now, and (e) try to use language that focuses on acceptance of responsibility for the outcome of one's own behavior. This method emphasizes both a behavior modification approach and cognitive approach to behavior change.

Summary

As Leana and Ivancevich (1987) noted, researchers have shown little interest in the psychological effects of joblessness. This disinterest, when extended to the homeless population, indicates that research is virtually nil. Because of the dearth of studies on the homeless seeking work, this study provides an original source of information on one of the most serious social problems of today.
The literature does, however, establish support for the premise that self-esteem and locus of control can have an effect on job criteria such as job search, work attitudes and job retention. It also indicates that there are a variety of training strategies that have been used successfully in modifying self-esteem and locus of control perceptions.

The following chapter identifies the specific strategies used in this study. It details the sampling selection, measurements, treatment, and statistical analysis used and presents the results of the statistical analysis and conclusions.
CHAPTER III

METHODOLOGY

Introduction

As a field study of the job rehabilitation program for the homeless described in Chapter I, this investigation has the advantages of testing a real-life problem and its potential solution. It also has the disadvantages of conducting research under conditions of less control than conventional laboratory research.

This chapter contains the methodology used to evaluate the results of the Dallas Restart program from February 1986 through November 1988. The research design, sampling techniques, measures, treatment, data recording, statistical techniques, and study limitations are discussed in the following sections.

Research Design

This study used a quasi-experimental design. As defined by Yaremko, Harari, Harrison, and Lynn (1982), a quasi-experimental design is a research design in which subjects are not assigned randomly to conditions, although the independent variable may be manipulated. The subjects of this study were purposively selected to meet the criteria established by the program under investigation.

The primary investigation used a repeated-measured design. A two-by-two blocked design compared two categories of socioeconomic status using pre- and post-test scores of psychological factors of self-esteem and
locus of control. The design tested the effects of training intervention on the psychological factors for each of the two socioeconomic status categories. The theoretical model used in the design was Noe's (1986) training model discussed in Chapter 1.

A diagram of the design that best demonstrates the approach is a matrix of cells suggested by Huck, Cormier, and Bounds (1974).

![Psychological Constructs (Self-Esteem/Locus of Control)](image)

**Figure 2.** Diagram of repeated-measure design.

The design also includes t-tests, F-tests, and a regression analysis. The t-tests were used to evaluate psychological differences between the two categories of socioeconomic status before and after treatment. The F-test was used to evaluate the effect of training intervention on clients being gainfully employed. The regression analysis was used to evaluate the main factors related to maintaining employment over a six-month period following the program.
Sampling

The four segments within the homeless population, identified by the Institute of Medicine (1988), are the traditional poor, the new poor, the event-caused poor, and the substance abusers and mentally ill. The Institute of Medicine's study showed that each segment has a distinct set of rehabilitation problems.

The sample used from Project Restart was drawn primarily from the traditional poor and new poor segments of the homeless population. The job rehabilitation program was designed to meet the specific needs of these two segments.

The demographic profile of the 95 clients who were subjects in this sample was considerably different from the average homeless person of the 1960s (Rossi, 1988). In the 1960s the typical homeless individual was 59 years old, had less than eight years of education, and had a 95% probability of being male. In this sample, which was collected between February 1986 and November 1988, the average homeless individual was 32 years old, had 12 years education, and had a 55% probability of being male. A comparison of the data from this study by socioeconomic status shows the following.

Of the 160 clients who entered the program during this period, 95 successfully completed the program and had data available on employment status six months after their graduation date. Although 112 clients completed the program during this period, 21 clients did not have follow-up data in their file on employment status six months after graduation and were not included in the study.

As noted in Chapter 1, the selection process for the sample required that each candidate for the program pass a series of screening barriers in
Table 1

Demographic Comparison by Socioeconomic Status

<table>
<thead>
<tr>
<th></th>
<th>HIGH SES</th>
<th>% OF HSES</th>
<th>LOW SES</th>
<th>% OF LSES</th>
<th>Total</th>
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<td></td>
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<td>36.5</td>
<td>28.8</td>
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<td>Years</td>
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<td></td>
<td>10.1</td>
<td></td>
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</tbody>
</table>

order to qualify for the program. The screening included a personal interview, a brief skills test, and a psychological test. The skills test was a short form of Reading and Math Skills Inventory—eighth grade level and was used to determine if the individual had the minimum reading and math skills that were required for handling the training materials presented in the program. The psychological test was a shortened form of the Minnesota Multiphasic Personality Inventory, and was used to determine if the candidate had the emotional stability to participate in the strenuous 36-day
program. The final screening for entering the program was the candidate's personal interview with the program director and a selection committee of two members from the board of directors of Restart. The interview was used to determine if the candidate demonstrated a strong willingness to gain self-support through gainful employment. The following criteria were used to determine that willingness:

1. Has a dissatisfaction with his present non-work situation.
2. Recognizes there is a more productive work/life style.
3. Is willing to examine negative work results (quarrel with the boss, frequent job changes, etc.).
4. Is willing to engage in training to develop a more disciplined work style and to conduct a serious job search.
5. Has a commitment to the utilization of new skills learned, both during and after the training program.
6. Is willing to submit his work record covering the last five years. A history of no work in the last 12 months would disqualify a candidate.
7. Has an ability to read and write (sixth grade level)
8. Has a desire to be fiscally self supporting.
9. Has a willingness to cooperate with this program.
10. Is not a drug or alcohol abuser.
11. Does not have any mental or emotional conditions which may impede work ability or make him or her incapable of being trained.

This selection process prevented the use of a randomized sample. The screening method did not allow each candidate an equal chance for selection. These restrictions were considered important to the success of the rehabilitation efforts by the board of directors of Restart.
The selection was a purposive sampling. As defined by Stone (1978):

A purposive sampling is sampling in which the underlying rationale is that the researcher uses sound judgment and an appropriate sampling technique to "hand pick" elements for inclusion in the study's sample in such a way as to develop a sample that is satisfactory in view of the study's needs. (p. 81)

Particularly within field studies, certain needs prevent the use of pure experimental design. As Cook and Campbell (1979) note, the study of many social and economic structural factors preclude randomization.

Measures

The research model (Figure 1) in Chapter 1 identified five measured constructs and two hypothetical constructs. The seven constructs were defined in the operational definition section of Chapter 1. The measured constructs were socioeconomic status, self-esteem, locus of control, gainful employment, and maintaining employment. The two hypothetical constructs, which were not measured, were expectancy I and expectancy II.

A hypothetical construct, as defined by Yaremko, Harari, Harrison, and Lynn (1982), is an unobservable entity or process used to explain the relationship between independent and dependent variables.

Three of the five measured variables were taken from biographical data collected on each subject. The first of these three variables, socioeconomic status, was used as the independent variable in the t-tests and the repeated measure segment of the design. The second of these three variables, gainful employment, was used as the independent variable in the E-test segment of the design. Gainful employment is defined as the hiring of a client to a full-time, income-producing job by an employer. The third of
these three variables, maintaining employment, was used as the criterion variable in the regression segment of the design. Maintaining employment is defined as the number of months between the treatment completion and the following six months during which the client has gainful employment. Details of the collection procedures for these three variables are included in the Data Recording section of this chapter.

The dependent variables used in the t-tests and the repeated measure design were self-esteem and locus of control. The measurements used for these two variables were Coopersmith's (1967) Self-Esteem Inventory-Adult Form, (Appendix C), and Levenson's (1973) Locus of Control Scale (Appendix D). Measures from these two instruments were taken before and after each training program for each subject.

The Coopersmith Self-Esteem Inventory Adult Form has 25 item statements, answered "like me" or "unlike me," that are intended to measure the evaluation persons make and customarily maintain with regards to themselves. The Adult Form was derived from the Self-Esteem School Form and the Self-Esteem Short Form by Coopersmith. Both originals were taken from the self-image works of Rogers and Dymond (1954).

A split-half test by Taylor and Rietz (1968) showed a .90 correlation for reliability on the School Form instrument. A similar result was found on a test-retest of the same instrument by Coopersmith (1967) that correlated at .88 after five weeks and .70 after three years. I conducted a comparable study of the Adult Form, using the Cronbach Alpha Test for reliability. With a sample size of 63 subjects, the results demonstrated a .84 correlation. The reliability for this test was good.
Face validity, as in most psychological instruments, appeared favorable. Studies using the Coopersmith Self-Esteem Inventory Adult Form included Hesketh (1984), Kishor (1981), and Ziller, Hagley, Smith, and Lang (1969). Coopersmith (1967) reported a .80 correlation of total scores between the School Form and the Adult Form. He also found a .59 and .60 correlation between the Adult Form and Rosenberg's (1965) Self-Esteem Scale for college students. Getsinger, Kunce, Miller, and Weinberg (1972) reported a .63 correlation with the Soares Self-Perception Inventory and a .60 correlation with Getsinger, Kunce, Miller, and Weinberg (1972) Self-Image and Coopersmith's Self-Esteem School Form. The Coopersmith Self-Esteem Inventory Adult Form does not have any normative scores for the adult population.

