Originally Processed With FOIA(s): S

FOIA Number: S

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the George Bush Presidential Library Staff.

Record Group/Collection: Donated Historical Materials
Collection/Office of Origin: Frieden, Lex, Collection
Series: Disability Rights Organizations
Subseries:

OA/ID Number: 52063
Folder ID Number: 52063-006

Folder Title:
[TIRR] New Options Evaluations [1977-1978]

Stack: **Row:** **Section:** **Shelf:** **Position:**

SYSTEMS ASSESSMENT OF THE NEW OPTIONS PROJECT

D.G. Stuart, PhD
Consultant

November, 1977

Working Draft

BACKGROUND

The New Options program is designed to serve individuals who have had difficulty in adapting to community living after leaving hospital based rehabilitation programs. It offers three interrelated types of experiences to its participants: (1) It provides specific information about various aspects of disability and community living; (2) it provides individual counseling to assist in problem identification and personal adjustment, and (3) it provides a series of experiences ~~with~~ in community settings and with successfully functioning, physically disabled people so that expectations about what is possible are changed.

~~Part of the New OPtions program is an ongoing assessment effort intended to moniter the effectiveness and efficiency of~~

The effectiveness ~~and efficiency~~ of hte New Options program is monitored by an ongoing research effort. The major thrust of this effort is to assess changes in participant's community functioning which might be attributable to the program. This is done by looking at community activity levels before and after entry into the program. At the same time there has been an interest in monitering the New Options system itself; ~~as it goes about the~~ that is, to look at how the program functions, what its tratment philosophy is and how well the philosophy is expressed in practice. The consultation project reported here was commissioned to assist in this task. ~~finding ways to assess the performance~~

this assessment

defining what the program does and how to go about assessing its internal functioning.

STRUCTURE

The New Option s program currently operates on organized into a series of modules which take place over a six week period. Each module deals with a specific content area such as financial management, sexuality, medical needs, and so on. Some modules are run by regular staff members and others are run by community consultanats, that is, physically disabled individuals from the community who have speical knowledge or expereince to offer. Some modules combine both staff and consultants as leaders. Each module offers a series of experiences ~~which run from lectures t~~ such as lectures, group discussions, expert panels, and field trips and exercises. Some modules, such as medical or financial planning have a high information content while others, such as mobility por social skills have a high experiential component.

The program runs for six weeks and the time is usually quit- closely scheduled. Many of the staff have expressed the feeling that there is not enough time in the 6 weeks to do all that tey ould like. It should be noted that free-ime for the participants is considered and important part of hte program.

PROBLEM:

Several issues surfaced during the consultation. The first ~~issue centered on~~ was how to assess the effectiveness of the individual modules. It quickly became apparent that this was a more difficult problem than assessing the impact of the program as a whole. ~~The total impact of the program~~ which can easily be conceptulized ~~in~~ as a pre-test, post-test desing which looks at how participants ~~do~~ function before and after entry into the program. Variables such as contacts with other people, educational or vocational activity, number of different activities performed, time away from home and so forth make sense and are relatively easy to measure. Attitudinal or self-concept measures can likewise be obtained before and after the program. It is not so easy, however, to break up the integrated whole and look at the impact of the indiviudal modules on final outcome. ~~In fact, given the practical restrictions~~ Practical restrictions prevent ~~the program from~~ experimentally manipulating the system such as by altering a single module while holding other factors constant. In fact, it is difficult to hold the content of the modules constant from one cycle of participants to another because as the character ~~of the particia -of the~~ and needs of the participant change so does the content of the program.

The interaction between the types of participants ~~entering a program cycle~~ and the nature of the program raised several other issues. The first was the difference between a criterion performance model and an improvement based model. It was clear that participants vary a great deal in their entry-level skills and needs. It was not so clear whether the program ~~was seeking~~

was defining a successful outcome in terms of a specific level of functioning or in terms of some amount of improvement over the entry level abilities. A second, and more subtle issues, concerned the way in which progam staff conceptualize the functioning of the program. On the one hand there was a concern that some specific items of information be presented to the participants. This was linked to a desire to create a standardized package of module contents which might be distributed to other rehabilitation programs. At the same time, there was a feeling that the program must be indiviudalized to some extent. There was also a feeling that much of the impact of the program might result from the contact with the community consultants and fieldtrips changed expectations about what was possible for a disabled person, caused by contact with the successfully rehabilitated community consultants, and rather than from exposure to specific information about disability. The role of the counseling was also not clear. It was considered important, but its place in relation to the rest of the program and ways of assessing its impact were uncertain. Finally, the importance of free-time and informal contacts with the staff members was raised. It was generally agreed that the availabilty of at least one staff member for informal contacts with participants was desirable but no such staff role or time had been formally designated. Instead this role had simply appeared as a function of the personality of certain staff members and the needs of the participants. Discussion of why this role was importnat led to an increased feeling that generalized, non-specific contacts

led to an increased feeling awareness on the part of the consultant that informal, non-specific contacts represented an important part of what the New Options programs offers.

ALTERNATIVE MODELS

All of the above issues may be conceptualized under a general comparison of an educational, clinical and theraputic community models of program functioning. The actual functioning of the New Options program represents a mixture of these approaches; but it might prove useful to make the ramifications of each model explicit.

(1) It appears that the module structure of the program derived form an educational orientation. The breakdown of the program experience into content areas which are operated sperately by staff or community consultants assumes a set of specialized skill or body of knowledge which is to be transmitted in each module. (2) The clinical modle is represented by the counseling relationships offerd by various staff members: some around vocational needs, others around personal adjustment and others around personal mobility or functional performance needs. (3) Finally, the theraputic community concept is expressed in the modeling done by the community consultants, the informal contacts with staff and consultants, and the field trips to community settings where skills are tried out and actual adjustment issues araided.

The relative importnace of these three orientations in the operation of the program is not clear. The program has not been conceptualized in these terms but instead seemd to grow into its present form on the basis of the

experiences of the staff in working with successful and unsuccessfully rehabilitated people. Many of the field trips included in the modules were included because community consultatns or staff had experienced difficulties with these experiences in the past and had had to find ways to overcome them. This ~~kind of~~ experiential-based concept ~~of what the program is all about is similar to that used by action oritned agencies or programs such as the U.S. Army, of medical schools, and so on which~~ attempts to provide a series of hands-on experainces which provide not only a set of skills but an altered perception of personal functioning and relationship with the world.

The mixture of models used in the operation of the program has some strengths in that a variety of needs are being met. The weakness has been that ~~the purpose and fu~~ an understanding of the purpose and functionng of the program has been obscured. Staff have been operating on a set of individual, implicit assumptions about the program . This had been possible because so many different functions are being performed, ~~and each person can find examples of what he believes is important somewhere in the program.~~ The difficulty has been ~~that there~~ in locating inefficiencies or blank spots in the operation of the system. From the consultants point of view, there was considerable duplication across some of the modules and ~~it also seemed~~ there were some important things ~~going on~~ that were not given sufficient program recognition. ~~It seemed to me that some participants were attending modules which would not be helpful to them while I suspected that there were needs that~~

were not being met. Most importnatly, it seeemd that the goal of indiviudalizing the program was not being adequately met at the total po- level of program level although it was being dealt with in some of the indiviudal modules.

ASSESSMENT

The assessment /f£ø£t/ of components of hte program program functioning originally was focusedon the modules. An attempt was made to providd an assessment system for each individual module. It was quickly apparnet that the modules differed considerably in the mix of counseling, information and experiential functions. The assessment of the information content! was appraoched by asking staff membets to create ture-false, multiple choice, or essay questions appropriate for the module. It was discovered that the information content changes from cycle to cycle however and it also became apparent that the actual content had never formally been set down but had "grown up" in the heads of those doing the module.

A second issue concerned whether it was the program or the partiicpants that were to be assessed. In one sense, the progress of the participants is a measure of the effectiveness of the program, but module, but in another sense the only measure othe effectivenes of a module would be osme measure of its impact on the outcome criteria. It was agreed however that the influence of indiviual modules on final outcome could not be assessed; this meant that what we wanted to measure was anindividuals knowledge /£££/ or skills before and after going through a module. At the tine of this report the staff had still not agreed in whtehr this should be a criterion

ASSESSMENT

The assessment effort was originally focused on the module structure and an attempt was made to create measurement techniques for each module. It was clear, however, that the impact of hte individual modules on the final outcome could not be measured; instead, the functioning of the modules would have to be assessed in terms of knowledge and skills the participants receive as they go through the system. The content of the modules is based on simple face validity, i.e., it is based on what the staff feels is important for a disabled ~~people~~ person to know and ~~know-he~~ those things he should be able to do. Wehter or not disabled people do indeed need the information or skills offered is more a matter of the definition of successful rehabilitation than it is of validation. During the consultation, it became clear that there was considerable agreement among the staff about the importance of various parts of the program. Nevertheless, the consultant had the feeling that the rationale ~~for doing things~~ the ~~activities~~ was more covert than explicit. One of the goals for the consultant, therefore, was to use the assessment task ~~to as a way~~ to bring the thinking of the staff more into the open so that it might be rationally structured.

assessment or an improvement over entering level. The trend seemed to be to create individualized goals for participants and to measure their progress against these goals. This means that each participant would have a specified set of fals for each module.

The modules differ considerably in the mix of counseling, information and experiential activities, and the assessment techniques for each of these also differ. Information content is conceptually the easiest to measure: staff were asked to provide true-false, multiple choice or essay type questions to cover the information content. One problem that arose with this, however, was that the information content apparently shifts from cycle to cycle and has never been formally written down for any module. It thus became clear that what is taught in the modules depends to a great extent on the current module leader rather than on some centralized planning decisions. The issue of whether this was desirable or not was not resolved during the consultation. There was discussion of using videotape to standardize cerain presentations but this awkward? was felt to conflict with the personal contact ~~with~~ obtained when community consultants made the presentations. assessing

The experiential activities of a module

A second approach to the information content of a module was to design specific tasks such as creating a budget in the financial module, or listing to list the important medical information relevant to the participant in the medical module. (a list of these will be found in the appendix).

provides a straightforward measure of
This work-sample approach ~~seemed to be popular with the staff,~~
skills learned.
~~but some consierable work will be required to craetate~~ create
~~meaningful tasks and to find ways to grade them.~~

The counseling functions of certain modules proved to be difficult to assess just as they are in other formats such as psychotherapy or vocational counseling. ~~It was finally agreed that the staff's expectation about wat was happening with these types of functions~~ It seemed that the purpose of the counseling was to increase awareness of the participants the participants awareness of goals & options. ~~and possibilities. Given this it see A kind of "goals clarification" was seen as importat.~~ Given this, it was ~~dicided to~~ reccomended that participants list short ~~term~~ and long term goals appropriate to ~~the~~ each module, both before entering and just before finishing the module. The assumption ~~here~~ being, that if the module is effective, the number of goals seen as possible will expand and goals will become more relaistic and detailed. A part of this exercise would ~~ten b to list~~ include listing the steps necessary to obtain the goals. This listing task not only serves the purpose of assessing the impact functioning of the program but provides the module leader with information ~~about the participant~~ participant's that can be useful in planning the activities. ~~weih will be useful to him.~~

~~This assessment approach has some obvious difficulties: it is possible, for instnace, that participants would simply learn to fill out a complicated-looking set of goals without actually becoming personally involved or committed to them. It is also~~

difficult to quantify ~~the assessment of improvement~~. The only response is that the expansion of expectations about what is possible is difficult to measure, but for this program, it seems important to make the attempt because so much of what the program does seems to be dealing with this area.

