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Series: Disability Rights Organizations
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OA/ID Number: 52058
Folder ID Number: 52058-007

Folder Title:

[ILRU - Independent Living Research Utilization Survey - 1983-1984] [1]

Stack:

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in the early 1970's.

Overview

disabled people

INTRODUCTION

The purpose of this article is to examine the extent to which the independent living movement has affected rehabilitation education, and conversely, to examine the extent to which rehabilitation education has affected the independent living movement. As most of us who are associated with the independent living movement today view it, independent living is just over a decade old. To us, independent living started in places like Berkeley, Houston, Boston, Champaign Urbana, and Ann Arbor. In these places, severely disabled people, like many other young people during the same period of time, began to reject traditional ways of doing things. They began to reject the idea that simply because they were disabled, they must live in nursing homes, or with their parents, or in some other sheltered communal living arrangement. They rejected the idea that they should not see their IWRP. They rejected the idea that they should not live in the dormitories on college campuses. They rejected the idea that they had no right to use public transportation.

They rejected long accepted, established solutions to problems which were coincident with their disabilities. Most importantly, they thought up alternative solutions to these problems, and they believed in these solutions to the extent that they tried them on themselves. Thus, while many people were active in changing ideas about American foreign policy, consumer rights in the market place, citizen participation in government, women's roles in society, and so on, a few people, most of them severely disabled, were actively changing ideas about their own and the public's attitudes toward and treatment of people with disabilities. These few people, may be fewer than one hundred to begin with, organized programs in four or five communities around the country which were, essentially, local centers of change. These local action centers or community based change agents eventually became known as independent living programs. ¹

One very interesting and pertinent observation can be made regarding the settings in which each of the original independent living programs evolved. That is, each of the original four or five independent living programs grew up on or nearly adjacent to a major post-secondary educational institution. In Berkeley it was the University of California, in Ann Arbor it was the University of Michigan, in Houston it was both the University of Houston and Baylor College of Medicine, in Champaign Urbana it was the University of Illinois, and in Boston it was Tufts University at the New England Medical Center. In most cases, people who were associated with starting these programs would probably deny that the universities were responsible for their establishment. However, it seems probable at this point that some causal relationships existed.

Although it would be nearly impossible to establish clearly all the variables which resulted in the independent living movement--a nationwide movement which has led to progressive changes in legislation, public policy, public attitudes, the physical environment, and to the development of more than two hundred independent living programs and service providers, rehabilitation educators played important roles in the beginning of the movement and they have

continued to play important roles as the movement has progressed. Without taking the risk of forgetting to name someone, suffice it to say that this author personally knows and respects a comparatively large number of educators in the field of rehabilitation who were not only supportive of but in some ways partly responsible for beginning the independent living movement and helping to maintain its momentum. Rehabilitation educators helped to write and, in some cases, to fund grant proposals for independent living organizations. They helped to plan programs and to organize advocacy groups. Some of them began to practice affirmative action before it was required. Perhaps most importantly, rehabilitation educators have helped to validate and reinforce the progressive ideas, principles, and methods of the independent living movement, and they have served as linkages between the occasionally polarized independent living-oriented consumer advocates and establishment-oriented rehabilitation service providers and program administrators.

Just as rehabilitation education has influenced the independent living movement, the independent living movement has influenced rehabilitation education. Perhaps the first tangible product of this influence was a joint physician ^{position} paper on independent living rehabilitation training needs of rehabilitation personnel which was developed jointly by the American Coalition of Citizens with Disabilities, the Council of State Administrators of Vocational Rehabilitation, and the National Council of Rehabilitation Educators. This paper, dated August 1979, was the result of two meetings which occurred during 1979. The first meeting was a conference held in New Orleans on January 10-11, 1979. The purpose of this conference was to examine the personnel issues related to the independent living section of the Rehabilitation Act of 1978. This meeting was sponsored by NCRE and CSAVR under a grant from the Rehabilitation Services Administration. In addition to representatives of their own organizations, the conference sponsors invited representatives from the American Coalition of Citizens with Disabilities to join them. The participants at New Orleans laid the groundwork for a later meeting which occurred in Houston on February 11-12, 1979. Eight representatives from the three organizations were appointed to attend the Houston meeting and develop a consensus report on personnel utilization and needs related to independent living which could be endorsed by each of the three groups. Attending the Houston meeting were Glen Geist, Jack Kite, and William Graves representing NCRE, Lex Frieden, Durwood McDaniel, and Jeff Moyer representing ACCD, and Pete Griswold, and Jim Wigton representing CSAVR. The Houston study group generated most of the material and recommendations which were compiled in the August 1979 report. This report was eventually endorsed by ACCD, NCRE, and CSAVR.

Among the recommendations included in the 1979 report were the following:

- o The criteria for approval of long term training grants must reflect ~~ILR~~ content in the rehabilitation education curriculum/program under review.
- o ~~ILR~~ content should be an accreditation standard of C.O.R.E., Inc. and other pertinent rehabilitation education accrediting bodies.

no prior reference
to "ILR"

Change all ILR to
independent living

- o RSA training regulations should prohibit funding of rehabilitation education programs lacking ILR in curriculum.
- o The examination for rehabilitation counselor certification of CRCC should contain ILR concepts. Additionally, ILR should be added as category 12 for CRC maintenance.
- o Long term rehabilitation education programs should evidence recruitment of disabled people for careers in rehabilitation.
- o Consumers, especially those representing organized consumer groups, should be on the advisory council of the rehabilitation education program.
- o RSA should identify prototypes of new curricula in ILR.
- o ILR content should be integrated into the content of the existing rehabilitation education curricula.
- o RSA should conduct a study to determine what new curricula related to ILR are needed and develop models where necessary.
- o Rehabilitation continuing education programs should contract with independent living programs as training resources in ILR.
- o RCEP's should invite consumers to serve on their advisory councils.
- o State vocational rehabilitation agencies should utilize qualified independent living program consumers as trainers for inservice agency training on ILR.
- o ILR should be a priority for both national and regional short-term training.
- o Research and training centers should focus research efforts on ILR and include this as a C.O.R.E. area. *core*
- o National rehabilitation conferences should include ILR as program content.

These are but a few of the consensus recommendations made in the 1979 joint report. As one can see, some of these recommendations have been followed and others have not.

To be specific, let us examine the extent to which independent living course content is included in the curricula of rehabilitation education programs around the country today. In order to obtain some data related to this topic, an extensive survey

specific survey

related to independent living or which focused entirely on the subject. Fifty programs responded to this request for information and of those 50, 40 schools indicate that they offer courses with significant independent living content. The fact that only 50 schools responded to this request for information does not necessarily indicate that 147 other schools engaged in rehabilitation education activities do not offer courses with substantial independent living content. Some may not, but most surveys were probably not returned due to time constraints, wrong mailing addresses, and lack of a suitably compelling argument for completing the survey by this researcher.²

In spite of the many reasons why programs may have not responded to this request for information, it is interesting to note that 20% of the programs which responded to this survey indicated that they did not offer courses with significant content in the area of independent living. This information was provided voluntarily even though the original request for information implied that no response was necessary if no activities were occurring in this area. Perhaps there is a large percentage of rehabilitation education programs which more than a decade after the independent living movement began still do not offer courses with significant content in the area of independent living.

*This point
is not quite
made.*

The most interesting results of the survey follow. Of the 40 schools which responded indicating that they do offer courses with significant independent living content, 33 of these schools offer courses at the Masters level, 9 at the Bachelors level, 7 at the Doctoral level, and 5 offer courses in the area of continuing education. Some programs obviously address courses to students at more than one level. In total, 143 courses are offered by these 40 schools which focus a substantial portion of their content on independent living. The average number of courses with content in this area offered by the 40 schools is roughly 4. The range is from 1 to 13 courses, and the mode is 1.

about

Sixteen of the 40 schools which offer courses with significant independent living content (@ 40%) offer courses which appear to focus their content almost exclusively on independent living. Twenty-nine such courses in all are offered by the 16 schools. The range of these predominantly independent living oriented courses ~~are~~ 1 to 5, and the mode is 1. Thus, roughly 20% of all the courses offered which provide substantial content in the area of independent living appear to focus almost totally on that subject alone.

The data from this survey indicate that at least 445 students each year are presented with substantial course content in the area of independent living. The average class size of the courses in this area is 18, and the class size ranges from 4 to 44. The percentage of disabled students enrolled in courses substantially related to independent living is about 15%, the range is from 0 to 100% and the mode is 10%.

Ninety percent of the instructors of courses which focus content on independent living use disabled presenters in their classes. Two-thirds of these courses were planned using substantial involvement of disabled people in the planning process.

are
In addition to seeking information on specific efforts related to incorporating independent living content in rehabilitation education program curricula, information was sought from respondents about their general feelings regarding certain issues of importance both to educators and consumers. Respondents were asked if they thought that the area of independent living would soon be compromised and institutionalized by over-professionalization. Forty-eight percent of the respondents said that they believe this was a valid issue and that they were concerned that this could occur and threaten the integrity of the independent living movement. Respondents were also asked if they believe that courses on the history and philosophy of independent living should be requisite in the curricula of any rehabilitation-related degree program. Eighty-seven percent of the respondents indicated that they believed that this content should be incorporated into the required curricula. However, all of them did not agree that the requirement should be met in the form of a free standing, narrowly focused course. *hypoth*

One interesting correlation which appeared across the data set relates to the relationship between the involvement of disabled people in planning independent living course content and the percentage of disabled people involved in independent living related courses. It seems that programs which significantly involve disabled people in planning independent living course content report a much higher percentage of students who are disabled. In fact, according to the data, if disabled people are substantially involved in planning course content, an average of 24% of the students who enroll in independent living related courses offered by that program are disabled. On the other hand, if disabled people are not substantially involved in planning course content, only 7% of the average independent living related class are people with disabilities. One may hypothesize that affirmative action is most effective when it involves the whole educational process and not just student recruitment. One may also hypothesize that the perceived quality of independent living-related courses among disabled students is enhanced if disabled people are involved in planning and developing the course originally. *involved*

hypoth
A close examination of the 40 programs which reported courses with substantial content related to independent living reveals five programs which are, by comparison, doing an exceptional job of exposing students to course matter in the area of independent living. These five are the University of Arkansas, the University of Nebraska at Lincoln, Mankato State University, the University of Arizona, and Florida State University. Both the University of Arkansas and the University of Nebraska offer Masters degrees with specialties in the area of independent living.³ These programs support their specialty by offering a combination of courses which focus strictly on independent living and those which integrate substantial amounts of independent living content in more generic courses. Mankato State offers a variety of courses to students at both the Bachelors and Masters level. Mankato State is also in the process of conducting an extension needs assessment related to training needs in independent living. They plan to use the results of this study to appropriately adjust their present curriculum and to develop new courses as indicated by the need. *initially*

in Minnesota

Those schools which actually offer the most courses with significant independent living content are the University of Arkansas, the University of Arizona, and Florida State University. These programs have apparently made systematic efforts to assure that significant independent living-related course content is included throughout their entire curriculum.

Conclusion
In conclusion, it is apparent that rehabilitation educators have responded to the independent living movement by incorporating relevant content in existing courses, and in some cases, by developing new courses which focus on independent living-oriented topics. In 1979, the joint NCRE, CSAVR, ACCD working group recommended that existing rehabilitation education programs incorporate independent living-related course content into established courses. At least forty programs have done so in a serious and committed manner. Although the 1979 report did not explicitly discuss this point, the report authors generally felt as though there was not enough documented history or relevant material to justify recommending that rehabilitation education programs institute courses with the focus specifically on independent living. However, during the last five years, the literature on independent living has expanded immensely, and at least sixteen programs have developed courses whose title reflects a predominant focus on the area of independent living. In fact, as mentioned earlier, one school offers five different courses which focus predominantly on independent living.

The independent living movement has come a long way during the last decade. It has manifested itself in many ways. Rehabilitation education has responded to the independent living movement in several ways, but expanded efforts in this regard are probably justified at the present time.

With close to 200 programs employing roughly 2,000 professionals and para-professionals working in the field of independent living, there is a need for more training in the areas of independent living program management and administration, personnel management, and program accounting. There is a need for training in the areas of grantsmanship and fundraising. There is a need for training related to program evaluation, long-range planning, networking, advocacy programming, board development, information and referral program operation and management, and so forth. Besides the people who are working directly in independent living programs, there is a need for people working in allied positions within the rehabilitation field to understand the independent living philosophy and independent living programs. Thus, it would seem reasonable to expect all rehabilitation education programs to include substantial course content either in existing courses or in newly developed courses related to independent living. By doing so, programs can be assured that their students will be exposed to what many people believe are the most important driving forces in the field of rehabilitation today.

It is perplexing to note that several of the programs which responded to the independent living training program survey suggested that accrediting bodies prohibit them from adding required courses to their curriculum which focus on independent living. Since some accredited schools have already done this, it appears that some confusion exists regarding accreditation standards in the field.

Just as rehabilitation educators have helped to support and promote rehabilitation in general, they have done much to promote and support the independent living movement. Just as the independent living movement has brought new ideas and new life into rehabilitation, it has influenced the development and practice of rehabilitation education. In the future, it is likely that rehabilitation education and independent living will complement one another more and more, and they will benefit more and more from each other. More rehabilitation practitioners and administrators will be exposed to independent living concepts during the formal educational process, and more adequately trained personnel with good basic educational foundations in the area of independent living will be available to work in independent living programs and contribute directly to the independent living movement. By working together, rehabilitation educators and independent living advocates can assure one another of a challenging and rewarding future with society as the ultimate beneficiary of their collaboration.

End Notes

- 1 More detailed information about the history of the independent living movement, including an annotated bibliography is available from the ILRU project, P.O. Box 20095, Houston, Texas 77225. Also available from ILRU is a glossary of terms related to independent living which has been used as the basis for most definitional references on the subject.
 - 2 Incidentally, two NCRE members mentioned that the survey request did not indicate any formal sanction by the NCRE Research Committee. This researcher, who is a member of NCRE had no prior knowledge of such a committee. Appropriate restitution has since been made, however.
 - 3 It should be noted that the University of Delaware also offers a Masters degree with a specialty in independent living. However, this program is not now admitting new students.
- 2 One very interesting and pertinent observation can be made regarding the setting in which each of the original independent living programs evolved. That is, each of the original four or five independent living programs grew up on or nearly adjacent to a major post-secondary educational institution. In Berkeley it was the University of California, in Ann Arbor it was the University of Michigan, in Houston was both the University of Houston and Baylor College of Medicine, in Champaign Urbana it was the University of Illinois, and in Boston it was Tufts University at the New England Medical Center. In most cases, people who were associated with starting these programs would probably deny that the universities were responsible for their establishment. However, it seems probable at this point that some causal relationships existed.
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this topic, an extensive survey

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~~was done~~

during February of this year. This author
mailed 197 surveys to rehabilitation education programs and asked them to
identify courses in their curriculum which included significant content

were mailed

~~seeking information about~~

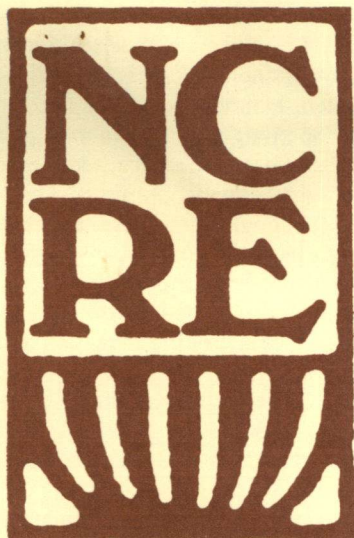
~~Independent Survey~~

1984 Curricula Survey

In order to obtain some
data specifically related to
the extent to which i l
course content is included in
the curricula of rehab
education programs around
the country today, a non-
scientific survey of 197
university-based (over)

rehabilitation education
programs was done
during February, 1984.
The survey sought
information from
programs which ~~had~~ offered
~~courses~~ in their curricula
that courses that
contained significant
content

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REPORT

NATIONAL COUNCIL ON REHABILITATION EDUCATION

RECEIVED DEC 19 1983

*"A Professional Organization Dedicated To Quality Services For
Persons With Disabilities Through Education and Research"*

S. Mae Smith, Editor

Volume 10, Number 1

Fall, 1983

NCRE MEETS WITH SUCCESS RE: REHABILITATION TRAINING IN AUTHORIZATION AND APPROPRIATION PROCESS

Jack Duncan

NCRE has been spearheading efforts to make significant changes to improve the Rehabilitation Training Program under the Rehabilitation Act of 1973, as amended, and also to secure increased funding for FY 1984 for Rehabilitation Training. While the Rehabilitation reauthorization measure had been signed into law by press time, the outlook for rehabilitation training is very positive.

Reauthorization of Rehabilitation Act Awaiting Conference

Both the House and Senate have passed their respective versions of the Rehabilitation Act reauthorization measure. The House of Representatives passed H.R. 3520 on September 13, by a 324-79 vote after agreeing by voice vote to a so-called "compromise" Jones Amendment, which was offered by Representative Pat Williams (D-Montana), who serves on both the House Subcommittee on Select Education, and the House Budget Committee.

The FY 1984 Basic State Grant authorization level of \$1037.8 million (a 9.95% increase for FY 85-87) in the Basic State Grant Program originally provided in H.R. 3520, and substituted authorizations for those years based on the Consumer Price Index for urban areas (CPI-U). This portion of the authorization would still be considered an "entitlement." In addition, Congress would have the "option" of appropriating additional "such sums" beyond this initial "entitlement." Knowledgeable observers doubt that the House

Appropriates Committee would act upon the "such sums" option.

According to the Congressional Research Service of the Library of Congress, the CPI-U is projected to be 4.7% in FY 85 and 4.1% in FY 86. Consequently, it can be estimated that the "entitlement" portion of the Basic State Grant authorization level should, under the so-called "compromise" Amendment, be 5.25% and 5.85% lower in FY 85 and FY 86, respectively, than if the 9.95% increases originally provided for in the Bill had been retained. No projection was available for FY 87.

The Amendment was characterized as a "compromise" between the House Budget Committee Chairman, Representative Jim Jones (D-Oklahoma), and the reauthorization bill as reported by the House Committee on Education and Labor. Representative Austin Murphy (D-Pennsylvania), who chairs the House Education and Labor Subcommittee on Select Education (this is the "authorizing" or "parent" Subcommittee which has primary responsibility for programs affecting disabled persons) said that he "reluctantly" accepted the "compromise" after concluding that there were not enough votes to defeat the Jones Amendment. He was joined in his support for the compromise by Representative Steve Bartlett (R-Texas), the Ranking Minority Member of the House Subcommittee on Select Education.

Chair Jones of the Budget Committee, in accepting the "compromise," indicated that he was concerned with all indexed en-

titlements and that he was hopeful that he would be able to bring before the House by the end of the month a measure which would reduce all such indexed entitlements by 2%.

All Members who spoke on H.R. 3520, both during "general debate" on September 12, as well as during consideration of amendments on September 13, voiced their support for the Rehabilitation Act and the vocational rehabilitation services provided thereunder. Never have we had a more vocal expression of support for these programs for serving disabled individuals. No other amendments were added to the titles of H.R. 3520 pertaining to the Rehabilitation Act.

In other major provisions, H.R. 3520 also:

1) extends the authorizations for all other programs under the Act for the next three fiscal years at "such sums as may be necessary";

2) inserts the word "qualified" before the word "personnel" in Sections 304(a) and 304(c), thereby urging the upgrading of personnel;

3) requires the targeting of training grants and contracts to areas in which there are documented shortages of qualified rehabilitation personnel;

4) adds a requirement that the Administration justify the expenditures of training funds;

5) clarifies that State Rehabilitation Agencies are eligible to apply for, and receive, PWI grants. While Congress had

always intended for State VR agencies to be included, the Rehabilitation Services Administration (RSA) did not follow this intention; and

6) establishes a separate authority for the Helen Keller National Center for Deaf-Blind Youths and Adults, as well as provides a definition of the term "deaf-blind individual." This would delete Section 313 of the Act, which currently authorizes funds for the Center; and

7) provides that "Rehabilitation Research and Training Centers shall include both comprehensive centers dealing with multiple disabilities and centers focused on particular disabilities"; that "centers need not be automatically terminated at the end of a project period"; that "training of students preparing to be rehabilitation personnel through centers shall be an important priority"; and that grant monies may be used for faculty support for teaching courses offered by institutions of higher education affiliated with the center.

The Senate Bill, S. 1340, passed the Senate by "unanimous consent" (i.e., there was no objection from the floor of the Senate) on July 26. Under the Senate measure, all programs authorized under the Rehabilitation Act of 1973, including the basic state rehabilitation program, would be extended for three years through FY 1986.

The **basic state rehabilitation program** would be authorized at \$993.9 million in FY 1984; \$1,047.6 million in FY 1985; and \$1,103 million in FY 1986—annual increases of over 5%. In addition, for FY 1984 through FY 1986, **Training** would be authorized at \$22.0 million, \$26.8 million, and \$28.3 million, respectively; the **National Institute of Handicapped Research (NIHR)** would be authorized at \$36.0 million, \$38.0 million, and \$40.0 million, respectively; **Projects with Industry** would be authorized at \$13 million, \$14.4 million, and \$15.2 million, respectively; and **Independent Living** would be authorized at \$21 million annually through FY 1986 for Part B Centers and at "such sums" for Part A and C services.

Other provisions included in S. 1340 which are of special note include:

1) changes in the Training program which would insert the word "qualified" before "personnel" whenever it appears in Section 304; clarify that qualified personnel trained in the delivery of independent living services and in client assistance programs are included; specify that training shall also be provided to rehabilitation counselors in the applicability of Section 504 to the Act; require targeting of resources on rehabilitation personnel shortages; and require that an annual report be submitted to Congress with data on per-

sonnel shortages and a justification of training fund allocations based on such findings.

2) Every state would be required to have a client assistance program by September 30, 1985 which is independent of the state rehabilitation agency.

3) The National Council on the Handicapped would be strengthened by clarifying that they are to advise and report to the Congress and the President, as well as provide advice and information to the Congress on a continuing basis. (A similar provision is contained in the House bill.)

4) It is also clarified that state rehabilitation agencies would be eligible to apply for, and receive, PWI grants.

5) The definition of "handicapped individual" is amended to provide that it is limited under the Act to "any individual who has attained sixteen years of age."

The measure would also extend the Developmental Disability Assistance and Bill of Rights Act with increased authorizations for FY 1984.

NCRE members should be aware that the three training amendments—1) to insert the word "qualified" before the word "personnel" in Section 304; 2) to require that training funds be targeted to areas of personnel shortages, and 3) to require that this targeting be based on data submitted to Congress in an annual report—are a result of NCRE's efforts to develop these amendments and ensure that they were included in both the House and Senate measures. While the amendments do not mandate specific qualifications for rehabilitation personnel, they do place a new emphasis on the importance of well trained personnel and the continued upgrading and improvement of their skills to the successful implementation of a high-quality rehabilitation program. Hopefully these amendments will do much to provide greater emphasis on the *quality* of rehabilitation services and to target training funds as objectively and as cost-effectively as possible. **Since all three amendments were included in both the House and Senate bills, they would be part of any final reauthorization measure.**

The House report language (H.Rpt. 98-137) printed below elaborates further on the rationale for these training amendments. Similar language was included in the Senate measure.