The Levenson (1973) Locus of Control Scale is a reconceptualization of Rotter's (1966) Locus of Control I-E Scale. It has both items adapted from Rotter's scale and a set of statements written specifically to tap beliefs about the operation of three dimensions of control—beliefs in personal control (Internal Control), powerful others (Powerful Other Control), and chance or fate (Chance Control). The I (Internal Control), P (Powerful Other Control), and C (Chance Control) were comprised of three 8-item subscales with a 7-point Likert-type format (-3 to +3), which were presented to the subject as a unified scale of 24 items. This scale was selected in order to determine the effect of modern training techniques on individuals who were strongly external and believed they were not in control because of either powerful others or chance. This distinction permitted an analysis of those who believed in powerful others (external orientation) compared to those who felt the world was unordered and unpredictable and controlled by chance.
Levenson's (1973) instrument was selected to measure the split external dimensions of chance and powerful others. The split scale allowed for evaluating whether or not powerful others from the project, such as project director and training instructors, would have any effect on the external dimension of the subjects.

The reliability studies for the Levenson instrument compared favorably with those obtained by Rotter (1966) and other researchers. A sample of 152 students taken by Levenson (1973) indicated correlations of .64 for the I scale, .77 for the P scale, and .78 for the C scale, when the Kuder-Richardson reliability test was used. Wallston, Wallston, and DeVillis (1978) reported similar results from a sample of 115 adults. They calculated a .51 correlation for the I scale, a .72 for the P scale, and a .73 for the C scale.

The validity studies for Levenson's instrument showed empirical evidence supporting the two dimensional scales for externality. In comparison with Rotter's I-E scale, Levenson (1973) used 75 college students and found a positive correlation of .25 for the P scale, .56 for the C scale, and a negative .41 for the I scale. Donovan and O'Leary (1978) found a positive correlation of .24 for the P scale, .44 for the C scale, and a negative .15 for the I scale using a sample of 52 alcoholic patients. Hall, Joesting, and Woods (1977) reported similar results. Levenson (1973) also reported that scores from a sample of 96 normal adults compared favorably with results from the Rotter scale. She indicated a mean score of 35.5 with a standard deviation of 6.3 for Internals (L/C-I), a mean score of 16.7 with a standard deviation of 7.6 for powerful others (L/C-P) and a mean score of 13.9 with a
standard deviation of 8.4 for chance (L/C-C). To date, however, there are no published findings on a normalized population.

Experimental Interventions

Subjects who were selected for Project Restart participated in a 36-day comprehensive training program. The aim for the program was to change attitudes and behaviors of the participants. The curriculum contained sessions on both job-related and life-related skills for rehabilitation. The goal of the program was to have participants successfully employed and self-supporting by the end of the program. Participants were encouraged to save money earned during the 36-day training period in order to make payments for housing accommodations after leaving the program.

To help participants save money, Restart provided food and shelter at no cost to the participants and their families during the five-week training period. Housing was provided in a set of reconditioned apartments owned by Southland Corporation and donated to Restart for its use until 1992, when the apartments are scheduled to be removed to make room for a Southland office complex.

The Southland Corporation also provided access to the company's modern training facility located in southeast Dallas, Texas. The facility is normally used by Southland to train its own sales and management personnel. It provided an up-to-date training environment, with television, video cassette recorders, overhead projectors, and modern classroom space. The facility was made available to Restart during working hours and in the evening for training sessions.
The design of the training program was derived from the assumptions inherent in Noe's (1986) training model. Noe's expectancy model utilized a rational approach to administering training. It assumed trainees will choose to apply themselves to training exercises if they believe they are capable of accomplishing the required skills and, in turn, if those skills will provide the necessary competency needed to reach their desired outcomes. The desired outcomes for the Restart participants were gainful employment and self-sufficiency. The entire structure of the training was designed to reinforce the individuals' beliefs in themselves and their abilities. Although the overall design of the training emphasized the rational approach, individual training sessions made use of techniques derived from all three learning theories noted in Chapter 2.

Sessions on Thought Patterns for Success followed closely the suggestions made by Gardner and Beatty (1980) on applying Rational-Emotive Therapy to job rehabilitation training. Several of the learning objectives were: (a) listen consciously for my self talk and identify changes needed to support achievement of my goals, (b) make appropriate changes or additions to my self talk to support achievement of my goals, and (c) develop and use positive affirmations to support my life goals.

In sessions presented on Job Interviewing, Assertiveness, and Listening, methods of behavior modeling were utilized. Participants were presented examples of good and poor behaviors relating to each skill and then given opportunities to apply the positive skills in role play exercises. The exercises were then critiqued by participating class members.

Throughout the entire program a positive climate and culture was emphasized. Some of the sensitivity training techniques of self-evaluation,
goal setting, and group norms were encouraged. A key benefit was having the participants in a community environment that allowed for some intense personal re-evaluation.

The treatment was unique in its diverse applications. Because of the participation of trained professionals from the American Society of Training and Development, many of the sessions applied state-of-the-art training techniques. The focus throughout the program was centered on direct and indirect reinforcement of a positive self-esteem and internal locus of control.

**Data Recording**

As mentioned earlier, three of the measured variables were derived from biographical data taken from clients' personal files. The three measures were: socioeconomic status, gainful employment, and maintaining employment. Special procedures were needed for collecting these data because of restrictive legislation regarding privacy.

In meetings held with the board of director's chairman for Restart, the following procedures were established for data collection: (a) test data on the two psychological instruments, Coopersmith Self-Esteem scale and Levenson Locus of Control scale would be administered and maintained by the research investigator; and (b) personal data relating to work history, family, welfare and social service activities would be administered and maintained by the project director in confidential project files.

In agreement with this procedure, data on the three measurements of socioeconomic status, gainful employment, and maintaining employment were collected and segregated by the project director based on guidelines developed for the research study. Following classifications made by the
project director, the information was given to the research investigator for data analysis.

Data on the socioeconomic status of each client were collected in personal interviews by the project director, and from work history and background question form (Appendix B). Comparisons were made with data from the Bureau of Labor Statistics income categories in order to classify the socioeconomic status of each client. A simple nominal scale was used to represent high and low status.

Data on gainful employment were gathered by the project director through personal contacts with each business that hired clients from the Restart program. This measure was determined at a fixed point in time. A simple nominal scale was used to represent working or not working at the end of the program and again six months after the program.

Data on maintaining employment were also gathered by the project director through personal contacts with each business that hired a client. The measure was determined by the number of months the client worked full-time during the first six months after the program. These data, along with the test results from the two psychological instruments, were used in the statistical analysis of the quasi-experimental design of this study.

Statistical Techniques

The quasi-experimental research design used in this study applied four separate statistical techniques to evaluate fifteen hypotheses. The first research question to be addressed was: "Is there a difference between high and low socioeconomic clients regarding how they evaluate themselves (self-esteem) and how they assigne responsibility for conditions in their lives
(locus of control)?" Each of the clients entered the program without a job or a place to live. Measuring their attitudes and beliefs at the start of the program was considered important to those who provided the rehabilitation training. The first four hypotheses were developed to analyze the first research question. A t-test for clients' pre-score at the start of the program was used to compare findings. The socioeconomic status classification was used as the independent variable and compared separately with each of the four dependent variables: self-esteem, locus of control—internal, locus of control—chance, and locus of control—powerful others.

The second research question asked: "Did the training intervention effect a change in the clients' attitudes and beliefs about themselves (self-esteem), and their responsibility (locus of control)?" Hypotheses five through twelve were developed to analyze the second research question. A t-test for clients' post-scores at the end of the program was used to compare findings between groups. The socioeconomic status classification (groups) was used as the independent variable and compared separately with each of the four dependent variables: self-esteem, locus of control-internal, locus of control-chance, and locus of control-powerful others. A two-by-two repeated measure analysis of variance was used to compare the treatment effect, group effect, and the interaction effect of treatment and group. The analysis included one between-subject factor and one within-subject factor. The between-subject factor for the independent variable had two levels corresponding to low socioeconomic status and high socioeconomic status. The within-subject factor for the dependent variable had two levels corresponding to the pre-test and post-test for each of the psychological
measures. The analysis was repeated four times to compare self-esteem, locus of control—internal, locus of control—chance, and locus of control—powerful others.

The third research question asked: "Did the difference in socioeconomic status of the clients effect their success in getting a job?" Hypotheses thirteen and fourteen were developed to analysis this research question. A chi-square test was used to compare findings. The independent variable socioeconomic status had two levels, high SES and low SES. The dependent variable, gainful employment, had two levels, gainfully employed and not gainfully employed. The measure was taken immediately after the completion of the training program, and was repeated six months after the completion of the training program.