The experiential functions of the various modules provide another complex assessment task. The consultant found general agreement among the staff that the field-trips and activities which occur on the field trips are a key part of the program; but again, these had never been explicitely written down. Instead, program leaders had created a series of events, such as a trip to the airport, which they felt to be important based on their experience and knowledge about the adjustment of ~~other~~ physically disabled people. Several anecdotal accounts of ~~specific~~ exercises designed for a particular participant ~~were offerd and it became~~ made it clear that many of these exercises occured to staff ~~only~~ during the course of a module, as they got to know the needs of the participants better. Here again the issue of a standardized, versus an indiviudalized program was raised. Discussion with staff raised the possibility that ~~a general set~~ a pool of experiential exercises could be designed ~~which would provide a pool of possibilities~~ from which specific exercises would be drawn for each indiiudal. Assesment of these exercises would then be made on the basis of ratings by the staff and/or other participants depending on the nature of hte exercise. Some exercises, such as going into a store and buying something could simply be rated as pass/fail depending on whether the ~~person~~ person

succeeds or not, while other might require a more complex judgent concerin g the "smoothness" or ease wiht which the person functioned. ~~Murry (19--) provides a model for such assessments although the actual system would ahve to be specifically tailored for the New Optns program. Note that, here again, the effectivenss of e module is being assessed by measuring whether of not the particiapnats are able to perform certian specified tasks -- individual assessment is part of the program evalaution.~~

DISCUSSION AND RECOMMENDATIONS

After analyzing the New OPtions Program, ~~the consultant felt~~ there remained a number of ambiguities and unanswered questions about the goals and functioning of the program. It was therefore decided to have a staff retreat to explore this. Some of the issues that surfaced during this meeting have already been discussed. In general, ~~it became clearer that~~ even clearer that a great deal of importance was attached to the feeld exercises and ~~conta~~ the personal contacts particpants have with ~~the~~ communtiy consultants and staff ~~embers~~. This was not to say that the information content of hte program was not considered important, but for the consultant, at least, ~~the it became clear that~~ there was a strong ~~underlying~~ feeling that what the program ~~was offereing was~~ offers is a set of experiences whihc allow ~~the~~ participants to try ~~out~~ new ways of doing and thinking about things, facilitated by seeing oters who have already ~~successfully~~ achieved a fulfilling life-style. Within this framework, the information content and module structure provides ~~the settin~~ or

a background for the field ~~exeries.~~ exercises. ~~One staff member phrased it as providien an "excuse" for the field exericeses~~ FOr instnace, the arirport trip was considered very importnant. because it gets participants into a public setting, provides tem with numerous mobility and interpersonal challanges and lets them deal with a large organization. The lernaing that goes in ~~tin~~ this situation far exceeds the specific information gained about an airport.

Given this logic, ~~the group came around to the idea that the~~ the structure core of the program ~~was actually~~ should be the set of experiences offered rather than the module structure. The consultant had already pointed out ~~thate~~ the overlap in modules and had recommneded that several modules be combined under ~~a~~ new titles ~~heading~~. The idea that emerged, however, was to begin ~~to~~ structuring the field expereinces much more closely ~~by lisitng~~ and to list those experiences ~~expeeirneces~~ that were considered essential along with the reasons ~~k~~ they were essential. This led to the concept of creating a set ~~pg~~ of specific goals for each participant, ~~based~~ on ~~what~~ each field trip, and to assess his performance in meeting these goals. This meant that ~~eh~~ the ~~module structure would no longer be followed, but instead~~ the functions served by each module would now be integrated around a set of field experiences. The information content of the modules ~~w~~ i.e., talks by experts, panel discussions, and small group discussions would continue to be a part of the program, ~~but would now be seen as preparing for or be part of the "debriefing" of field trips.~~ In addition, these formats would be used much more consciously to prepare for field trips and to provide "debriefing" after the experiences.

~~The consultant felt this was a very orative solution.~~ ~~The~~ This solution offers an advantage ~~being~~ in that it requires the staff to conceptualize why they have been providing certain experiences and because it allows a way to individualize the program while ~~retainint~~ retaining a group structure. This is achieved by not only taking the group on a field trip, but by having different goals and exercises for participants within that structure. ~~It is recommended, therefore, that the staff pursue this concept.~~

~~The evaluation effort~~ techniques presented for the ~~individual~~ modules can be easily transposed if a new experiential-based design is used since all that is ~~chanigng~~ changing is the way in which the program is conceptualized and goals ~~set~~ for the participants. The evaluations recommendations are presented ~~in~~ the appendix.

Another issue raised in the retreat deserves special mention. It was noted that certain staff members have been fulfilling ~~a~~ the special role. ~~This role consists~~ of being available to participants on ~~a very informal~~ an informal basis for discussions in the hallways, while playing pool and so on. The informal nature of these contacts often provides a way for participants to approach a sensitive or important area in a casual, ~~fashion~~-low anxiety fashion. A person who might never make an appointment for an interview, or knock on a door, might find himself or herself talking about something important, if it arises out of a friendly conversation on some other topic. The importance ~~of the opportunities for~~ of such informal contacts should be stressed, as it is in the theraputic community model. ~~approach makes much of such~~

~~contacts, and the New Options program has been prvviding syhc services even though it has not bee specifically programmed.~~ It is recommended that the importnace of these activities be ~~noted and~~ acknowledged by formally making it a part of the program in terms of ~~someones~~ a job description, along with the appropriate time and money commitments. ~~Although it may be argued that there is not enough available time for all the programmed activities now felt to be desirable, the relative importance of this, as oppossed to other options~~ ~~extent~~ function should be debated by the staff.

In conclusion, the consultant feels that the great impact ~~of~~ the New OPtons program rests on the variety of personal contacts with staff & consultants, and on the field ~~and~~ experiences offered to its participants. Specific information ~~rather than on the infirmation about disability.~~ ~~And~~/ It is not always easy to separate information from experience, ~~however,~~ nor ~~is there~~ any reason to do so. It ~~is importnat, however~~ should be realized however ~~to~~ relaize that the program probably cannot be packaged in the form of a catalougre of information, but instead must be described in terms of the ways in which the staff and community consultants interact with the participants, and, by describing the ways in which the many field experineces widen the horizons of the participants. This also means that assesment of the program's functioning cannot be a simple matter of ~~assessinf~~ measuring information learned, but must ~~take full cognizeneze of~~ recognize the ~~almost "subliminal"~~ learning that goes on as a person sees other disabled people coping effectively with the environment. Here ~~gian~~ again it will prove difficult to seperate out any specific experience and say what its impact was,

Instead it must be recognized that it is the buildup of a series of such experiences that produces the effect of the program. If the module system is dropped, then it will no longer be useful to think in terms of assessing the impact of individual modules - instead the participants' success in performing certain designated tasks can be ~~assessed~~ measured along with their ~~ability~~ ability to expand their thinking about goals and ways to meet those goals. This approach seems to me to give the best representation of the way the program actually functions in expanding the activities of its participants.

and enriching

APPENDIX

The following is a series of assessment techniques based on the present module system. ~~They will~~ Most will still be applicable if the experiential-based system is used. In general, participants should perform each assessment task before and after completing the relevant module or experiences, and the amount of improvement noted. ~~If/pa/~~ A criterion level of performance should be established by the staff. If participants reach this level in the pre-test then there is no point in having them go through the module or experience.

It should be npted that most of these tasks have simple face validity for the outcome of a "rehabilitated" person. These tasks are based on what the New Options staff believes is important for a disabled person to know - whether they do indeed need to know these things is ~~open to question~~ more a matter of definition of successful rehabilitation or community adjustment than it is of validation.

FINANCIAL MANAGEMENT

1. Make a complete, detailed budget based on expectations of how you will be living a year from now. List all relevant sources of income and expense. Also include a description of all agencies or services which might be relevant to your situtaion and how you go about contacting them. Include long-range financial planning.

SCORING: This may be done on a pass/fail system or the module leader may assign a score based on his/her judgment of how complete the budget is. Arithmetic should be checked.

PROBLEM SOLVING

This module should be dropped and the techniques integrated with other modules. If it is retained, then particiants may be scored on whether they can list the steps in problem solving.

SEXUALITY

Sections I and IV of the Derogatis Sexual Functioning Inventory may be used for sexual attitudes. Questionnaires from the TIRR Sexual workshop may also be relevant.

Specific items covering the effects of SCI, stroke etc. on sexual functioning may be created by the module leader. A pool of items should be created for all disability groups and the items specific for a particular participant would be drawn from this pool.

People may be asked to give their expectations for how they will be functionng sexualy in the future (with who, how often, how satisfied etc.) The module should have the effect of rasing these expectations.

MEDICAL

1. List all the medical problems relevant to your disability group, how you recognize them, what you do about them.

2. What plans would you make for receiving routine and emergency medical care in your community?

The module leader should have a list of the relevant medical problems for each disability group and score the responses from this list. The scoring will naturally be based on the material actually covered in the module.

VOCATIONAL

1. List your short term and long term vocational goals. Give the steps necessary to reach each goal along with the anticipated obstacles and what you plan to do about them.

Scoring: Participants should be able to give a longer and more reasonable list of goals after the module and should have a better understanding of the steps necessary to reach their goal (such as educational requirements). The module leader will have to score the task on her judgment of how complete and realistic the result is.