"To ensure that specific training funds are spent on areas of personnel shortage, as objectively determined, the Committee bill amends section 304 of the Act in two ways. First, the ambiguity of the current wording which calls for 'balance' in funding various areas—which, to a great extent, has undermined the intent of section 304 to put resources where they are most need-

ed—has been changed to specify targeting in areas of personnel shortage. Second, the Commissioner's present responsibilities to evaluate manpower training needs and to develop a long-term plan to meet personnel shortages has been augmented. The amendment requires the Commissioner to provide to Congress annually, at the time of the Department budget submission, a report of the findings of personnel needs (including inservice and continuing education needs) that justify the allocation of present and proposed training funds.

In addition to consulting the various training disciplines in regard to training needs, the Committee expects the Administration to develop objective procedures for assessing the information it receives. The Committee further expects that funds for the study and evaluation of manpower needs will not be drawn from rehabilitation training program allocations; rather, the source or the necessary funding should be either the salaries and expenses account of the Department, or the evaluation section of the Act.

The Committee amendments to Section 304 include a new emphasis on the need for "qualified" rehabilitation personnel. The Committee recognizes the importance of appropriate training of personnel and the continual upgrading and improvement of their skills in light of new and developing technologies, as well as new emphasis on serving more severely handicapped individuals. The need for quality rehabilitation service delivery provided by a broad range of qualified personnel has never been greater. Section 304 of the Act has been amended to require that the Commission determine training needs for qualified personnel and that training grants and contracts be awarded for the purpose of assisting in increasing the numbers of qualified personnel. The Committee's understanding of the word "qualified" as used in this amendment is certification and/or licensure by the appropriate state and/or national certifying board, such as the American Board of Certification in Orthotics and Prosthetics, the American Board of Physical Medicine and Rehabilitation, the American Occupational Therapy Association, the American Speech-Language Hearing Association and the Commission on Rehabilitation Counselor Certification. Inclusion of this amendment will help to provide specific standards for every member of the rehabilitation team, thereby improving rehabilitation clients' opportunity of receiving quality services from a broad range of qualified personnel. This would in no way interfere with state civil service requirements.

The next step in the reauthorization process is for House and Senate "conferees" to iron out differences between the

House and Senate versions of the bill. That compromise, subject to approval of the full House and Senate, would then be sent to the President for his signature. However, efforts to "go to conference" have been stalled by debate over "Title IV" to H.R. 3520, which would increase FY 1984 authorization levels for ten programs under the jurisdiction of the House Committee on Education and Labor (but unrelated to rehabilitation) by over \$1 billion. The addition of this controversial title, and unsuccessful Republican efforts to delete it during House floor debate on H.R. 3520, have encouraged talk of a Presidential veto, as well as stalled the appointment of Senate conferees, while House and Senate members try to work out an agreement on this issue. (The Senate bill, S. 1340, does not include Title IV.)

Although the margin on final passage of H.R. 3520 (it passed by 324-79) was large enough for some to feel confident that a Presidential veto of H.R. 3520 could be overridden by the House, it would appear unlikely that the Senate would be willing to send H.R. 3520 to the President for his signature unless Title IV is deleted, since the Senate would not want to embarrass the President by putting him in the position of vetoing legislation reauthorizing the popular Rehabilitation Act, as well as appearing to be anti-education. Consequently, the stalemate continues.

However, in spite of the lack of a reauthorization bill, Congress approved and sent to the President for his signature, an FY 1984 Labor-HHS-Education appropri-

ation measure which included FY 84 funding for Rehabilitation Programs, and generally at increased levels over FY 83.

Late on October 20, the Congress approved the Conference Report to the FY 1984 Labor, Health and Human Services, and Education Appropriations bill, thereby reconciling differences between the House and Senate versions of this funding bill, and clearing the measure for the President's signature. **The President signed the Bill on October 31.** Thus, significant FY 84 funding increases are slated for Vocational Rehabilitation and Special Education programs.

Overall, Vocational Rehabilitation programs received an increase of \$66.053 million (approximately 6.3%) from FY 83 appropriation levels. More specifically, the Rehabilitation Basic State Grant received approximately a 5.3% increase of \$50 million, while Rehabilitation Training received a \$2.8 million increase, or over 14% above the FY 83 appropriation. The National Institute of Handicapped Research also received a substantial increase of \$4.44 million, or roughly 14%. Independent Living Centers received \$19.4 million, the same amount appropriated in FY 83, to "fund all existing centers until such time as a reauthorization bill is enacted into law or for the duration of this bill, whichever is sooner." Service Projects also received an increase of \$6.506 million, or nearly 21%. Included in the \$37.6 million total appropriation for Service Projects is: \$13 million for Projects with Industry (PWI); \$6 million for Client Assistance Program (CAPs);

\$2 million for Recreation; \$5 million for Spinal Cord Injury Projects; and \$3.7 million for the Helen Keller Center.

Special Education programs also received increases. For example, the Education of the Handicapped State Grant Program was boosted by \$53.95 million from the FY 83 appropriation level. Overall funding for the Developmental Disabilities Program was also increased from FY 83 levels. This is the first time in five years (since 1978) that these programs have operated under a Regular Appropriations bill, instead of a Continuing Resolution.

These increases, particularly for Vocational Rehabilitation programs, are a big achievement—both in terms of the continuing pressure to restrain federal domestic spending, and the fact that the Rehabilitation Act reauthorization bill has not yet been enacted. (Should House and Senate conferees agree to higher authorizations for programs under the Rehabilitation Act, then the possibility would exist for Congress to appropriate additional FY 1984 monies for Rehabilitation Programs.) **Thanks go to all NCRE members who responded to our action alerts with letters, telephone calls, and visits to their Representatives and Senators to urge their support for these increased appropriations.**

New address and phone for Jack Duncan, NCRE Legislative Office:

1213-29th Street, N.W.
Washington, D.C. 2007
202-333-5841

IMPORTANT DATES

NCRE Meetings at AACD in Houston (1984)

Sunday	March 18	NCRE Retreat (10:00 a.m. - 5:00 p.m.)
Tuesday	March 20	Executive Board (8:30 - a.m. - noon)
Tuesday	March 20	President's Reception (5:30 - 7:30 p.m.)
Wednesday	March 21	General Membership (10:30 a.m. - 12:30 p.m.)

Second Annual Conference on Job Placement at Timberline Conference Center, Snowmass Village, Colorado — December 4-8, 1983

"Job Placement in Perspective: The Employer Speaks—What I Need, What I Get in Placement."

David Mills, NRA Executive Director, will present a keynote address:

"The Way We Were vs. The Way We Are vs. The Way We Should Be"

Co-sponsored by NRA, NRCA, VEWA, JPD, NARPPS, NCRE, President's Committee on the Employment of the Handicapped, RRCEP Consortium for Job Placement and Job Development, and the Council on the Handicapped. For detailed information contact: H.E. "Bud" Van Order, 1365 Peachtree Street, N.E., Suite 314, Atlanta, GA 30367; (404) 881-4401.

PRESIDENT'S MESSAGE

REAGLES LISTS GOALS FOR NCRE

President Reagles offered a number of goals for NCRE which include:

1. "To have NCRE truly represent *all* rehabilitation training constituencies. I believe that NCRE as an organization should be concerned with the existence and advocacy of rehabilitation training generally but not necessarily be an advocate for any one type of training or of any one rehabilitation discipline within the domain we have come to know as "rehabilitation training." This presents an obvious problem: Who is going to speak on behalf of rehabilitation counselor educators? I don't believe that NCRE can continue to speak on behalf of all rehabilitation training (education) constituencies and RCE at the same time. The conflict of interest is obvious and one with which each NCRE President must feel role strain, as I certainly do. Thus, I propose a reorganization of NCRE." (See article on reorganization in this Newsletter.)

2. "To reorganize the governance of NCRE to have more Standing Committees (there are currently only four) which will give the organization greater ability to interact with elements outside of NCRE and become more proactive. As an example, a Futures Committee with which to put NCRE in a more proactive stance would be recommended as a Standing Committee. Currently the transition from one NCRE administration to the next is so cumbersome and inefficient that much effort and time is lost simply determining what committees exist or are needed and how the leadership of the respective committees is determined. The proposed reorganization would add continuity and order to this presently awkward arrangement."

3. "Relatedly, I believe that there is a need for a greater role for the NCRE Regional Representatives. Currently they have no official duties other than to serve as a communication link to the members within their respective regions. There are obviously other things they can do, such as serving as the coordinator of lobbying efforts within their Region, chairing standing committees, etc. The proposed reorganization planning would include as a goal delineation of possible roles and functions for the Regional Representative concept and will advocate its continuance in any plan to reorganize NCRE."

4. "I feel strongly about the goals to continue the excellent education and lobbying efforts, exemplified during the past year with the Congressional reception and the offering of testimony before Congress,

to acquaint the members of Congress with rehabilitation and our positions regarding impending legislation and contemporary rehabilitation issues. In this regard I encourage the continuation of the National Task Force on Training as a mechanism to provide input from rehabilitation educators and practitioners into national policy."

5. "I have as a goal to have NCRE honor a 'Rehabilitation Educator of the Year' with an award intended to highlight the importance of rehabilitation education/training relative to research and practice."

6. "I intend to work actively with the NCRE Research Committee to develop proposals to submit to RSA/NIHR for the development and implementation of a methodology for determining rehabilitation personnel needs by discipline (specialty), region, and type of training. RSA currently has little empirical information with which to make decisions about the allocation of rehabilitation training resources, and it appears that this is an excellent opportunity for a collaborative project. The overhead costs from such a project would enhance the treasury of our organization as well. Relatedly, I intend to work with the Research Committee on their intentions to develop a proposal to study the comparative competencies of rehabilitationists trained in formal, pre-service education programs as compared to untrained or partially trained personnel."

7. "It is my goal to encourage greater involvement of consumers—disabled persons and employers of rehabilitation professionals—in determining rehabilitation training policy. I favor increased use and frequency of meetings of advisory groups to rehabilitation education and training projects as a medium for insuring such involvement. Another of my goals is to encourage rehabilitation training—pre-service, continuing education, in-service, and special types of training—to be more responsive to the competency needs of rehabilitation practitioners in rehabilitation facilities, in the private-for-profit rehabilitation sector and for those working in independent living projects and centers. I'm not in favor of additional specialists, e.g., job placement specialists, but do favor increased sensitivity to the competencies associated with the practice of rehabilitation in such settings. Our education curricula can use a re-examination and modification to make them more contemporary."

8. "To use the resources of NCRE to exert influence and leadership to facilitate raising of standards of professional practice, including—especially—accreditation, certification, and licensure of rehabilitation professionals, as well as the encouragement of performance appraisal of professional practice, is an additional goal."

9. "In order to confront the economic realities of contemporary education training, I favor the continuance of the development of alternative long-term training strategies such as extended campus concepts, intensive weekend educational opportunities, and other innovative methods to allow students to complete their pre-service education on a part time basis."

10. "I am concerned that many members of our society are ignorant of rehabilitation processes and of the roles and functions of the variety of rehabilitation practitioners serving members of the population with disabilities. Therefore, a goal which transcends all of NCRE's activities is to promote knowledge of rehabilitation and rehabilitation practitioners. In this regard, I favor the notion of the development of a brochure which would describe the rehabilitation process and the roles and functions of the variety of rehabilitation practitioners for consumption by the lay public and potential rehabilitation students. Such a brochure would highlight the variety of disciplines within the broader profession of rehabilitation."

11. "I believe that our involvement in such special projects as the Institute on Rehabilitation Issues, the National Rehabilitation Information Center, the U.S. Department of Labor, international training activities, and the like are excellent examples of the extension of our breadth of influence to assure that relevant factions within the field of rehabilitation and disability are aware of the contributions and importance of rehabilitation education and training."

12. "A final goal, at this point in time, is to encourage rehabilitationists to become aware of the notion of disability prevention and preventive rehabilitation methods as a means of obviating the need for those individuals who would be otherwise disabled and handicapped. Included in the notion of disability prevention would be the articulation of position statements and policies concerning such matters as occupational safety, home safety, genetic counseling, speed laws, public health education, and similar socio-cultural phenomena which have the potential for reducing the size of the population of persons with disabilities and handicapping conditions."

"I'm sure that as the year continues I will revise and expand the goals which I have for NCRE. Having apparently won major legislative concessions during the past and present Congress, I believe we need to plan creatively for the continued viability and relevance of NCRE. If we do not, I am fearful that NCRE will once again become an organization with a unitary purpose and not the advocacy organization for the broad array of rehabilitation disciplines envisioned during its genesis. I invite your reaction and comment to the goals stated herein, and encourage your discussion of them with your colleagues."

REORGANIZATION OF N.C.R.E. PROPOSED

Elaborating on his goal to consider reorganization of N.C.R.E., President Reagles asked rhetorically, "Who speaks for Rehabilitation Counselor Education?"

"N.C.R.E. is supposed to represent all of the constituency groups which comprise it," he observed. "Therefore, the president is supposed to present the united, conciliated views of the various disciplines represented by our membership. In this process there is a liaison representative for vocational evaluators, work adjustment specialists, job placement personnel, continuing education, and the like. Unfortunately, there is not a spokesperson for RCE in the process," Reagles added.

"Each time there is an issue concerning NCRE vis-a-vis RCE, the president is faced with an obvious conflict of interest. If I speak on behalf of RCE," Reagles noted, "I'll alienate the other constituency groups and organizations. If I don't, I'll alienate those concerned with RCE. It's a no-win situation, and requires a solution."

"I propose that NCRE be reorganized to have divisions or similar units, each representing a constituency group—including, especially, one for RCE. In this way RCE would have a spokesperson equal in importance to the other affiliate groups, and the NCRE president could then represent the views of the organization more equitably," Reagles contended.

"I believe the NCRE president ought to be lobbying on behalf of rehabilitation education and training generally and advocating for the consensus opinions of the organization. To do otherwise is a conflict of interest—one with which past NCRE presidents have struggled—and should be resolved. Reorganization seems the best way out," Reagles added.

IN MEMORY

Stanley G. (Stan) Sellars, Director of the Center for Rehabilitation and Manpower Services at the University of Maryland, College Park, died in August after a three-year battle with cancer.

Stan was an active member of NCRE and former chairperson of the Research Committee. He had been employed by the University of Maryland since earning his doctorate in 1979.

A Quaker-style Memorial Service was held for Stan in Baltimore on August 21, 1983. He leaves three children and his parents.

Richard J. (Dick) Baker and Jerome R. (Jerry) Lorenz died on October 11th in a commuter airline crash. Dick Baker had been Editor of the *VEWAA Bulletin* since 1980 and was a past president of the National Vocational Evaluation and Work Adjustment Administration and Services and Assistant Director of the Rehabilitation Institute at Southern

Illinois University. Although he was only in his 40's, Dick had contributed 25 years of service to the rehabilitation field.

Jerry Lorenz was Editor and co-founder of the *Journal of Rehabilitation Administration*. He had been a past president of the National Rehabilitation Administration Association and Chair of the National Rehabilitation Administration Association Accreditation Committee. Recently he was granted an award by NRAA for Advancement of Research. Although he had been Director of the Rehabilitation Institute at Southern Illinois University since 1978, Jerry was not yet 40 years old.

Stan, Dick and Jerry had many and significant qualities to contribute to the helping professions. We miss their presence—both professionally and personally.

Doctoral Student Membership: An Interview with Dr. Ann Meyer

Charlene M. Kampfe

Student members can provide vital new talent to an organization dedicated to providing quality services through education and research for persons with disabilities. In a recent interview, Dr. Ann Meyer, NCRE President-Elect, indicated that doctoral student members are important to the organization for several reasons. As future leaders in the field, they should have input into any projections for the organization and the profession. As students, they are close to the educational process, and can, therefore, provide a consumer's view of the quality of rehabilitation education. Being both consumers and future rehabilitation educators, they offer unique blends of experience which can enrich both NCRE and rehabilitation education itself.

Dr. Meyer also thinks that the organization can offer much to its doctoral student members. Among the benefits of student membership are exposure to current information and activities in the field, and the opportunity to be personally and professionally associated with present leaders in rehabilitation education. Professional contacts made during student membership will likely be valuable resources during future employment seeking and grant/research activities.

Because doctoral student members are important to NCRE, the Newsletter is add-

R.S.A. PROPOSES PRIORITIES FOR FY 84

The U.S. Office of Special Education and Rehabilitation Services has prepared its proposed funding priorities for FY 84, according to informed sources. The priorities are based primarily on the manpower needs study conducted by the University of Wisconsin-Stout (Menz, 1983), which elicited the anticipated personnel needs of rehabilitation facility directors. Not unexpectedly, the first priority will be to "respond to identified needs for rehabilitation facility personnel." One would anticipate that if the study had been done of the personnel needs of the private, for-profit rehabilitation sector, the identified needs for private-practice rehabilitation personnel would have been a top priority!

A second priority is "supporting RSA goals and objectives," which are "employment, management, special education-rehabilitation coordination, and facilities." RSA goals are a reflection of the results of the facilities manpower needs study and the personal goals of Ms. Madeleine Will, new Assistant Secretary for OSPERS.

Other training priorities were given as:
—Personnel for centers for independent living

—Dissemination of training materials and new knowledge

President Reagles, in reacting to the proposed priorities, expressed caution at

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NCRE MEETINGS AT NRA CONFERENCE

MINUTES

NCRE BOARD MEETING

AUGUST 15, 1983, BOSTON, MA

Present: Walker, Reagles, Jenkins, Ruscio, Kauppi, Szuhay, Ugland, McCollum, Kuehn, Scalia, and Afanador. Absent: Harbach, Sink, Downey. Guests: Graves, Meyer, Stude, Danek, Wright, C. Geist, Boland Patterson, Vanderkolk, Coffey, Anderson.

President's Report: Walker

Martha congratulated the "old" board on their work and said two goals (to speak with a more unified voice and make NCRE more visible) had been reached. She noted that the two NCRE retreats and the Congressional reception contributed to both of these goals.

Secretary/Treasurer's Report:

Harbach/Kuehn

Minutes taken by Bill Downey at the March 22, 1983, meeting were distributed and approved (Reagles, Kuehn).

Financial Report: Kuehn

The financial report was approved as presented. Receipts anticipated for 1982-83 are \$20,377 and disbursements are \$23,535, with year end assets of \$9600.

Membership Report: Reagles

Reagles reported no change in membership since March, 1983. NCRE has 501 individual members and 73 institutional members. Reagles encouraged regional representatives to contact RSA-funded rehabilitation programs in their region about membership in NCRE. The report was accepted.

Elections: Jenkins

Jenkins reported that 293 people participated in elections. New people elected to the NCRE Board are: Ann Meyer, President-Elect; Jeanne Boland Patterson, Secretary-Treasurer; Norman Hursh, Region I; Marita Danek, Region III; Chrisann Geist, Region V; Dennis Maki, Region VII; Bill Downey, Region IX. The Report was accepted.

Research Committee: Wright

Wright reported on the grant which the Research Committee is writing for NCRE. He also reported that his committee (Roy Phillips, Marita Danek and Bobbie Atkins) had endorsed several research projects, had represented NCRE at CSAVR, and Marita and George participated in the NIHR five-year research planning conference June 5-8, 1983. The committee has cooperated

with the ARCA Committee on Doctoral Studies in Rehabilitation.

George reported that Roy Phillips will follow up on the NCRE roster of consultants and Bobbie Atkins will be responsible for the directory, as well as collecting additional information which will be helpful to NCRE. Marita Danek reported on the death of Stan Sellars. The Board noted Stan's many contributions to the Research Committee and Marita suggested a tribute to Stan to be included in the next newsletter. Memorial Services were held August 21. The Research Committee was accepted by the Board. (Szuhay, Afanador)

Retreat Report: Ugland

Dick Ugland reported on the Retreat. His report was accepted by the Board (Szuhay, Afanador).

Legislative Network: Graves

Bill Graves reported on the Legislative Network. He noted the difficulties in relying on regional representatives for a telephone network and proposed a telegraph system to have the information in writing for regional representatives. Graves said the Jones Amendment (HR 3520) could reduce service monies in 85-88 and encouraged members to write in opposition. The Board voted in favor of a form letter sent to network members, to which the members could sign their names.

Newsletter: Boland Patterson

Jeanne Boland Patterson, former editor of the NCRE Report, presented the budget figures for the Spring, 1983, newsletter and said Mae Smith would be editor of the Fall, 1983 edition. The Board accepted the report. (Reagles, Afanador)

CSAVR Liaison Report: Geist/Kuehn

In his report, Geist encouraged the NCRE Board to adopt a position against both congressional and executive earmarking of funds and that NCRE support the proposed amendment to the Rehabilitation Act of 1973 which would require RSA to annually submit to Congress evidence of need for training funds per category, and that such a statement appropriately be submitted to RSA and appropriate congressional committees. Glen suggested NCRE discuss this with Jack Duncan. The report was accepted. (Kuehn, McCollum)

National Task Force on Training: Walker

Martha reported on her and Glen Geist's service on the National Task Force on Training and the recommendations which will be sent to RSA. She said the NCRE

representatives opposed peer review at the regional level. The report was accepted. (Szuhay, McCollum)

Darrall Coffey, Chair of the VEWAA Certification Committee reported on a manpower needs study by Fred Menz who surveyed 2456 facilities on the need for rehabilitation professionals in facilities from 1980-1990. He said the survey, which had a 35% return rate, showed that by 1990 14,000 additional rehabilitation counselors would be needed in facilities, 9000 additional vocational evaluators and 14,000 work adjustment specialists. He also noted a 68% increase in rehabilitation administrators needed by 1990.

Core Report: C. Geist

Geist reported on the improved financial status of CORE and noted the coordination with AACD (APGA)/CACREP with Bill Jenkins and G. Nisius reviewing both sets of standards. She is coordinating other cooperative efforts. Chrisann encouraged NCRE members to submit research and development requests to CORE, since their data base is not being used. Sixteen schools are being evaluated this year and COPA has said negative decisions must be published. The COPA review of CORE will be in October. Some form of site visit MUST be instituted and various alternatives were discussed. Geist also indicated that CORE will request from NCRE a list of 10 site visitors. Report was accepted. (Ugland, Reagles)

IRI Meeting: Geist/Heinemann

Chrisann reported that Allan Heinemann attended the IRI meeting in Chicago. The NCRE proposal of the issue "Rehabilitation in the School Setting" was accepted. She recommended the Professional Standards and Issues Committee develop additional issues to be submitted to IRI and to call for issues through the newsletter.