The fourth and final research question asked: "Did longevity of employment (job retention) have any predictors among the independent variables of socioeconomic status, self-esteem, and locus of control?" Hypothesis fifteen was developed to analysis the fourth research question. The purpose of this hypothesis was to determine if any of the factors included in the study would act as predictors for maintaining employment. Maintaining employment measures the number of months a client has a job during the six-month period following the training program. A correlation analysis was made on the following variables: self-esteem, locus of control—internal, locus of control—powerful others, locus of control—chance, socioeconomic status, and maintaining employment. The correlation analysis was followed by a regression analysis. Maintaining employment (job retention) was used as the criterion variable and self-esteem, locus of
control—internal, locus of control—powerful others, locus of control—chance, and socioeconomic status were used as predictor variables.

Research Limitations

Because a field study imposes certain restrictions, there was limited control in the sampling selection process, the treatment application, and the use of a control group.

The first of these limitations was in the sampling process. A pure random sampling was impossible because of the selective screening necessary in this field experiment. Clients were required to pass a number of screens that demonstrated they were willing and able to work before they were admitted to the program. Although the screening process limited the selection of program participants, the population from which the sample was taken had a strong randomized characteristic. The fact that individuals were in and out of the homeless ranks and that the members moved from location to location, presented a very dynamic environment from which participants were selected.

The second limitation was in the control of the treatment application. The class size for each program was limited to the available housing accommodations. The study required 10 separate classes, with an average of 10 clients per class, conducted between February 1985 and September 1987. In addition to class size, the instructional exposure was subject to some variation as a result of individual trainers not always repeating the same training session for all 10 classes. Because the training was administered by volunteer professional trainers who at times had business commitments that prevented them from repeating some sessions, the
consistency of the curriculum was dependent on lesson plans and outlines provided for each segment of the training program.

The third limitation was the absence of a control group for the research. Cook and Campbell (1979), in their book *Quasi-Experimentation*, note that gaining and maintaining access to research populations in field settings is very difficult. In research on the homeless population, the task was virtually impossible. Because of the transient nature of the condition of homelessness, no reliable data could be established for a comparison group. According to the Ohio Department of Mental Health study (1985), for any given night, only 30% of the homeless population can be found in identifiable public shelters. An estimated 30% are without any shelter and are in cars or on the street, while 20% are in cheap hotel or motel locations. The remaining 20% are temporarily sleeping with friends or relatives. Added to these conditions, homeless individuals are often forced to relocate. Fifty percent of the homeless are in at least two separate locations in a one-month period, with 25% in at least five different places over a 30-day period. The logistics for tracking the non-program homeless was impossible.

Although these limitations restrict the validity of generalizing the findings of this study, the importance of the subject matter and the dearth of information available to date on the homeless justified the research procedure used. I believe that the study provides a better understanding of the sample groups and the applications of interventions that can facilitate job rehabilitation.
Levels of Significance

For hypothesis testing, a level of significance must be selected. The level of significance identifies the probability that there is a significant difference between two or more statistics being analyzed. It is the level at which the null hypothesis is rejected. Under most circumstances the level of significance is set at .05 or .01. Occasionally, according to Huck, Cormier, and Bounds (1974), a researcher will use .10 for the level of significance. Although it is statistically weaker than the normal .05 level, it does allow for identifying possible differences that may have some practical importance for further study. It was on this basis that .10 was selected for this study.

Summary

This chapter describes the research methodology used in this study. The quasi-experimental design was applied to a purposive sample of subjects drawn from the homeless population located in the Dallas, Texas metropolitan area. The measures, treatment, and data recording procedures are detailed. Chapter 4 includes the specific tests used to analyze the 15 hypotheses listed in the first chapter.
CHAPTER IV

FINDINGS

Introduction

This chapter presents the data findings for the statistical analyses for each of the 15 hypotheses listed in Chapter 1. The pre-treatment hypotheses, one through four, were analyzed by t-tests. The treatment hypotheses, five through twelve, were analyzed by t-tests and repeated-measured analysis of variance. Hypotheses five, seven, nine, and eleven used t-test analysis. Hypotheses six, eight, ten, and twelve used a repeated-measured analysis of variance. The post-treatment hypotheses, thirteen through fifteen, were analyzed by chi-square tests and regression analysis. The thirteenth and fourteenth hypotheses were analyzed by chi-square tests. The fifteenth hypothesis was analyzed by a regression analysis.

Test of the Hypotheses

Hypothesis 1: There is no difference in self-esteem (S/E) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients before treatment.

This null hypothesis was rejected on the basis of the t-test presented in Table 2.

The findings on self-esteem at the start of the program between high and low socioeconomic status clients confirmed the assumptions of the program staff. The high socioeconomic status clients scored 10.6 points
Table 2

Student t-Test Between Means of HSES and LSES Unemployed for Self-Esteem Before Treatment

<table>
<thead>
<tr>
<th>Construct</th>
<th>Groups</th>
<th>N</th>
<th>df</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>HSES</td>
<td>43</td>
<td>93</td>
<td>69.62</td>
<td>18.96</td>
<td>2.61</td>
<td>.010*</td>
</tr>
<tr>
<td></td>
<td>LSES</td>
<td>52</td>
<td></td>
<td>58.98</td>
<td>20.46</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .10.

Higher on self-esteem than the lower socioeconomic status clients before treatment. Higher self-esteem scores indicated a stronger feeling of self-worth.

**Hypothesis 2:** There is no difference in locus of control—internal (L/C-I) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients before treatment.

This null hypothesis was rejected on the basis of the t-test presented in Table 3.

The findings on locus of control—internal at the start of the program between high and low socioeconomic status clients confirmed the assumptions of the program staff. The high socioeconomic status clients scored 3.2 points higher on locus of control—internal than the low socioeconomic status clients before treatment. Higher locus of control—internal scores indicated a stronger belief in personal control of their lives.
Hypothesis 3: There is no difference in locus of control—powerful others (L/C-P) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients before treatment.

This null hypothesis was accepted on the basis of the t-test presented in Table 4.
Although the mean scores for high socioeconomic status clients were smaller than those for the low socioeconomic status clients, the findings on locus of control—powerful others did not show a significant difference between high and low socioeconomic status clients at the start of the program. The lower scores indicate less belief in powerful others as a locus of control. Both mean scores for high and low socioeconomic status clients were larger than the sample of normal adults reported by Levenson (1973). The normal adult sample mean for locus of control—powerful others was 16.7 points compared to 17.8 points for HSES clients and 18.5 points for LSES clients before treatment.

**Hypothesis 4:** There is no difference in locus of control—chance (L/C-C) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients before treatment.

This null hypothesis was accepted on the basis of the t-test presented in Table 5.

Table 5

<table>
<thead>
<tr>
<th>Construct</th>
<th>Groups</th>
<th>N</th>
<th>df</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>L/C-C</td>
<td>HSES</td>
<td>43</td>
<td>93</td>
<td>17.79</td>
<td>9.03</td>
<td>.90</td>
<td>.375</td>
</tr>
<tr>
<td></td>
<td>LSES</td>
<td>52</td>
<td></td>
<td>19.49</td>
<td>9.35</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .10.
Although the mean scores for high socioeconomic status clients were smaller than those for low socioeconomic status clients, the findings on the second dimension of external locus of control—chance did not show significant difference at the start of the program between high and low socioeconomic status clients. Both mean scores were larger than the sample of normal adults reported by Levenson (1973). The normal adult sample mean for locus of control—chance was 13.9 points compared to 17.8 points for the HSES clients and 19.5 points for the LSES clients before treatment.

**Hypothesis 5:** There is no difference in self-esteem (S/E) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients after treatment.

This null hypothesis was accepted on the basis of the t-test presented in Table 6.

Table 6

**Student t-Test Between Means of HSES and LSES Unemployed for Self-Esteem After Treatment**

<table>
<thead>
<tr>
<th>Construct</th>
<th>Groups</th>
<th>N</th>
<th>df</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>HSES</td>
<td>43</td>
<td>93</td>
<td>76.19</td>
<td>18.34</td>
<td>.37</td>
<td>.712</td>
</tr>
<tr>
<td></td>
<td>LSES</td>
<td>52</td>
<td>93</td>
<td>74.84</td>
<td>17.06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*a p < .10.*
The findings on self-esteem after treatment between high and low socioeconomic status clients did not confirm the assumptions of the program staff. The difference in post-scores between HSES and LSES clients was only 1.4 points.

**Hypothesis 6:** There are no pre-post differences in self-esteem (S/E) measures among both high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients.