HOME MANAGEMENT, LIVING ARRANGEMENTS, LEISURE, MOBILITY AND FUNCTIONAL SKILLS

1. The specific information content of these modules is very low, and from an assessment point of view they seem to be dealing

with very similar issues of how well the person gets around, manipulates his environment, makes use of resources and so on. It would seem best to have the entering participants to make a list of the areas of functioning that now give them trouble (such as driving, manuvering wheelchair, cooking, going to stores and so on). They can then list the goals they have for the New Options program. There performance in achieveing these goals can then be rated by the staff.

2. Participants may be asked to ~~list the sou~~ describe the sources of information they would use in selecting equipment, ~~and~~ or learning about community resources. They should be able to list the steps to use in visiting new settings or using different forms of transportation such as planes or buses.

3. The field trips will provide many opportunities for behavioral rating ~~the~~ of the participants performance. This assessment should be utilized to decide if the module is working (and thus helping the person). It will be necessary to avoid having the participant feel anxious about having his performance rated. This can be handled through appropriate feedback and by minimizing the obtrusiveness of the rating procedure.

ATTENDANT MANAGEMENT, SOCIAL SKILLS AND CONSUMER AFFAIRS

1. These modules all deal with social skills and are similar to these ~~immediatley preceding~~ just presented in that the purpose of the moduls is to develop skills rather than knowledge. Performance in these areas is best assessed by behavior ratings on the field trips or by role playing. For instance, ~~hiring,~~ interviewing, hiring and firing an aide can be role-played

using staff or real aides. Job interviews, social occasions and so on can be effectively modeled and ratings obtained. Here again, it will be important to minimize anxiety about the rating process. It will probbaly be a good idea to explain to all entering participants that evalution of the effectiveness of the modules will be continuing.throughout the program.

2. Questions on the legal rights and responsibilities of various disability groups may be created by the module leader.

PROCEDURAL NOTE:

Many of the assessment techniques just outlined depend on staff ratings of participant behavior. Such ratings are notoriously subject to staff expectations, biases and pre-judgments. This can best be minimized by creating standardized check-lists of the desired behaviors with very simple criteria for judging success or failure. Ideally an observer who is not a staff member should make the ratinggs. The reality is that these types of ratings are difficult. It should therfore be kept in mind that the purpose of this exercise is to gather information for the staff to use in deciding about the usefulness and effectiveness of the various parts of the program and only secondarily as a demonstration of the programs effectiveness to a third party. The demonstration of the programs worth will depend on the overall pre and post measures obtained on community functioning.

PROCEDURAL NOTES:

Many of the assessment techniques just outlined include staff ratings of participant's behavior. Such ratings are notoriously subject to rater expectations, biases and pre-judgements. These are best minimized by using standardized check lists and using very simple criteria of success. The following system might be used: (1) prepare a set of desired behaviors for each participant based in his goals for the 6 week period. This might include such tasks as getting in and out of a car, curb-jumping, buying something in a store, asking a stranger for directions, using a pay phone and so on. Different lists might be used for the different settings visited on the field-trips. (2) The simplest rating to use would be whether the person does or does not perform the tasks. This simple pass/fail system should be used whenever possible. If a more complex judgment is required to rate degree of success, or the ease with which a person performs the task, the smallest number of choice points possible should be used.

It should be kept in mind that the purpose of these assessment activities is to gather information on the usefulness and effectiveness of various parts of the program for use by the staff. This information can be used in future planning and as a tool for assessing the progress of the participants. It is ~~any secondarily~~ of only secondary importance in convincing some outside party of the effectiveness of the program since this will be done primarily by the overall pre and post

the graduate's

measures of community performance, ~~by the graduates~~. Nevertheless, it is important to document what the program actually does, i.e, what the participants actually experence, if the nature of the program is to be made clear to outsiders. This documentation has the added benefit of clarifying how the system functions for the staff, so that they may more readily determine if it is functioning as they would wish it to. Some such assessment effort should be an ongoing part of the project.

Nevertheless, the process measures advocated here provide staff with a way to monitor he program's functioning and to think about what the rporam doez and what they want it to do. Some such effort should be an ongoing part of the progaam.

OTHER MEASURES

The following paper-and-pencil tests may be useful in assessing attitude changes. They are more likely to be useful in measuring the overall impact of the program than the effects of individual modules.

1. Rotter's Internal-external locus of control scale:

   Rotter,J.B. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 1966,80 (1Whole No. 609).

   29 two-choice items

2. Cattel's 16PF

   187 three-choice items, takes about 30 minutes. Easy to score with independent factors. Gets at personal orientations and attitudes towards the world and other people.

3. Shostrum's Personal Orientation Inventory

   Shostrum, E. EITS Manual for the Personal Orientation Inventory. San Diego, California (92107): Educational and Industrial Testing Service, 1966, supplemented 1968.

   150 two-choice items ge-ting at self-acutalization, self acceptance and other related concepts. 30-45 minutes.

SYSTEMS ASSESSMENT OF THE NEW OPTIONS PROJECT

By D.G. Stuart, Ph.D.
Consultant

November, 1977

BACKGROUND

The New Options program is designed to serve individuals who have had difficulty in adapting to community living after leaving hospital based rehabilitation programs. It offers three interrelated types of experiences to its participants: (1) It provides specific information about various aspects of disability and community living; (2) it provides individual counseling to assist in problem identification and personal adjustment, and (3) it provides a series of experiences in community settings and with successfully functioning, physically disabled people so that expectations about what is possible are changed.

The effectiveness of the New Options program is monitored by an ongoing research effort. The major thrust of this effort is to assess changes in participant's community functioning which might be attributable to the program. This is done by looking at community activity levels before and after entry into the program. At the same time there has been an interest in monitoring the New Options system itself; that is, to look at how the program functions, what its treatment philosophy is and how well the philosophy is expressed in practice. The consultation project reported here was commissioned to assist in this task.

STRUCTURE

The New Options program is currently organized into a series of modules which take place over a six week period. Each module deals with a specific content area such as financial management, sexuality, medical needs, and so on. Some modules are run by regular staff members and others are run by community consultants, that is, physically disabled individuals from the community who have special knowledge or experience to offer. Some modules combine both staff

and consultants as leaders. Each module offers a series of experiences such as lectures, group discussions, expert panels, field trips, and exercises. Some modules, such as medical or financial planning have a high information content while others, such as mobility or social skills have a high experiential component.

PROBLEM

Several issues surfaced during the consultation. The first was how to assess the effectiveness of the individual modules. It quickly became apparent that this was a more difficult problem than assessing the impact of the program as a whole which can easily be conceptulized as a pre-test, post-test design which looks at how participants function before and after entry into the program. Variables such as contacts with other people, educational or vocational activity, number of different activities performed, time away from home and so forth make sense and are relatively easy to measure. Attitudinal or self-concept measures can likewise be obtained before and after the program. It is not so easy however, to break up the integrated whole and look at the impact of the individual modules on final outcome. Practical restrictions prevent experimentally manipulating the system such as by altering a single module while holding other factors constant. In fact, it is difficult to hold the content of the modules constant from one cycle of participants to another because, as the character and needs of the participants change, so does the content of the program.

The interaction between the types of participants and the nature of the program raised several other issues. The first was the difference between a criterion performance model and an improvement based model. It was clear that partici-

pants vary a great deal in their entry-level skills and needs. It was not so clear whether the program was defining a successful outcome in terms of a specific level of functioning or in terms of some amount of improvement over entry level abilities. A second, and more subtle issue, concerned the way in which program staff conceptualize the functioning of the program. On the one hand there was a concern that some specific items of information be presented to the participants. This was linked to a desire to create a standardized package of module contents which might be distributed to other rehabilitation programs. At the same time, there was a feeling that the program must be individualized to some extent. There was also a feeling that much of the impact of the program results from changed expectations about what is possible for a disabled person, caused by contact with the successfully rehabilitated community consultants, rather than from exposure to specific information about disability. The role of the counseling was also not clear: it was considered important, but its place in relation to the rest of the program and ways of assessing its impact were uncertain. Finally, the importance of free-time and informal contacts with the staff members was raised. It was generally agreed that the availability of at least one staff member for informal contacts with participants was desirable but no such staff role or time had been formally designated. Instead this role had simply appeared as a function of the personality of certain staff members and the needs of the participants. Discussion of why this role was important led to an increased awareness on the part of the consultant that informal, non-specific contacts represent an important part of what the New Options program offers.

ALTERNATIVE MODELS

All of the above issues may be conceptualized under a general comparison of

educational, clinical, and theraputic community models of program functioning. The actual functioning of the New Options program represents a mixture of these approaches: (1) The module structure of the program derives from an educational orientation. The breakdown of the program experience into content areas which are operated separately by staff or community consultants assumes a specialized skill or body of knowledge which is to be transmitted in each module. (2) The clinical model is represented by the counseling relationships offered by various staff members: some around vocational needs, others around personal adjustment or functional performance needs. (3) Finally, the theraputic community concept is expressed in the modeling done by the community consultants, and the field trips to community settings where skills are tried out and actual adjustment issues raised.

The relative importance of these three orientations is the operation of the program is not clear. The program has not been conceptualized in these terms but instead grew into its present form on the basis of the experiences of the staff in working with successful and unsuccessfully rehabilitated people. Many of the field trips included in the modules were included because community consultants or staff had experienced difficulties with certain settings in the past and had had to find ways to overcome them. This experiential-based concept attempts to provide a series of hands-on experiences which provide not only a set of skills but an altered perception of personal functioning and relationship with the world.

The mixture of models used in the operation of the program has some strengths

in that a variety of needs are being met. The weakness has been that an understanding of the purpose and functioning of the program has been obscured. Staff have been operating on a set of individual, implicit assumptions about the program. This has been possible because so many different functions are being performed. The difficulty has been in locating inefficiencies or blank spots in the operation of the system. From the consultants point of view, there was considerable duplication across some of the modules and there were some important things that were not given sufficient program recognition. Most importantly, it seemed that the goal of individualizing the process was not being adequately met at the program level although it was being dealt with in some of the individual modules.

ASSESSMENT

The assessment effort was originally focused on the module structure and an attempt was made to create measurement techniques for each module. It was clear, however, that the impact of the individual modules on the final outcome could not be measured; instead, the functioning of the modules would have to be assessed in terms of knowledge and skills the participants receive as they go through the system. The content of the modules is based on simple face validity, i.e., it is based on what the staff feels is important for a disabled person to know and those things he should be able to do. Whether or not disabled people do indeed need the information or skills offered is more a matter of the definition of successful rehabilitation than it is of validation. During the consultation, it became clear that there was considerable agreement among the staff about the importance of various parts of the program. Nevertheless, the consultant had the feeling

that the rationale was more covert than explicit. One of the goals for the consultant, therefore, was to use the assessment task to bring the thinking of the staff more into the open, so that it might be rationally structured.