CRCC and NCRE Alternate Plan for CRC Maintenance: Graves

Bill Graves said the Alternate Plan for certification maintenance was approved by CRCC in June 1983, but will not be implemented until January 1, 1984. The need for a Certification Maintenance Committee of NCRE will be referred to the "new" board. Bill reported on the insurance certification program proposal which is before CRCC. Bill requested a formal motion to support CIRS and MMRS (Medical Management Rehabilitation Specialist). The Board approved the request and the report. (Afanador/Kuehn)

Fact Sheet: Kuehn

Marv distributed copies of the Fact Sheet. The percent of graduates of vocational evaluation programs, rehabilitation administration programs and rehabilitation counseling programs who enter state vocational rehabilitation agencies has declined, however all programs have a higher percentage of non-white graduates and females than they did from 1978-80. (The number of handicapped graduates has declined in rehabilitation counseling, but has increased in vocational evaluation and rehabilitation administration.) The report was accepted.

NARPPS Report: Boudreaux

No report received.

ARCA Liaison: Thompson

No report received.

Legislative Consultant Report: Duncan

No report received.

Administrative Secretary Report: Kuehn

Marv said the Board needed to decide on an agenda for the AACD (APGA) meeting. He recommended increasing the number of issues of the newsletter, while reducing the length, increasing the budget for Jack Duncan's office and the administrative office, and said in a memo to Walker and Reagles that he will leave the Administrative office at a time to be determined by the "new" Board. The report was accepted.

Bud Stude presented a brief overview of the program for the General Membership Meeting.

MINUTES GENERAL MEMBERSHIP MEETING—AUGUST 15, 1983

The meeting was called to order by President Martha Walker. She turned the program over to Bud Stude, Chair of the Consumer Involvement Committee of NCRE. Bud indicated that he had expanded consumer to mean the employers of graduates of rehabilitation programs and the title of the program was "Rehabilitation in Private Practice: Implications for the Rehabilitation Curriculum." Bud introduced the following panel: Ken Ogren, Director of Occupational Medicine Clinic, Abbot-Northwestern/Sister-Kenney of Minneapolis, MN; L. Anthony Magliozzi, Director of Rehabilitation with Liberty Mutual Insurance Company in Boston; Phil Sardella, Director of Employment with Digital Equipment Corporation in Concord, MA; and Donald Shrey, Ph.D., Director of Rehabilitation in Industry, Boston University. Following a 30-minute videotape on a worker's compensation hearing before a rehabilitation consultant in California, the panel reacted to the videotape. The panel was then asked to suggest ideas for preparing rehabilitation professionals to work in the private sector. Panel recommendations included (1) co-op programs, (2) more medical related classes, (3) networking, (4) removing the adversarial role, (5) utilization of the Insurance Rehabilitation Study Group as speakers for classes, and (6) developing creative thinking in students.

Following the program, President Walker thanked the 81-83 Board members for their service and welcomed the 83-85 Board members. Allen Heinemann reported on the IRI meeting held in Chicago, Martha shared Stan Sellar's death with the general membership, Richard Ugland reported on the retreat and Martha reported on RSA funding for 1983-84. Martha thanked the general membership for their assistance during her year as president. Marvin Kuehn presented Martha with a gift on behalf of incoming President Ken Reagles.

MINUTES NCRE BOARD MEETING AUGUST 16, 1983, BOSTON, MA

Present: Reagles, Meyer, Boland Patterson, Walker, Hursh, Kauppi, Danek, Geist, Maki, Scalia, and Afanador. Absent: Sink, McCollum, Downey. Guests: Gaines, Duncan, Graves, Ugland, Wright, Kuehn.

The new NCRE Board was called to order at 9:10 by President Ken Reagles. Susan Flowers presented Ken with a special citation on behalf of NARIC and NIHR.

Ken Reagles listed as goals/issues for 1983-84 (1) bringing in all members, (2) the allocation of training monies, (3) definition and implications of "qualified" rehabilitation persons, (4) appointment of liaison persons for NIHR, (5) addressing the role of regional representatives, including their communication with members in their regions via electronic mail and (6) suggesting as an organization concerned with education, an award or recognition of Educator of the Year. Ken commended Martha Walker on the legislative reception held in March, 1983, and expressed appreciation of her efforts on behalf of NCRE. Ken asked Bill Graves to continue to chair the Legislative Network and he agreed to do so.

Old Business

George Wright, Chair of the Research Committee, and Marita Danek reported on the grant they are writing for NCRE. They will be requesting approximately \$100,000 per year for three years. The research design includes an evaluation of the effectiveness of federally funded rehabilitation programs (excluding rehabilitation administration) by looking at competencies in work settings and how peers, rehabilitation professionals and supervisors rate these competencies. The NCRE Board approved a small advisory committee for



Martha Walker receives NCRE Award from Marv Kuehn at Boston General Membership Meeting.

Minutes

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the Research Committee. Members of the Advisory Committee are: Ken Reagles, Ann Meyer, Dick Ugland, Vince Scalia and Darrell Coffey.

Bill Graves reported on the CRCC meeting held August 15, 1983. The following must still be approved by the full commission: (1) CRCC will certify insurance rehabilitation specialists (CIRS) by a narrowly defined certification procedure and only on their knowledge of insurance issues, (2) an Advisory Committee for CIRS will be broadbased and will include NCRE representation and (3) a name change for CRCC to RCC (Rehabilitation Certification Commission). Bill recommended educators encourage differentiation in hiring and practice in the private sector. He said the commission's long range goal is for a two-tier process where the morning exam would consist of general knowledge of rehabilitation and the afternoon exam would be for either insurance or rehabilitation counseling. The report was accepted (Walker, Daneke).

Martha Walker questioned continuing the Task Forces on extended campus, marketing and undergraduate education. Ken Reagles asked Horace Sawyer to continue as Chair of the Ad Hoc Committee on the Extended Campus. The committee will attempt to differentiate different types and levels of training, areas of overlap, etc. Other committee members are Barbara Witten, Dennis Maki, Bill Herrick and a member representing RRCEP.

Horace Sawyer reported the following issues of the extended campus: (1) making sure it is seen as an academic experience, (2) distinguishing between graduate education and inservice training to students, to university and to faculty, and (3) noting that the content areas of rehabilitation include some which are more difficult than others to teach off-campus.

Martha Walker proposed NCRE draft a letter to the Commissioner of RSA; the letter would include the following points: (1) the fact that no training person from RSA was able to attend the NCRE meetings in Boston, (2) the need for a formal agreement with RSA on NCRE's advisory position with RSA and (3) continuance of the Task Force on Training or a similar group to advise RSA on training needs (this group would also include consumer groups who are interested in training). Ken Reagles agreed to write the letter. He also anticipated an Ad Hoc Committee on Needs Assessment. Two names proposed for membership on the committee were Dick Ugland and Dennis Gay.

NCRE FINANCES

The following information reflects a condensed financial picture of NCRE over the past three years.

	80-81	81-82	82-83	Proposed 83-84
Receipts	16,997	16,403	20,377	24,665
Expenses	21,141	21,493	23,345	24,665
Year End Balance	\$17,702	\$12,612	\$10,028	?

A Winter Board Meeting will be held in Washington on January 18 and 19th, 1984.

Jack Duncan, legislative consultant for NCRE, answered questions on the Jones Amendment and asked NCRE members to give him feedback on who is voting for and against the amendment, as members receive letters from their legislators. He said NCRE had had a good year. Appreciation was extended to Jack for his excellent work during 1982-83 and the work of his staff.

New Business

The following budget items for the 1983-84 budget were considered separately:

1. Contract with Jack Duncan 9/1/83-8/31/84 for \$8700. The Board approved the contract (Afanador, Maki).

2. Administ. Secretary, Marv Kuehn, said that costs for the administrative office at Emporia State University will increase. Ken Reagles appointed a committee to study the issues, develop alternatives, and make recommendations at the Winter Board Meeting. Martha Walker will chair the committee; other members are Don Dew and Jeanne Boland Patterson. The Board approved Marv's contract through 1/31/84.

3. The Legislative Liaison Committee, chaired by Bill Graves, requested \$300 for legislative alerts. The Board approved the request (Meyer, Walker). All regional representatives were asked to explore electronic mail options at the different universities in their regions.

4. CORE President Chrisann Geist requested additional money for CORE representatives to attend meetings. There was no motion to raise the budget, so the CORE budget will remain at \$600.

5. The budget for the Winter Board Meeting will be \$3300, which will be received from NARIC for the Rehabilitation Research Review Project, headed by Ken Reagles.

6. The remainder of the proposed budget was approved by the Board (Walker, Maki).

Paul Gaines, from the Clearinghouse, reported that facility people have surpassed rehabilitation educators in use of the Clearinghouse. He also said copies of IRI publications which could be used as supplements to rehabilitation courses were available from the Clearinghouse. The topic areas will be published in the next *NCRE Report*.

The following financial policies were approved by the Board (Afanador, Geist):

1. If needed, NCRE will pay the expenses of the two liaisons (Training and Research) to attend the CSAVR meetings.

2. NCRE will pay up to \$140/year for clerical support for the President.

3. NCRE will pay the travel and room expenses of the CORE representatives from NCRE.

4. If attendance at a special Executive Committee or Executive Board meeting is deemed necessary, the President may authorize up to \$150.00/year to offset expenses.

The Board discussed whether to continue with NCRE retreats, similar to the retreats held in Washington, D.C. and Boston, at Houston. A recommendation was made to combine the general membership meeting with the retreat. The general consensus was to continue the retreat. Chrisann Geist will Chair the committee to plan the retreat in Houston.

RSA Priorities

(continued from page 5)

the apparent further fragmenting and specialization of rehabilitation personnel at the expense of generically-educated rehabilitationists, while acknowledging the need to address contemporary competency needs. He also underscored the need for a comprehensive methodology and study of rehabilitation personnel supply and demand by type of discipline, service content, geographical region, type of training/education, and other relevant variables.

PERSPECTIVES:

AN INTERVIEW WITH BOYCE WILLIAMS

Conducted by Annette Long

(Rehabilitation Educators, as all professionals, look to veterans in the field for assistance in their own cognitive and experiential development. Cognitively, veteran Rehabilitation Educators are able to relate to and share a historical perspective which provides a framework for understanding and interpreting current developments. Experientially, they serve as role models for our perceptions of current and future appropriate behaviors and attitudes for ourselves. The purpose of the "Perspectives" column is to provide accessibility to and contact with a few of our now retired or retiring rehabilitation professionals.)

Annette Long, Rehabilitation Educator and Coordinator of the Interpreter Training Program, University of Arizona, conducted the following interview with Boyce Williams. Dr. Williams retired in 1983 after serving since 1970 in the position of Director, Office of Deafness and Communicative Disorders, RSA. He was born in 1910 and totally deafened at age 17 from spinal meningitis. During his lifetime commitment to the field of rehabilitation, he has received two honorary doctoral degrees, numerous distinguished service awards and honorary membership in both the British and the Russian Deaf Associations.

Annette Long: What are you doing following your retirement from Federal Service?

Boyce Williams: Upon retirement from RSA, I accepted the Dr. Powrie V. Doctor Chair at Gallaudet College, an honorary one-year position which affords me the opportunity to write a book on trends and developments in the history of deafness rehabilitation. Retirement from the Federal Service gives me time to record the impact of the VR program on the community of deaf people. Few people are aware and perhaps I am the only survivor who knows the details of each development. I hope to make the book interesting and informative.

Annette Long: Where do you see the future of rehabilitation training going?

Boyce Williams: Rehabilitation training is currently suffering budgetary restraints. It never has achieved the volume that we tried to reach. The new Federalism coupled with the enormous defense budget precludes optimism that early relief is likely, even if the next election restores the con-

cept that we are after all *one* country rather than 55 political entities. At some unknown future time I believe we will again be people oriented with consequent increase and upgrading of professional training.

Annette Long: What major differences do you see in Rehabilitation today?

Boyce Williams: Major differences in rehabilitation today need to have a point of reference. If we refer to the beginnings back in the 1920s, rehabilitation is almost infinitely more effective and available to deaf people. If we refer to the 1950s, effective rehabilitation service delivery to the low functioning deaf has increased dramatically as witnessed by the programs in Tucson; San Antonio; SAID in Los Angeles; Talladega in Alabama; Cave Spring, Georgia; Woodrow Wilson Rehabilitation Center in Virginia; and so on. Nevertheless, all this is but a scratching on the surface of need.

The removal of the research function from the RSA took away a basic tool which had been highly useful in vital resource establishment for service delivery to deaf people. We have yet to see that its establishment as the National Institute for Handicapped Research will contribute comparably, although higher quality research may evolve. Finally, today we are seeing more and more state concern with the cost of services. A consequence is increasing reluctance of the states to keep low functioning deaf clients in service for the length of time that they need to achieve levels of capability for independent living that reflect their native abilities.

Annette Long: What significant changes have transpired since you entered this field?

Boyce Williams: The most significant changes have been largely in Congressional approval of grant-in-aid funds to the states from a few million to over a billion dollars, and authorization of and funding for the discretionary programs, vis a vis, research, professional training, and facility establishment. In addition, the number of disabled people served each year has increased dramatically. For example, in the forties deaf rehabilitations may have ranged from 500 to 800 a year as compared to 6,000 to 7,500 a year in the seventies. Another vital development has been the growth in deaf

consumer awareness of their rights to effective vocational rehabilitation services and subsequent demand for same. This is not to imply that the ideal has been reached. It rather means that deaf people are doing more than talk to each other. They are exercising their rights to be heard and answered.

In my judgment, as these conditions improve, more deaf people will receive more and better rehabilitation services. Many more than the current state agency case loads of 20,000-25,000 deaf clients will be realized and for the longer periods of case service delivery that they need.

N.I.H.R. PROPOSES FUNDING PRIORITIES

The National Institute of Handicapped Research has developed its proposed funding priorities for FY 84 and plans to announce them soon in the *Federal Register*, according to informed sources. Reaction will be invited to the proposed priorities and NIHHR may change them. The priorities include:

1. A Rehabilitation Engineering Center is proposed to develop hearing and design criteria, performance standards, communication systems, and community monitoring center to enhance hearing and environmental systems for the disabled.

2. An R & D project to develop a systems approach in community service programs for handicapped persons, utilizing principles of system analysis, organizational development, and human management.

3. Integrated prosthetic systems (R & D) to retain design characteristics and operational functions related to changing needs of consumers.

4. Enhancing the family role in the rehabilitation of disabled children (R & T Center).

5. Rehabilitation implication of sickle cell disease (R & T Center).

6. Deaf communication systems (Rehabilitation Engineering Center).

7. Improvement of informational supply for handicapped individuals and their families on state and local levels (Utilization and Dissemination Project).

8. Improved rehabilitation of psychiatrically-disabled individuals (another R & T Center).

9. International research utilization, including exchange of experts and dissemination of knowledge.

10. Resource information for the blind (Utilization and Demonstration Project).

PROFESSIONAL STANDARDS:

CERTIFICATION IN WORK ADJUSTMENT AND VOCATIONAL EVALUATION

Daniel C. McAlees

I. PURPOSE AND OVERVIEW

The purpose of this certification program is to recognize the professional qualifications of Work Adjustment and Vocational Evaluation Specialists, in order to provide those individuals who receive such services with assurance that they are being served by qualified professionals. These two service components usually exert a direct influence on the rest of the consumer's vocational and social life. These types of services are commonly offered through education programs, rehabilitation programs, industry, manpower programs, insurance, and in hospital and medical settings. To be inadequately served could significantly hinder the consumer from reaching toward and achieving his or her potential.

In terms of the benefits to the professionals themselves, certification provides recognition and acceptance by other professions. A meaningful and viable certification program also facilitates clarification of practitioner roles and functions, highlights training needs of entry level practitioners, and reinforces professional growth and development for advanced professionals.

The establishment of the Commission on Certification of Work Adjustment and Vocational Evaluation Specialists (CCWAVES), on August 31, 1981, was the cumulative result of efforts made by the Vocational Evaluation and Work Adjustment Association (VEWAA), which received cooperation from other educational, advocacy, and rehabilitation organizations. This Commission was given the charge to develop and implement certification standards and procedures for the professional certification of Work Adjustment and Vocational Evaluation Specialists.

The history of efforts which led toward the establishment of CCWAVES dates as far back as 1967 when VEWAA and the first academic university program in vocational evaluation were established. These efforts were continued by the Vocational Evaluation Project, 1972-1974, and by the national Work Adjustment Curriculum Conference in 1978. Activities specific to the development of a certification program were initiated in 1975 when VEWAA designated a Certification Committee to study this issue. This Committee was charged

with studying the need and feasibility for developing a certification program for Vocational Evaluators and for Work Adjustment Specialists.

CCWAVES draws membership from eight organizations and is comprised of eleven Commissioners. The member organizations are the American Coalition of Citizens with Disabilities (ACCD), Association of Education for Rehabilitation Facility Personnel (AERFP), Association for Retarded Citizens of the United States (ARC), Council of State Administrators of Vocational Rehabilitation (CSAVR), Division on Career Development of the Council for Exceptional Children (DCD/CEC), National Association of Rehabilitation Facilities (NARF), National Association of Vocational Education—Special Needs Personnel (NAVESNP), and Vocational Evaluation and Work Adjustment Association (VEWAA). The eleven commissions include four representatives of VEWAA and one representative from each of the other seven organizations.

II. GRANDPERSONING PERIOD

A "Grandpersoning Period" for certification will be from July 1, 1982 through December 31, 1984. Subsequently, those applying for certification will be required to obtain an acceptable score on a professional examination, in addition to meeting the other standards of education, work experience, and adherence to the Code of Ethics.

Duration of Certification. The duration of initial certification is five years.

Fee. During the Grandpersoning Period the application fee for certification is \$125.00 per specialty. Until December 31, 1984, \$75.00 of the application fee will be refunded in the event you are ineligible for certification.

III. STANDARDS AND QUALIFICATIONS

There are six categories during Grandpersoning under which a person may apply. The educational criteria and experience requirements vary for each and a person desiring detailed information on the educational and experience requirements should contact the Commission directly.

IV. ESSENTIAL PERFORMANCE AREAS

A candidate's education, training, and/or professional work background should include a knowledge and experience as indicated in the following essential performance areas.

Work Adjustment Specialist (minimum: 6 of 10)—Behavior Management; Functional Limitations of Disability; Work Management; Individual Work Adjustment Planning; Situational Assessment; Learning Style; Task Analysis; Functional Living Skills; Measuring and Documenting Progress; Job Modification and Restructuring of Work Environment.

Vocational Evaluation Specialist (minimum: 7 of 11)—Job Analysis; Functional Limitations of Disability; Occupational Information; Work Samples; Psychometric Testing; Individualized Vocational Evaluation Planning; Situational Assessment; Learning Style; Report Development; Functional Living Skills; Interviewing.

V. CERTIFICATION MAINTENANCE CRITERIA

1. Examination — the certified person must state intent to sit for the examination six (6) months prior to expiration of his or her certification, and this exam must be taken not later than six (6) months after expiration of current certification. Those who select this option will pay a re-certification fee and an examination fee.

2. Twelve (12) officially documented CEU's in one or more of the essential performance areas.

3. Nine (9) officially documented credit hours in a college course related to one or more of the essential performance areas.

4. Any combination of 2 and 3, above, with four (4) CEU's equivalent to three (3) credit hours.

VI. RELATIONSHIP TO CRCC

CRCC has appointed a liaison person to CCWAVES who serves as a commissioner on both boards. CCWAVES has contracted with CRCC for office space, office functions and general support activities. CRCC has invited CCWAVES to participate in

(continued on page 15)

NCC OR CRC?

Betty Hedgeman

The following comments are designed to explain National Certified Counselor (NCC) and to clarify the relationship between NCC and CRC.

The National Board for Certified Counselors (NBCC) which grants NCC was initiated as a result of the efforts of the American Association for Counseling and Development (formerly American Personnel and Guidance Association) to provide accreditation and licensure and national certification for counseling professionals. Candidates for the NCC must have a graduate degree in counseling or related professional field and have supervised counseling experience to be approved for entrance to the examination. The NBCC Certification Examination was developed to assess cognitive counseling knowledge and skills. Content areas on the examination are designed to include those inherent in counselor preparation programs.

According to NBCC, "The rationale for use of an examination of this type is: There exists a body of knowledge that must be learned by professional counselors in order to provide maximally effective counseling services."

In January of 1983, the first examination for norming purposes was given by the National Board of Certified Counselors. Since that time, at least two other administrations have taken place. Exempted from

the examination were counselors who were licensed under professional licensing laws in specific states as well as those who had national certification, such as CCMHC mental health counselors or CRC rehabilitation counselors. The current policy that stands is that any currently certified rehabilitation counselor showing evidence of that certification who completes the application form and pays the \$60 application fee is automatically certified as a national certified counselor. No examination need be taken.

The NCC is however, a generic counseling certification. It is not specialty certification such as CRC. To the person who is graduating from a CORE accredited rehabilitation counseling program the benefit of CRCC is still more obvious and more prominent. As a CORE student, that person is able to take the CRC examination after completing three-quarters of the graduate course work. The benefit of the generic certification (NCC) is only that it qualifies you as a person who knows counseling in general but not specifically rehabilitation counseling.

Certified rehabilitation counselors are specifically represented on the NBCC Board. Therefore, input regarding standards, specialty acknowledgement, recertification and the relationship between NCC

and CRC are all represented in the discussions of policy that take place regarding NBCC activities.

In my opinion as the rehabilitation counselor member of NBCC and also having been involved with CRCC, I cannot indicate to any CRC as to additional value of being in NCC in terms of employability at this point in time. However, I must point out that I don't know what the future will bring. **Since the process of being a Nationally Certified Counselor is such an easy one for CRC's, it would be my recommendation that they take advantage of the opportunity to become NCC as well.** We never know what future licensing legislation may require. Nor do we know what other kinds of recognition might take place regarding the broad base of counseling. Rather than take the risk, it would seem prudent to me for counselors who are CRC's to take the opportunity to become NCC's as well.

I would certainly recommend that a student in a rehabilitation counseling program that is CORE accredited (and thus qualified to apply for CRC) do so since it would be an easy type of certification to achieve while still a student. Having achieved that CRC the process of completing an application, paying the fee and showing a current CRC number allows that individual to become an NCC. Thus it would be possible for a rehabilitation student (using CRC to qualify) to obtain the NCC earlier than he/she would qualify to do so if taking the examination.

COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION ACTIONS

William H. Graves, NCRE Appointee to CRCC

There have been during 1983 a number of actions taken by the Commission on Rehabilitation Counselor Certification which affects the membership of the NCRE. The first action has been the approval by CRCC of the NCRE Alternate Plan for CRC Certification Maintenance. The alternate plan will be effective on January 1, 1984. The NCRE chairperson for the CRC alternate plan is Joe Afanador, Seattle University. Copies of the NCRE alternate plan may be obtained from him. Questions regarding the alternate plan should be directed to him as well; however, questions regarding an individual NCRE member's certification should be addressed to Ms. Eda Holt, Executive Director, CRCC, 160 North State Street, Suite 319, Chicago, IL 60601 (312-236-4499).

