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FOIA MARKER

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

OA/ID Number: 52064
Folder ID Number: 52064-008

Folder Title:
[TIRR] New Options Proposal and Correspondence [1974-1977] [1]

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

MEMO 1/23/76

TO: Marcus Fuhrer, Ph.D.

FROM: Jean Cole, Ph.D.

SUBJECT: Transitional Project / Salary for Lex Frieden

We have talked several times about the level of Lex Frieden's salary in the transitional project. In regard to this question, I felt that it would be useful to clarify more completely the role he will play in the project. His three major areas of responsibility are listed below, in arbitrary order.

The Development of Program Content

Barbara Holden, Lex, and I have been working jointly since August to devise a program structure and to plan the content of various elements. As the project is implemented, each of us will assume primary responsibility for developing and conducting specific program areas. This will be a task of major proportions for each of the core staff members.

Planning and Conducting Evaluative Research

Lex has done extensive background reading and has planned all of the research to be conducted on the project, with the exception of some elements which will be my responsibility. Research data will be used continually in refining program content and in providing feedback information to individual participants. This will require a substantial effort beyond the usual reporting of research results and will be a very important element in the development of a pilot program which has no direct precedents. As you know, the period of time a participant will spend in the program has been shortened because of financial constraints. Since less can be accomplished during the person's stay, follow-up efforts will become increasingly important. This will place added demands on our research effort.

Supervision of Logistical Systems

The operation of the attendant service and transportation systems will not be Lex's direct responsibility. However, because of his experience as a resident manager in the Cooperative Living project, he will serve an important function in monitoring the adequacy of these systems and in advising supervisory personnel.

In addition to these responsibilities, Lex is one of the three core staff members and as such has played a major role in the conceptualization of the project. He will continue to play an important part in the overall direction of the project as a whole as it continues to evolve.

I feel very strongly that Lex's compensation should be based on the value of his contribution. His formal academic status as dissertation-level graduate student is an inaccurate representation of the comprehensive role he will play. In the transitional project we will be trying to accomplish a great deal with very minimal staffing, and I feel certain that all of the core staff members will have to carry much more than a reasonable work load. I hope you will consider these factors in determining equitable compensation for Lex.

RT-4 REPORT

THE NEW OPTIONS PROJECT: REHABILITATION FOR COMMUNITY LIVING

New Options is a six-week live-in program designed to help severely disabled people acquire community living skills. The program provides opportunities for individuals to learn skills which may help them in establishing independent living, educational or vocational involvement or active social participation. The program places emphasis on improving an individual's capabilities in a variety of environments. The goal of New Options is to assist the severely disabled person who is ready to make some changes in his/her life and needs help in gaining information, developing personal skills, and enhancing problem solving capabilities.

Training modules in the project include attendant management, financial management, consumer affairs, mobility, vocational, medical needs, leisure time, living arrangements, social skills, functional skills, and sexuality. The modules incorporate various teaching methods including classroom instruction, group discussions, fieldtrips in the community, and structured contacts with active handicapped persons.

Individual counseling is available with a social worker, functional skills adviser, and vocational counselor to assist project participants in planning their future.

Thirteen six-week cycles of New Options have been completed since the project began in June 1976. To date 71 individuals have been admitted to the project - 58 male and 13 female. Fifty-three have had spinal cord injuries and the others had cerebral palsy, brain damage, muscular dystrophy, polio, arthritis, and spinal bifida. The average age is 25 years old but the actual age range was from 17-53. Nearly ¼ of the participants were non-white. Fifty-eight participants were living with families before entering New Options and all but two people were dependent on others to meet transportation needs. Approximately 1/3 of the participants had been injured less than two years, 1/3 from 2-5 years, and 1/3 over 5 years.

New Options Research objectives are to determine the behavioral informational, and attitudinal effects of the transitional program; to determine what specific effects the program will have on certain types of individuals, and to develop a means of predicting relative outcomes. Follow-up data indicate that about ½ of former participants are living comparably more independently than they were before entering New Options and nearly 2/3 of former participants are now in school or have full or part-time jobs.