The modules differ considerably in the mix of counseling, information and experiential activities and the assessment techniques for each of these also differ. Information content is conceptually the easiest to measure: staff were asked to provide true-false, multiple choice or essay type questions to cover the information content. A problem that arose with this, however, was that the information content apparently shifts from cycle to cycle and has never been formally written down for any module. It thus became clear that what is taught in the modules depends to a great extent on the current module leader rather than on some centralized planning decisions. The issue of whether this is desirable or not was not resolved during the consultation. There was discussion of using videotape to standardize certain presentations but this was felt to conflict with the personal contact obtained when community consultants made the presentations.

A second approach to assessing the information content of a module is to design specific tasks such as creating a budget in the financial module; or listing medical information relevant to the participant in the medical module. This work-sample approach provides a straight forward measure of skills learned.

The counseling functions of certain modules proved to be difficult to assess just as they are in other formats such as psychotherapy or vocational counseling. The purpose of the couseling is to increase the participants awareness of goals and options. Given this, it was recommended that participants list short and long term goals appropriate to each module both before entering and just before finishing the module. The assumption being, that if the module is effection, the number of goals seen as possible will expand and goals will become more realistic and detailed. A part of this exercise would include listing the steps necessary to obtain the goals. This listing task not only serves the purpose of assessing the functioning of the program but provides the module leader with information that can be useful in planning the participant's activities.

The experiential functions of the various modules provide another complex assessment task. The consultant found general agreement among the staff that the field trips and activities which occur on the field trips are a key part of the program; but again, these had never been explicitly written down. Instead, program leaders had created a series of events, such as a trip to the airport, which they felt to be important based on their experience and knowledge about the adjustment of physically disabled people. Several anecdotal accounts of exercises designed for a particular participant made it clear that many of these exercises occured to staff during the course of a module, as they got to know the needs of the participants better. Here again the issue of a standardized, versus an individualized program was raised. Discussion with staff raised the possibility that a pool of experiential exercises could be designed from which specific exercises would be drawn for each individual. Assessment of these exercises would then be made

on the basis of ratings by the staff and/or other participants depending on the nature of the exercise. Some exercises, such as going into a store and buying something could simply be rated as pass/fail depending on whether the person succeeds or not, while others might require a more complex judgment concerning the "smoothness" or ease with which the person functioned.

DISCUSSION AND RECOMMENDATIONS

After analyzing the New Options Program, there remained a number of ambiguities and unanswered questions about the goals and functioning of the program. It was therefore decided to have a staff retreat to explore that. Some of the issues that surfaced during this meeting have already been discussed. In general, a great deal of importance was attached to the field exercises and the personal contacts participants have with community consultants and staff. This was not to say that the information content of the program was not considered important: but for the consultant, at least, there was a strong feeling that what the program offers is a set of experiences which allow participants to try new ways of doing and thinking about things; facilitated by seeing others who have already achieved a fulfilling life-style. Within this framework, the information content and module structure provides a background for the field exercises.

Given this logic, the core and structure of the program should be the set of experiences offered rather than the module structure. The consultant had already pointed out the overlap in modules and had recommended that several modules be combined under new titles. The idea that emerged however,

was to begin structuring the field experiences much more closely and to list those experiences that were considered essential along with the reasons why they were essential. This led to the concept of creating a set of specific goals for each participant on each field trip, and to assess his or her performance in meeting these goals. This meant that the functions served by each module would now be integrated around a set of field experiences. The information content of the modules i.e., talks by experts, panel discussions, and small group discussions would continue to be a part of the program. In addition, these formats would be used much more consciously to prepare for field trips and to provide "debriefing" after the experiences. This solution offers an advantage in that it requires the staff to conceptualize why they have been providing certain experiences and because it allows a way to individualize the program while retaining a group structure. This is achieved by not only taking the group on a field trip, but by having different goals and exercises for participants within that structure.

Another issue raised in the retreat deserves special mention. It was noted that certain staff members have been fulfilling the special role of being available to participants on an informal basis for discussions in the hallways, while playing pool and so on. The informal nature of these contacts often provides a way for participants to approach a sensitive or important area in a casual, low anxiety fashion. A person who might never make an appointment for an interview, or knock on a door, might find himself or herself talking about something important, if it arises out of a friendly conversation on some other topic. The importance of such informal contacts should be stressed, as it is in the theraputic community model. It is

recommended that the importance of these activities be acknowledged by formally making it a part of the program in terms of a job description, along with the appropriate time and money commitments.

In conclusion, the consultant feels that the great impact of the New Options program rests on the variety of personal contacts with staff and consultants, and on the field experiences offered to its participants. Specific information is seen as having a secondary role. It is not always easy to separate information from experience. In fact, there may not be any reason to do so. It should be realized however, that the program probably cannot be packaged in the form of a catalogue of information, but instead must be described in terms of the ways in which the staff and community consultants interact with the participants, and by describing the ways in which the many field experiences widen the horizons of the participants. This also means that assessment of the program's functioning cannot be a simple matter of measuring information learned, but must recognize the learning that goes on as a person sees other disabled people coping effectively with the environment. Here again it will prove difficult to separate out any specific experiences and say what its impact was. Instead, it must be recognized that it is the buildup of a series of such experiences that produces the effect of the program. If the module system is dropped, then it will no longer be useful to think in terms of assessing the impact of individual modules - instead the participants' success in performing certain designated tasks can be measured along with their ability to expand their thinking about goals and ways to meet those goals. This approach seems to me to give the best representation of the way the program actually functions in expanding and enriching the activities of its participants.

APPENDIX

The following is a series of assessment techniques based on the present module system. Most will still be applicable if the experiential-based system is used. In general, participants should perform each assessment task before and after completing the relevant module or experiences, and the amount of improvement noted. A criterion level of performance should be established by the staff. If participants reach this level in the pre-test then there is no point in having them go through the module or experience.

FINANCIAL MANAGEMENT

1. Make a complete, detailed budget based on expectations of how you will be living a year from now. List all relevant sources of income and expense. Also include a description of all agencies or services which might be relevant to your situation and how you go about contacting them. Include long-range financial planning.

   SCORING: This may be done on a pass/fail system or the module leader may assign a score based on his or her judgment of how complete the budget is. Arithmetic should be checked.

PROBLEM SOLVING

This module should be dropped and the techniques integrated with other modules. If it is retained, then participants may be scored on whether they can list the steps in problem solving.

SEXUALITY

Sections I and IV of the Derogatis Sexual Functioning Inventory may be used for sexual attitudes. Questionnaires from the TIRR Sexual Workshop may also be relevant.

Specific items covering the effects of SCI, stroke, etc. on sexual functioning may be created by the module leader. A pool of items should be created for all disability groups and the items specific for a particular participant would be drawn from this pool.

People may be asked to give their expectations for how they will be functioning sexually in the future (with who, how often, how satisfied, etc.). The module should have the effect of raising these expectations.

MEDICAL

1. List all the medical problems relevant to your disability group, how you recognize them, what you do about them.

2. What plans would you make for receiving routine and emergency medical care in your community?

The module leader should have a list of the relevant medical problems for each disability group and score the responses from this list. The scoring will naturally be based on the material actually covered in the module.

VOCATIONAL

1. List your short term and long term vocational goals. Give the steps necessary to reach each goal along with the anticipated obstacles and what you plan to do about them.

   SCORING: Participants should be able to give a longer and more reasonable list of goals after the module and should have a better understanding of the steps necessary to reach their goal (such as educational requirements). The module leader will have to score the task on his or her judgment of how complete and realistic the result is.

HOME MANAGEMENT, LIVING ARRANGEMENTS, LEISURE, MOBILITY, AND FUNCTIONAL SKILLS

1. The specific information content of these modules is moderate to low, and from an assessment point of view they seem to be dealing with very similar issues of how well the person gets around, manipulates his environment, makes use of resources and so on. It would seem best to have the entering participants make a list of the areas of functioning that now give them trouble (such as driving, manuvering wheelchair, cooking, going to stores and so on). They can then list the goals they have for the New Options program. Their performance in achieving these goals can then be rated by the staff.

2. Participants may be asked to describe the sources of information they would use in selecting equipment, or learning about community resources. They should be able to list the steps to use in visiting new settings or using different forms of transportation such as planes or buses.

3. The field trips will provide many opportunities for behavioral ratings of

the participants' performance. This assessment should be utilized to decide if the module is working (and thus helping the person). It will be necessary to avoid having the participant feel anxious about having his or her performance rated. This can be handled through appropriate feedback and by minimizing the obtrusiveness of the rating procedure.

ATTENDANT MANAGEMENT, SOCIAL SKILLS, AND CONSUMER AFFAIRS

1. These modules all deal with social skills and are similar to these just presented in that the purpose of the modules is to develop skills rather than knowledge. Performance in these areas is best assessed by behavior ratings on the field trips or by role playing. For instance, interviewing, hiring and firing an aide can be role-played using staff or real aides. Job interviews, social occasions, and so on can be effectively modeled and ratings obtained. Here again, it will be important to minimize anxiety about the rating process. It will probably be a good idea to explain to all entering participants that evalution of the effectiveness of the modules will be continuing throughout the program.

2. Questions on the legal rights and responsibilities of various disability groups may be created by the module leader.

PROCEDURAL NOTES:

Many of the assessment techniques just outlined include staff ratings of participant's behavior. Such ratings are notoriously subject to rater expectations, biases and pre-judgments. These are best minimized by using standardized check lists and using very simple criteria of success. The following system might be used: (1) prepare a set of desired behaviors for each participant based in his goals for the six week period. This might include such tasks as getting in and out of a car, curb-jumping, buying something in a store, asking a stranger for directions, using a pay phone and so on. Different lists might be used for the different settings visited on the field trips. (2) The simplest rating to use would be whether the person does or does not perform the tasks. This simple pass/fail system should be used whenever possible. If a more complex judgment is required to rate degree of success, or the ease with which a person performs the task, the smallest number of choice points possible should be used.

It should be kept in mind that the purpose of these assessment activities is to gather information on the usefulness and effectiveness of various parts of the program for use by the staff. This information can be used in future planning and as a tool for assessing the progress of the participants. It is of only secondary importance in convincing some outside party of the effectiveness of the program since this will be done primarily by the overall pre and post measures of the graduate's community performance. Nevertheless, it is important to document what the program actually does, i.e., what the participants actually experience, if the nature of the program is to be made clear to outsiders. This documentation has the added benefit of clarifying how the system functions for the staff, so that they may more readily determine if it is functioning as they would wish it to. Some such assessment effort should be an ongoing part of the project.