Eligibility standards for candidates for the CRC status have been changed. CRCC will mail to each NCRE contact person a copy of the revised eligibility standards in

January, 1984. These standards have been raised for each category of eligibility. For example, the five years of acceptable employment experience for bachelors degree only CRC candidates has been raised to seven (7) years (effective July 1, 1985). Standards have also been developed which permits certification at the doctoral level in rehabilitation as well as at the masters level in rehabilitation counseling.

A certification program is being developed by CRCC for rehabilitation professionals who work in disability compensation systems. Eligibility standards, the grandparenting period, and certification maintenance procedures will be announced by CRCC in January, 1984. For information on this process, the Certified Insurance Rehabilitation Specialist program, please write or telephone the CRCC office in Chicago.

Stan Rubin is the CRCC examination chairperson. Among his responsibilities is

the development of items for the CRC examination. The development of an item pool is no easy task. If you would like to earn thirty (30) certification maintenance credits, you can submit ten (10) items (3 credits per item) for possible inclusion in the item pool. Please contact the CRCC Chicago office for information on the process and format for submitting CRC examination items for certification maintenance credits.

CRCC appreciates the cooperation of many NCRE members who have provided sites for CRC examination on their campuses. If any NCRE member would be interested in having a CRC examination on his/her campus, please contact Mrs. Eda Holt for further information.

If any NCRE member has issues that he or she wishes to be brought before CRCC, please contact me at P.O. Drawer 5365, Mississippi State, MS 39762 (601-325-2001).

REGIONAL NEWS

Compiled by Ginny Olmer

REGION I

Several new people and programs have been added since last report! **Robert Pullo** is the new Coordinator of the Rehabilitation Counseling Program at Rhode Island College. He received his doctorate from the University of Wisconsin and has been teaching at St. John's College in New York for the past three years.

The **Rehabilitation Counseling Program at Rhode Island College** received a five year accreditation from CORE recently.

At Boston University, **Marianne Farkas** is directing a new Off-Campus Training Program specializing in psychiatric rehabilitation.

The **B.U. Rehabilitation Counseling Program** has developed a new five year B.S.-M.S. degree program with several specialization options: vocational evaluation, psychiatric rehabilitation and industrial rehabilitation.

Robert Lasky has received a research grant from Liberty Mutual Insurance Company. The primary aim of his research is to investigate cognitive-behavioral group approaches to facilitate the vocational rehabilitation of Worker Compensation recipients.

William Kennard has joined the Center for Rehabilitation Research and Training in Mental Health at Boston University as a training associate. The **Research and Training Center at B.U.** has developed several products for use by rehabilitation educators including videotapes and films in psychiatric rehabilitation. Other training packages will be available in January. **Karen Danley** is directing the Technical Assistance Resource Center and a comprehensive "Psyc Rehab" Technical Assistance Directory is available now. Contact the R & T Center for an updated Publications Listing.

LeRoy Spaniol is the Editor for the *Psychosocial Rehabilitation Journal* and has issued a call for papers for the next issue.

Assumption College was awarded a timely Long Term Training Grant, directed by George Elias, to train practitioners in special education settings to develop linkages between special education and rehabilitation.

John Moline, RCEP Coordinator, is developing training programs emphasizing job placement and rehabilitation/special education cooperative efforts.

Joseph Stano is directing a new concentration in Alcohol and Substance Abuse at Springfield College. Joe recently received his doctorate from the University of Connecticut in Rehabilitation Research and has been elected President of the Northeast Regional Rehabilitation Counseling Association. **James Scorzelli** is directing the Deafness Specialization Program at Northeastern University. The program has been providing innovative training for the past six years.

REGION II

An **Employment R & T**, RT-34, has been established by **New York University** and The Human Resources Center. They announce "Enhance Employability," a three day workshop for rehabilitation professionals on January 23-25, 1984, at the Human Resources Center in Albertson, Long Island. The workshop is designed to provide the tools and information needed for preparing clients for careers in developing ongoing relationships with employers. Emphasis is placed upon the application of labor market information, marketing techniques and networking concepts to job development and job search activities. For information contact: Valarie Ellien, Ph.D., Training Coordinator, Employment Research and Training Center, New York University, 50 West 4th Street, 4th Floor, New York, NY 10003.

REGION III

George Washington University Research and Training Center has new priorities and a new "home." It has moved from the Medical School to the Department of Psychiatry and Behavioral Sciences. The new focus is "Exploring and Improving the Psychosocial Environment of Persons with Severe Disabilities." Projects include the following: Project one: The Psychosocial Environment of the Adolescent with Disabilities. Project two: Psychosocial Aspects of the Comprehensive Rehabilitation of the Client with Chronic Pain. Project three: Attitudes Toward Persons with Disabilities: Assessment and Change. For ad-

ditional information contact: David Reiss, M.D., Director. Project one: Carl Feinstein, M.D. Project two: Marc Hertzman, M.D. Project three: Pamela Finnerty-Fried, Ph.D., CRC. Training and Research Utilization: Donald W. Dew, Ed.D., CRC.

Scholarship Available: The Rehabilitation Counselor Education Program in Deafness at Gallaudet College has been awarded a two-year scholarship for a full-time female graduate student in rehabilitation counseling. The scholarship is in the amount of \$6,500 per year and is provided by Soroptimist International of Washington, D.C. For further information contact: Marita Danek, (212) 651-5586.

REGION IV

Dr. William Emener is now an Associate Dean at the University of South Florida.

Dr. Julian M. Nadolsky is now the Editor of the *Journal of Rehabilitation*. His address is: Department of Special Education and Rehabilitation, University of Tennessee, Knoxville, TN 37996.

Region IV is in the process of planning a **mid-winter conference**. A survey form has been mailed to members seeking suggestions for critical topics and suggestions for a meeting location. Last year's conference was held in Atlanta and topics presented included: sources of funding for pre-service and in-service training; the use of computers in rehabilitation training; and placement. Dates and topics for this year's conference will be finalized by November 30, 1983.

The **University of Georgia** has been awarded a three year USDE contract jointly funded by RSA and NIHR to conduct research utilization demonstrations based on the findings of the Management Control Project. The contract provides for continued technical assistance to the Management Control Project's R & D state agencies (Georgia, Michigan and Maryland) and projects research utilization demonstrations in nine additional state rehabilitation agencies. An Advisory Council will recommend the inclusion of agencies based on agency interest, goals, commitment and geographic location. Final selection of demonstration agencies will have received approval of NIHR and RSA.

Max Cleland, former Director of the VA and currently the Georgia Secretary of State, was a keynote speaker at "The Second Annual Institute on Critical Issues in Rehabilitation" held in July in Athens, Ga.

REGION V

No information.

REGION VI

Dr. Clayton Morgan, Director of the Applied Behavioral Studies in Education (RCE) at Oklahoma State University, Stillwater will retire at the end of the 1983-84 academic year.

Louisiana Technical University, Ruston, La., received a grant from NIHR on **Biomedical Engineering**: Engineering design and individual devices for transportation needs for the disabled. Clients stay in the dorms at Ruston while an individual system is designed to meet their needs and they are trained to use it. Driving as well as other systems are designed. For information contact: John R. Schweitzer, Ph.D., Educational Systems Design Coordinator for Handicapped Services, Louisiana Technical University, Ruston, LA.

Region VI Annual Training Conference for Rehabilitation Educators is scheduled for June 13, 14, 15, 1984 and has changed in emphasis to focusing on employment issues with the disabled. The theme, "Developing Cooperative Working Relationships between Rehabilitation and Employers in the area of Placement and Employment Opportunities" will address issues such as national programs for retiring people, regional shifts in employment sectors, computerization and implications for training.

REGION VII

Dr. Lloyd Goodwin is a new faculty member in the Department of Counselor Education and Rehabilitation Programs at Emporia State. He was formally at Assumption College.

Emporia State has received a grant from RSA for an undergraduate major in Rehabilitation Services.

University of Iowa Rehabilitation Counseling Program was approved by RSA for new monies for long term training. The program had not been RSA funded for several years.

Jerry Starkweather, Director of Rehabilitation Services in Iowa, and **Nancy Norman**, Director of the Commission for the Blind have both become adjunct faculty in Rehabilitation Counseling at the University of Iowa. Dennis R. Maki is the new President of **Rho Chi Sigma**: Rehabilitation Counseling and Services Honor Society and will serve in that capacity until 1985.

REGION VIII

The University of Northern Colorado has a newly established Ph.D. program in Rehabilitation Counseling. Also, a limited number of stipends are available to qualified master's students. Contact: Dr. Dennis Gay, Chair, Department of Human Services, University of Northern Colorado, Greeley, CO 80639.

Dr. Vincent A. Scalia and **Dr. Donald W. Dew** are Co-Chairing an **RRCEP** Consortium project entitled, "Improved Career Decision Making Through the Use of Labor Market Information." The project is jointly funded by the Department of Labor and Rehabilitation Services Administration.

Dr. William E. Martin, Jr. has accepted a tenure track position at Eastern Montana College, Institute for Habilitative Services, Billings, Montana.

Position Vacancy: Assistant Director Region VIII Rehabilitation Continuing Education Program. Salary Range \$17,000-\$21,000. Application deadline: November 30, 1984. Send application to: Dr. Vincent A. Scalia, Director, Region VIII Rehabilitation Continuing Education Program, University of Northern Colorado, Greeley, CO 80639, (303) 351-2159.

REGION IX

The **California** Association for Rehabilitation Professionals in the Private Sector (**NARPPS**) is offering a \$500 scholarship to a disabled or minority student to do an internship in private rehabilitation. Eligibility is limited to students attending California State University: San Diego, Fresno, Sacramento, Los Angeles, or San Francisco.

Cal State at Fresno reports success in their efforts to recruit minority students. New enrollees include two Asian and six Hispanic students.

Dr. Marlene Bence, University of Arizona, was recently promoted from Clinical Associate Professor to Associate Professor, a tenure-track position.

The **Arizona Behavioral Health Credentialing Task Force** is progressing in its efforts to propose an Omnibus Bill for certification of professionals in the fields of social work; general counseling; alcohol counseling; biofeedback; marriage and

family therapy; sex education, counseling and therapy; and rehabilitation counseling. If it passes as currently written, the bill would require CRC as the minimum requirement for use of the term "Rehabilitation Counselor" in Arizona. Mae Smith is collecting supportive information regarding qualified RC's for use in the legislative effort. Suggestions of relevant literature or data would be appreciated.

Dr. Dana Moore, a clinical psychologist who is responsible for academic affairs of Associated Health Professions and Occupations for the Veterans Administration Office in D.C. recently met with **Mae Smith** to discuss national expansion of the Tucson VA's Alcohol Treatment Unit **paid internships for RC's**. The University of Arizona Department of Rehabilitation has placed MRC's on internships in the VA Alcohol Unit for 10 years and last year began placing Rehabilitation Psychology doctoral internship students at the site. The VA pays the students a monthly stipend. Since the placements have been highly successful, Dr. Moore requested a meeting to review and to see how the program could be expanded to include VA Alcohol Treatment Units and MRC programs throughout the U.S.

REGION X

Patty Ruegg retired on August 31, 1983 from the Rehabilitation Department at Seattle University after twelve years on service. For the last five years, she was an Associate in the Rehabilitation Workshop Training Center, developing and presenting training packages for the staff and Board of Directors of work-oriented facilities. For the seven previous years, she initiated and directed this comprehensive program. Before coming to Seattle she worked five years as an Associate in the Rehabilitation Workshop Administration Program at the University of San Francisco. In addition to developing many training packages, such as the "Foreman's Role in the Rehabilitation Workshop," she has been active in numerous professional rehabilitation organizations and has served on several professional advisory boards. She has made sizable contributions to rehabilitation on the west coast and her talents and efforts will be greatly missed.

(**Ginny Olmer** is a doctoral student in deafness rehabilitation/administration, Department of Rehabilitation, University of Arizona.)

VIEWPOINT:

PRIVATE SECTOR NEEDS IN REHABILITATION EDUCATION

Thomas Brandon

(The "Viewpoint" column is designed to allow NCRE member(s) to present a *personal* position statement regarding a professional issue of national significance. Suggestions for "Viewpoint" or rebuttals should be sent to the Editor.)

In an article prepared for publication in the Fall edition of the VEWAA Journal, I presented the results of a survey I recently conducted with 35 professional private for profit rehabilitation companies and individuals. One of the survey questions asked of the professional rehabilitationists referred to their educational preparation. Each professional was asked whether they felt their educational training and/or experience with client populations in the public sector adequately prepared them for court appearances in the private sector. Of the 19 rehabilitation specialists who had appeared in court, 18 individuals responded "no" to the question. Only one person felt, based on his educational and public sector background, adequately prepared.

The results of the survey are more significant in light of the fact that in 1980 the Region IX Rehabilitation Services Administration funded a study¹ conducted at San Diego State University, San Diego, California. This study surveyed rehabilitation and manpower needs in California, Hawaii, Arizona, Nevada and the territories of the Western Pacific. Of 362 returned surveys, 82.2% of the individuals indicated that they were working in rehabilitation-related fields. The highest percentage was 27.3% in private for profit rehabilitation, with the following categories reported as such: 23.0%, non-profit organizations; 14.3%, State Rehabilitation; 9.4%, State Education; 7.2% private Hospitals; 2.2%, State Facilities; .7%, State Hospitals.

It is clear from these two surveys that a significant trend has modified our traditional placement opportunities for rehabilitation specialists and that in the VEWAA study, those individuals surveyed felt that their education preparation was inadequate for the private sector. It would appear that students and faculty members alike are concerned about the shift in employment, for the question I am asked most frequently by both parties while traveling throughout the country is, "What can be done in our educational institutions to help prepare our graduating students for entry into the private for profit rehabilita-

tion sector?" I will try to answer this question as best I can based on my own educational background and subsequent experience in the private sector. The demands of the private sector, quite clearly, have similarities to, as well as striking differences from, the public sector. It is my opinion, resulting from my discussions of this problem with professionals in educational institutions throughout the United States providing rehabilitation and training, that there are three basic attitudes prevalent at this time:

1) We are preparing our students adequately, giving them a good foundation in rehabilitation techniques to be used in any model of services. We do not need to specialize in the area of private for profit rehabilitation specialists.

2) We have introduced our students to the private for profit sector by having attorneys visit our on-going classes, and we have started to discuss the private for profit model in our introductory rehabilitation course work.

3) We feel that the momentum in the private for profit sector is such that we have dedicated a portion of our curriculum to the preparation of these individual professionals. Our courses tend to cluster around a) the rehabilitationist and the legal profession, b) the marketing of rehabilitation services and c) the recognition of the differences between traditional referral sources and the insurance industry.

It is my distinct impression that the majority of rehabilitation training institutions are solidly, but slowly, moving toward responses 2 and 3. This movement is significant, I think, when you consider that as recently as five years ago, most rehabilitation educational institutions felt that private for profit rehabilitation was a fad which required only minimal attention and few, if any, curriculum changes. The institutions that seem to be moving most rapidly are those institutions that have strong internship programs and/or that operate an on-campus client service center. The realities of operating a center, along with the need for diversified income and the availability of new markets because of changing laws, have encouraged these institutions to make this rapid move more wholeheartedly into this particular area of rehabilitation expertise.

In my experience while working as a

consultant with both the public and private for profit sectors over the past 10 years, there does appear to be information requirements within the private for profit sector that should be presented more forcefully, and with greater emphasis, in our rehabilitation curriculums throughout the nation than are being presented at this time. The following list, while not meant to be all inclusive, does represent these informational areas and the areas in which I am most often asked to consult:

1) How do you start a private for profit business? What are the mechanics? How can it be financed? And what can I expect as a return for my investment?

2) Where can I learn more about public relations, marketing and sales?

3) Will the traditional rehabilitation model work with non-traditional client populations, i.e., industrial injuries, long-term disability, Social Security and third party litigation?

4) I am concerned about my professional standards and ethics. How can I determine the difference between a competitive edge in this market versus selling out to the referral source?

5) Are there differences in the expectations placed on the rehabilitationist by insurance companies and plaintiffs' attorneys and the expectations placed on us by our traditional referral sources?

6) What should my attitude be about court appearances? If called to court, how should I prepare? What can I expect? Is this a valid function of the rehabilitation process?

There has been a slow, but steady, increase in the amount of information available that could be adapted to rehabilitation curriculums in each of the categories listed above. If an institution is truly receptive to providing a well-rounded curricula for its rehabilitation students, it cannot ignore the growth of the information base in private for profit rehabilitation over the past 10 years. Much of this information can be found in literature not specifically produced by our leaders in rehabilitation. For example, information concerning the law and its relationship to rehabilitation can oftentimes best be found in legal journals which list precedences set within each state, and through individual lectures conducted by attorneys from within the institution's local community. The American

Management Association² through its many courses, short-term seminars and publications, provide invaluable information on business practices, management and financing. The American Management Association is probably the best single source of marketing, public relations and sales materials available in today's literature. For instructors who want to introduce this kind of information into their curriculum, they will find the AMA's short-term seminars and publications provide an excellent foundation.

Along with expanding the rehabilitation information base, we need to give attention to the new rehabilitationists and their reaction to their new environment. As for the rehabilitationist's feelings of confusion (and sometimes isolation) when it comes to balancing his/her new-found private practice with previously learned rehabilitation principles, practices and ethics, it behooves all of us who have dedicated our professional lives to rehabilitation to integrate, update and publish varying viewpoints regarding these important areas so that a standard for professional behavior can emerge as a guide for young professionals entering the private for profit sector.

In conclusion, I am heartened by the apparent readiness of the field of rehabilitation to adopt and pursue diversified markets. We can no longer expect the public and the private, non-profit organizations to assimilate all our rehabilitation professionals. It is clear that this traditional placement area has stabilized and, possibly, is hiring less graduates than in the past. To keep the brightest and most motivated of these graduates in the field of rehabilitation, we must open the door to broader interpretation of where the rehabilitation counselor, vocational evaluator and job placement specialist can search for employment. As a former university instructor, I can easily see the difficulties in transitioning a curriculum to meet these rapidly merging markets. However, it is imperative, I think, that educational institutions recognize that they must attract qualified students and that these young professionals are their best marketers, therefore guaranteeing continued health within the rehabilitation educational institution itself. If students are ill prepared, they will be identified by the private for profit sector. This sector conducts on-the-job training in an extremely efficient manner. Those students who have to go through this test of fire without adequate preparation will have very little good to say about their alma maters. The skills of most students will improve (probably); however, in all probability the educational institution

has lost an ambassador and has gained an unwanted national reputation regarding its training of rehabilitation professionals.

¹Region IX Rehabilitation Services Admin. "Rehabilitation Manpower Needs." 1980 Continuing Education Grant, San Diego State University, San Diego, CA.

²American Management Associations, 135 West 50th St., New York, NY 10020.

(Thomas Brandon is a faculty member of the Valpar National Training Institute; President, Valpar Corporation; and Director of Marketing, Research and Development Group, Valpar Corporation. He has participated in numerous consulting, presentation and special project activities throughout the U.S.)

Professional Standards

(continued from page 10)

new exam item development. CCWAVES has sought the consultation of CRCC staff and commissioner on numerous occasions. Time and philosophies will determine future directions of cooperation and coordination.

A person who is trained in rehabilitation counseling and works as a counselor should seek CRCC certification; a person trained in Vocational Evaluation/Work Adjustment and working in these areas should seek CCWAVES certification. Some individuals may meet both Boards' criteria and will need to make individual professional decisions. The primary goal, however, is that they ascribe to a national set of standards on behalf of quality service delivery.

For further information contact: CCWAVES, 162 N. State St., Suite 318, Chicago, IL 60601, (312) 263-5606.

Doctoral Students

(continued from page 5)

ing a column for and about them. In order to obtain additional information about their educational backgrounds, research activities, work experience and professional goals, a questionnaire will be sent to each doctoral student member.

Suggestions for the doctoral student column should be addressed to: Charlene Kampfe, Ph.D. Candidate, University of Arizona, College of Education, Department of Rehabilitation, Tucson, AZ 85721.

NEWS FROM NARIC

(continued from back cover)

of topics includes: *Private Rehabilitation Role of the Rehabilitation Professional*, by George Wright, Ph.D.; *Telecommunications and Futurology in Vocational Rehabilitation*, by Susanne Bruyere, Ph.D.; and *Consumerism and Advocacy in Vocational Rehabilitation*, by Lex Frieden. The documents will be available in December.

KENNETH REAGLES RECEIVES CITATION

The National Institute of Handicapped Research and the National Rehabilitation Information Center honored Kenneth W. Reagles, Ph.D., president of the National Council on Rehabilitation Education at the Executive Board meeting in Boston, by presenting him with a special citation commending his outstanding contribution to the REHABILITATION RESEARCH REVIEW project. The hand-scrolled citation was signed by Dr. Douglas Fenderson, Director of the National Institute for Handicapped Research and by Eleanor Biscoe, Director of the National Rehabilitation Information Center. The citation was presented to Dr. Reagles by NARIC Associate Director, Susan Flowers.

Upon receiving the citation, Dr. Reagles commented, "I am glad to have had the opportunity to contribute to the REHABILITATION RESEARCH REVIEW project. The publications provided the NCRE membership with the chance to reflect upon the strengths and weaknesses of the available research in topical areas. I want to thank each author for having volunteered his or her valuable time to this project."

The citation acknowledges Dr. Reagles' contribution to the REVIEWS. As Chairperson for the NCRE REHABILITATION RESEARCH REVIEW Advisory Committee, Dr. Reagles assisted in the identification of authors and topics; coordinated the peer review process for each manuscript; and provided the authors with substantive guidance as required. Members of the NCRE Advisory Committee include: R. William English, Ph.D.; Jerome Lorenz, Ph.D.; John Muthard, Ph.D.; and George Wright, Ph.D.

The REHABILITATION RESEARCH REVIEWS are a cooperative project funded by the National Institute of Handicapped Research and co-sponsored by NCRE and NARIC. NARIC, located on the campus of the Catholic University of America, will house and distribute the documents.

Newsletter:
Dr. S. Mae Smith
Department of Rehabilitation
College of Education
University of Arizona
Tucson, Arizona 85721



NARIC, located on the campus of the Catholic University of America will house and distribute the REHABILITATION RESEARCH REVIEW series. A sampling

(continued on page 15)

~~Handwritten scribbles and marks, possibly including the word "Kil" and other illegible characters.~~



THE UNIVERSITY OF ARIZONA
TUCSON, ARIZONA 85721

COLLEGE OF EDUCATION
DEPARTMENT OF REHABILITATION

December 13, 1983

Lex Frieden
ILRU Project
P.O. Box 20095
Houston, Texas 77225

Dear Lex:

Thank you for your willingness to write an article for the "Viewpoint" column of the NCRE Newsletter.