This null hypothesis was rejected on the basis of the repeated-measure analysis of variance presented in Table 7.

The main effect of the socioeconomic status, the between subjects factor, showed a significant difference in self-esteem. The post-scores remained higher for the high socioeconomic status clients compared to the low socioeconomic status clients. However the post-score difference was only 1.4 points compared to 10.7 points difference in the pre-scores. The combined scores continued to show an effect between socioeconomic status.

The main effect of the pre- and post-test, the within subject factor, showed a significant difference in self-esteem. As suspected, the treatment had a positive effect on self-esteem within both groups. The mean scores for the HSES clients had a positive increase of 6.6 points, and the mean score for LSES clients had a positive increase of 15.9 points on the self-esteem measurement. These improvements suggest a positive effect to self-esteem from the training techniques.

A comparison of the mean scores of the two main effects demonstrates that the treatment effect was stronger than the socioeconomic status effect. The between-subject factor, socioeconomic status, had a 6.1
Table 7

Repeated Measure ANOVA Between HSES and LSES Unemployed for Self-Esteem After Treatment

<table>
<thead>
<tr>
<th>Subjects</th>
<th>N</th>
<th>Mean Pre-Test</th>
<th>Std. Dev.</th>
<th>Mean Post-Test</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSES</td>
<td>52</td>
<td>69.6</td>
<td>20.5</td>
<td>76.2</td>
<td>18.8</td>
</tr>
<tr>
<td>LSES</td>
<td>43</td>
<td>58.9</td>
<td>18.9</td>
<td>74.8</td>
<td>17.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between subjects</td>
<td>94</td>
<td>1692.9</td>
<td>1692.9</td>
<td>3.06</td>
<td>.079*</td>
</tr>
<tr>
<td>SES</td>
<td>1</td>
<td>1692.9</td>
<td>1692.9</td>
<td>3.06</td>
<td>.079*</td>
</tr>
<tr>
<td>Error-between</td>
<td>93</td>
<td>51416.3</td>
<td>552.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-post test S/E</td>
<td>1</td>
<td>5924.6</td>
<td>5924.6</td>
<td>38.22</td>
<td>.001*</td>
</tr>
<tr>
<td>Interaction</td>
<td>1</td>
<td>1014.2</td>
<td>1014.2</td>
<td>6.54</td>
<td>.012</td>
</tr>
<tr>
<td>Error-within</td>
<td>93</td>
<td>14414.9</td>
<td>154.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .10.

Point difference favoring the HSES clients. The within subject factor, treatment, had a 10.8 point difference in a positive direction after treatment.

The analysis also indicates a significant effect for the interaction of the two factors, which was not hypothesized. A simple main effect analysis of the means was used to investigate the significant interaction. The findings are presented in Figure 3.
Figure 3. Mean self-esteem scores for HSES and LSES clients on pre- and post-test.

Figure 3 illustrates a 10.7 point difference between socioeconomic status for self-esteem before treatment. The mean scores after treatment showed a 1.4 point difference. In both cases the HSES clients had higher scores than the LSES clients. However, in terms of improvement, the LSES clients' change in scores was more than twice the change for HSES clients. LSES clients had a 13.9 point increase while the HSES clients only increased by 6.6 points. The treatment effect was greater for the LSES clients even though both groups showed improvement.

**Hypothesis 7:** There is no difference in locus of control—internal (L/C-I) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients after treatment.
This null hypothesis was accepted on the basis of the t-test presented in Table 8.

Table 8
Student t-Test Between Means of HSES and LSES Unemployed for Locus of Control—Internal After Treatment

<table>
<thead>
<tr>
<th>Construct</th>
<th>Groups</th>
<th>N</th>
<th>df</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>L/C-I</td>
<td>HSES</td>
<td>43</td>
<td>93</td>
<td>37.46</td>
<td>6.79</td>
<td>.38</td>
<td>.705</td>
</tr>
<tr>
<td></td>
<td>LSES</td>
<td>52</td>
<td></td>
<td>37.97</td>
<td>6.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .10.

The findings on locus of control—internal after treatment between high and low socioeconomic status clients did not confirm the assumptions made at the start of the program. The post-scores for HSES and LSES clients were virtually the same.

**Hypothesis 8:** There are no pre-post differences in locus of control—internal (L/C-I) measures among both high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients. This null hypothesis was rejected on the basis of the repeated-measure analysis of variance presented in Table 9.

The main effect of the socioeconomic status, the between subject factor, did not show a significant difference in locus of control—internal. Although the t-test comparing the two groups before treatment showed a significant difference (p=.034), favoring higher scores by the HSES clients.
Table 9

Repeated Measure ANOVA Between HSES and LSES Unemployed for Locus of Control—Internal After Treatment

<table>
<thead>
<tr>
<th>Subjects</th>
<th>N</th>
<th>Mean Pre-Test</th>
<th>Std. Dev.</th>
<th>Mean Post-Test</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSES</td>
<td>52</td>
<td>36.2</td>
<td>6.4</td>
<td>37.5</td>
<td>6.8</td>
</tr>
<tr>
<td>LSES</td>
<td>43</td>
<td>32.9</td>
<td>8.3</td>
<td>38.0</td>
<td>6.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between subjects</td>
<td>94</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SES</td>
<td>1</td>
<td>86.0</td>
<td>86.0</td>
<td>1.28</td>
<td>.260</td>
</tr>
<tr>
<td>Error-between</td>
<td>93</td>
<td>6269.4</td>
<td>67.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Within subjects |      |      |      |       |       |
| Pre-post test S/E | 1  | 468.8 | 468.8 | 15.54 | .001* |
| Interaction       | 1  | 164.2 | 164.2 | 5.44  | .021* |
| Error-within      | 93 | 2805.8 | 30.6 |       |       |

* p < .10.

the combined scores before and after treatment did not differentiate the two groups. A mean score comparison before and after treatment showed an increase of 5.1 points in locus of control—internal for the LSES clients compared to only a slight increase of 1.3 points for the HSES clients after treatment. Apparently the LSES clients gained a stronger belief in their ability to control their lives after treatment. Both groups recorded
relatively good internal control scores after treatment, with the HSES clients at 37.5 points and the LSES clients at 38.0 points. Both scores compare favorably with the sample of normal adults taken by Levenson (1973), who reported 35.5 points for locus of control—internal. The improvement made by the LSES clients after treatment seems to negate the earlier difference in scores with the HSES clients before treatment.

The main effect of the pre- and post-test, the within-subject factor, showed a significant difference in locus of control—internal. As suspected, the treatment had a positive effect on locus of control within both groups. These improvements suggest a positive effect from the training techniques on locus of control—internal.

The analysis also indicate a significant effect from the interaction on the two factors ($p = .021$). A simple main effect analysis of means was used to investigate the interaction. The findings are presented in Figure 4.

Figure 4 illustrates a 3.3 point difference favoring HSES clients for locus of control—internal before treatment. The mean scores after treatment show a .5 point difference favoring LSES clients. In terms of improvement, the LSES clients' change in scores, was almost four times the change for HSES clients. LSES clients' scores increased 5.1 points while HSES clients' scores increased by only 1.3 points. The self-esteem comparison had similar results, in that LSES clients apparently benefited more from the treatment than did the HSES clients.
Figure 4. Mean locus of control—internal scores for HSES and LSES clients or pre- and post-test.

**Hypothesis 9:** There is no difference in locus of control—powerful others (L/C-P) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients after treatment.

This null hypothesis was accepted on the basis of the t-test presented in Table 10.

The findings on locus of control—powerful others after treatment between high and low socioeconomic status clients did not confirm the assumptions made at the start of the program. The difference in post-scores for HSES and LSES clients was only .8 points.

**Hypothesis 10:** There are no pre-post differences in locus of control—powerful others (L/C-P) measures among both high socioeconomic
Table 10

Student t-Test Between Means of HSES and LSES Unemployed for Locus of Control—Powerful Others (External) After Treatment

<table>
<thead>
<tr>
<th>Construct</th>
<th>Groups</th>
<th>N</th>
<th>df</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>L/C-P</td>
<td>HSES</td>
<td>43</td>
<td>93</td>
<td>15.21</td>
<td>10.02</td>
<td>.40</td>
<td>.693</td>
</tr>
<tr>
<td></td>
<td>LSES</td>
<td>52</td>
<td></td>
<td>14.44</td>
<td>8.55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .10.

status (HSES) clients and low socioeconomic status (LSES) clients. This null hypothesis was rejected on the basis of the repeated-measure analysis of variance presented in Table 11.

The main effect of the socioeconomic status, the between-subject factor, did not show a significant difference in locus of control—powerful others. The t-test comparing the two groups before treatment on this external control also did not differentiate. Apparently the overwhelming condition of homelessness resulted in similar beliefs of external control for both the high socioeconomic status clients and the low socioeconomic status clients.