OTHER MEASURES

The following paper-and-pencil tests may be useful in assessing attitude changes. They are more likely to be useful in measuring the overall impact of the program than the effects of individual modules.

1. Rotter's Internal-external locus of control scale:

   Rotter, J.B. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 1966, 80 (1Whole No. 609).

   29 two-choice items

2. Cattel's 16PF

   187 three-choice items, takes about 30 minutes. Easy to score with independent factors. Gets at personal orientations and attitudes towards the world and other people.

3. Shostrum's Personal Orientation Inventory

   Shostrum, E. EITS Manual for the Personal Orientation Inventory. San Diego, California (92107): Educational and Industrial Testing Service, 1966, supplemented 1968.

   150 two-choice items getting at self-acutalization, self acceptance and other related concepts. 30-45 minutes

NEW OPTIONS RESEARCH DOCUMENT - 2/1/78

INDEPENDENT LIVING SKILLS EVALUATION

Item Pool

By
Lex Frieden
Texas Institute for Rehabilitation and Research

The following questions are designed to represent a variety of specific, discrete problems which are typical of those encountered by disabled persons who are trying to be independent. Responses elicited by these questions individually or in select groups may indicate the relative degree of behavioral independence which severely disabled individuals are likely to manifest. Responses which seem to indicate the highest level of competence or ability to function satisfactorly in an independent, non-institutional living arrangement are those which are :

1. solution oriented
2. express alternative approaches
3. clear and discrete steps
4. reflect pragmatic judgement
5. logically organized
6. introspective
7. explicitly stated
8. demonstrate relevant subject knowledge
9. behavioral or action oriented
10. imaginative

This research instrument was developed by the New Options Transitional Project under grants from the Rehabilitation Services Administration, DHEW, and is intended to be used exclusively for research purposes. Various methods of scaling or scoring this instrument are presently being investigated. Reliability and validity studies will be undertaken soon. Any judgements about the validity of this instrument at the present time would be conjecture. Cooperative use and future development of the items in this pool for research purposes is invited. Correspondence should be addressed to the author at New Options, 105 Drew, Houston, Texas, 77006.

LF/asm

NEW OPTIONS INDEPENDENT LIVING SKILLS EVALUATION

INSTRUCTIONS:
Answer the following questions as though you are a severely physically disabled person who must depend upon a wheelchair for basic mobility, and as though you require the assistance of an attendant in dressing, undressing, transferring, and other personal care activities.

1. If you were going to hire an attendant how would you find one?

2. If someone applied to be your attendant, how would you describe his/her job duties?

3. When interviewing a prospective attendant, what questions would you ask?

4. If your prospective attendant gave you the name of someone who would recommend him/her, what questions would you ask this reference person?

5. How much and how often would you pay your attendant?

6. What would you do if your attendant was always late for work?

7. Would you expect your attendant to know how to assist you or would you prefer to train him/her yourself? (explain why)

8. Do you have any legal responsibilities such as social security taxes or insurance to pay when hiring an attendant and what are they?

9. For what reasons would you fire your attendant?

10. How would you tell your attendant that he or she was being fired?

11. What would you do if your attendant had a car accident on his/her way to work and was unable to get there?

12. What agencies or programs might help you pay for an attendant?

13. What are the advantages and disadvantages of sharing your attendant with other disabled people?

14. If you needed to go to the grocery store which was two blocks away from your home, how would you get there and back?

15. If you could afford to buy a van or a car, which would you get and why?

16. If you bought a van, what adaptations would you add?

17. If you needed to go to school which was ten miles away from your home, how would you get there?

18. If you needed to go 2000 miles away from home on a business trip, how would you get there?

19. What special arrangements would you need to make in order to travel by (a) bus, (b) train, or (c) airplane?

20. If you were in another city 2000 miles away from home and your wheelchair got a flat tire, what would you do?

21. If you went to an airline ticket counter to purchase a ticket and the agent said it was against the rules for you to fly, what would you do?

22. What agencies or programs might help you find and pay for transportation to get back and forth from your work or school to home?

23. What agencies and programs might help you find and pay for transportation to get back and forth from your hospital or rehabilitation center to your home?

24. If you were stuck inside a van by yourself and the automatic lift would not work, what would you do?

25. If someone invited you to a restaurant which you knew had steps, what would you say or do?

26. If someone invited you to a movie and you did not know if it was accessible, what would you do?

27. If you found it necessary to use the bathroom while dining at a friend's house and discovered the bathroom door was too narrow, what would you do?

28. What companies rent cars with hand controls, where are they available, and how much do they cost?

29. How does a person who uses hand controls get a driver's license and what special restrictions will they have?

30. How would you get from your wheelchair to your seat when boarding a train, plane, or bus?

31. How do you check the bearings on your wheelchair and how often should you do it?

32. Are there reasons why you should or should not oil the wheels on your chair?

33. Where would you find information about various kinds of driving aids such as hand controls, lifts, raised roofs, etc.?

34. What rules does the vocational rehabilitation agency go by when deciding whether or not to help you buy equipment?

35. What steps should you take when planning to visit a shopping center where you have never been before?

36. What would you do if you went to a sporting event at a large arena and they told you you would have to buy the most expensive seat in the house because you were disabled?

37. If you were treating someone to dinner at a fine restaurant, and the waiter brought the bill to your guest, what would you say or do?

38. If you needed a tape recorder to help you take notes in a class at school and your instructor asked you not to record his lectures, what would you say or do?

39. If your bowels began to move unexpectedly during the middle of a class period at school, what would you do?

40. If you were trying to transfer from your car to your wheelchair by yourself and your chair rolled back out of reach, what would you do?

41. What sporting activities do people in wheelchairs participate in?

42. What passive recreational (leisure) activities do people in wheelchair participate in?

43. What special accommodations exist in some parks and recreational areas for persons with disabilities?

44. By what methods might you get from your wheelchair into a swimming pool and back out?

45. What musical instruments do persons in wheelchairs play?

46. What great historical figures were handicapped?

47. What are the advantages and disadvantages of living with a group of persons who are also disabled?

48. What questions would you ask when shopping for an apartment?

49. How many inches wide must a door be in order to accommodate your wheelchair?

50. What is the approximate turning radius of your wheelchair?

51. What agencies or programs might assist you in paying rent?

52. How does one apply for Section 8 Rent Subsidy Payments?

53. What program or programs pay more money for you to live in a nursing home then they do for you to live by yourself?

54. What special accommodations would you like to have in your bathroom?

55. What special-accommodations would you like to have in your kitchen?

56. How many inches high must a table or cabinet be for your knees to fit under?

57. Why or why not would you want your attendant to be your friend as well as your helper?

58. How can you protect your lap from being burned when cooking?

59. What questions should you be prepared to answer on a job interview?

60. What questions should you ask your prospective employer?

61. What would you do if you discovered that you were being underpaid because you were handicapped?

62. What agencies or programs are available to assist you in finding a job?

63. How much money can you earn without losing your social security benefits?

64. What is the maximum amount of SSI (supplemental security income) you can receive?

65. What information would you put on emergency medical cards?

66. What plans would you make for receiving emergency medical care in your community?

67. Suppose you notice that one of your ankles is extremely swollen, what would you do?

68. What would you do if you discovered at 10:00 at night that your temperature was 100 degrees?

69. What would you do if you saw blood in your urine?

70. How long does it take to get a bed sore?

71. What would you tell someone who you wanted to date about your disability?

72. How can you find out if you are sexually sterile?

73. Which birth control method helps protect against VD?

74. How is sex important to you?

75. How does your disability affect your ability to function sexually?

76. How much income per month do you need to have in order to live independently?

77. What major expenses do persons who live independently have?

78. What possible sources of income are available to you?

79. If you needed personal or psychological counseling, what places might you go for help?

80. What would you do if your vocational rehabilitation counselor planned to stop providing services to you?

81. What would you do if your social security check was two weeks past due and you needed the money?

82. If your attendant stole some of your medication, what would you say or do?

Lex:

Some thoughts about the Indep Living Skills Eval.

There are some really good questions in here, and I can think of several useful purposes this could fill.

I would give some thought to .....

① the overall balance of subject areas - some seem over-represented based on my view of 'what's important', and others seem under-represented

② how would this be scored or evaluated? (I think different methods would be acceptable depending on what we use the material for.)

③ I think it would be useful to go through and ask what each question would tell us — ie what inferences would we draw from various responses?

This may lead us to revise the balance of behavioral vs. informational questions.

④ This is trivial but I don't understand the structure of the 1's and 2's, then letters, etc.

I think this would be great to use as a format to prompt open-ended, anthropological-style interviews ..... I'll bet it would be similar to the critical incidents thing in this respect.

I'd like to talk to you further.

Kathi

NEW OPTIONS RESEARCH DOCUMENT - 2/1/78

INDEPENDENT LIVING SKILLS EVALUATION

Item Pool

By
Lex Frieden
Texas Institute for Rehabilitation and Research

The following questions are designed to represent a variety of specific, discrete problems which are typical of those encountered by disabled persons who are trying to be independent. Responses elicited by these questions individually or in select groups may indicate the relative degree of behavioral independence which severely disabled individuals are likely to manifest. Responses which seem to indicate the highest level of competence or ability to function satisfactorly in an independent, non-institutional living arrangement are those which are :

1. solution oriented
2. express alternative approaches
3. clear and discrete steps
4. reflect pragmatic judgement
5. logically organized
6. introspective
7. explicitly stated
8. demonstrate relevant subject knowledge
9. behavioral or action oriented
10. imaginative

This research instrument was developed by the New Options Transitional Project under grants from the Rehabilitation Services Administration, DHEW, and is intended to be used exclusively for research purposes. Various methods of scaling or scoring this instrument are presently being investigated. Reliability and validity studies will be undertaken soon. Any judgements about the validity of this instrument at the present time would be conjecture. Cooperative use and future development of the items in this pool for research purposes is invited. Correspondence should be addressed to the author at New Options, 105 Drew, Houston, Texas, 77006.