I am enclosing the latest issue of the newsletter. The "Viewpoint" column in this issue is located on pages 14 and 15. You, however, need not feel committed to that particular style in writing your article. Since the "Viewpoint" is a personal position statement, you may feel free to state your opinions as strongly and freely as you wish.

I appreciate your willingness to gather data for the article. That is certainly going beyond the necessary requirements. However, I do think this has potential for effecting design of curricula and thus, not only would the data be helpful in making your points, but it could also serve as supportive information for our readers.

You may wish to note that Freddi Karp of NARIC has volunteered to be of assistance in locating supportive information for people writing articles for the newsletter. I did mention your article to her and would suggest that you contact her.

The due date for your article is April 1, 1984. I understand the article to be oriented toward a discussion of training and independent living in a way that would provide information or direction for rehabilitation educators. The focus(es) and direction(s) of the article, would, of course, be your discretion.

Please let me know if I may be of assistance.

Sincerely,

Mae

S. Mae Smith, Ed.D.
Associate Professor

cc: Freddi Karp

RECEIVED DEC 19 1983

602-621-7822



Lex

April 11, 1984

S. Mae Smith, Ed.D.
Associate Professor
College of Education
Department of Rehabilitation
The University of Arizona
Tucson, Arizona 85721

Dear Mae,

Please find enclosed a copy of the article which I have prepared for the "Viewpoint" column of the NCRE Newsletter. I hope this is the sort of information that you anticipated. Also, I hope the style is consistent with your objectives for this column. If you would like me to make any changes, please do not hesitate to call me. I look forward to hearing from you about the disposition of the article. Thank you for giving me the opportunity to make this contribution.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'Lex', is written over the typed name.

Lex Frieden
Director

LF:rms

Enclosure

BIOGRAPHICAL SKETCH

LEX FRIEDEN

Lex Frieden is director of the Independent Living Research Utilization project at The Institute for Rehabilitation and Research and assistant professor of rehabilitation at Baylor College of Medicine, Houston, Texas.

A graduate of Tulsa University, Mr. Frieden has been honored as a Distinguished Alumnus. He also holds a master's degree in social psychology from the University of Houston. He has done additional graduate work in rehabilitation psychology at the University of Houston with support from an SRS doctoral fellowship, and he has been awarded a World Rehabilitation Fund fellowship to study programs for disabled people in Europe.

Mr. Frieden, a quadriplegic due to spinal cord injury, has been involved in the organization of several groups of disabled individuals including the American Coalition of Citizens with Disabilities, the Coalition of Texans with Disabilities, and the Houston Coalition for Barrier Free Living. He has served as secretary of the American Coalition of Citizens with Disabilities and is now active on many boards and committees.

Working in the independent living movement by severely disabled people since the early 1970's, Mr. Frieden speaks frequently on the subject, consults with a variety of organizations, and has published several books and papers on independent living. He served as a consultant panel member for the United States House of Representatives Committee on Science and Technology from 1976 through 1978, and he prepared the background paper on Community and Residential-Based Housing for the White House Conference on Handicapped Individuals in 1977. He was honored by the U.S. Jaycees in 1983 as one of America's Ten Outstanding Young Men.

Change Makers: Independent Living and Rehabilitation Education

by

Lex Frieden, Director
Independent Living Research Utilization Project
The Institute for Rehabilitation and Research

and

Assistant Professor
Department of Rehabilitation
Baylor College of Medicine
Houston, Texas

March 26, 1984

I am pleased to have this opportunity to reflect on the linkages between rehabilitation education and independent living. The independent living and rehabilitation education movements have had substantial impacts on one another during the past decade. Rehabilitation educators have played important roles in the independent living movement as it has progressed. Without taking the risk of forgetting to name someone, suffice it to say that this author personally knows and respects a comparatively large number of educators in the field of rehabilitation who were not only supportive of but in some ways partly responsible for beginning the independent living movement and helping to maintain its momentum. Rehabilitation educators helped to write and, in some cases, to fund grant proposals for independent living organizations. They helped to plan programs and to organize advocacy groups. Some of them began to practice affirmative action before it was required. Perhaps most importantly, rehabilitation educators have helped to validate and reinforce the progressive ideas, principles, and methods of the independent living movement, and they have served as linkages between the occasionally polarized independent living-oriented consumer advocates and establishment-oriented rehabilitation services providers and program administrators.

Although it would be nearly impossible to document, I suspect there is some causal relationship between the first four or five independent living programs and the major post-secondary educational institutions which existed nearby them. In the case of the Center for Independent Living, it was the University of California at Berkeley. In Ann Arbor, it was the University of Michigan. In Houston, it was both the University of Houston and Baylor

College of Medicine, and in Champaign Urbana, it was the University of Illinois. Finally, in Boston, it was Tufts University at the New England Medical Center. In each of these cases, independent living program founders and activists were closely associated with or affiliated with the respective universities in their community. In many cases, rehabilitation educators have either worked directly or behind the scenes to help establish independent living programs.

Just as rehabilitation education has influenced the independent living movement, the independent living movement has influenced rehabilitation education. Perhaps the first tangible product of this influence was a joint position paper on independent living rehabilitation training needs which was developed jointly by the American Coalition of Citizens with Disabilities, the Council of State Administrators of Vocational Rehabilitation, and the National Council on Rehabilitation Education. This paper, dated August 1979, was the result of two meetings which occurred during 1979. The first meeting was a conference held in New Orleans on January 10-11, 1979. The purpose of this conference was to examine the personnel issues related to the independent living section of the 1978 amendments to the Rehabilitation Act of 1973. This meeting was sponsored by NCRE and CSAVR under a grant from the Rehabilitation Services Administration. In addition to representatives of their own organizations, the conference sponsors invited representatives from the American Coalition of Citizens with Disabilities to join them. The participants at New Orleans laid the groundwork for a later meeting which occurred in Houston on February 11-12, 1979. Eight representatives from the three organizations were appointed to attend the Houston meeting and develop a consensus report on personnel utilization and needs related to independent

living which could be endorsed by each of the three groups. Attending the Houston meeting were Glen Geist, Jack Kite, and William Graves representing NCRE, Lex Frieden, Durwood McDaniel, and Jeff Moyer representing ACCD, and Pete Griswold, and Jim Wigton representing CSAVR. The Houston study group generated most of the material and recommendations which were compiled in the August 1979 report. This report was eventually endorsed by ACCD, NCRE, and CSAVR.

Among the recommendations included in the 1979 report were two on which I would like to focus your attention. First, the report suggested that all rehabilitation education programs should include consumers, especially those representing organized consumer groups, on their advisory bodies. Second, the report suggested independent living content should be requisite in the curricula of rehabilitation education programs seeking accreditation by the Council on Rehabilitation Education, Inc. (CORE).

In order to obtain some data about the extent to which recommendations of the 1979 joint report have been implemented by rehabilitation education programs, a non-scientific survey was mailed to 197 university-based programs which advertise courses in rehabilitation or which receive funding from RSA or NIHR. Fifty programs responded to this request for information and of those 50, 40 schools indicated that they offer courses with significant independent living content. The fact that only 50 schools responded to this request for information does not necessarily indicate that 147 other schools engaged in rehabilitation education activities do not offer courses with substantial independent living content. Some may not, but most surveys were probably not returned due to time constraints

wrong mailing addresses, and lack of a suitably compelling argument for completing the survey by this researcher. As a matter of fact, two of the NCRE members who responded to the survey request (one with data and the other without) mentioned that the survey request did not indicate any formal sanction by the NCRE Research Committee. At the time, I was not aware that NCRE had such a committee, and for those of you who were so concerned, please accept my profound apologies for not knowing.

With respect to the issue of involving consumers in advisory capacities, two thirds of the programs which responded to the survey indicated that disabled people are substantially involved in the process of course planning and curriculum development. Most of these programs indicated that consumers are formally involved in their programs as advisory group members. From my experience in Texas and the surrounding region, I would say that some programs have made a consistent and determined effort to locate representative consumers and involve them substantially in advisory capacities. Other programs have either completely ignored the need to do this or they have done so in a token way. An example of one school in our region which has done an extremely credible job of involving consumers in decision making advisory capacities is the University of Arkansas. For the past six years, the University of Arkansas has sought consumer input throughout the development of virtually all of their rehabilitation education programs, including short and long term training programs and the rehabilitation continuing education program. I am told by many of my disabled friends in the independent living movement who reside in other regions of the country that this is exceptional. The survey responses indicate that some programs clearly value consumer input more than others. Perhaps these other programs are the same ones that communicate with advisory groups only when a grant continuation proposal is due.

Regarding the degree to which rehabilitation education programs have incorporated independent living content into their curricula, 80% of the respondents to the survey (40 schools) indicated that they offer courses with significant independent living content. Thirty-three of these schools offer courses at the Masters level, 9 at the Bachelors level, 7 at the Doctoral level, and 5 offer courses in the area of continuing education. Some programs obviously address courses to students at more than level. In total, 143 courses are offered by these 40 schools which focus a substantial portion of their content on independent living. The average number of courses with content in this areas offered by the 40 schools is roughly 4. The range is from 1 to 13 courses, and the mode is 1. Sixteen of the 40 school offer courses which appear to focus their content almost exclusively on independent living. Twenty-nine such courses in all are offered by the 16 schools. The range of these predominantly independent living-oriented courses is 1 to 5, and the mode is 1. Thus, roughly 20% of all the courses offered which provide substantial content in the area of independent living appear to focus almost totally on that subject alone. With respect to the CORE accreditation standards, several of the programs which responded to the survey suggested that the standards prohibit them from adding required courses to their curricula which focus on independent living. This information conflicts with that provided by CORE officials who state that the CORE standards do encourage the incorporation of independent living content in existing curricula. Furthermore, responses to the survey from some programs indicated that those programs purposefully developed courses with independent living content as a result of their desire to maintain accreditation by CORE.

Perhaps it is an understatement to suggest that some confusion exists regarding accreditation standards in the field.

A close examination of the 40 programs which reported courses with substantial content related to independent living reveals five programs which are, by comparison, doing an exceptional job of exposing students to course matter in the area of independent living. These five are the University of Arkansas, the University of Nebraska at Lincoln, Mankato State University in Minnesota, the University of Arizona, and Florida State University. Both the University of Arkansas and the University of Nebraska offer Masters degrees with specialities in the area of independent living. These programs support their specialty by offering a combination of courses which focus strictly on independent living and those which integrate substantial amounts of independent living content in more generic courses. Mankato State offers a variety of courses to students at both the Bachelors and Masters level. Mankato State is also in the process of conducting an extensive needs assessment related to training needs in independent living. They plan to use the results of this study to adjust their present curriculum appropriately and to develop new courses as indicated by the need. Those schools which actually offer the most courses with significant independent living content are the University of Arkansas, the University of Arizona, and Florida State University. These programs have apparently made systematic efforts to assure that significant independent living-related course content is included throughout their entire curricula. It should be noted that the University of Delaware also offers a Masters degree with a specialty in independent living. However, this program is not now admitting new students.

In spite of the many reasons why programs may have not responded to this request for information, it is interesting to note that 20% of the programs which responded to this survey indicated that they did not offer courses with significant content in the areas of independent living. This information was provided voluntarily even though the original request for information implied that no response was necessary if no activities were occurring in this area. Perhaps there is a large percentage of rehabilitation education programs which more than a decade after the independent living movement began still do not offer courses with significant content in the area of independent living.

Regardless of the extent to which independent living content thus far has or has not been incorporated into course curricula of rehabilitation education programs, it is apparent to me that there are several outstanding training needs related to independent living. With close to 200 programs employing roughly 2,000 professionals and paraprofessionals working in the field of independent living, there is a need for more training in the areas of independent living program management and administration, personnel management, and program accounting. There is a need for training in the areas of grantsmanship and fundraising. There is a need for training related to program evaluation, long-range planning, networking, advocacy programming, board development, information-and-referral program operation and management, and so forth. Besides the people who are working directly in independent living programs, there is a need for people working in allied positions within the rehabilitation field to understand the independent living philosophy and independent living programs. Thus, it

would seem reasonable to expect all rehabilitation education programs to include substantial course content either in existing courses or in newly developed courses related to independent living. By doing so, programs can be assured that their students will be exposed to what many people believe are the most important driving forces in the field of rehabilitation today.

In summary, there is evidence that the independent living and education movements have influenced one another in progressive ways. There is, however, an ongoing need for the people who are working in these areas to maintain communications, to advocate for each other, and to cooperate by contributing to each other's programs. People in the independent living field should serve on education program advisory bodies, they should serve as adjunct faculty members in rehabilitation education programs, and they should provide settings for research and practicum experience. Rehabilitation educators should serve on independent living program boards and advisory groups, they should insure that people working in rehabilitation are familiar with the concepts and principles generally associated with the independent living movement, and they should provide opportunities for people, particularly those who are disabled, to learn to be experts in the philosophy and practice of independent living. By working together, independent living advocates and educators can lead rehabilitation into the 21st century.

Respondent's Name Donald W. Clark, Ed.D., C.R.C.

Independent Living Training Program Survey

Please return to:
Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

Organization: Rehabilitation Counseling Department
Mankato State University
Date: Mankato, MN 56001

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and management, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
In-Service: Independent Living	BS/MS	History, Philosophy, legislation and practices	3 credits \$95.00 fees and tuition for grad. \$80.00 for undergrad.	7	4	Graduate student
Home Adaptation for the disabled and elderly	BS/MS (Taught in the Home Ec. Department)	504, Home adaptation, clothing, adaptive techniques, and intro to attendant care	3 credits \$95.00 fees and tuition for grad. \$80.00 for undergrad.	20	5	Undergraduate and graduate students
Psycho-social aspects of Disability	BS/MS	Intra-personal and Inter-personal psychology of Disability	3 credits \$95.00 fees and tuition for grad. \$80.00 for undergrad.	30	7	Undergraduate and graduate students
Medical Aspects of Disability	MS (Taught in conjunction with Sister Kenny Ins.)	Medical factors of disabilities - a survey	3 credits \$95.00 fees and tuition for grad. \$80.00 for undergrad.	25	6	VR counselors and students
IS: Attendant Care training	BS	Practical Training for attendants	1 credit \$26.40	60	10	undergraduate students

1/84 NOTE: These courses present a track available within our Department's curriculum

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Independent Living Training Program Survey
Page 2

1. To what extent are disabled people involved as instructors, consultants, presentors, or panel members for courses or training programs which you now conduct in the area of independent living?

The respondent is a partially disabled Vietnam-era veteran. The main consultant in establishing the In-Service was an individual with hemiplegia. All courses include panels and presenters who have disabilities, preferably visible disabilities. On the average, about one-quarter of all presentations in courses in the track are given by individuals with disabilities.

2. To what extent were disabled people involved in initiating and/or planning curricula or course material which you now use in the area of independent living?

David Sherwood, then State Director of Independent Living, was the primary consultant in establishing the program. Our Program Advisory Committee is composed of professionals and consumers, with about 25% on the average being individuals with disabilities.

3. What are your feelings about the concerns expressed by some consumer leaders that the area of independent living may soon be compromised and institutionalized by over-professionalization?

I personally have extremely mixed feelings. I would hope that those of us who are both professionals and consumers can maintain a consumer orientation while bringing professional growth to those working in the field.

4. What are your feelings regarding the belief by some rehabilitation educators that courses on the history and philosophy of independent living should be requisite in the curricula of any rehabilitation related degree program?

I agree wholeheartedly, and we do it in our program.

5. If your organization or institution offers a degree, specialty, or other certification in the area of independent living, please provide pertinent details.

We offer a track as outlined within our 72 Quarter Hour CORE accredited M.S. Degree program in Rehabilitation Counseling.

6. Please provide information about any plans which you may have to offer new courses, degrees, specialties, or other certification in the area of independent living.

Through a Faculty Research Grant of Mankato State, we are currently conducting a needs assessment in our service area of some 1,270 agencies and facilities training needs in Independent Living. Depending on findings, a Curriculum Development Grant through the Bush Foundation and/or an RSA Grant may result.

Donald A. Clark
Respondent's Name

1. To what extent are disabled people involved as instructors, consultants, presentors, or panel members for courses or training programs which you now conduct in the area of independent living?

All instructors that serve as coordinators are disabled people.

2. To what extent were disabled people involved in initiating and/or planning curricula or course material which you now use in the area of independent living?

Independent living program was designed through field interviews and data collected in cooperation with the Independent Living Utilization Program - Houston, Texas. Lex Frieden and his staff co-developed the program.

3. What are your feelings about the concerns expressed by some consumer leaders that the area of independent living may soon be compromised and institutionalized by over-professionalization?

This trend is inevitable to some degree due to the procedures required for monitoring federal and state funds. Volunteer and board member participation can maintain the consumer influence - but there is cause for concern.

4. What are your feelings regarding the belief by some rehabilitation educators that courses on the history and philosophy of independent living should be requisite in the curricula of any rehabilitation related degree program?

I'm not sure a full course for 2 or 3 credit hours. However, the movement should be included as part of the protective class legislation or the origin of the program as part of a degree program that emphasizes services to disabled people.

5. If your organization or institution offers a degree, specialty, or other certification in the area of independent living, please provide pertinent details.

Cornell does not offer a degree or certificate in this area. There is a certificate of completion for the course entitled "Independent Living Simulation."

6. Please provide information about any plans which you may have to offer new courses, degrees, specialties, or other certification in the area of independent living.

Cornell University - Human Services Administration Program will apply for future training grants to continue the training in the management of Independent Living Programs. Several grants and foundation requests will be submitted in 1984-85.

Ronald B. House

Respondent's Name

Respondent's Name Ronald B. House

Independent Living Training Program Survey

Please return to:

Lex Frieden

ILRU/TIRR

P.O. Box 20095

Houston, TX 77225

Organization: Cornell University - Human Services Administration ProgramDate: March 1984

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and management, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
Independent Living Simulation	Continuing Education	The management process	\$220 for 3 days	60	80%	ILP manager of employees
Supervisory Management	Continuing Education	Fundamentals of supervision; time management, assigning work, delegation, leadership, communication techniques and team building.	\$180 for 3 days	4* course was for vocational rehabilitation facility administration personnel - but open enrollment is encouraged	100%	ILP manager and employee

THE
UNIVERSITY
OF
NORTH
DAKOTA

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SOCIAL WORK DEPARTMENT
Box 8171, University Station
Grand Forks, North Dakota 58202
(701) 777-2669

March 26, 1984

Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

Dear Lex:

Enclosed please find a copy of the completed survey and course outline. Should you require further information, please contact me at (701) 777-2669.

Sincerely,

Thomasine Heitkamp

Thomasine Heitkamp
Instructor

TH/ja
Enclosures

THE
UNIVERSITY
OF
NORTH
DAKOTA

SOCIAL WORK DEPARTMENT
Box 8171, University Station
Grand Forks, North Dakota 58202

Respondent's Name Thomasine Heitkamp

Organization: University of North Dakota

Date: March 26, 1984

Independent Living Training Program Survey

RECEIVED APR 2 1984

RECEIVED 2 1984

Please return to:
Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and management, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
Independent Community Living	Bachelors of Science Social Work	resource utilization	\$127.50	28	7	Social work students

Special Topics: Community Living for Disabled
SW 493--Spring Semester, 1984
Thomasine Heitcamp, Instructor

Office Hours: 10:00-12:00 - MW

Introduction & Purpose of Course

Historically, policy makers, service providers, and community members have supported the notion of institutional, hospital or nursing home care for the severely disabled. However, in the early 1970's disabled individuals and their advocates spearheaded a successful movement to enhance independent living services to the severely disabled. The purpose of this movement was to provide these individuals with the opportunity to become active members of society--to share in the joys and responsibilities of community living. Subsequently, many of the 35 million severely disabled individuals in this country have been integrated into the mainstream of society with the support and assistance of independent living programs.

Professionals have been forced to reexamine their attitudes and feelings towards severely disabled and the placement of these individuals in restrictive environments. They must now focus on disabled individuals' strengths, rather than weaknesses, and perceive the disabled as "more able than disabled." They must now recognize the disabled person's right to choose a lifestyle which minimizes dependence on others.

The principal goal of this course is to examine the broad topic of independent living for the severely disabled. Particular emphasis will be placed on the independent living needs of the developmentally disabled. We will examine the professional's role in providing independent living needs of the developmentally disabled. We will examine the professional's role in providing independent living services to the developmentally disabled, chronic mentally ill, physically disabled and elderly disabled. This course should complement other rehabilitation and social work courses students have completed.

Objectives

1. To provide a historical perspective on the evolution, legislative development, and philosophy of community living.
2. To examine community resources and programs which serve the disabled and means to provide a continuum of care for the disabled within the service delivery.

3. To study and critically examine attitudes and transportation, architectural barriers to independent living.
4. To examine various independent living programs, identifying program evolution, funding sources, methods of service delivery and target population served.
5. To examine the housing needs of the disabled and the barrier to meeting these needs with a community.
6. To explore techniques of how to implement independent living programs noting the necessary service components to a good independent living program, i.e., advocacy, attendant care, sexuality training, counseling, habilitation planning, and income maintenance program.
7. To examine the broad social policy which affects services for the disabled.

Evaluations

Report on visit to Grafton State School, February 9, 1984, report due February 14, 1984 .	50 Points
First exam, March 6, 1984	75 Points
Report on tour of Community Facility, Due March 20, 1984	50 Points
Paper due by April 19, 1984	100 Points
Last Exam, final exam date	75 Points
Total	350 Points

All assignments are required to be completed within the time frame designated by instructor.

Exams

Two exams will be given during the semester. These exams are worth 75 points each. Tests will cover textbook material, assigned readings, and lecture material. The test will involve the completion of essay questions. No make-up exams will be given unless prior approval is obtained from the course instructor.

Papers

An 8-10 page research paper will be required, which is worth 100 points. This paper should be based on additional readings selected by the student, and include footnotes and bibliography. However, this paper should not be a review of the literature. Students are asked to develop a logical, well-conceived "action plan" to enhance independent living services. The intent of the service should be to alleviate a barrier to independent living for the disabled.

This plan should be presented by stating the problem, presenting research on the problem, summarizing interviews with key individuals and a proposal of a plan of action to deal with the problem. This plan should be as specific as possible and based on reality. Basis for grading will be:

Presentation of problem	20 Points
Literature review and interviews	30 Points
Recommended "plan of action"	<u>50 Points</u>

Total 100 Points

For students who do not wish to complete a research paper you have the option of becoming involved in volunteer work within the community. Three separate community living facilities have requested that students provide friendly visiting services and participate in social and recreational activities weekly with the disabled individuals and keep a log of activities completed and barriers you see the individual encountering in the community. Log of activities will be submitted for grade at the end of the semester.

Reports

Students will be required to tour the Grafton State School on February 9, 1984. Students will also be expected to visit a community living facility in Grand Forks and interview a program participant by March 20, 1984.