The main effect of the pre- and post-tests, the within-subject factor, showed a significant difference in locus of control—powerful others. Once again the treatment showed a positive effect on both groups. Before treatment both groups measured higher on locus of control—powerful others than did the Levenson's sample of normal adults, with HSES at 17.8 points and LSES at 18.5 points compared to the normal sample at 16.7
Table 11
Repeated Measure ANOVA Between HSES and LSES Unemployed for Locus of Control—Powerful Others (External) After Treatment

<table>
<thead>
<tr>
<th>Subjects</th>
<th>N</th>
<th>Mean Pre-Test</th>
<th>Std. Dev.</th>
<th>Mean Post-Test</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSES</td>
<td>52</td>
<td>17.8</td>
<td>9.5</td>
<td>125.2</td>
<td>10.0</td>
</tr>
<tr>
<td>LSES</td>
<td>43</td>
<td>18.5</td>
<td>9.2</td>
<td>14.4</td>
<td>8.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between subjects SES</td>
<td>94</td>
<td>12409.4</td>
<td>133.4</td>
<td>.00</td>
<td>.940</td>
</tr>
<tr>
<td>Error-between</td>
<td>93</td>
<td>.0</td>
<td>.0</td>
<td>.00</td>
<td>.940</td>
</tr>
<tr>
<td>Within subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-post test S/E Interaction</td>
<td>1</td>
<td>516.9</td>
<td>516.9</td>
<td>12.1</td>
<td>.001*</td>
</tr>
<tr>
<td>Error-within</td>
<td>93</td>
<td>3981.8</td>
<td>42.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .10.

points. As noted, the higher the external control (powerful others) score, the stronger the belief in control by powerful others. In contrast, the after-treatment scores for both HSES and LSES groups were less than the normal groups, with HSES at 15.2 points and LSES at 14.4 points compared to the normal group score at 16.7 points. The data indicate that the training techniques had a positive effect on the clients' beliefs in locus of control—powerful others.
**Hypothesis 11:** There is no difference in locus of control—chance (L/C-C) measures between high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients after treatment.

This null hypothesis was accepted on the basis of the t-test presented in Table 12.

The findings on locus of control—chance after treatment between high and low socioeconomic status clients did not confirm the assumptions made at the start of the program.

Table 12

**Student t-Test Between Means of HSES and LSES Unemployed for Locus of Control—Chance (External After Treatment)**

<table>
<thead>
<tr>
<th>Construct</th>
<th>Groups</th>
<th>N</th>
<th>df</th>
<th>Mean</th>
<th>Std. Dev.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>L/C-C</td>
<td>HSES</td>
<td>43</td>
<td>93</td>
<td>12.19</td>
<td>8.17</td>
<td>1.58</td>
<td>.114</td>
</tr>
<tr>
<td></td>
<td>LSES</td>
<td>52</td>
<td></td>
<td>15.09</td>
<td>9.75</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hypothesis 12:** There are no pre-post differences in locus of control—chance (L/C-C) measures among both high socioeconomic status (HSES) clients and low socioeconomic status (LSES) clients.

This null hypothesis was rejected on the basis of the repeated-measure analysis of variance presented in Table 13.

The main effect of the socioeconomic status, the between-subject factor, did not show a significant difference in locus of control—chance. The t-test comparing the two groups before treatment on this external
control also did not differentiate. This same finding was made on the locus of control—powerful other dimension. Again, the overwhelming condition of homelessness may be the factor effecting similar beliefs of external control for both high socioeconomic status clients and low socioeconomic status clients.

Table 13

Repeated Measure ANOVA Between HSES and LSES Unemployed for Locus of Control—Chance (External) After Treatment

<table>
<thead>
<tr>
<th>Subjects</th>
<th>N</th>
<th>Mean Pre-Test</th>
<th>Std. Dev.</th>
<th>Mean Post-Test</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSES</td>
<td>52</td>
<td>17.8</td>
<td>9.0</td>
<td>12.2</td>
<td>8.2</td>
</tr>
<tr>
<td>LSES</td>
<td>43</td>
<td>19.5</td>
<td>9.4</td>
<td>15.1</td>
<td>9.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>E</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SES</td>
<td>1</td>
<td>249.1</td>
<td>249.1</td>
<td>2.10</td>
<td>.146</td>
</tr>
<tr>
<td>Error-between</td>
<td>93</td>
<td>11005.7</td>
<td>118.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-post test S/E</td>
<td>1</td>
<td>1174.8</td>
<td>1174.8</td>
<td>25.89</td>
<td>.001*</td>
</tr>
<tr>
<td>Interaction</td>
<td>1</td>
<td>16.9</td>
<td>16.9</td>
<td>.37</td>
<td>.546</td>
</tr>
<tr>
<td>Error-within</td>
<td>93</td>
<td>4219.4</td>
<td>45.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .10.
The main effect of the pre- and post-tests, the within-subject factor, showed a strong significant difference in locus of control—chance. The treatment, once again, showed a positive effect on both groups. Before treatment, both groups measured higher on locus of control—chance than did the Levensen’s sample of normal adults, with HSES at 17.8 points and LSES at 19.5 points compared to the normal sample at 13.9 points. As noted, the higher the external control (chance) score, the stronger the belief in locus of control by fate or chance. Both groups made improvement in the locus of control—chance scores after treatment, with HSES at 12.2 points—a 5.6 point reduction, and LSES at 15.1 points—a 4.4 point reduction. The data indicate that the training techniques had a positive effect on the clients' beliefs in locus of control—chance.

**Hypothesis 13:** There is no difference in gainful employment (GE) between the high socioeconomic status (HSES) clients and the low socioeconomic status (LSES) clients after treatment. This null hypothesis was accepted on the basis of the 2x2 Chi-square analysis presented in Table 14.

Although the HSES group had a slightly higher percentage of employed members than the LSES group at the end of the treatment, 79% compared to 74%, the difference was not statistically significant. Gainful employment measured status of each client regarding employment or unemployment immediately after the treatment. The overall average of 77% successfully employed following the treatment was exceptionally good for a job rehabilitation program for the homeless.
Table 14
Two-by-Two Chi-Square Analysis Between Means of HSES and LSES Gainful Employment Status After Treatment

<table>
<thead>
<tr>
<th></th>
<th>Employed</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSES</td>
<td>41</td>
<td>11</td>
</tr>
<tr>
<td>LSES</td>
<td>32</td>
<td>11</td>
</tr>
</tbody>
</table>

$X^2 = .259, \ p = .62.$

**Hypothesis 14:** There is no difference in gainful employment (GE) between the high socioeconomic status (HSES) clients and the low socioeconomic status (LSES) clients six months after treatment.

This null hypothesis was accepted on the basis of the 2x2 Chi-Square analysis presented in Table 15.

Table 15
Two-by-Two Chi-Square Analysis Between means of HSES and LSES Gainful Employment Status Six Months After Treatment

<table>
<thead>
<tr>
<th></th>
<th>Employed</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSES</td>
<td>42</td>
<td>10</td>
</tr>
<tr>
<td>LSES</td>
<td>32</td>
<td>11</td>
</tr>
</tbody>
</table>

$X^2 = .551, \ p = .46.$
The data continued to show strong employment percentages for both
groups six months after treatment, with HSES clients at 81% and LSES
clients at 74%. The overall average employment rate among both groups
was 78%. The continued high percentage of gainful employment indicated
that the Restart program provided a positive effect on the project goal of
client self-sufficiency for both groups.

Hypothesis 15: There is no correlation between maintaining
employment (ME) and socioeconomic status (SES), locus of control (L/C)
and self-esteem (S/E).

The results of the correlation analysis are presented, in Table 16,
followed by the results of the regression analysis in Table 17. This null
hypothesis was rejected on the basis of the regression analysis presented in
Table 17.

Three of the five predictor variables, self-esteem, locus of
control—internal, and socioeconomic status had moderate correlations with
maintaining employment at levels of significance less than .10.

The regression analysis indicates a level of statistical significance
($p<.10$) as a predictor model. The correlation coefficient of .474 indicates
that the explainable variance is .224 or more than 20%. The two strongest
predictor variables were self-esteem at .099 and socioeconomic status at
.048. None of the three locus of control dimensions showed a significant
correlation with the criterion variable. The criterion variable, maintaining
employment, measured the number of months each client had a full-time
job during the six months immediately following completion of the
treatment. Of the two psychological factors, self-esteem and locus of
control, self-esteem was the better predictor of maintaining a job. The
positive correlation indicates that high self-esteem clients tended to maintain their jobs longer over the six months period.