LF/asm

NEW OPTIONS RESEARCH DOCUMENT - 2/1/78

INDEPENDENT LIVING SKILLS EVALUATION

Item Pool

By
Lex Frieden
Texas Institute for Rehabilitation and Research

The following questions are designed to represent a variety of specific, discrete problems which are typical of those encountered by disabled persons who are trying to be independent. Responses elicited by these questions individually or in select groups may indicate the relative degree of behavioral independence which severely disabled individuals are likely to manifest. Responses which seem to indicate the highest level of competence or ability to function satisfactorly in an independent, non-institutional living arrangement are those which are :

1. solution oriented
2. express alternative approaches
3. clear and discrete steps
4. reflect pragmatic judgement
5. logically organized
6. introspective
7. explicitly stated
8. demonstrate relevant subject knowledge
9. behavioral or action oriented
10. imaginative

This research instrument was developed by the New Options Transitional Project under grants from the Rehabilitation Services Administration, DHEW, and is intended to be used exclusively for research purposes. Various methods of scaling or scoring this instrument are presently being investigated. Reliability and validity studies will be undertaken soon. Any judgements about the validity of this instrument at the present time would be conjecture. Cooperative use and future development of the items in this pool for research purposes is invited. Correspondence should be addressed to the author at New Options, 105 Drew, Houston, Texas, 77006.

LF/asm

NEW OPTIONS INDEPENDENT LIVING SKILLS EVALUATION

1. Suppose you are a severely physically disabled person who required the assistance of an attendant in dressing, undressing, and other personal care activities.

   a. If you were going to hire an attendant where would you look or advertise for one?

   b. If someone applied to be your attendant, how would you describe his/her job duties?

   c. When interviewing a prospective attendant, what questions would you ask?

   d. If your prospective attendant gave you the name of someone who would recommend him/her, what questions would you ask this reference person?

   e. How much and how often would you pay your attendant?

   f. What would you do if your attendant was always late for work?

g. Would you expect your attendant to know how to assist you or would you prefer to train him/her yourself? (explain why)

h. Do you have any legal responsibilities such as social security taxes or insurance to pay when hiring an attendant?

i. For what reasons would you fire your attendant?

j. How would you explain to your attendant that he or she was being fired?

k. What would you do if your attendant had a car accident on his/her way to work and was unable to get there?

l. What agencies or programs might help you pay for an attendant?

m. What are the advantages and disadvantages of sharing your attendant with other disabled people.

2. Suppose you are a severely physically disabled person to who must depend upon a wheelchair for basic mobility and finds it difficult to transfer without assistance.

a. If you needed to go to the grocery store which was two blocks away from your home, how would you get there and back?

b. If you could afford to buy a van or a car, which would you get and why?

c. *If you bought a van, how would you fix it up?*

d. *If you needed to go to school which was ten miles away from your home, how would you get there?*

e. *If you needed to go 2000 miles away from home on a business trip, how would you get there?*

f. *What special arrangements would you need to make in order to travel by (a) bus, (b) train, or (c) airplane?*

g. If you were in another city 2000 miles away from your home and your wheelchair got a flat tire, what would you do?

h. If you went to an airline ticket counter to purchase a ticket and the agent said it was against the rules for you to fly, what would you do?

i. What agencies or programs might help you find and pay for transportation to get back and forth from your work or school to home?

j. What agencies and programs might help you find and pay for transportation to get back and forth from your hospital or rehabilitation center to your home?

k. What would you do if the welded joints on your wheelchair frame broke?

l. If you were stuck inside a van by yourself and the automatic lift would not work, what would you do?

m. If someone invited you to a restaurant which you knew had steps, what would you say or do?

n. If someone invited you to a movie and you did not know if it was accessible, what would you do?

o. If you found it necessary to use the bathroom while dining at a friend's house and discovered the bathroom door was too narrow, what would you do?

p. What companies rent cars with hand controls, where are they available, and how much do they cost?

q. How does a person who uses hand controls get a driver's license and what special restrictions will they have?

r. How would you get from your wheelchair to your seat when boarding a train, plain, or bus?

s. How often do you need to check the bearings on your wheelchair?

t. Are there reasons why you should or should not oil the wheels on your chair?

u. Where all would you expect to find information about various kinds of driving aids such as hand controls, lifts, raised roofs, etc.?

v. What rules does the vocational rehabilitation agency go by when deciding whether or not to help you buy equipment?

w. What steps should you take when planning to visit a shopping center where you have never been before?

x. What would you do if you went to a sporting event at a large arena and they told you you would have to buy the most expensive seat in the house because you were disabled?

y. If you were treating someone to dinner at a fine restaurant, and the waiter brought the bill to your guest, what would you say or do?

z. If you needed a tape recorder to help you take notes in a class at school and your instructor asked you not to record his lectures, what would you say or do?

aa. If your bowels began to move unexpectedly during the middle of a class period at school, what would you do?

bb. If you were trying to transfer from your car to your wheelchair by yourself and your chair rolled back out of reach, what would you do?

cc. What active sport like basketball do people in wheelchairs participate in?

dd. What passive competitive activities like playing cards do people in wheelchairs participate in?

ee. What special accommodations exist in some parks and recreational areas for persons in wheelchairs?

ff. By what methods might you get from your wheelchair into a swimming pool and back out?

gg. What musical instruments do persons in wheelchairs play?

hh. What great historical figures were handicapped?

ii. What are the advantages and disadvantages of living with a group of persons who are also disabled?

jj. What questions would you ask when shopping for an apartment?

kk. How many inches wide must a door be in order to accomodate your wheelchair?

ll. What is the approximate turning radius of your wheelchair?

mm. What agencies or programs might assist you in paying rent?

nn. How does one apply for Section 8 Grant Subsidy Payments?

oo. What program or programs pay more money for you to live in a nursing home then they do for you to live by yourself?

pp. What special accommodations would you like to have in your bathroom?

qq. What special accommodations would you like to have in your kitchen?

rr. How many inches high must a table or cabinet be for your knees to fit under?

ss. Why or why not would you want your attendant to be your friend as well as your helper?

tt. How can you protect your lap from being burned when cooking?

uu. What questions should you be prepared to answer on a job interview?

vv. What questions should you ask your prospective employer?

ww. What would you do if you discovered that you were being underpayed because you were handicapped?

xx. What agencies or programs are available to assist you in finding a job?

yy. How much money can you earn without losing your social security benefits?

zz. What is the maximum amount of SSI (supplemental security income) you can receive?

aaa. What information would you put on emergency medical cards?

bbb. What plans would you make for receiving emergency medical care in your community?

ccc. Suppose you notice that one of your ankles is extremely swollen, what would you do?

ddd. What would you do if you discovered at 10:00 at night that your temperature was 100 degrees?

eee. What would you do if you say blood in your urine?

fff. How long does it take to get a bed sore?

ggg. What would you tell someone who you wanted to date about your disability?

hhh. How can you find out if you are sexually sterile?

iii. Which birth control method helps protect against VD?

jjj. How is sex important to you?

kkk. How does your disability effect your ability to function sexually?

lll. How much income per month do you need to have in order to live independently?

mmm. What major expenses do persons who live independently have?

nnn. What possible sources of income are available to you?

ooo. If you needed personal or psychological counseling, what places might you go for help?

ppp. How can you find out what your social security benefits are?

qqq. What would you do if your vocational rehabilitation counselor planned to stop providing services to you?

rrr. What would you do if your social security check was two weeks past due and you needed the money?

sss. If your attendant stole some of your medication, what would you say or do?

ttt. What can you do to help get laws passed to make life more normal for handicapped individuals?

uuu. What reasons might you have for living in a nursing home?

vvv. How can handicapped citizens assure that public facilities, goods, and services are made accessible to them in the future?

www. Why are organizations or coalitions of handicapped people important?

xxx. Why is location an important variable to consider when choosing a living arrangement?

LF/asm
10/4/77

must depend upon a wheelchair for basic mobility, and you as though transferring

NEW OPTIONS INDEPENDENT LIVING SKILLS EVALUATION

Instructions: Answer the following questions as though

1. ~~Suppose~~ you are a severely physically disabled person who required the assistance of an attendant in dressing, undressing, and other personal care activities.

1 a. If you were going to hire an attendant where would you look or advertise for one? how would you find one?

2 b. If someone applied to be your attendant, how would you describe his/her job duties?

3 c. When interviewing a prospective attendant, what questions would you ask?

4 d. If your prospective attendant gave you the name of someone who would recommend him/her, what questions would you ask this reference person?

e. How much and how often would you pay your attendant?

f. What would you do if your attendant was always late for work?

~~Response~~

~~(the training options)~~

g. Would you expect your attendant to know how to assist you or would you prefer to train him/her yourself? (explain why)

~~How would you train your attendant to.....~~

h. Do you have any legal responsibilities such as social security taxes or insurance to pay when hiring an attendant? ~~(How)~~ and what are they?

~~Where would you find out about these responsibilities~~

i. For what reasons would you fire your attendant?

j. How would you ~~explain to~~ tell your attendant that he or she was being fired?

k. What would you do if your attendant had a car accident on his/her way to work and was unable to get there?

~~What would you do if your attendant didn't come or call and you had an appt that morning~~

l. What agencies or programs might help you pay for an attendant?

m. What are the advantages and disadvantages of sharing your attendant with other disabled people.

2. Suppose you are a severely physically disabled person who must depend upon a wheelchair for basic mobility and finds it difficult to transfer without assistance.

a. If you needed to go to the grocery store which was two blocks away from your home, how would you get there and back?

b. If you could afford to buy a van or a car, which would you get and why?

c. If you bought a van, ~~how would you fix it up?~~ what adaptations would you add, & ~~would you get them installed?~~

d. If you needed to go to school which was ten miles away from your home, how would you get there?

e. If you needed to go 2000 miles away from home on a business trip, how would you get there?

f. What special arrangements would you need to make in order to travel by (a) bus, (b) train, or (c) airplane?

g. If you were in another city 2000 miles away from your home and your wheelchair got a flat tire, what would you do?

h. If you went to an airline ticket counter to purchase a ticket and the agent said it was against the rules for you to fly, what would you do?

i. What agencies or programs might help you find and pay for transportation to get back and forth from your work or school to home?

j. What agencies and programs might help you find and pay for transportation to get back and forth from your hospital or rehabilitation center to your home?

k. What would you do if the welded joints on your wheelchair frame broke?

l. If you were stuck inside a van by yourself and the automatic lift would not work, what would you do?

m. If someone invited you to a restaurant which you knew had steps, what would you say or do?

n. If someone invited you to a movie and you did not know if it was accessible, what would you do?

o. If you found it necessary to use the bathroom while dining at a friend's house and discovered the bathroom door was too narrow, what would you do?

p. What companies rent cars with hand controls, where are they available, and how much do they cost?

q. How does a person who uses hand controls get a driver's license and what special restrictions will they have?