Students will choose one of the following agencies to visit:

1. Development Homes, Inc. (7 various homes)
2. Agassiz Enterprises, Inc.
3. Supported Living Program/Grand Forks County Social Services
4. Disabled Student Services/University of North Dakota
5. Grand Forks City Mission
6. Transitional Living Home

You will be expected to complete a written report on the facility you visited. The reports should include the following information. Please follow this outline in your report.

- a. Who does the facility serve? (e.g., sex, age, type of disabilities, admissions requirements)
- b. What type of services does the facility provide? (e.g., advocacy, attendant care, counseling, meals, transportation, medical care, education)
- c. How is the facility funded? (standards or certification procedures, funding problems, etc.)

- d. What type of independent living model have they incorporated into their program? What were the reactions of program participants in the facility? (Only answer for community facility.)
- e. Compare your observations of the Grafton State School with observations in the Steve Taylor report. (Only answer Grafton State School report.)
- f. To whom is the facility responsible? (e.g., understanding the organizational structure; where does the larger system lie)
- g. What type of community support systems have been incorporated into the programming?
- h. What is the role of the social worker in that facility and/or what social service roles are needed?
- i. What are the observed strengths and weaknesses of the program?

Grades

Rules for Incompletes: UND policy--the mark "I," Incomplete, shall be assigned only to the student who has been in attendance and has done satisfactory work up to a time within four weeks of the close of the semester, including the examination period, and whose work is incomplete for reasons satisfactory to his/her instructor.

A student with complaints/grievances about the course or the instructor has an obligation to meet with the instructor (not during classtime) in order to attempt a resolution of the problem(s).

If the student is still not satisfied, then the student may go through the proper channels as outlined below:

Student-----Instructor-----Chairperson-----Dean

Texts

DeJong Gerben, THE MOVEMENT FOR INDEPENDENT LIVING: ORIGINS, IDEOLOGY & IMPLICATIONS FOR DISABILITY RESEARCH (required).

Frank Bowe, REHABILITATING AMERICA: TOWARDS INDEPENDENCE FOR ELDERLY DISABLED (required).

Novak, Angela and Heal Lair, INTEGRATION OF DEVELOPMENTALLY DISABLED INDIVIDUALS INTO THE COMMUNITY (required).

IMPLEMENTATION OF INDEPENDENT LIVING PROGRAM. Arkansas Rehabilitation Research Training Center (required).

This course will utilize audio visual materials and various guest speakers will present material on various topics of interest. Guest speakers include:

1. Pat Conrad, MSW, Easter Seal Coordinator of Guardianship Law for Grafton State School Residents.
2. Cynthia Bates Schafer, M.A., Coordinator of Community Living Program for the Chronic Mentally Ill, Northeast Human Service Center.
3. Janelle Holter, Disabled Student Services, Coordinator of Attendant Care for Physically Disabled Students.
4. Joyce Olson, MSW, Consortium on Gerontology, University of North Dakota.
5. Sandi Noble, MSW, Developmental Disabilities Coordinator, Northeast Human Service Center.

Audio visual materials include:

1. Slide tape: "Adult Services in North Dakota."
2. Slide tape: "Principle of Normalization."
3. Movie: "Transitions."
4. Video tape: "Independent Living, 6 Model Programs."
5. Slide tape: "Sex Education for the Mentally Retarded."

Part I -Introduction, History & Philosophy

A. Introduction to Course:

1. Description and clarification of instructor's and student's goals for the course. Discussion of seminar format and assignments. Identification of students' areas of interest.
2. Discuss broad concept of independent living among the severely disabled.
3. Identify target population served by various independent living programs.
4. Explore definitions of developmental disabilities, chronic mentally ill and needs of the persons.

Readings:

Handouts -

1. Facts about Autism, Epilepsy, Mental Retardation and Cerebral Palsy.
 2. Rehab Brief. Who is Severely Handicapped? The Need for a Workable Definition.
 3. Chapter 3. Evans, Paul. The Lives of Mentally Retarded, Westview Press, Inc., Boulder, Colorado, 1983 (on reserve in Chester Fritz Library).
- B. Provide a historical perspective on the evolution, legislative development and philosophy of the community living movement:
1. Discuss independent living movements relationship to other social movements.
 2. Review legislation affecting community living movements.
 3. Discuss pros and cons to the deinstitutionalization movement.
 4. Review principle of normalization.

Readings:

DeJong Gerben, THE MOVEMENT FOR INDEPENDENT LIVING: ORIGINS, IDEOLOGY, & IMPLICATIONS FOR DISABILITY RESEARCH, UCIR, Michigan State University, 1979 (text), pages 1-60.

Novak, Angela & Heal Laird, INTEGRATION OF DEVELOPMENTALLY DISABLED INDIVIDUALS INTO THE COMMUNITY, Brooks Publishers, Baltimore, Maryland, Chapters 1, 2, 3, 11, 12, 13.

Handouts -

1. STEVE TAYLOR REPORT ON GRAFTON STATE SCHOOL.
2. The Process of Deinstitutionalization of Mentally Ill in Rural Areas, by Leona L. Backrack.
3. Normalization Definition.

Part II - Characteristics of Community Residential Facilities

1. Examine model variations of independent living programs.
2. Explore funding sources for community living services.
3. Explore how programs provide a continuum of care for disabled.
4. Thoroughly examine service components to community living program.

- a. Explore housing and zoning requirements for disabled.
- b. Explore the concept of attendant care in community living.
- c. Examine sexuality and disability needs among disabled.
- d. Explore counseling techniques for disabled.
- e. Explore protection and advocacy services and legal rights of the disabled.

Readings from Text:

IMPLEMENTATION OF INDEPENDENT LIVING PROGRAMS IN REHABILITATION, Arkansas Rehabilitation Research & Training Center, University of Arkansas, 1980, Units I, II, III, and IV.

Novak, Angela R. and Heal, Laird W. Paul K. Brookes Publisher Co., 1980, Chapters 4, 5, 6, 7, 8, 9.

Readings on Reserve in Chester Fritz Library:

1. Nelsen- Walker, Roberta. PLANNING, CREATING & FINANCING HOUSING FOR HANDICAPPED PEOPLE, Charles W. Thomas, Springfield, Illinois, 1981 (Chapters 1, 2, & 4).
2. The Research & Training Center on Independent Living. The following articles:
 - a. Medicaid Authority for Non-Institutional Long Term care Services: Implications for Independent Living.
 - b. Participating in the Political Process.
 - c. Women and Disabilities: A Life Cycle Approach.
 - d. Attendant Care Manual

Handouts:

1. Peer Counseling.
2. Sexuality and the Handicapped.
3. Principles Guiding the Development of an Innovative, Low Cost, Rural Mental Health Programs, by William G. Hallester.
4. Supportive Care, by Werner Medel.

Part III - Architectural, transportation and attitudinal barriers to independent living for the disabled and elderly.

1. Examine current research efforts and recommendations to eliminate barriers.
2. Examine barrier removal in the context of meeting legislative requirements.

3. Examine how barriers influence programs for disabled.
4. Explore social policy issues as they relate to disabled individuals.
5. Presentation of research papers.

Reading:

Bowe, Frank. REHABILITATING AMERICA TOWARDS INDEPENDENCE FOR DISABLED & ELDERLY PEOPLE, Harper & Row, 1980 (entire text).

Handout:

1. On the origin of Negative Attitudes Towards People with Disabilities, by Hanock, Livneh, Ph.D.
2. Media and Disability, by Timothy R. Elliott and E. Keith Byrd, Ph.D.



RON JACOBS, Ph.D.
Director/Professor
Rehabilitation Counselor Program

DEPARTMENT OF COUNSELOR EDUCATION
SAN DIEGO STATE UNIVERSITY
SAN DIEGO CA 92182
(619) 265-6407
(619) 265-6406 (messages)

Respondent's Name For Jada
Organization: S.D.S.U.

Independent Living Training Program Survey

Please return to:
Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

Date: _____

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and management, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
ALL OF THE COURSES LISTED BELOW PERTAIN TO THE M.S. DEGREE, REHAB. COUNSELING, 60 UNIT (SEMESTER) PROGRAM. COURSE ENROLLMENT IS APPROX THE EQUIVALENT OF 22 FULL TIME STUDENTS IN EACH YEAR (1982) OR 44 FULL TIME GRAD STUDENTS BEING EXPOSED TO THIS WORK IN ANY ACAD YEAR. OUR CLASSES ARE CURRENTLY COMPOSED OF 20% STUDENTS WITH DISABILITIES. NO COURSE IS EXCLUSIVELY DEVOTED TO LOOKING AT ILR. PROGRAMS AND SERVICES, BUT SOME FOCUS ON ILR CONCEPTS. THOSE COURSES WHICH FOCUS ON ILR CONCEPTS ARE DENOTED WITH (*). THE PERCENTAGE FIGURE INDICATES THE APPROX. AMOUNT OF TIME DEVOTED TO ILR CONTENT. WE WOULD BE HAPPY TO PROVIDE ADDITIONAL DETAILS AT YOUR REQUEST.						

Listed below is a typical course sequence for a two-year full-time program:

Semester I

%ILR
CONTENT

	CNED 610A	Psychological Determinants of Human Behavior	3 units
10 *	CNED 660	Theory and Process of Counseling	3 units
20 *	CNED 680A	Introduction to Rehabilitation Process	3 units
20 *	CNED 680B	Medical Aspects of Disability	3 units
	CNED 730	Pre-Practicum in Counseling	3 units
			<u>15 units</u>

Semester II

10 *	CNED 645	Appraisal and Career Development	6 units
20 *	CNED 680C	Psychological Aspects of Disability	3 units
10 *	CNED 730	Field Work in Rehabilitation Counseling	3 units
	CNED 670	Theory and Process of Group Counseling	3 units
			<u>15 units</u>

Semester III

10 *	CNED 615	Multicultural Dimensions of Counseling	3 units
5 *	CNED 710A	Grant Writing	3 units
10 *	CNED 740	Practicum in Rehabilitation Counseling	3 units
	CNED 690	Procedures of Investigation and Report	3 units
30 *	CNED 680D	Placement of the Disabled	3 units
			<u>15 units</u>

Semester IV

	CNED 710B	Organizational Diagnosis and Development	3 units
30 *	CNED 720	Internship in Rehabilitation Counseling	6 units
20 *	CNED 750	Advanced Practicum in Rehabilitation Counseling	3 units
10-15 *	CNED 630	*Private Rehabilitation and the Industrially Injured	1 unit
	CNED 630	*Behavior Techniques in Rehabilitation	1 unit
	CNED 630	*Rehabilitation Techniques for the Severely Disabled	1 unit
			<u>15 units</u>

(*Content of these workshops may vary from year to year to meet the needs of changes in the profession.)

Field Work Placements and Practicum

The field work and practicum experiences are an integral part of the training a student receives in the Rehabilitation Counselor Program. The official program requires that each student register and receive credit for a total of nine units of field work/internship and nine units of practicum.

A number of community agencies have been approved as field work sites and cooperate with the Rehabilitation Counselor Program in providing on-site supervision. Students may express a preference for a particular field placement, or even take the initiative in obtaining a field placement, but the final approval of any placement must be given by the academic director of the program.

1. To what extent are disabled people involved as instructors, consultants, presentors, or panel members for courses or training programs which you now conduct in the area of independent living?

IN ALMOST EVERY LECTURE COURSE WHERE GUEST SPEAKERS ARE EMPLOYED, DISABLED PEOPLE HAVE BEEN CALLED UPON AND HAVE CONTRIBUTED GENEROUSLY. ABOUT 50% OF OUR FIELD PLACEMENTS INVOLVE SUPERVISION BY DISABLED PEOPLE. TO MY PRESENT AWARENESS, ONLY ONE COURSE DOESN'T INVOLVE CONTRIBUTIONS FROM A DISABLED INDIVIDUAL. THIS COURSE, GIOA, DOES HOWEVER DEAL WITH PERSONALITY CORRELATES OF DISABILITY. THIS COURSE WILL ALSO BE DRABTICALLY

2. To what extent were disabled people involved in initiating and/or planning curricula or course material which you now use in the area of independent living?

- NO REAL ACTIVE INVOLVEMENT OR FORMAL CHANNELS IN ONE COURSE I TEACH CNEO 615, I USE A NUMBER OF DISABLED SPEAKERS (2 VERY PROMINENT LOCAL FOLKS, IN FACT) TO CONDUCT A SERIES OF PANEL DISCUSSIONS WHICH FOCUS ON INDEP. LIVING AND CIVIL RIGHTS ISSUES OF PEOPLE WHO ARE SENSORY IMPAIRED AND MOBILITY LIMITED

3. What are your feelings about the concerns expressed by some consumer leaders that the area of independent living may soon be compromised and institutionalized by over-professionalization?

- SAME RISKS AS ANY OTHER ISSUE. MY REACTION IS TO FOCUS ON I L R - THE IDEAL CONCEPT - REGARDING EXPLOITATION IT'S UP TO US AS PROFESSIONALS TO EVALUATE EACH SITUATION ON ITS OWN MERIT.

4. What are your feelings regarding the belief by some rehabilitation educators that courses on the history and philosophy of independent living should be requisite in the curricula of any rehabilitation related degree program?

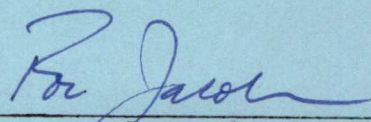
HIGHLY RELEVANT + NECESSARY. DR. FRED McFARLANE INCLUDES THIS IN HIS COURSE.

5. If your organization or institution offers a degree, specialty, or other certification in the area of independent living, please provide pertinent details.

N/A. (WE ARE PRESENTLY PARTICIPATING IN A CONSORTIUM ARRANGEMENT WITH 2 OTHER UNIVERSITIES TO OFFER OPTIONAL SEMINAR/ FIELD ASSIGNMENT TO REHAB STUDENTS WISHING TO FOCUS ON SEVERELY HCPD. D.D. HIGH SCHOOL AGED CLIENTS - FOCUS IS HEAVY ON I L R CONCEPTS. FOR MORE INFO, PLEASE CONTACT ME OR DR. IAN PUMPIAN, DEPT OF SP. ED., S.D.S.U.)

6. Please provide information about any plans which you may have to offer new courses, degrees, specialties, or other certification in the area of independent living.

NO PLANS AT PRESENT TIME TO TARGET THIS AREA WITH A SPECIFIC COURSE.


Respondent's Name

REVISED OVER THE NEXT 2 YEARS, AND WILL INCLUDE MORE I L R FLAVOR.



TO: Rehabilitation Educators Involved in Independent
Living Training

FROM: Lex Frieden *LF*

SUBJECT: Assistance Needed

DATE: January 24, 1984

I have been asked to prepare an article related to independent living and rehabilitation education for the NCRE newsletter. I believe this article can provide valuable information to people in both the rehabilitation education and independent living fields if it is based on current data. Consequently, I am requesting your assistance in completing the attached survey instrument.

I believe the survey instrument is self-explanatory. Please provide information about all of the courses or training programs which you are involved with that focus on independent living. If only a portion of the course or program is related to independent living, please indicate by appropriate notation. This instrument is designed to produce generally descriptive, non-scientific data, so approximate responses are useful. If there is a need to copy the response form in order to provide additional data, please do not hesitate to do so. If course descriptions or brochures are conveniently available, please enclose them with the survey form when it is returned. I would like to have the completed survey forms returned to me by February 20.

I really appreciate your assistance with this project. I anticipate that the results of this survey will be published in April or May. If you have any questions about this instrument or the survey, feel free to call me.

LF:rms

Attachments

Respondent's Name GREG LOFARO

Independent Living Training Program Survey

Organization: KENT STATE UNIVERSITY - Rehab. Co. Ed. ProgramDate: 3/7/84Please return to:
Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and manage- ment, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
Introduction to Rehabilitation	master's	history, philosophy, resource utilization		45-50	10%	VR counselor, graduate student
Psychosocial Aspects of Disability	"	Counseling + resource utilization		30-35	10%	same
Psychiatric Rehabilitation		Counseling + resource utilization		10-12	27%	graduate student
Research in Rehabilitation	"	planning + evaluation		20-25	57%	" "
Medical Information	"	management resource utilization		25-30	10%	" "

UNIVERSIDAD DE PUERTO RICO

Río Piedras Campus
Río Piedras, Puerto Rico

College of Social Sciences
School of Rehabilitation
Counseling

RECEIVED MAR 9 1984

March 6, 1984

Mr. Lex Frieden
ILRU/TIRR
P.O.Box 20095
Houston, TX 77225

Dear Mr. Frieden:

Enclosed Independent Living Training Program Survey
completed.

Cordially,

José E. Más, Ph.D., C.R.C.
Acting Director
Rehabilitation Counseling
Program

JEMC/lmr

Enclosure

REHABILITATION COUNSELING PROGRAM

COLLEGE OF SOCIAL SCIENCES

UNIVERSITY OF PUERTO RICO
RIO PIEDRAS CAMPUS
RIO PIEDRAS, PUERTO RICO

Respondent's Name Dr. José E. Más Castro
Organization: Rehabilitation Counseling Program
University of Puerto Rico

Independent Living Training Program Survey

RECEIVED MAR 9 1984

Please return to:
Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

Date: March 1, 1984

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and manage- ment, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
CORE 6021 - Inde- pendent Living I	MA/ or CE 1 credit	History philosophy models, administration and management	45	18	33%	Rehabilitation Counseling Student
CORE 6022- Indepen- dent Living II	MA/ or CE	Approaches to special disabilities, sexuality leisure time and just- ment to life style and counselors attitudes.	45	18	33%	Rehabilitation Counseling Student

Independent Living Training Program Survey
Page 2

1. To what extent are disabled people involved as instructors, consultants, presentors, or panel members for courses or training programs which you now conduct in the area of independent living?

Depends upon the specific severe disability considered in a specific course.

However, spinal cords, blind, deaf-mute and other individuals representing those disabilities have been presentors.

2. To what extent were disabled people involved in initiating and/or planning curricula or course material which you now use in the area of independent living?

N/A

3. What are your feelings about the concerns expressed by some consumer leaders that the area of independent living may soon be compromised and institutionalized by over-professionalization?

That is a possibility - we have to acknowledge that most planning of curricula is in the hands of professionals. Sensibility from professionals is the key word to avoid over - professionalization.

4. What are your feelings regarding the belief by some rehabilitation educators that courses on the history and philosophy of independent living should be requisite in the curricula of any rehabilitation related degree program?

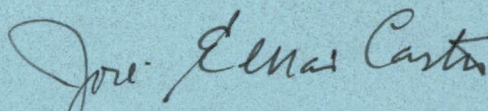
I agree with it.

5. If your organization or institution offers a degree, specialty, or other certification in the area of independent living, please provide pertinent details.

No

6. Please provide information about any plans which you may have to offer new courses, degrees, specialties, or other certification in the area of independent living.

Not at present time.



José E. Más Castro, Ph.D.
Acting Director
Rehabilitation Counseling Program
Respondent's Name

University of Delaware

COLLEGE OF HUMAN RESOURCES
Newark, Delaware 19716

FROM: Jane M. Lamb DEPARTMENT Textiles, Design &
Consumer Economics

TO: Dr. Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

☒ FIRST CLASS
☐ THIRD CLASS
☐ INSURED

☐ BOOKS
☐ PARCEL POST
☐ CERTIFIED

☐ AIR MAIL
☐ SPECIAL DELIVERY
☐ LIBRARY RATE

POSTMASTER

This parcel may be opened for postal inspection if necessary.

Independent Living Training Program Survey
Page 2

1. To what extent are disabled people involved as instructors, consultants, presentors, or panel members for courses or training programs which you now conduct in the area of independent living?

Disabled people have been actively sought as consultants, presentors, and panel members for our courses in independent living.

2. To what extent were disabled people involved in initiating and/or planning curricula or course material which you now use in the area of independent living?

Support and feedback from disabled people were instrumental in developing the courses offered and the approaches used.

3. What are your feelings about the concerns expressed by some consumer leaders that the area of independent living may soon be compromised and institutionalized by over-professionalization?

While this is a concern, there still appears to be a need for professionals trained in independent living.

4. What are your feelings regarding the belief by some rehabilitation educators that courses on the history and philosophy of independent living should be requisite in the curricula of any rehabilitation related degree program?

Such courses seem warranted to ensure a "well-rounded" view of rehabilitation service delivery.

5. If your organization or institution offers a degree, specialty, or other certification in the area of independent living, please provide pertinent details.

A Master's degree program has been under development for several years (see enclosed brochure). However, resource limitations do not permit us to admit additional students at this time.

6. Please provide information about any plans which you may have to offer new courses, degrees, specialties, or other certification in the area of independent living.

Our long-range plans include re-activation and expansion of the graduate program in independent living.

Jose M. Lamb
Respondent's Name

University of Delaware Graduate Program in

Independent Living

A Master of Science Degree in the College of Human Resources

The program

The Independent Living Program provides for the development of a new manpower source in the field of human service, the Independent Living Specialist. Students are prepared to assess and evaluate the needs of people who are severely disabled, homebound and/or inappropriately institutionalized and to implement programs to help these people function as productive members of society.

Key features of the program are that students

- Learn to meet the needs of the severely disabled from an environmental barrier-free design approach.
- Learn to identify comprehensive support services.
- Acquire an awareness of and background in the area of public policy and planning.
- Develop an awareness of and appreciation for the many facets of human resources and human capital development for both the individual and family.

Financial aid

Financial aid is awarded on a competitive basis. Fellowships and research and teaching assistantships are available. Students with financial aid usually carry 9 semester credits, allowing 20 hours per week for teaching or research activities. March 1 is the deadline for financial aid applications.

Printed in U.S.A.
1361000101M

Program requirements

Coursework to comprise 9-12 credit hours is required from the following departmental offerings:

- Independent Living Concepts—Theoretical and practical approaches to the dimensions of independent living for the severely disabled.
- Clothing for Independent Living—A problem-solving approach applied to social, psychological, physical, and economic aspects of clothing for people with special needs.
- Independent Living: Accessibility—Designed to study the environmental needs of the disabled. Barrier-free design is emphasized.
- Consumer Policy Analysis—Public and private policy alternatives for solutions to current consumer problems.

In addition, a minimum of three credits is required in research methods, statistics, or experimental design; 9-12 credits in related areas; and six credits of thesis. A total of 30 semester hours, including thesis, is required.

It is the policy of the University of Delaware that no person shall be subjected to discrimination on the basis of race, color, religion, sex, age, national or ethnic origin, handicapped or veteran status.

Admission requirements

Applications are encouraged from individuals with undergraduate degrees in consumer economics, business administration, and other social sciences.

Grade point requirements are a 2.5 overall with a 3.0 index in the student's major area. A minimum score of 1050 is required on the Graduate Record Examinations. Foreign students must have a minimum score of 550 on the Test of English as a Foreign Language (TOEFL) examination.