The regression model also revealed that socioeconomic status had a statistically significant correlation with the criterion variable, maintaining employment. The positive correlation favored high socioeconomic status clients over low socioeconomic status clients. A review of the input data indicates that the mean value for maintaining employment for HSES clients was 4.9 months compared to 4.6 months for LSES clients. The HSES group had 52 subjects and the LSES group had 43 subjects in the model. Although the main difference in maintaining employment was only .3 months, it tested as a significant predictor in the analysis.
Several other findings were revealed, that were not hypothesized. Data supporting these non-hypothesized findings are presented in the correlation matrix (Table 13).
The relationships between self-esteem and locus of control—internal, as well as between the locus of control—powerful others and locus of control—chance had strong correlations. The first correlation of .69 (p<.10) between self-esteem and locus of control—internal supports the research findings of Lied and Pritchard (1976) that internals (L/C-I) would also demonstrate high self-esteem. The second correlation of .64 (p<.10) between locus of control—powerful others and locus of control—chance supported the assumption that both dimensions were related external dimensions.

Summary

This chapter presents the findings from this study. The research confirmed pre-treatment hypotheses 1 and 2 that assumed high socioeconomic status clients would have stronger self-esteem and locus of control—internal before treatment than the low socioeconomic status clients. It did not confirm hypotheses 3 and 4 that assumed the low socioeconomic status clients would have stronger locus of control—powerful others and locus of control—chance before treatment than the high socioeconomic status clients.

The research did not confirm treatment hypotheses 5 and 7 that assumed high socioeconomic status clients would have stronger self-esteem and locus of control—internal scores after treatment than low socioeconomic status clients. The research did not confirm treatment hypotheses 9 and 11 that assumed low socioeconomic status clients would have stronger locus of control—powerful others and locus of control—chance after treatment than the high socioeconomic status clients. The research confirmed the
treatment hypotheses 6, 8, 10, and 12 that assumed the treatment effect would be positive for both groups with increases in self-esteem and locus of control—internal, and with decreases in locus of control—powerful others and locus of control—chance.

The research did not confirm post-treatment hypotheses 13 and 14 that assumed the high socioeconomic status clients would be more successful low socioeconomic status clients at finding a job. The research confirmed the post-treatment hypothesis 15 that assumed that maintaining employment would have a positive relationship with one or more of the factors analyzed in the study. A relationship was identified between both socioeconomic status and self-esteem with maintaining employment.

The findings also indicate an interaction effect between self-esteem and socioeconomic status and between locus of control—internal and socioeconomic status. In addition, the findings demonstrate relationships between self-esteem and locus of control—internal and between locus of control—powerful others and locus of control—chance. These findings are discussed and specific recommendations are presented based on the conclusions drawn from this study in Chapter 5.
CHAPTER 5

SUMMARY, DISCUSSION,
AND RECOMMENDATIONS

Summary

This research was designed to study the effects of a job training program for jobless and homeless persons in the Dallas, Texas metropolitan area. The study included members of the homeless population who had marketable skills and were capable of re-entering the work force, but who had been unable to gain employment because of the handicap imposed by homelessness.

A diagnostic classification of high socioeconomic status (HSES) or low socioeconomic status (LSES) was used among the subjects depending on their social and economic backgrounds. The study looked at the psychological attitudes of the subjects concerning self-esteem and locus of control. An extensive literature search indicated that these two constructs were among the most serious psychological factors influencing the unemployed. These constructs were tested for effects from socioeconomic status and effects from the training intervention. The study also looked at the effects of self-esteem, locus of control, and socioeconomic status as predictors for maintaining employment following the treatment.

The clients were selected through several social service agencies dealing with the homeless. The program structure was a joint venture enterprise among a number of large corporate businesses, local community
service agencies, and a professional group of business trainers. The training program was a comprehensive 36-day treatment in which clients and clients' families were housed and fed free of charge at a facility reconditioned for temporary living. The training sessions were set at fixed times during the day and evening. The three major areas of concentration were: (a) how to get a job, (b) how to keep a job, and (c) how to develop life-coping skills. The approach was both cognitive and behavioral, with special emphasis on the latest business training techniques used by the group of professional trainers involved in the program. The study addressed the research question, "Was there a difference in treatment effect for individuals who had different socioeconomic backgrounds?"

A quasi-experimental research design was used. Four separate analyses were employed to test the hypotheses. The first analysis was a $t$-test. It compared each of the psychological constructs of self-esteem and locus of control to socioeconomic status before and after treatment. The second analysis was a two-by-two repeated-measure analysis of variance. It compared the socioeconomic status, as the first factor, with a repeated pre- and post-test, as the second factor, for each of the psychological constructs of self-esteem and locus of control. The third analysis was a chi-square test. It compared socioeconomic status with gainful employment. The fourth analysis was a multiple regression, which used maintaining employment (job retention) over a six-month period following treatment as a criterion variable and the factors of socioeconomic status, self-esteem, and locus of control as predictor variables.

The findings showed that HSES clients demonstrated higher self-esteem and internal locus of control than LSES clients at the start of the
treatment, as was expected. However the external locus of control (powerful others and chance) were not significantly different between groups before or after treatment.

The treatment had a significant effect on both groups with an increase in self-esteem and internal locus of control and a decrease in both external locus of control dimensions of powerful others and chance. All four positive changes were expected. What was not expected, was that the treatment had a greater effect on the LSES clients than on the HSES clients on increases in self-esteem and locus of control—internal as shown by the analysis interaction.

Finally, in measuring results of the treatment, a large percentage of both groups were successful in finding jobs, 79% for HSES clients and 74% for LSES clients. It was hypothesized that HSES clients' success would be higher, but the difference was not statistically significant. Both high self-esteem and high socioeconomic status had a positive effect on the length of time over a six-month period following treatment that clients were able to maintain employment (job retention).

Because of the limited research conducted on the unemployed homeless to date, this study must be considered exploratory in its findings. Restrictions in the selection process prevent the results from being generalized to the total population of homeless throughout the country. It does, however, provide a very important profile of a segment of the homeless population that can be useful in the research for new and improved methods of dealing with a major socioeconomic problem of the homeless unemployed.
Discussion

The study supports the proposition that the new poor and the traditional poor have different attitudes and beliefs about themselves (self-esteem) and about control of their lives (locus of control). The study also supports the proposition that properly applied learning techniques could have a positive effect on those attitudes and beliefs for both groups. The study however left some question as to the new poor (high socioeconomic status) achieving higher success rates for job results than the traditional poor (low socioeconomic status), since both groups were at a fairly high level of success. In getting a job (gainful employment) there was no significant difference between groups. In maintaining employment (job retention) the new poor (HSES) showed a positive relationship but the actual difference was less than one month over a six-month period.

Pre-Treatment Findings

The first four hypotheses were tested before treatment started. As suggested in the literature by Boas (1988), Hartley (1980), Heisler (1974), Lefcourt (1969), and others, high socioeconomic status clients had higher self-esteem and internal locus of control measures than the low socioeconomic status clients. However, for the external locus of control (powerful others and chance), there was no significant difference. Both groups' scores were high on the external locus of control measures. This may be explained by what Seligman (1975) calls "learned helplessness." Because of the overwhelming plight of homelessness, both groups tended to rationalize their condition, to some extent, by projecting blame away from themselves in order to protect their needed self-esteem.
Treatment Findings

The next eight hypotheses, five through twelve, were tested by t-test after treatment and repeated-measure before and after treatment. As suggested in the literature by Baron, Bass, and Vietze (1971), Gardner and Beatty (1980), Powell (1973) and others, appropriate learning techniques can have a positive effect on self-esteem and locus of control. Major improvements were realized by both groups in self-esteem, locus of control—internal, locus of control—powerful others and locus of control—chance. The interaction effect between socioeconomic status and treatment, however, showed that the improvement was significantly greater for LSES clients for both self-esteem and locus of control—internal. One possible explanation for this difference may be found in Erikson’s (1959) theory of ego development which was cited as being the basis for Super’s (1963) explanation of self-esteem. In Identity and the Life Cycle, Erikson (1959) suggests that persons go through eight growth stages in their ego development. He identified them as: trust, autonomy, initiative, industry, identity, intimacy, generativity, and integrity. These stages occur in a chronological order of development by the individual. The passing from one stage to the next is important to the overall development of the individual. The first three stages are accomplished in infancy and early childhood. The fourth stage, which is most interesting for this study, is industry. It occurs in adolescent and early adulthood. It is closely related to occupational identity. It is the stage necessary to the development of the individual that is achieved by gaining success in the adult world of work. In applying Erikson’s theory to this study, the improvement made by the low
socioeconomic status clients may indicate a transition to this important stage of industry in their development. The overall program may have given the low socioeconomic status clients their first opportunity to be successful in the adult world of work. For the high socioeconomic status clients this transition may have been attained by earlier successes in their work experiences. Regardless of the explanation, the treatment provided a strong amelioration for job rehabilitation for the low socioeconomic status clients.