Q. How would you get from your wheelchair to your seat when boarding a train, plain, or bus?

Q. How ~~often~~ do you ~~need to~~ check the bearings on your wheelchair? and how often should you do it? ~~How do you check wheel bearings?~~

Q. Are there reasons why you should or should not oil the wheels on your chair?

Q. Where ~~all~~ would you ~~expect to~~ find information about various kinds of driving aids such as hand controls, lifts, raised roofs, etc.?

v. What rules does the vocational rehabilitation agency go by when deciding whether or not to help you buy equipment?

w. What steps should you take when planning to visit a shopping center where you have never been before?

x. What would you do if you went to a sporting event at a large arena and they told you you would have to buy the most expensive seat in the house because you were disabled?

y. *If you were treating someone to dinner at a fine restaurant, and the waiter brought the bill to your guest, what would you say or do?*

z. *If you needed a tape recorder to help you take notes in a class at school and your instructor asked you not to record his lectures, what would you say or do?*

aa. *If your bowels began to move unexpectedly during the middle of a class period at school, what would you do?*

bb. If you were trying to transfer from your car to your wheelchair by yourself and your chair rolled back out of reach, what would you do?

sporting activities

cc. What ~~active sport like basketball~~ do people in wheelchairs participate in?

recreational leisure

dd. What passive ~~competitive~~ activities ~~like playing cards~~ do people in wheelchairs participate in?

ee. What special accommodations exist in some parks and recreational areas for persons ~~in wheelchairs~~? facilities

ff. By what methods might you get from your wheelchair into a swimming pool and back out?

gg. What musical instruments do persons in wheelchairs play?

hh. What great historical figures were handicapped?

ii. What are the advantages and disadvantages of living with a group of persons who are also disabled?

jj. What questions would you ask when shopping for an apartment?

kk. How many inches wide must a door be in order to accomodate your wheelchair?

ll. What is the approximate turning radius of your wheelchair?

mm. What agencies or programs might assist you in paying rent?

nn. How does one apply for Section ~~8 Grant~~ Rent Subsidy Payments?

oo. What program or programs pay more money for you to live in a nursing home then they do for you to live by yourself?

pp. What special accommodations would you like to have in your bathroom?

qq. What special accommodations would you like to have in your kitchen?

rr. How many inches high must a table or cabinet be for your knees to fit under?

ss. Why or why not would you want your attendant to be your friend as well as your helper?

tt. How can you protect your lap from being burned when cooking?

uu. What questions should you be prepared to answer on a job interview?

vv. What questions should you ask your prospective employer?

ww. What would you do if you discovered that you were being underpayed because you were handicapped?

xx. What agencies or programs are available to assist you in finding a job?

yy. How much money can you earn without losing your social security benefits?

zz. What is the maximum amount of SSI (supplemental security income) you can receive?

aaa. What information would you put on emergency medical cards?

bbb. What plans would you make for receiving emergency medical care in your community?

ccc. Suppose you notice that one of your ankles is extremely swollen, what would you do?

ddd. What would you do if you discovered at 10:00 at night that your temperature was 100 degrees?

eee. What would you do if you saw blood in your urine?

fff. How long does it take to get a bed sore?

ggg. What would you tell someone who you wanted to date about your disability?

hhh. How can you find out if you are sexually sterile?

iii. Which birth control method helps protect against VD?

jjj. How is sex important to you?

kkk. How does your disability effect your ability to function sexually?

lll. How much income per month do you need to have in order to live independently?

mmm. What major expenses do persons who live independently have?

nnn. What possible sources of income are available to you?

ooo. If you needed personal or psychological counseling, what places might you go for help?

ppp. How can you find out what your social security benefits are?

qqq. What would you do if your vocational rehabilitation counselor planned to stop providing services to you?

rrr. What would you do if your social security check was two weeks past due and you needed the money?

sss. If your attendant stole some of your medication, what would you say or do?

ttt. What can you do to help get laws passed to make life more normal for handicapped individuals?

uuu. What reasons might you have for living in a nursing home?

vvv. How can handicapped citizens assure that public facilities, goods, and services are made accessible to them in the future?

www. Why are organizations or coalitions of handicapped people important?

xxx. Why is location an important variable to consider when choosing a living arrangement?

LF/asm
10/4/77

- What would you do if you were at a shopping center and started experiencing symptoms of depersonalization?

- What would you do if a stranger insisted on helping you do something you preferred to do independently.

~~How would you choose~~

CA
fun
L.A.
f.s.
S.S.
leisure
a.m.
med
self
mobility

When would be a good place for you as a person in a w/c to meet someone of the opposite sex?

Depending on the purpose of this, I would consider some questions a much higher priority than others.

NEW OPTIONS INDEPENDENT LIVING SKILLS EVALUATION

1. Suppose you are a severely physically disabled person who required the assistance of an attendant in dressing, undressing, and other personal care activities.

   a. If you were going to hire an attendant where would you look or advertise for one?

   b. If someone applied to be your attendant, how would you describe his/her job duties?

   c. When interviewing a prospective attendant, what questions would you ask?

   d. If your prospective attendant gave you the name of someone who would recommend him/her, what questions would you ask this reference person?

   e. How much and how often would you pay your attendant?

   f. What would you do if your attendant was always late for work?

g. Would you expect your attendant to know how to assist you or would you prefer to train him/her yourself? (explain why)

h. Do you have any legal responsibilities such as social security taxes or insurance to pay when hiring an attendant?

i. For what reasons would you fire your attendant?

j. How would you explain to your attendant that he or she was being fired?

k. What would you do if your attendant had a car accident on his/her way to work and was unable to get there?

l. What agencies or programs might help you pay for an attendant?

m. What are the advantages and disadvantages of sharing your attendant with other disabled people.

2. Suppose you are a severely physically disabled person to who must depend upon a wheelchair for basic mobility and finds it difficult to transfer without assistance.

a. If you needed to go to the grocery store which was two blocks away from your home, how would you get there and back?

b. If you could afford to buy a van or a car, which would you get and why?

c. *If you bought a van, how would you fix it up?*

d. *If you needed to go to school which was ten miles away from your home, how would you get there?*

e. *If you needed to go 2000 miles away from home on a business trip, how would you get there?*

f. *What special arrangements would you need to make in order to travel by (a) bus, (b) train, or (c) airplane?*

g. If you were in another city 2000 miles away from your home and your wheelchair got a flat tire, what would you do?

h. If you went to an airline ticket counter to purchase a ticket and the agent said it was against the rules for you to fly, what would you do?

i. What agencies or programs might help you find and pay for transportation to get back and forth from your work or school to home?

j. What agencies and programs might help you find and pay for transportation to get back and forth from your hospital or rehabilitation center to your home?

k. What would you do if the welded joints on your wheelchair frame broke?

l. If you were stuck inside a van by yourself and the automatic lift would not work, what would you do?

m. If someone invited you to a restaurant which you knew had steps, what would you say or do?

n. If someone invited you to a movie and you did not know if it was accessible, what would you do?

o. If you found it necessary to use the bathroom while dining at a friend's house and discovered the bathroom door was too narrow, what would you do?

p. What companies rent cars with hand controls, where are they available, and how much do they cost?

q. How does a person who uses hand controls get a driver's license and what special restrictions will they have?

r. How would you get from your wheelchair to your seat when boarding a train, plain, or bus?

s. How often do you need to check the bearings on your wheelchair?

t. Are there reasons why you should or should not oil the wheels on your chair?

u. Where all would you expect to find information about various kinds of driving aids such as hand controls, lifts, raised roofs, etc.?

v. What rules does the vocational rehabilitation agency go by when deciding whether or not to help you buy equipment?

w. What steps should you take when planning to visit a shopping center where you have never been before?

x. What would you do if you went to a sporting event at a large arena and they told you you would have to buy the most expensive seat in the house because you were disabled?

y. If you were treating someone to dinner at a fine restaurant, and the waiter brought the bill to your guest, what would you say or do?

z. If you needed a tape recorder to help you take notes in a class at school and your instructor asked you not to record his lectures, what would you say or do?

aa. If your bowels began to move unexpectedly during the middle of a class period at school, what would you do?

bb. If you were trying to transfer from your car to your wheelchair by yourself and your chair rolled back out of reach, what would you do?

cc. What active sport like basketball do people in wheelchairs participate in?

dd. What passive competitive activities like playing cards do people in wheelchairs participate in?

ee. What special accommodations exist in some parks and recreational areas for persons in wheelchairs?

ff. By what methods might you get from your wheelchair into a swimming pool and back out?

gg. What musical instruments do persons in wheelchairs play?

hh. What great historical figures were handicapped?

ii. What are the advantages and disadvantages of living with a group of persons who are also disabled?

jj. What questions would you ask when shopping for an apartment?

kk. How many inches wide must a door be in order to accomodate your wheelchair?

ll. What is the approximate turning radius of your wheelchair?

mm. What agencies or programs might assist you in paying rent?

nn. How does one apply for Section 8 Grant Subsidy Payments?

oo. What program or programs pay more money for you to live in a nursing home then they do for you to live by yourself?

pp. What special accommodations would you like to have in your bathroom?

qq. What special accommodations would you like to have in your kitchen?

rr. How many inches high must a table or cabinet be for your knees to fit under?

ss. Why or why not would you want your attendant to be your friend as well as your helper?

tt. How can you protect your lap from being burned when cooking?

uu. What questions should you be prepared to answer on a job interview?

vv. What questions should you ask your prospective employer?

ww. What would you do if you discovered that you were being underpayed because you were handicapped?

xx. What agencies or programs are available to assist you in finding a job?

yy. How much money can you earn without losing your social security benefits?

zz. What is the maximum amount of SSI (supplemental security income) you can receive?

aaa. What information would you put on emergency medical cards?

bbb. What plans would you make for receiving emergency medical care in your community?

ccc. Suppose you notice that one of your ankles is extremely swollen, what would you do?

ddd. What would you do if you discovered at 10:00 at night that your temperature was 100 degrees?

eee. What would you do if you say blood in your urine?

fff. How long does it take to get a bed sore?

ggg. What would you tell someone who you wanted to date about your disability?

hhh. How can you find out if you are sexually sterile?

iii. Which birth control method helps protect against VD?

jjj. How is sex important to you?

kkk. How does your disability effect your ability to function sexually?

lll. How much income per month do you need to have in order to live independently?

mmm. What major expenses do persons who live independently have?

nnn. What possible sources of income are available to you?

ooo. If you needed personal or psychological counseling, what places might you go for help?

ppp. How can you find out what your social security benefits are?

qqq. What would you do if your vocational rehabilitation counselor planned to stop providing services to you?

rrr. What would you do if your social security check was two weeks past due and you needed the money?

sss. If your attendant stole some of your medication, what would you say or do?

ttt. What can you do to help get laws passed to make life more normal for handicapped individuals?

uuu. What reasons might you have for living in a nursing home?

vvv. How can handicapped citizens assure that public facilities, goods, and services are made accessible to them in the future?

www. Why are organizations or coalitions of handicapped people important?

xxx. Why is location an important variable to consider when choosing a living arrangement?