A major area of emphasis during the next year will be on developing audiovisual materials to document and supplement the experience of participating in the Transitional Project. These materials will include a 16 mm film to introduce the concept and program of New Options and various other aids such as videotapes, booklets, workbooks, film strips, and/or slide-sound series. These materials will be made available to other individuals and groups interested in either establishing programs similar to ours or conveying specific topics of information such as financial management, living arrangements or mobility.

4/7/78
JC/asm

NEW OPTIONS

NEW OPTIONS is a six-week live-in program designed to help severely physically disabled persons acquire skills necessary for integration into the community.

The program provides opportunities for individuals to learn skills which may facilitate the establishment of independent living, educational and vocational involvement, and active social participation in the mainstream of society.

New Options includes on-going assessment and counseling, training modules, and structured contacts with active handicapped persons in the community. The program generally places emphasis on improving an individual's capabilities in a variety of environments.

This pilot project is sponsored by the Texas Institute for Rehabilitation and Research, Houston, Texas.

WHO CAN PARTICIPATE

New Options is intended for severely physically handicapped persons living in nursing homes, family homes, or other situations where integration into the mainstream of society has been hindered. To be considered for admission an applicant must use a wheelchair as the primary method of mobility, must be able to communicate verbally with relative ease, be medically stable (i.e. not suffering from any acute illness or problems such as pressure sores) and be physically capable of being up and active at least eight hours a day.

ELEMENTS OF THE PROGRAM

(1) Residential Support System

Basic supportive services are provided at the TIRR Annex for the six-week period. Services are organized on a shared basis and include meals, non-professional attendant help 24 hours a day, and transportation for field trips and other local activities.

(2) On-Going Assessment and Consultation

Consultation with Project Counselor Mary Ann Board, Vocational Counselor Judy Wise, Functional Skills Advisor Jane Sperry and other rehabilitation professionals is regularly available. Participants are expected to take the initiative in requesting help from consultants in meeting goals they have set.

(3) Training Modules

A series of training modules provide information and experience in areas important for living, educational and vocational involvement, and social participation. Written text materials, slides, tapes or videotapes, group discussions, role playing, field trips, and a variety of other techniques are utilized.

(4) Staff Associates

Structured contacts with active and independent severely handicapped persons in the community are a major aspect of the program. The Staff Associate is such a contact. His/Her involvement with the participants by way of instructing and leading the modules, enable the participants to observe the way in which other handicapped persons deal with every day problems. Through peer modeling, mobility, physical needs, and managing social interaction can become a reality.

(5) Field Trips

Visits are made to agency offices, employment locations, vocational training programs, university campuses, and a variety of other locations. A major purpose of these trips is to provide opportunities for persons to socialize in a wide variety of situations and to have them negotiate a wide range of obstacles to mobility. Transportation is provided.

3/7/78

OMB Approval No. 29-R0216

FEDERAL ASSISTANCE

1. TYPE OF ACTION (Mark appropriate box): ☐ PREAPPLICATION ☒ APPLICATION ☐ NOTIFICATION OF INTENT (Opt.) ☐ REPORT OF FEDERAL ACTION

2. APPLICANT'S APPLICATION — a. NUMBER: — b. DATE (Year month day): 19

3. STATE APPLICATION IDENTIFIER — a. NUMBER: — b. DATE ASSIGNED (Year month day): 19

Leave Blank

SECTION I—APPLICANT/RECIPIENT DATA

4. LEGAL APPLICANT/RECIPIENT

a. Applicant Name: Texas Institute for Rehabilitation and Research
b. Organization Unit:
c. Street/P.O. Box: 1333 Moursund Avenue
d. City: Houston — e. County: Harris
f. State: Texas — g. ZIP Code: 77030
h. Contact Person (Name & telephone No.): Jean A. Cole, Ph.D. 797-1440 ext. 504

5. FEDERAL EMPLOYER IDENTIFICATION NO.: 74-1334678

6. PROGRAM (From Federal Catalog) — a. NUMBER: — b. TITLE: Rehabilitation Research and Demonstration

7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT

Transitional Living: A Model for the Severely Physically Handicapped

This live-in transitional training program prepares handicapped individuals for active community involvement including independent living, vocational or educational planning, & increased social participation.