**Post Treatment Findings**

The last three hypotheses, 13, 14, and 15, addressed the behavioral results finding and keeping a job. Both the HSES clients and the LSES clients were successful in finding a job. The HSES clients had a 79% employment rate after the treatment and an 81% employment rate six months later. The LSES clients had a 74% employment rate after the treatment and a 74% employment rate six months later. As anticipated, there was no significant difference between groups. The Noe (1986) model, suggesting that locus of control internals would be more successful than locus of control externals, was not supported. Since LSES clients showed a stronger externality at the start of the program, it was expected that they would not have the same success as HSES clients. A possible explanation for this discrepancy may be found in the interaction effect of training on LSES clients. By the end of the treatment LSES clients' locus of control—internal and locus of control—powerful others scores were virtually equal to the HSES clients, indicating that the LSES clients had made substantial improvement toward a stronger internal locus of control.
The last measure to be tested was maintaining employment (job retention). Self-esteem appeared to be a better predictor of job retention than locus of control, since it correlated positively with maintaining employment. However, as noted in Chapter 3, high socioeconomic status clients correlated positively with maintaining employment, but only averaged .3 months more than low socioeconomic clients, 4.9 months compared to 4.6 months. Both groups had a rate of job retention higher than 75%.

Other Observations

Evidence from the study appears to reject Lewis' (1965) culture of poverty theory which suggested that traditional poor's value system is negative, self-perpetuating, and irreversible. Based on the results attained by the low socioeconomic clients who improved in their beliefs about themselves (self-esteem) and controlling their lives (locus of control) plus achieving a 74% rate of employment and 75% rate of retention, the theory proved invalid.

Other research that was not tested, but which appeared to have support from the findings, included: Vroom's (1982) expectancy model, Lewin's (1951) group dynamics findings, and Bandura's (1969) behavior modeling. In the expectancy model, Vroom emphasized the importance of individuals' belief in themselves and their expectations of positive outcomes. The training efforts to change clients' attitudes toward self-worth and personal responsibility seemed to reinforce the beliefs that effort could lead to good performance, or improved skills, and that improved skills could lead to the positive outcome of gainful employment. The fact that more than 70%
of the candidates that started the program completed the program seems to indicate a strong belief by the clients in themselves and the effectiveness of the program.

In Lewin's (1951) findings on group dynamics, he emphasized the phenomena of group cohesiveness for groups with common goals and expectations. This phenomenon was observed by House (1972) in the sensitivity training done at the National Training Laboratory. Group cohesiveness manifested itself in several ways during the study of Restart. One of the ways was the group norms formed by clients during the program. These norms were mutually supportive and self-policing among the groups. Very few disciplinary actions were required by the project director because there was a group tendency to keep each other in line according to the established rules and regulations. This support carried over following the program. Several of the clients worked together in attaining housing accommodations. Many clients maintained contact with members from their program, and several clients volunteered to help in the program with new groups.

The modeling effect suggested in Bandura's (1969) behavior modeling theory, seemed to be demonstrated in the interaction between the volunteer instructors and the clients in the program. Part of the cohesiveness phenomenon appeared to be modeled from the example set by the volunteer instructors. Since these professionals held demanding jobs outside the project, their commitment to numerous hours of work per month for the project provided an exceptional role model to the clients for concern, dedication, and commitment. It is my opinion that this environment could
only be created in a private, non-profit, joint-venture project, such as Restart.

One final observation from the study was the apparent effectiveness of the Rational Emotive Therapy techniques applied during the training sessions. As noted in the literature review, many of the methods suggested by Gardner and Beatty (1980) were implemented into the Restart curriculum. Although no specific data were collected on the effectiveness of these techniques on changing locus of control beliefs, anecdotal evidence among the instructors indicated strong support for the techniques and their positive effects.

Recommendations

The following recommendations are offered as a result of the findings of this study:

1. Further reinforcement of existing methods dealing with self-esteem and locus of control should be introduced into the treatment. Counseling efforts by project director of Restart should incorporate Gardner and Beatty's (1980) suggestions to (a) reward responsible behavior immediately; (b) discuss the concept of locus of control and explain its positive and negative effects; (c) use goal setting exercises; and (d) discuss the important relationship on the job between promotion, increase pay and work performance.

2. Extend the follow-up data from 6 months to 12 and 24 months to determine the extent of rehabilitation.

indicate sex as a possible moderating variable. Existing data from this research shows that females start the program with a lower self-esteem than males.

4. Begin tracking psychological profiles of drop-out candidates during the treatment to determine if any indicators can be determined that would lessen the possibility of failure.

5. Do a more intense study of the treatment dealing with Rational Emotive Therapy. Based on the findings, this technique may have positive effects on both self-esteem and internal locus of control.

6. Identify a comparable rehabilitation program somewhere in the United States that could be used as a control group in a more detailed experimental study.

7. Apply Rational Emotive Therapy techniques to other programs of rehabilitation that are targeted at the economically-disadvantaged population.
APPENDIX A

Restart Training Program Curriculum
Restart Training Program Curriculum

1st day
Thursday: 7pm-9pm OVERVIEW
The purpose of the program is explained to the clients. Also the expectations of both the staff and the clients are discussed. A set of house rules are explained and assignments are made for the remainder of the week.

2nd day
Friday: 8am-5pm SELF ASSESSMENT
A series of questionnaires are used to help the clients identify interests, values, skills, and work environments that are attractive to them. They conclude this session by roughing out a job resume.

Friday: 7pm-9pm THOUGHT PATTERNS FOR SUCCESS #1

3rd day
Saturday: 8am-5pm THOUGHT PATTERNS FOR SUCCESS#2

4th day
Sunday: 2pm-6pm THOUGHT PATTERNS FOR SUCCESS #3
A set of video tapes developed by Doctor Lou Tice, a consultant in self motivation, are used to formulate positive affirmations by the clients, in order to change their attitudes about themselves that hinder them in finding and keeping a job.

5th day
Monday: 8am-12noon COMPLETING A JOB APPLICATION
A detailed step-by-step program is used to help clients fill out an application correctly.

Monday: 1pm-5pm WORKBOOK
A workbook detailing the work history of each client is completed. It is pocket-size book that enables the client to
carry a ready reference to each job interview, and helps them to complete a job application.

Monday: 7pm-9pm  JOB LEADS
Sources for job leads are discussed, with practice sessions on uses of Phone Directory, Business Directory, and other sources.

6th day  Tuesday: 8am-12noon  INTERVIEWING TACTICS AND TECHNIQUES
The importance of preparation, appearance and proper attention for job interviews is explained and short role plays are used for practicing techniques.

Tuesday: 1pm-5pm  NEWSPAPER ADS
A structured search through the Want Ads is conducted with each client to identify potential job openings that the clients can begin to contact.

Tuesday 7pm-9pm  TELEPHONE SKILLS
Short role plays are used to demonstrate proper phone techniques for inquiring about job openings, and follow-up after job interviews.

7th day  Wednesday: 8am-5pm  INTERVIEWING PRACTICES
The clients select potential job openings for doing role plays with professional interviewers in front of a television camera. The tapes of each interview are then reviewed with clients to point out strengths and weaknesses of the interviews.

Wednesday: 7pm-9pm  LOOKING GOOD
Hints for good grooming, inexpensive clothes shopping, and care for appearance, are demonstrated and then applied by each client.
8th day  Thursday: 8am-9pm  INTERVIEWING PRACTICES
A repeat of the session from Wednesday, with each client getting several opportunities to tape interviews and improve techniques.

9th day  Friday: 8am-5pm  JOB BANKS: TEXAS EMPLOYMENT COMMISSION
The clients are taken to several agencies in the area that provide services for job searches.

Friday: 7pm-9pm  THOUGHT PATTERNS FOR SUCCESS #4
A summary session is done on the ideas and techniques presented earlier.

10th day  Saturday: 1pm-5pm  PROSPERITY THINKING
This session deals with the attitudes and values relating to everyday living. Outlooks about individuals current status and ways to improve it are discussed.

11th day  Sunday:  CHURCH AND ORGANIZED RECREATION
Monday thru Friday: 8am-5pm  JOB SEARCH
Clients begin job interviews for jobs identified and contacts during the earlier sessions.

12th day  Monday: 7pm-9pm  LISTENING
The importance and techniques for good listening are discussed and practiced in role play exercises.

13th day  Tuesday: 7pm-9pm  ASSERTIVENESS # 1
The importance and techniques for proper assertive behavior are discussed and practiced in role play exercises.
14th day  Wednesday: 7pm-9pm  ASSERTIVENESS #2
A continuation of the discussion and practices of assertive behavior.

15th day  Thursday: 7pm-9pm  KEEPING A JOB #1
A list of employer and employee expectations are discussed. Focus is on both written and unwritten company rules and regulations.