About the U. of D.

The main campus is in Newark, a suburban community of about 30,000, situated approximately halfway between Philadelphia and Baltimore and 14 miles southwest of Wilmington. Enrollment is just over 13,000 undergraduates, about 2,000 graduate students and more than 3,000 part-time students.

University libraries hold more than 1.7 million volumes, including microfilm, and subscribe to some 13,500 periodicals and serials. Special collections and computer access to more than 100 data bases are also available.

The academic climate is further enhanced by numerous research institutes and centers that offer opportunities for student involvement, a Computing Center, and a broad spectrum of cultural and athletic programs.

Information request form

Detach and return to TDC Graduate Coordinator, College of Human Resources, University of Delaware.

Respondent's Name Gregg Vanderheiden

Independent Living Training Program Survey

Organization: University of Wisconsin-Waisman Center-Trace CenterPlease return to:
Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

Date: _____

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and manage- ment, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
Selection & Application of Microcomputers for Handicapped Individuals	continuing ed.	Non-Vocal Communication- computer-related	\$150	150	2-3	Speech therapists/OT's, teachers, Voc. Rehab. personnel, computer consultants
Development of Communication & Interaction in Non Vocal Children & Adults	continuing ed.	Non-Vocal Communication	\$150	150	1-2	Speech/Lang. Path., OT's, teachers Physical Therapists.

Independent Living Training Program Survey
Page 2

1. To what extent are disabled people involved as instructors, consultants, presentors, or panel members for courses or training programs which you now conduct in the area of independent living?
The workshop presenter is member of Communication Aids & Systems Clinic, participates in evaluation of clients.

Two separate advisory committees for center grants include handicapped individuals who provide input on needs in the field.

Handicapped individuals serve on joint grant with Access to Independence, and through that provide input to the presenter.

None are presentors or employed by the Trace Center as regular staff.

2. To what extent were disabled people involved in initiating and/or planning curricula or course material which you now use in the area of independent living?

see above

3. What are your feelings about the concerns expressed by some consumer leaders that the area of independent living may soon be compromised and institutionalized by over-professionalization?

Hasn't been the case in our immediate area to this point.

4. What are your feelings regarding the belief by some rehabilitation educators that courses on the history and philosophy of independent living should be requisite in the curricula of any rehabilitation related degree program?

A brief history on independent living, I think would be useful. I feel that the philosophy of independent living is critical. This would be interesting both as it has evolved, as well as in different people's philosophies of independent living. I don't think there is any one philosophy. I also think it would be useful for that to include the philosophy of the funding agencies, of Congress, of the medical community, and of the independent living organizations themselves. I think it's important for people in this field to realize that different people view the problem differently and, therefore, the problem needs to be addressed differently

5. If your organization or institution offers a degree, specialty, or other certification in the area of independent living, please provide pertinent details.

No

of individual
clients as well as
funding, etc.

6. Please provide information about any plans which you may have to offer new courses, degrees, specialties, or other certification in the area of independent living.

none

Gregg C. Vanderheiden
Respondent's Name



March 1, 1984

Lex Frieden
ILRU/TIRR
P. O. Box 20095
Houston, Texas 77225

Dear Lex,

I'm sorry to be late with this form, but time is in short supply. I hope it gives you the information you need.

I have not responded on behalf of CEPR-2, the Region II RRCEP. We do have some IL content in the workshops we offer, and we are working on some IL modules for future offering, but I don't see how I can get the information onto your form in useable condition.

As you can tell, most of the IL related material we offer in our graduate degree program comes through the effort of Tony Serra. His courses here are well received.

I'll be interested in seeing the results of your survey. If you have questions please call.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Dwight R. Kauppi'.

Dwight R. Kauppi, Ph.D.
Associate Professor and Director
Rehabilitation Counseling Training Program

DRK:nlo

1. To what extent are disabled people involved as instructors, consultants, presentors, or panel members for courses or training programs which you now conduct in the area of independent living?

The courses are taught by adjunct faculty (Tony Serra) & by his staff, some of whom are disabled.

2. To what extent were disabled people involved in initiating and/or planning curricula or course material which you now use in the area of independent living?

~~Tony~~ Tony pretty much put the courses together, though I wrote the documents for our curriculum committee

3. What are your feelings about the concerns expressed by some consumer leaders that the area of independent living may soon be compromised and institutionalized by over-professionalization?

it all depends on the consumers and the professionals involved

4. What are your feelings regarding the belief by some rehabilitation educators that courses on the history and philosophy of independent living should be requisite in the curricula of any rehabilitation related degree program?

I don't think it should be a separate course — courses have a way of getting rigidified and creating boundaries. I think that independent living history and philosophy should be a part of rehab history and philosophy.

5. If your organization or institution offers a degree, specialty, or other certification in the area of independent living, please provide pertinent details.

6. Please provide information about any plans which you may have to offer new courses, degrees, specialties, or other certification in the area of independent living.

I think we'll stay with what we have for the near future — don't know what we'll do if Tony Serra leaves. We will beef up our coverage of IL in other aspects of our curriculum.

Dwight R. Kauppi
Respondent's Name

Respondent's Name Dwight R. KAUPPI

Organization: SUNY/ Buffalo

Date: 2/25/84

Independent Living Training Program Survey

Please return to:
Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and manage- ment, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
Independent Living	MA/PhD	general introduction to independent living	?	12-15	10-20	graduate student
Rehabilitation Engineering	MA/PhD	general introduction to Rehab engineering	?	12-15	10-20	graduate student

Respondent's Name LOIS O. SCHWAB, Ed.D.

Independent Living Training Program Survey

Organization: UNIVERSITY OF NEBRASKA-LINCOLN, DEPARTMENT OF HUMAN DEVELOPMENT AND THE FAMILYDate: March 1, 1984Please return to:
Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and management, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
HDF 241 INTRODUCTION TO INDEPENDENT LIVING REHABILITATION	BA (Soph.)	Introduction to the rehab. system as it serves persons with disabilities-- focusing on the self-development aspects as it should take place in family, community, institutional settings.	Reg. UNL ** tuition/fees (\$103.50 + fees) 3 cr.	44 students in Spring "84	.10	Independent Living Spec. in numerous settings (see attached listings)
HDF 441/841 FUNDAMENTALS AND RESOURCES FOR REHABILITATION	BA (Senior) and MS (First Year)	Comprehensive coverage of rehabilitation, accenting the IL philosophy, as applied to all disabilities, throughout the life cycle, including historical development, purposes, agencies, investigators, demonstration projects, and literature sources.	Reg. UNL ** tuition/fees (Undergr- \$103.50 Grad.-higher fees) 3 cr.	36 students in Fall "83	.08	VR Counselor, IL Specialist, ILP manager, etc. (see attached listings)
HDF 443/843 FAMILY REHABILITATION WITH FIELD EXPERIENCES	BA (Senior) and MS (First Year)* required if student has not had 1 yr equivalent experience	Field placement under supervision with IL agencies, inc. NE Div. of Rehab. Services with 10.5 IL specialists	(see above) 6 cr.	24 students per semester	.05	(See above)
HDF 444/844 WORKSHOP IN REHABILITATION FOR INDEPENDENT LIVING 1/84 © ILRU Project Houston, Texas	BA and MS (some PH.D.)	Study of scientific literature and program approaches regarding disabled persons/family. Individually selected problems.	1-6 cr. (see above)	(Due to heavy teaching/research schedule, this is only offered every 2-3 years)	.40	Usually offered as a refresher course for professionals already in the field. May also accent advances in the field.

Respondent's Name LOIS O. SCHWAB, Ed.D.

Independent Living Training Program Survey

Please return to:
Lex Frieden
ILRU/TIRR
P.O. Box 20095
Houston, TX 77225Organization: UNIVERSITY OF NEBRASKA-LINCOLN, Department of Human Development and the FamilyDate: March 1, 1984

Course Title (Please List)	Course Level (eg, continuing education, BA, MA, PhD)	Course Focus (eg, history and philosophy, research and evaluation, administration and manage- ment, counseling, resource utilization)	Course Cost	Approximate # of Trainees per Year	Approximate % of Trainees Who are Disabled	Predominant Occupation of Trainee (eg, VR counselor, education graduate student, ILP manager, ILP board member)
HDF 941 INDEPENDENT LIVING FOR INDIVIDUALS WITH DISABILITIES	MA, PH.D.	Rehabilitation procedures for functioning independently in every phase of living. Accents research/programmatic approaches.	Reg. UNL tuition/ fees (\$216.)** 3 cr. hrs.	12	.15	ILP Manager (see attached) Trans. Living Rehab. Manager (see attached)
HDF 942 SEMINAR IN REHAB- ILITATION FOR INDEPENDENT LIVING	MA, Ph.D.	Counseling/developing of the support unit (incl. family).	Reg. UN-L tuition/fees (\$72.) 1 cr.	8-10 (Offered each semester)	.10	(See above)
HDF 943 FIELDWORK IN REHABILITATION FOR INDEPENDENT LIVING	MA, Ph.D.	Direct experience in a rehab. setting for IL Accents gaining of manage- ment skills.	Reg. UNL tuition/fees 1-6 cr.	6- 8	.10	(See above)
Additionally, one-day workshops in IL were offered across the state of Nebraska in Sept./Oct. accenting IL concepts in various aspects of life. These workshops (6) were funded by the Nebraska Developmental Disabilities Council through a grant to this UNL unit. Attendance was restricted to 240 invitees. Included consumers, family members as well as persons serving in various IL positions.						
** Tuition and fees are due to change in August 1984. Different tuition levels for undergraduates and graduate students as well as for resident and non-resident students.						

1/84

© ILRU Project
Houston, Texas

1. To what extent are disabled people involved as instructors, consultants, presentors, or panel members for courses or training programs which you now conduct in the area of independent living?

Every attempt is made to help persons with physical disabilities know of our program as they plan for their University work or advanced studies. The Affirmative Action officer/Couns. for Disabled Students works closely with this unit and courses of study are included ----- for possible career choice.

Class presentations include speakers from agencies and persons with disabilities. Field trips to various sites of service are included.

One instructor has a disabled son; the other has a limitation.

2. To what extent were disabled people involved in initiating and/or planning curricula or course material which you now use in the area of independent living?

In the grants from the Rehabilitation Services Administration (both IL and Transitional Living Rehabilitation, advisory committees were established which included the persons with disabilities. (We listened closely to what they advised.)

3. What are your feelings about the concerns expressed by some consumer leaders that the area of independent living may soon be compromised and institutionalized by over-professionalization?

Of course, I would invite the working together of the interests. I have learned most of my "teaching material" from the clients with whom I have worked over the last 30 years. Professionals must stay in touch with the "real" world of persons with disabilities.

L. Schwab

4. What are your feelings regarding the belief by some rehabilitation educators that courses on the history and philosophy of independent living should be requisite in the curricula of any rehabilitation related degree program?

Agreed.

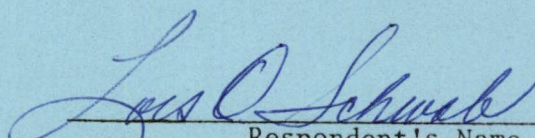
5. If your organization or institution offers a degree, specialty, or other certification in the area of independent living, please provide pertinent details.

See attached materials.

Note: Lex, our UNL campus is barrier-free--- we would invite individuals desiring to take a major in this field to come as undergraduates. We also invite graduate students.

6. Please provide information about any plans which you may have to offer new courses, degrees, specialties, or other certification in the area of independent living.

None---- planned as present. We need to make sure that our present courses are meeting the needs.


Respondent's Name

FAMILY - INDEPENDENT LIVING REHABILITATION

Department of Human Development and the Family
College of Home Economics
University of Nebraska-Lincoln

Independent Living: "the ability to select and maintain a lifestyle consistent with means, expectations and desires."

The University of Nebraska-Lincoln offers graduate and undergraduate programs in Independent Living Rehabilitation through the Department of Human Development and the Family, College of Home Economics. These unique professional programs, initially established in 1966, prepare the student for a wide range of human service careers related to independent living.

The holistic developmental approach from early childhood through aging stresses family and community relationships and provides an excellent perspective for the provision of rehabilitation services for the severely physically handicapped, the blind and the auditorially impaired, the mentally retarded and emotionally disturbed, the economically and culturally deprived, and the learning disabled.

Timely and appropriate intervention strategies can mean the difference between the opportunity to fully realize potential and premature imposition of failure and unnecessary dependence of the individual on the family and society.

The programs build from a firm home economics base toward the precise application of knowledge, technology and skills which is demonstrated by meeting comprehensive fieldwork requirements in a variety of institutions and agencies.

The underlying assumption of the program is that if the "unique" individual can function effectively in the home and family environment then that individual should be able to function effectively in the social and employment environment. Many of the modifications and adjustment which enable an individual to function in the home can be applied with equal success to employment situations.

Undergraduate Program

After successful completion of the home economics core, the undergraduate may choose from two specialties: family rehabilitation or a dual option combining with special education for the pre-academic child. A bachelor's level student can provide the following services:

- 1) Evaluation of severely disabled individuals' abilities and needs in independent living,
- 2) Training and retraining in basic homemaking skills to allow the individual to function as independently as possible,

- 3) Information on removal of architectural barriers, planning for adaptations of the home environment to fit the needs of disabled individuals,
- 4) Training in the area of management including values clarification, decision-making, money, time, energy and resource management,
- 5) Training in specific matters as: child care, nutrition and consumer awareness, clothing adaptations and activities of daily living,
- 5) Identification and use of appropriate resources for each disabled individual and family.

Career Opportunities

The positions for which individuals qualify are diverse and found throughout the human services system. Some examples of job titles and settings are as follows:

1) Independent Living Specialist, in:

State Vocational Rehabilitation Services
 Rehabilitation Centers
 Mental Health Centers
 Offices of Mental Retardation
 Institutions for mentally retarded/psychiatric treatment
 Homemakers Services
 Substance Abuse Programs - Institutional and Residential
 Criminal Justice System Programs - State Institutions and Community-based programs

2) Caseworker, in:

Departments of Public Welfare
 Division of Protective Services
 Neighborhood Youth Corps
 Rehabilitation Centers
 Child Guidance Centers
 Criminal Justice System Programs

3) Work Adjustment Trainer, in:

Public/Private Institutions for mentally retarded/psychiatric treatment
 Sheltered Workshops, e.g., Goodwill Industries, Salvation Army
 Prisons/Reformatories/Parole Programs
 Offices of Mental Retardation

4) Teacher, in:

Institutional Settings - Public and Private
 Public Schools, Preschool (Dual Option only)

FAMILY-

INDEPENDENT LIVING REHABILITATION

INDEPENDENT LIVING -

"the ability to select and maintain a lifestyle consistent with means, expectations and desires."

COURSEWORK

A major in Family-Independent Living Rehabilitation prepares students for a career in the field of human services, helping persons with mental, physical, and emotional disabilities gain greater independence.

Beginning coursework includes general education electives in the areas of humanities, such as art, music, or languages; communications, such as English composition, speech, or journalism; social sciences, such as anthropology, economics, or psychology; natural sciences, such as botany, microbiology, or computer science; and physical education.

Professional requirements in the home economics core include classes in nutrition, consumer problems, marriage and family relationships, and child development. Specialization with courses in fundamentals of rehabilitation and fieldwork in the community setting occurs in junior and senior years.

CAREER OPPORTUNITIES

Graduates of the Family-Independent Living Rehabilitation program are qualified for positions in a variety of settings within the human services system.

Some have the job title of Independent Living Specialist working in a state vocational rehabilitation agency, mental health center, office of mental retardation, or substance abuse program. Others serve as Caseworkers in neighborhood youth corps, departments of public welfare, child guidance centers, or criminal justice programs. Still others have the title of Work Adjustment Trainer in sheltered workshops, parole programs, or institutions for mentally retarded.

If you would like to accept the challenge to help people of all ages--infants to elderly--overcome handicaps and achieve an optimal level of independence, contact...

Department of Human Development and the Family
Home Economics 140
University of Nebraska
Lincoln, Nebraska 68583

402-472-3910

Suggested Major in Rehabilitation
as available through the
Department of Human Development and the Family
University of Nebraska-Lincoln

The proposed curriculum for a master's of science degree with a specialty in Rehabilitation/Habilitation for Independent Living is as follows:

Human Development and the Family

A total of eighteen credit hours will be available. Asterisks indicate required course.

- *841. Fundamentals of Rehabilitation. 2 credit hours. Comprehensive coverage of rehabilitation as applied to all disabilities throughout the life cycle including historical development, purposes, agencies, investigators, demonstration projects, and literature sources. Prereq.: 12 hours Home Economics or allied Behavioral Sciences.

- 862. The Middle Years of Life. 3 credit hours. A study of the developmental stages during the middle years of the family life cycle with emphasis upon the individual and his/her adjustments. Prereq.: 12 hours Human Development or equivalent.

- 871. Human Sexuality and Society. 3 credit hours. An interdisciplinary approach to the study of human sexuality in terms of the psychological, social, cultural, anthropological, legal, historical, and physical characteristics of individual sexuality and sex in society. Course open to advanced students planning careers in the professions in which knowledge of human behavior and society is important (e.g., helping professions, medicine, law, ministry, education, etc.).

- 880. Social Psychology of Family Life. 3 credit hours. Sociological and psychological aspects of family life with special reference to the development and maintenance of satisfactory personal relationships. Prereq.: Human Development 380 or equivalent.

- *941. Independent Living for Individuals with Handicaps. 3 credit hours. Study of home economics concepts as related to physically and mentally disabled individuals in the near environment. Emphasis on research findings in regard to functioning in the home and with family members. Rehabilitation procedures for independent living. Prereq.: Human Development 841.

- *942. Seminar in Rehabilitation for Independent Living. 1 credit hour. Multidisciplinary approach to rehabilitation for independent living. Seminar presentations by the rehabilitation team members such as the physician, nurse, therapist, social worker, psychologist, etc. Prereq.: Human Development 841.

*943. Fieldwork in Rehabilitation for Independent Living. 6 credit hours. Field experiences under supervision designed to develop understandings and skills for aiding individuals with physical and mental handicaps to function in the near environment and with family members. This program includes working directly with clients in a variety of rehabilitation settings. Prereq.: Human Development 880 or equivalent and permission of instructor.

960. Seminar in Gerontology. 3 credit hours. Study of inter-relationships of the physiological, psychological, and sociological aspects of aging. Emphasis on understanding of the individual and his/her continuous adjustment to the later years of the family life cycle. Prereq.: Human Development 880 or equivalent and permission of instructor.

or 980. The Family in a Cross-cultural Perspective. 3 credit hours. The structure and functioning of families in other cultures. An analysis of the interchanges between the family and larger society at different stages of the life cycle. Lect. 3. Prereq.: Human Development 880 or equivalent.

This training project in Independent Living will be coordinated with the Rehabilitation Counseling program as offered through the Department of Educational Psychology and Measurements. More specifically, the following courses for the Rehabilitation Counseling program will be required:

* See Addendum.

EPM 866. Survey of Psychological Counseling. 3 credits. This course surveys the settings in which psychological counselors work and consideration of role, technical competence, and theoretical preparation of counselors for various settings. An introduction to communications skills and the counseling process are also introduced.

EPM 964. Counseling Theories and Intervention Strategies. 3 credits. Overview of theoretical approaches to counseling. Examination of basic counseling theories with an emphasis on specific strategies of change. Students are able to test out these various techniques and approaches with actual clients in the concurrent practicum (997a) experiences.

EPM 965. Introduction to Group Counseling. 3 credits. The course is intended to develop student competencies in analyzing organized contexts, designing group counseling experiences, evaluating group content and process, and facilitation of small groups.

EPM 997A. Beginning Practicum. 4 credits. Supervised laboratory clinic-based experiences in counseling.

Another recommended course which may be taken by graduate students is:

EPM 987. Psychology of Physical Disability. 3 credits. This course examines the research and theoretical literature related to the relationship between various types of disability and the psychological functioning of the disabled individual. Attention is given to such social-psychological factors as attitudes of significant others, adjustment to disability, time of onset of disability and factors in

the environment which either contribute to or maintain negative adjustments on the part of the disabled. The course does not presuppose a "psychology of disability" but rather stresses examination of factors inherent in disability which effect the person's psychological development.

COURSE OUTLINE:

- I. Somatopsychology: A social psychological approach to viewing the relationship between disability and personal adjustment.
- II. Disability and status.
- III. Personal adjustment to disability.
- IV. Attitude and social acceptance.
- V. Disability and self-esteem.
- VI. Daily adjustive problems of the disabled.
- VII. Concepts of motivation useful in working with persons who are disabled.
- VIII. Issues in rehabilitation.
- IX. Studies of the effects of specific disabilities. (Student projects)
- X. Research in the psychology of disability-past, present and future trends.

Students will be required to take the following course:

- PH 802. Medical Aspects of Disability. 3 credits. This course is taught as a graduate seminar by the medical staff of UN-L. The course utilizes a wide range of medical practitioners presenting specific topic areas.

COURSE OUTLINE:

- I. Society's stake in rehabilitation.
- II. Maintaining optimum fitness for the disabled.
- III. Present day health care delivery systems.
- IV. Medical terminology and the medical examination.
- V. Braces and prostheses and amputation.
- VI. Disabilities of the handicapped.
- VII. Orthopedic disabilities.
- VIII. Paraplegia and quadraplegia.
- IX. Visual impairments.
- X. Arthritis.
- XI. Cardiovascular disorders.
- XII. Blood - Its normal function and its dyscrasias.
- XIII. Diabetes.
- XIV. Gastrointestinal disorders.
- XV. Allergy.
- XVI. Neoplastic diseases.
- XVII. Plastic and reconstructive surgery.
- XVIII. Hearing impairments.
- XIX. Dental problems.
- XX. Dermatological disorders.

- XXI. Disabling diseases of the central nervous system.
- XXII. Speech disorders.
- XXIII. Sexuality of the disabled.
- XXIV. Genetic abnormalities.
- XXV. Pulmonary disorders.
- XXVI. Special service worker in hospital/nursing homes-
rehabilitation aspects.
- XXVII. The role of physical and occupational therapists
in rehabilitation.

*Addendum: A new course has been added to the rehabilitation counseling minor:

EPM 890. Principles and Practices of Rehabilitation Agencies.

FAMILY REHABILITATION SERVICES
Undergraduate Option in
Human Development and the Family

It is expected that upon completion of a bachelor's degree a person will be able to perform functions in the following areas:

Human Competencies

1. Identify the special needs of handicapped children and youth.
2. Analyze one's own competencies and the needs of persons with handicaps for the purpose of making optimum personal contributions to the areas of habilitation and rehabilitation of the child and adolescent.
3. Participate effectively as a home economist-social worker on the team of professionals serving the handicapped.