LF/asm
10/4/77

PROPOSAL FOR DEVELOPMENT OF
MODULE ASSESSMENT PACKAGE
New Options Program

D.G. Stuart, Ph.D.

8/4/77

BACKGROUND AND PROBLEM

The New Options Transitional Project provides participants with a variety of learning experiences directed towards increased independence in living. Information and skills are transmitted through a series of modules which use lectures, group discussions, field trips, guided exploration and modelling by staff and members of the community. It is necessary to begin some detailed assessment of the module experiences for the following reasons: (a) First, it is necessary to find out what the participants are retaining as well as what they are being taught - this is a basic tenet of education; (b) the module leaders need feedback on the effectiveness of their procedures; (c) program planners need information on the usfulness of the modules and on the degree of overlapor gaps between them.Each module leader may be making their own judgments about the performance of the participants,but a standardized assessment is needed which can be carried across modules, leaders and participants.

OBJECTIVES

This evaluation project will develop a series of methods and tools for use in the teaching modules. The techniques will vary with the goals and procedures of the various modules but will have in common the goal of integrating the assessment procedures with the teaching process so that the testing is not deen as disruptive or unnecessarily burdensome. Feedback on performance is, in fact, one of the most important parts of the educational process.

It will not be an objective of this study to evaluate teacher effectiveness,but rather to develop ways for staff and module leaders to assess the effectivness of the modules in meeting program and module goals. Without such information the teachers lack feedback about their efforts.

PROCEDURES

The development of the evaluation procedures and materials will take place in close consultation with the module leaders and the staff of the program. The form of the evaluation is expected to vary considerably from module to module, but it is hoped that some continuity across modules can be developed.

Performance Guidelines:
Three approaches to the establishment of performance guidelines may be taken:

1. Criterion Achievement: This assumes that there is a basic core of information or skills that the person must master;

his performance is compared to these criteria, and if he fails to meet them he may either repeat the necessary material or be judged unsuitable for that part of the program. If many individuals fail to meet the criteria then the instructional methods or the criteria must be changed.

2. Goal Achievement: This approach assumes that each person will enter the module with a different set of goals. The person's achievement - and module effectiveness - will be assessed on the basis of how well the individuals do in reaching their goals. This differs from the Criterion Achievement model only in that the goals differ for each person.

3. Improvement Level: In this model, the evaluation focuses on the improvement made from the entering level of skills or knowledge rather than on the attainment of some specified goal. This assumes that people differ in their entry level skills and that only a certain amount of improvement can be expected during a specified instructional period.

Assessment Techniques:

The following assessment techniques may be used.

1. Information retention and recognition - These are the familiar paper-and pencil tests using multiple choice, true-false, or free response formats to assess what information the person has acquired. They are useful in those modules which supply new information to the participants, such as medical or legal knowledge.

2. Work Samples (paper and pencil) - Work samples are simply examples of how well the participant can perform a task such as making out a budget, applying for a job and so forth They apply to those modules where specific skills such as these are being taught.

3. Work Samples (behavior) - Work samples may include acti-ties such as going for a job interview, shopping for clothes and so forth. Actual performance is the criteria.

4. Role Playing - This is similar to work samples except that the situation is an artificial one using project staff or peers to simulate the desired conditions. Both staff and peers may then provide ratings of the person's per-formance. Ratings of performance in group process terms, i.e., how well the person interacts with others while in the module may also fall under this heading.

A series of instruments, procedures or tasks will be developed through consultation with staff and associates and through a search of the literature. Module leaders will be asked to try out these techniques and report or their usefulness and efficiency. Reccommendations for a "final" form of the package can then be made. It is expected that the assessment package will continue to evolve with the program, but hopefully a useful core of techniques can be developed that will change slowly, or not at all. It is also possible that the availability of a standard set of assessment items will help stabilize the program by providing some continuity across changes of module leaders, participants and staff.

MEMO 9/15/77

TO: New Options Program Staff

FROM: Jean Cole

SUBJECT: Module Assessment Plans

Jane, Mary Ann, and Jean met on 9/15 to clarify our efforts at module assessment and specifically to consider the usefulness of an associates' retreat on 9/24 to address this issue. We agreed on several points.

(1) Instead of seeking to develop a set of 'tests' geared to the content and structure of program modules, we might better seek to develop a competancy-based individual assessment tool. Presumably this would address broad areas of competance important in independent living and community participation. Materials from the Sioux Vocational School and other programs might be useful models. Our thinking about this assessment of individual competance should not be bound by the currently-existing module system.*

(2) We perhaps need to rethink our documentation of the content of each module. In the past we have tried to formulate an outline of six sessions for each module and have been frustrated by the fact that our outlines are continually changing. It might be preferable to develop a whole repertoire for each module of 10, 12, or whatever number of sessions, any 6 of which may be used in a given cycle. (We actually have done this in practice I think, but have not recorded the module content in this fashion.)

(3) We need to schedule a staff retreat during the week of 9/26 to hammer out these concepts and develop a coordinated 'plan of attack'. Any retreat with Dennis Stuart or the associates should be scheduled after this meeting of the staff to clarify what we are trying to accomplish. A date and time for this retreat will be set on 9/19.

*This individual assessment tool would presumably help us plan module content for each cycle as well as document what each individual learns in the program.

JC
9/15/77

STUDY OF CRITICAL INCIDENTS

Background information

research number

disability

age sex

matital status

living arrangement

activities

level of education

sources of financial support

Status at onset of disability

age

marital status

living arrangement

activities

level of education

employment experience

financial status (independent, dependent on parents, etc.)

ACTIVITY	TIME ELAPSED SINCE ONSET OF DISABILITY	IMPORTANCE OF ACTIVITY
1. admission to rehabilitation hospital		
2. first awareness of others whose injuries are long-term or permanent and their reactions		
3. first discussion acknowledging possibility of less-than-complete return of function		
4. prognosis conference		
5. acceptance of prognosis		
6. first attempt to communicate emotional reaction to injury		
7. first time to sit up in wheelchair		
8. first attempts at ADL activities		
9. first assessment of appropriateness of old goals and establishment of first new goal		
10. first pass to go into the community with friends or family		
11. first time to feed self		
12. first time got dressed up		

ACTIVITY	TIME ELAPSED SINCE ONSET OF DISABILITY	IMPORTANCE OF ACTIVITY
13. first return home after discharge		
14. first social acknowledgment of permanent handicap		
15. first meal in public		
16. first encounter with old friends and associates		
17. first rejection by an old friend or significant other person		
18. first rejection by peer group		
19. first withdrawal from close relationship (breaking engagement, decision to divorce, etc.)		
20. first new social relationship after discharge		
21. first time family has responsibility for personal care (catheter and bowel program)		
22. rearranging room to accomodate new equipment (hospital bed, wheelchair, etc.)		
23. ramping own home or making other modifications		
24. first clinic appointment after discharge		
25. first architectural barrier		

ACTIVITY	TIME ELAPSED SINCE ONSET OF DISABILITY	IMPORTANCE OF ACTIVITY
26. first ballgame		
27. first dance		
28. first time to attend church		
29. first shopping trip		
30. first movie		
31. first visit to club		
32. first party		
33. first physical participation in sports activity (swimming, fishing, etc.)		
34. first card game or other activity involving fine finger activity		
35. first trip		
36. first use of public restroom		
37. first return to school or job		
38. first job interview or first application to attend school		
39. first accident (bowel, urinary) outside of living situation		
40. educating old and new acquaintances about bladder and bowel incontinence		

ACTIVITY	TIME ELAPSED SINCE ONSET OF DISABILITY	IMPORTANCE OF ACTIVITY
41. first response to child's question regarding disability or wheelchair		
42. first explanation of needs, either to ask for help or to keep from receiving unneeded help		
43. first time asked stranger for help		
push		
up curb		
door		
pick up something		
emptying leg bag		
up steps		
eating		
44. first time asked friend for help		
male		
female		
45. first discussion of sexuality		
46. first flirtations outside of hospital		
47. first date		
48. first sexual experience		

ACTIVITY	TIME ELAPSED SINCE ONSET OF DISABILITY	IMPORTANCE OF ACTIVITY
49. first planning to move out of parents' home		
50. first independent living situation		
51. hiring first attendant		
52. losing first attendant		
53. first admission to nursing home		
54. first time to stay alone		
55. first time to stay with attendant		
56. first time out overnight with friends		
57. first time drove car		
58. first "set back"		
59. first pressure sore		
60. first infection		
61. first episode of dysreflexia		
62. first emergency		
63. first time upset chair		

ACTIVITY	TIME ELAPSED SINCE ONSET OF DISABILTTY	IMPORTANCE OF ACTIVITY
64. first mechanical problem with wheelchair		
65. first time to get dirty hands from wheelchair		
66. first difficulty with personal grooming		
67. first handshake		
68. first attempts to maneuver on carpet or other new surfaces (grass, etc.)		
69. first attempt to switch on TV, radio, any appliance		
70. first use of telephone		
71. first attempt to prepare food		
72. first look into full length mirror		
73. first photograph		
74. first time associated socially with other disabled persons		
75. first joking about disability-related situations (wheelchair out of control, "crip jokes", etc.)		
76. first realization that shoes do not wear out; first purchase of new shoes		

ACTIVITY	TIME ELAPSED SINCE ONSET OF DISABILITY	IMPORTANCE OF ACTIVITY
77. first responsibility for personal finances		
78. first negotiations with agency for financial support (TRC, DPW, etc.)		
79. first paycheck		
80. first attempt at new activity not learned at hospital (transferring into bed, etc.)		
81. first time skipped suppository		
82. first time skipped corset		
83. first time skipped medications		
84. first time requested a different orthotic device or piece of new equipment		
85. first time excluded from activity by family or friends because of physical limitations		
86. first decision to marry		
87. first decision to have a child		