16th day  Friday: 7pm-9pm  GROUP MEETING
Project Director meets with the clients to discuss any problems or suggestions they may have with the course material or their first week of searching for a job.

17th day  Saturday: 9am-12noon  LIBRARY AND PARKS
A visit to the main library is made, with an explanation given for the references and resources available at the library and in the public parks throughout the city.

18th day  Sunday:  CHURCH AND ORGANIZED RECREATION

Monday thru Friday: 8am-5pm  JOB SEARCH OR WORK
Some of the clients by the third week will have obtained jobs and will be working while continuing with the evening classes and living at the Restart apartments. The other clients continue their job search during this period.

19th day  Monday: 7pm-9pm  REVIEW 2ND WEEK  A review of the materials dealing with Listening, Assertiveness and Keeping a Job is done.
20th day  Tuesday: 7pm-9pm  AFFIRMATIONS AND GOALS
Application of the material covered in Thought Patterns for Success on Positive Affirmations are tied to goal setting.

21st day  Wednesday: 7pm-9pm  BUDGETING
A step-by-step method for calculating income and expenses is worked out with each client.

22nd day  Thursday: 7pm-9pm  KEEPING A JOB #2
A reinforcement of the material presented on the 15th day is presented, with more applications with role play exercises.

23rd day  Friday: 7pm-9pm  GROUP MEETING
A repeat of the previous Friday, with the program director working on problems and suggestions from the clients.

24th day  Saturday: 9am-12noon  APARTMENT INFORMATION
A member of the County Housing Authority discusses the availability, cost, and restrictions of housing in the Dallas area.

25th day  Sunday:  CHURCH AND ORGANIZED RECREATION

26th day  Monday: 7pm-9pm  REVIEW 3RD WEEK
A review of Affirmations, Goals, Budgets, Keeping a Job, and Apartment Information is done.

27th day  Tuesday: 7pm-9pm  ACTION PLAN # 1
A step-by-step method for taking goals and objectives into an Action Plan that can be implemented.

28th day  Wednesday: 7pm-9pm  ACTION PLAN # 2
Individual assistance is given to each client in forming his or her Action Plan.
29th day  Thursday: 7pm-9pm  NUTRITION
An explanation of good food eating and buying habits is done.
Practice shopping lists are developed for use in late sessions on comparison shopping.

30th day  Friday: 7pm-9pm  GROUP MEETING
Project Director reviews the week studies.

31st day  Saturday: 9am-12noon  COMPARISON SHOPPING
Clients are taken to local grocery stores for investigating cost and values of various foods identified in the Thursday session on Nutrition.

32nd day  Sunday:  CHURCH AND ORGANIZED RECREATION

33rd day  Monday: 7pm-9pm  REVIEW 4TH WEEK
A review of Action Plans and Nutrition is done.

34th day  Tuesday: 7pm-9pm  EVALUATION
Clients are asked for feedback about the individual sessions and overall program effectiveness.

35th day  Wednesday: 7pm-9pm  COMMENCEMENT
Class graduation is conducted with certificates of completion awarded, and dinner is attended by clients, instructors, and staff.

36th day  Thursday:  MOVE OUT
Clients leave the program and move to their own housing and new jobs.
APPENDIX B

Evaluation Procedure for Socioeconomic Status Classification
Evaluation Procedure for Socioeconomic Status Classification

1.0 Income Data

1.1 How many years have you earned income? _____

<table>
<thead>
<tr>
<th>Annual Family Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Family Less</td>
</tr>
<tr>
<td>Members Than Yrs.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1 4000</td>
</tr>
<tr>
<td>2 5000</td>
</tr>
<tr>
<td>3 6000</td>
</tr>
<tr>
<td>4 or more 8000</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4-6000</td>
</tr>
<tr>
<td>5-8000</td>
</tr>
<tr>
<td>6-10000</td>
</tr>
<tr>
<td>8-13000</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>6-9000</td>
</tr>
<tr>
<td>8-14000</td>
</tr>
<tr>
<td>10-17000</td>
</tr>
<tr>
<td>13-23000</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>9001</td>
</tr>
<tr>
<td>14001</td>
</tr>
<tr>
<td>17001</td>
</tr>
<tr>
<td>23001</td>
</tr>
</tbody>
</table>

1.2 How would you classify your occupational skills?

<table>
<thead>
<tr>
<th>Unskilled</th>
<th>Semi-skilled</th>
<th>Skilled</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.0 Social Support Data

2.1 Have you received any support from:

<table>
<thead>
<tr>
<th></th>
<th>No. of Yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes/No</td>
</tr>
<tr>
<td>AFDC</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
</tr>
<tr>
<td>Housing Asst'n</td>
<td></td>
</tr>
<tr>
<td>General Asst'n</td>
<td></td>
</tr>
</tbody>
</table>

3.0 Your educational level is:

<table>
<thead>
<tr>
<th>Grade School</th>
<th>High School</th>
<th>College</th>
<th>Technical School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2-3-4-5-6-7-8-G</td>
<td>1-2-3-4-G</td>
<td>1-2-3-4-5-G</td>
<td>1-2-3-4</td>
</tr>
</tbody>
</table>
4.0 Family Background Data

4.1 How would you classify your parent's occupation?

<table>
<thead>
<tr>
<th></th>
<th>Unskilled</th>
<th>Semi-skilled</th>
<th>Skilled</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.4 Was your family

low income ___
middle income ___
high income ___

SCORING

Low Socioeconomic indicators

- Occupational Skill-unskilled
- Social Support-2 or more
- Educational Level-10yrs or less
- Parent Occ. Skill-unskilled
- Family Income-low

High Socioeconomic Indicators

- Occupational Skill-skilled or prof.
- Social Support-none
- Educational Level-13yrs or more
- Parent Occ. Skill-skilled or prof.
- Family Income-middle or high

CLASSIFICATION

LOW SOCIOECONOMIC

First income group (1.1)
Second income group (1.1) plus three or more Low SocioEconomic Indicators

HIGH SOCIOECONOMIC

Third income group (1.1)
Second income group (1.1) plus three or more High SocioEconomic Indicators
APPENDIX C

Self-Esteem Inventory--Adult Form
Self-Esteem Inventory - Adult Form

___ Like Me ___________ Unlike Me
1. Things usually don't bother me.
2. I find it very hard to talk in front of a group.
3. There are lots of things about myself I'd change if I could.
4. I can make up my mind without too much trouble.
5. I'm a lot of fun to be with.
6. I get upset easily at home.
7. It takes me a long time to get used to anything new.
8. I'm popular with persons my own age.
9. My family usually considers my feelings.
10. I give in very easily.
11. My family expects too much of me.
12. It's pretty tough to be me.
13. Things are all mixed up in my life.
14. People usually follow my ideas.
15. I have a low opinion of myself.
16. There are many times when I would like to leave home.
17. I often feel upset with my work.
18. I'm not as nice looking as most people.
19. If I have something to say, I usually say it.
20. My family understands me.
21. Most people are better liked than I am.
22. I usually feel as if my family is pushing me.
23. I often get discouraged with what I am doing.
24. I often wish I were someone else.
25. I can't be depended on.
APPENDIX D

Locus of Control Scale
### Locus of Control Scale

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree (-3)</th>
<th>Somewhat Disagree (-2)</th>
<th>Slightly Disagree (-1)</th>
<th>Agree (+1)</th>
<th>Somewhat Agree (+2)</th>
<th>Strongly Agree (+3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whether or not I get to be a leader depends mostly on my ability.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>2. To a great extent my life is controlled by accidental happenings.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>3. I feel like what happens in my life is mostly determined by powerful others.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>4. Whether or not I get into a car accident depends mostly on how good a driver I am.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>5. When I make plans, I am almost certain to make them work.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>6. Often there is no chance of protecting my personal interest from bad luck happenings.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>7. When I get what I want, it's usually because I'm lucky.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in position of power.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>9. How many friends I have depend on how nice a person I am.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>10. I have often found that what is going to will happen.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>11. My life is chiefly controlled by powerful others.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
<tr>
<td>12. Whether or not I get into a car accident is mostly a matter of luck.</td>
<td>-3</td>
<td>-2</td>
<td>-1</td>
<td>+1</td>
<td>+2</td>
<td>+3</td>
</tr>
</tbody>
</table>
13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups. 

14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.

15. Getting what I want requires pleasing those people above me.

16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.

17. If important people were to decide they didn't like me, I probably wouldn't make many friends.

18. I can pretty much determine what will happen in my life.

19. I am usually able to protect my personal interests.

20. Whether or not I get into a car accident depends mostly on the other driver.

21. When I get what I want, it's usually because I worked hard for it.

22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.

23. My life is determined by my own actions.

24. It's chiefly a matter of fate whether or not I have a few friends or many friends.
REFERENCES