Conceptual Competencies

1. Integrate the philosophies of rehabilitation, social welfare and home economics with those of the educational professions.
2. Communicate and use a philosophy of rehabilitation for care of self, family and home as applied to the special audiences of the physically disabled, the blind, the emotionally disturbed and the mentally retarded.
3. Identify trends in special education/habilitation/rehabilitation and their relevance for home economists in their service to children/youth with handicaps.
4. Utilize appropriate forms of counseling and behavior adjustments for developing motivation conducive to functioning effectively as an independent person with satisfying family relationships.

Technical Competencies

1. Utilize appropriate form of counseling for developing motivation conducive to functioning effectively as an independent person with satisfying family relationships.
2. Teach the persons with conditions of handicap the appropriate methods and techniques for functioning independently in:
 - a. Food purchasing and preparation
 - b. Personal care, including grooming
 - c. Care of personal clothing and linens
 - d. Travel in near environment
 - e. Care of room, apartment or home
 - f. Various aspects of the social graces
(ex. table etiquette, walking, setting)
 - g. Management of personal finances(The above subject matter should be organized into sequential and integrated patterns to meet needs of persons.)
3. Develop rapport and understanding of the handicapped condition with the parents of the child/youth so that familial support is gained in the development of independence.
4. Serve as an advocate for the child/youth in regard to community relationships, including those of the other "helping" agencies.
5. Innovate in new forms of service for meeting needs of persons with handicaps.

Human Development & the Family
Graduate Courses (Nov. '82)

PROJECTED COURSE SCHEDULE

	1982-83					1983-84					1984-85					1985-86				
	F	S	PS	1S	2S	F	S	PS	1S	2S	F	S	PS	1S	2S	F	S	PS	1S	2S
826. Community Services for Older Adults , 3 cr. For description, see Adult Ed 826.	X					X					X					X				
830. Practicum in Infant Development , 3 cr. Study of current literature related to prenatal development, birth, and infancy. Observation and interaction with infants and their parents in the laboratory. Lect 2 lab 3. Prereq: HumDev 230.		X				X					X					X				
841. Fundamentals of Rehabilitation , 1-3 cr. Comprehensive coverage of rehabilitation as applied to all disabilities throughout the life cycle including historical development, purposes, agencies, investigators, demonstration projects, and literature sources. Prereq: 12 hrs Home Economics or allied behavioral sciences.	X					X					X					X				
843. Family Rehabilitation with Field Experiences , 1-6 cr. Field experiences in working with persons with physical and/or mental handicaps in institutional and family settings. Prereq: 15 hrs Human Development and the Family or equivalent.	X	X				X	X				X	X				X	X			
844. Workshop in Rehabilitation for Independent Living , 1-6 cr. Study of scientific literature concerning the mentally and/or physically disabled individuals throughout the family life cycle with emphasis upon the person and his/her adjustments. Individually selected problems in the near environment.																				
860. Parent Education with Field Experiences , 3 cr. Review of literature relative to the role of parents in America and to programs in parent education. Study of the basic concepts in dynamics of group discussion, child development, and family relations pertinent to the class and field experiences. Lect lab arr. Prereq: HumDev 380, 270 or equivalent or permission of instructor.	X	X				X	X				X	X				X	X			
861. The Adolescent and Young Adult in the Family , 3 cr. Study of the scientific literature concerning the interrelationships of the physiological, psychological, and sociological aspects of the adolescent and young adulthood years. Emphasis on understanding of individuals and their continuous adjustment within the family life cycle as they make the transition from childhood to adulthood. Prereq: HumDev 270, 870 or equivalent or permission of instructor.	X					X					X					X				
*862. The Middle Years of Life , 3 cr. A study of the developmental stages during the middle years of the family life cycle with emphasis upon the individual and his/her adjustments. Prereq: 12 hrs Human Development and the Family or equivalent.	X					X					X					X				
863. The Child and Family in the Community , 3 cr. Study of legislation and agencies pertaining to children and families. Field trips and supervised experiences through contact with community agencies. Lect 2 lab 3.	X	X				X	X				X	X				X	X			
*865. Research Design and Methodology , 3 cr. Analysis and evaluation of current research. Study of design and methodology and the use of appropriate measurement, controls, and statistics. Design and conduct model research.	X					X					X					X				
870. The Older Child , 3 cr. Study of the scientific literature concerning the principles of physical, emotional, social, moral, and cognitive development of the elementary school-age child as they relate to a wholesome and well-integrated personality. Implications for guidance. Prereq: HumDev 270 or equivalent or permission of instructor.		X				X					X					X				
871. Human Sexuality and Society , 3 cr. For description, see Psych 871.																				
*876. Cognitive Development in Children , 3 cr. Critical study of the nature and development of cognitive processes in children from birth through adolescence. Examination of research literature and current issues. Contribution of Piaget, Bruner, and others. Implications of these newer trends for education and research.	X	X				X	X				X	X				X	X			
873. Fieldwork , 1-3 cr per sem, max 12. Appropriate fieldwork experiences in area(s) of specialization within the department, i.e., early childhood, parent education, physical or mental handicaps, gerontology. Prereq or parallel: 12 hrs Human Development and the Family or permission of instructor, as required for individual options.	X	X				X	X				X	X				X	X			
874. Assessment of the Young Child , 3 cr. Selection, use, and interpretation of assessment instruments for understanding the developmental level of young children. Lect lab arr. Prereq: HumDev 270, 272 or equivalent or permission.	X	X				X	X				X	X				X	X			
*880. Social Psychology of Family Life , 3 cr. Sociological and psychological aspects of family life with special reference to the development and maintenance of satisfactory personal relationships. Prereq: HumDev 380 or equivalent.	X					X					X					X				
885. Contemporary Issues in Human Development and the Family , 1-3 cr, max 12. Study of contemporary issues and their impact on the individual, family, and society. A. Individual, Marriage and Family Enrichment B. Family Policy D. Divorce and Step Parenting E. Substance Abuse and Family Interaction G. Staff Development in Early Childhood Education Prereq: Permission J. Death & Dying	X	X				X	X				X	X				X	X			
896. Independent Study , 1-5 cr. Individual projects in research, literature review, or creative production may or may not be an extension of course work. The work will be supervised and evaluated by departmental faculty members. Prereq: 12 hrs in major department or closely related areas, and permission.	X	X				X	X				X	X				X	X			

Human Development & the Family Graduate Courses

	1982-83					1983-84					1984-85					1985-86				
	F	S	PS	1S	2S	F	S	PS	1S	2S	F	S	PS	1S	2S	F	S	PS	1S	2S
897A. Administration of Early Childhood Programs , 3 cr. Study of the administration of nursery schools and day care programs to be assumed by the head teacher or program director. Prereq: HumDev 270 or equivalent.	X	X				X	X				X	X				X	X			
897B. Theory and Practicum in Nursery School and Day Care , 6 cr I, II. Integrating developmental theory into the planning, implementation, and evaluation of individual and group experiences for young children. Supervised teaching experiences in nursery school and day care laboratory are included. Lect 2 rec 1 lab 10. Prereq: HumDev 270 or equivalent; and HumDev 272 with grade of C or above or permission.	X	X				X	X				X	X				X	X			
*899. Masters Thesis , 6-10 cr.	X	X				X	X				X	X				X	X			
920. Teaching Practicum , 2 cr (also 920 EdFR, TexDes). Supervised classroom experiences designed to develop competencies in teaching at the college level. Prereq: EdFR 918 or permission of departmental chairperson.	X	X				X	X				X	X				X	X			
941. Independent Living for Individuals with Handicaps , 3 cr. Study of home economics concepts as related to physically and mentally disabled individuals in the near environment. Emphasis on research findings in regard to functioning in the home and with family members. Rehabilitation procedures for independent living. Prereq: HumDev 841.	X					X					X					X				
942. Seminar in Rehabilitation for Independent Living , 1 cr per sem, max 3. Multidisciplinary approach to rehabilitation for independent living. Seminar presentations by the rehabilitation team members such as the physician, nurse, therapist, social worker, psychologist, etc. Prereq: HumDev 841.		X					X					X					X			
943. Fieldwork in Rehabilitation for Independent Living , 2-6 cr. Field experiences under supervision designed to develop understandings and skills for aiding individuals with physical and mental handicaps to function in the near environment and with family members. This program includes working directly with clients in a variety of rehabilitation settings. Prereq: HumDev 941.	X	X				X	X				X	X				X	X			
950. Family Law , 3 cr. For description, see Law 630.																				
960. Seminar in Gerontology , 3 cr. Study of the interrelationships of the physiological, psychological, and sociological aspects of aging. Emphasis on understanding of the individual and his/her continuous adjustment to the later years of the family life cycle.		X					X					X					X			
961. Seminar in Parent-Child Relationships , 3 cr. Study of phases of family life with the emphasis on the interrelated influences of behavior of children and parents on the pattern of family living. Prereq: HumDev 971 and 982.		X					X					X					X			
970. Advanced Theory and Methods of Early Childhood Education , 3 cr. Advanced study of philosophy, procedures, and policies relating to early childhood education at the nursery school-kindergarten level and care of children outside the home. Prereq: HumDev 897B or equivalent and permission.	X					X					X					X				
971. Readings in Child Development , 2-3 cr. Analysis of major studies and current literature. Individual problems. Prereq: HumDev 870 or equivalent.		X					X					X					X			
972. Seminar in Child Development , 3 cr. Examination of the theoretical basis of child study. Critical evaluation of methods and theories in child development. Prereq: 18 hrs Psychology, Educational Psychology, Sociology, or Child Development.																				
980. The Family in a Cross-Cultural Perspective , 3 cr. The structure and functioning of families in other cultures. An analysis of the interchanges between the family and larger society at different stages of the life cycle. Lect 3.	X					X					X					X				
981. Readings in Family Life , 3 cr. Analysis and critical evaluation of major theories and current related literature in such phases of family life as development of personality, mate selection, and adjustment in marriage. Prereq: 18 hrs Human Development and the Family, Psychology, Educational Psychology, Sociology.																				
982. Problems in Home and Family Life , 1-6 cr. Literature concerning major problems and issues in family relationships. Individual problems. A. Family Crises B. Sex Role Development D. Current Issues and Problems in Family Life E. Theories of Family Relations Prereq: HumDev 880 or equivalent.	X	X				X	X				X	X				X	X			
985. Seminar in Human Development and the Family , 3-12 cr. Graduate seminar(s) that examine(s) in depth the sociological, psychological, and developmental literature related to various special topics in this field of study. A. Effects of Cultural Ideologies on Family Life Literature B. Social Psychology of Family Issues D. The Family and Alternate Life Styles E. Theories and Models of Marital and Family Intervention G. Family Strengths Prereq: 12 hrs Human Development and the Family, Psychology, Educational Psychology, or Sociology.	X	X				X	X				X	X				X	X			
996. Research Other Than Thesis , 1-6 cr. Prereq: Permission.	X	X				X	X				X	X				X	X			
997G. Advanced Practicum in Counseling , 2-4 cr. For description, see EdPsych 997C.		X					X					X					X			

Department of Human Development and the Family

Requirements for
Master of Science Degree

Area of Emphasis: Family Rehabilitation Services

A. Roles and Functions

Personnel trained in this program are prepared to assist individuals with disabilities across the life span to live independently. These independent living rehabilitation specialists will be prepared to provide training focused on helping individuals with handicaps develop knowledge and skills in self-care, social and community living. As part of their role, the independent living rehabilitation specialists will have counseling skills and also be able to relate effectively to family members and support personnel as well as supervise the work of aides and volunteers.

NOTE: Specifically, the job titles are: rehabilitation counselor; caseworker; supervisor; family counselor; independent living specialist; work adjustment trainer; classroom teacher (institution); educator; and coordinator. The work settings include: homes; institutional settings; family living arrangements; workshops; etc., as found in public and private agencies, including long term care facilities, residential and non-residential schools, etc.

B. Competencies of Students

The graduate program for preparing personnel in Family Rehabilitation will develop competencies in students which will enable them to:

1. apply knowledge of rehabilitation theory, philosophy, history, terminology, legislation and research findings;
2. assess needs of persons with physical and/or mental disabilities for independent living (using precision task performance) and maintain appropriate records of program;
3. counsel persons in regard to all aspects of self-care and personal living;
4. train individuals with severe disabilities to reach a maximum level of independent living through:
 - a. creative problem solving;
 - b. precision training and/or devising (including technological environmental controls);
 - c. adjustments in the home and community for barrier-free living; and
 - d. development of appropriate relationships with a variety of persons (families, friends, professionals, etc.);
5. evaluate individual gains during a rehabilitation/habilitation program in line with individual capabilities and goals;
6. cooperate with and coordinate work with that of other rehabilitation services so that clients can "move into":
 - a. job assessment, training and placement; and/or
 - b. a least restrictive living environment
7. select and organize knowledge from study of young adult/adult development and the family that are relevant to rehabilitation needs of individuals and the family;

8. integrate the philosophies of independent living rehabilitation with those of vocational rehabilitation and the other helping professions; and
9. understand the physiology of the human body and the disabilities due to accident and disease.

C. Activities Related to Students Attainment of Competence

The Family Rehabilitation program at the graduate level will be organized around the five fields illustrated in the Figure on the next page. Students in the independent living rehabilitation phase of their studies acquire knowledge of the broad rehabilitation/habilitation system, techniques and concepts of independent living applicable to various disabilities, and the holistic approach to solving problems of persons, including client-centered problem solving. The rehabilitation counseling courses delve into the program and the counseling therapies proven successful with various clients and settings. The supporting information which is essential for the Family Rehabilitation-Independent Living specialist is derived from:

1. a course in the medical aspects of disabilities as taught through lectures by specialist physicians in the various fields and coordinated by a physician on the staff of the Health Education Division; and
2. courses in the adult developmental levels and the various aspects of the contemporary family.

Both the counseling block and the techniques and concepts course form a basis for the field experiences. The field experiences draw heavily upon the independent living program supported through the state/federal program of rehabilitation.

D. Field Experiences

The field experience course (HDF 843-minimum of 3 cr. hrs.) is required of all students entering the program without a minimum of a year of work with persons with disabilities. This allows students to decide if they have chosen the appropriate field and also serves as the undergraduate prerequisite in knowledge and skills.

The professional placement in an independent living setting may be with any of the independent living specialists of the Nebraska Division of Rehabilitation Services, other innovative programs whereby family and persons with disabilities are counseled, i.e., cancer, alcohol, and the League of Human Dignity (the local form of independent living center). Students with considerable experience in independent living rehabilitation dealing with client assessment and training may opt for an internship in research or management with one of the state agencies, i.e., Developmental Disabilities Division, Mental Health Division, etc. A minimum of 300 contact hours is required in the professional placement. A number of students also take the advanced practicum in rehabilitation counseling with the Nebraska Division of Rehabilitation Services.

After reviewing each student's materials, the admitting committee, made up of members of the HDF Graduate Faculty, will recommend the prerequisite courses to be taken by a student judged to be deficient in undergraduate preparation.

Department of Human Development and the Family

Requirements for
Master of Science Degree

Area of Emphasis: Family Rehabilitation Services

Option I

Total hrs.	30+
HDF (incl Thesis)	15
Upper grad. hrs.	8
HDF Subj-Matter hrs.	25-31

Required:	
HDF 841 Fund & Res Rehab	3
*843 Fam Reh Exp	3-6
941 IL Rehab	3
942 Sem/Rehab	1
*865 Res. Des. Statistics	3
943 Practica	
899 Thesis	6
HPER802 Med Aspects	3
**EPM866 Couns	3
**964 Couns Theor	3
**965 Gr Couns	3
**997A Beg Pract	2

Option II

Total hrs.	36+
HDF	18
Upper grad hrs.	12
HDF Subj-Matter hrs.	18-22
Minor	12

Required:	
HDF 841 Fund & Res Rehab	3
*843 Fam Rehab Exp	3-6
941 IL Rehab	3
942 Sem/Rehab	1
943 Practica	6
HPER802 Med Aspects	3
**EPM866 Couns	3
**964 Couns Theor	3
**965 Gr. Couns	3
**997A Beg Pract	2

Option III

Total hrs.	36+
HDF	18
Upper Grad hrs.	18
HDF Subj-Matter hrs.	22-25

Required:	
HDF 841 Fund & Res Rehab	3
*843 Fam Rehab Exp	3-6
941 IL Rehab	3
942 Sem/Rehab	1
943 Practica	6
HPER802 Med Asp.	3
**EPM 866 Couns	3
**964 Couns Th.	3
*965 Gr Couns	3
**997A Beg Pract	2

Option I

3 cr. from <u>a</u> list	
3 cr. from <u>b</u> list	
<u>a</u>	<u>b</u>
861	885 A, <u>B</u> , or E
862	880
871	980
960	981
982B	982A, D or E
	985 B, D, E or G

Option II

3 cr. from <u>a</u> list	
3 cr. from <u>b</u> list	
<u>a</u>	<u>b</u>
861	885 A, <u>B</u> or E
862	880
871	980
960	981
982B	982
	985 B, D, E or G

Option III

3 cr. from <u>a</u> list	
3 cr. from <u>b</u> list	
<u>a</u>	<u>b</u>
861	885A, <u>B</u> , or E
862	880
871	980
961	981
982B	982A, D, or E
	985B, D, E, or G

*Course may be waived if student has had required experiences.
**Minor in Management or Special Education may be substituted.

Department of Human Development and the Family

Requirements for
Master of Science Degree

Area of Emphasis: Transitional Living Rehabilitation

A. Roles and Functions

Transitional living specialists will have knowledge of the basic concepts for rehabilitation/habilitation of the chronically mentally ill persons and be competent in the methodologies whereby they can assist chronically mentally ill persons to establish and maintain themselves in the community. The transitional living specialists will have counseling skills so as to be able to relate effectively to the mentally ill person, family members, and other support personnel.

Transitional living specialists will find employment opportunities in psychosocial rehabilitation programs, institutions/hospitals for the chronically mentally ill, divisions of rehabilitation services, community mental health centers, family service programs and higher education units of human development/home economics for teaching of paraprofessionals (e.g., community/technical colleges).

B. Competencies of Students

Students entering the program should have previous experience (employment or practicum) with the chronically mentally ill as well as an undergraduate course in abnormal psychology (or equivalent). Transitional living specialists will have attained competencies which enable them to:

1. develop a critical, scholarly, professional attitude
2. develop written, step-by-step plans whereby clients may come to develop specific behaviors necessary to obtain appropriate goals in the context of the stipulated environment
3. establish rapport with clients
4. assist client to acquire living skills (e.g. maintain interpersonal relationships, engage in nutritional planning and meal management, obtain safe, affordable, and sanitary housing, acquire and maintain clean and fashionable clothing, manage money effectively, manage leisure time effectively, obtain necessary transportation services.)
5. develop crisis intervention/management skills and use these skills to increase the duration of periods of community living
6. create interpersonal networks across elements of the clinical service delivery system and use the networks to obtain appropriate services or ancillary support for clients.
7. Follow the client into "real life" and assist the client to obtain the minimum services necessary to support independent or quasi-independent living.

The development of special competencies through selection of electives/minors are available in four areas; these are optional areas of competencies:

- I. Supervisory/program management
- II. Program analysis, research and evaluation
- III. Rural/community organization
- IV. Vocational rehabilitation

This two-year option is supported by traineeships from the Rehabilitation Services Administration so has course requirements beyond the minimum of the Graduate College.

C. Activities Related to Students Attainment of Competence

The Transitional Living Rehabilitation program is organized so that personnel can assist individuals with mental illness in developing their roles in homemaking and citizen/community participation. Instrumental behaviors of concern will include: Personal Care, Home maintenance, Food purchasing/preparation, Money management, Time management, Interpersonal skills as friend, neighbor, and family member, Self-regulation in homemaking/citizen roles, Mobility in community, Social customs and manners, Problem-solving techniques.

Treatment modalities which are important to these competencies include:

Primary modalities: Contingency management
Skill Training

Secondary modalities: Kinesthetic experience
(confined to struct- Modeling
turing, arranging,
and coordinating)

Tertiary modalities: Group counseling
(as support to Individual counseling
other treatment
modalities)

Coursework draws upon the counseling block as offered by Educational Psychology, Advanced Abnormal Psychology as well as the rehabilitation courses in this department.

D. Field Experiences

The first year of graduate study will build academic foundations while the second year will focus on the applied aspects with practicums available at the Comprehensive Care Unit of the Lincoln Regional Center, Lancaster Community Mental Health Center, Nebraska Division of Rehabilitation Services, and other appropriate settings. A minimum of 600 contact hours under supervision are required. The placements will build on the previous experiences of the individual student. Levels I-III competencies are to be attained through placements in HDF 843 and 943 (total 12 credit hours.)

Department of Human Development and the Family

Requirements for
Master of Science Degree

Area of Emphasis: Transitional Living Rehabilitation

Option I

Total hrs.	30+
HDF (inc. Thesis)	15+
Upper Grad Hrs	<u>8+</u>
	55

Option II

Total hrs.	36+
HDF	18+
Upper Grad Hrs	12
Minor (counsel)	<u>12+</u>
	46+

Option III

Total hours	36+
HDF	18+
Upper Grad Hrs	<u>18+</u>
	46+

Required

HDF 841 Fund./Res.Rehab	3
843 Field Exper	6
865 Res. Design	3
941 IL for Hand.	3
942 Seminar	3
943 Field Exp	6
862 Middle Yrs*	3
899 Thesis	6
982E Fam. Theor.*	3
Psych 909 Psychopath.	3
EPSF 863 Human Behav.	3
866 Counsel Surv.	3
964 Intr. Tech.	3
965 Group Couns.	3
997A Couns. Pract.	<u>4</u>
	55

Major:

HDF 841 Fund./Res. Rehab.	3
843 Field Exp.	6
862 Middle Yrs.*	3
941 IL for Hand.	3
942 Seminar	3
943 Field Exp.	6
982E Fam. Theories	<u>3</u>
	27

Major:

HDF 841 Fund./Res. Rehab.	3
843 Field Exp.	6
862 Middle Yrs.*	3
941 IL for Hand.	3
942 Seminar	3
943 Field Exp.	6
982E Fam. Theories*	<u>3</u>
	27

Minor:

EPSF 863 Human.Beh. Ana.	3
866 Counsel. S rv.	3
964 Interv. Tech.	3
965 Group Couns.	3
997A Couns. Pract.	<u>4</u>
	16

Support. Course:

Psych. 909 Psychopath.	3
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Supporting Courses:

EPSF 863 Human Beh. Anal.	3
866 Couns. Surv.	3
964 Interv. Tech.	3
965 Group Couns.	3
997A Couns. Pract.	<u>4</u>
Psych. 909 Psychopath.	<u>3</u>
	19

OPTIONAL: For additional competencies,
electives may be chosen in four areas:
I. (G)CBA 806, 807, 914
II. HDF 865; EPSF 859, 993; Pol. Sc. 817
Psych. 993
III. Psych. 888, 908, 920
IV. EPSF 890; HPER 802
(See page 1 for titles of these areas.)

*One course in adult developmental and one course in family required