8. TYPE OF APPLICANT/RECIPIENT
A-State; B-Interstate; C-Substate District; D-County; E-City; F-School District; G-Special Purpose District; H-Community Action Agency; I-Higher Educational Institution; J-Indian Tribe; K-Other (Specify): non-profit rehabilitation center
Enter appropriate letter: K

9. TYPE OF ASSISTANCE
A-Basic Grant; B-Supplemental Grant; C-Loan; D-Insurance; E-Other
Enter appropriate letter(s): A

10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.): national

11. ESTIMATED NUMBER OF PERSONS BENEFITING: 250

12. TYPE OF APPLICATION
A-New; B-Renewal; C-Revision; D-Continuation; E-Augmentation
Enter appropriate letter: D

13. PROPOSED FUNDING

a. FEDERAL	$ 144,155 .00
b. APPLICANT	7,208 .00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	$ 151,363 .00

14. CONGRESSIONAL DISTRICTS OF: a. APPLICANT: 22 — b. PROJECT: 22

16. PROJECT START DATE (Year month day): 1977 10 1

17. PROJECT DURATION: 30-60 Months

18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY (Year month day): 19 77 8 1

15. TYPE OF CHANGE (For 12c or 12e)
A-Increase Dollars; B-Decrease Dollars; C-Increase Duration; D-Decrease Duration; E-Cancellation; F-Other (Specify):
Enter appropriate letter(s):

19. EXISTING FEDERAL IDENTIFICATION NUMBER: RSA 13P57889/6-01

20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code): Rehabilitation Services Administration; 330C. Street SW; Wash., D.C.

21. REMARKS ADDED ☐ Yes ☐ No

SECTION II—CERTIFICATION

22. THE APPLICANT CERTIFIES THAT ▶
a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.
b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached:

	No response	Response attached
(1) NA	☐	☐
(2)	☐	☐
(3)	☐	☐

23. CERTIFYING REPRESENTATIVE — a. TYPED NAME AND TITLE: William A. Spencer, M.D. President — b. SIGNATURE: William A. Spencer — c. DATE SIGNED (Year month day): 19 77 7 29

SECTION III—FEDERAL AGENCY ACTION

24. AGENCY NAME

25. APPLICATION RECEIVED (Year month day): 19

26. ORGANIZATIONAL UNIT

27. ADMINISTRATIVE OFFICE

28. FEDERAL APPLICATION IDENTIFICATION

29. ADDRESS

30. FEDERAL GRANT IDENTIFICATION

31. ACTION TAKEN
☐ a. AWARDED
☐ b. REJECTED
☐ c. RETURNED FOR AMENDMENT
☐ d. DEFERRED
☐ e. WITHDRAWN

32. FUNDING

a. FEDERAL	$ .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	$ .00

33. ACTION DATE ▶ (Year month day): 19

34. STARTING DATE (Year month day): 19

35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

36. ENDING DATE (Year month day): 19

37. REMARKS ADDED ☐ Yes ☐ No

38. FEDERAL AGENCY A-95 ACTION
a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.
b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

OMB NO. 80-R0 186

PART II

PROJECT APPROVAL INFORMATION

Item 1.
Does this assistance request require State, local, regional, or other priority rating?
_____ Yes __X__ No
Name of Governing Body _____
Priority Rating _____

Item 2.
Does this assistance request require State, or local advisory, educational or health clearances?
_____ Yes __X__ No
Name of Agency or Board _____
(Attach Documentation)

Item 3.
Does this assistance request require clearinghouse review in accordance with OMB Circular A-95?
_____ Yes __X__ No
(Attach Comments)

Item 4.
Does this assistance request require State, local, regional or other planning approval?
_____ Yes __X__ No
Name of Approving Agency _____
Date _____

Item 5.
Is the proposed project covered by an approved comprehensive plan?
_____ Yes __X__ No
Check one: State ☐ Local ☐ Regional ☐
Location of Plan _____

Item 6.
Will the assistance requested serve a Federal installation?
_____ Yes __X__ No
Name of Federal Installation _____
Federal Population benefiting from Project _____

Item 7.
Will the assistance requested be on Federal land or installation?
_____ Yes __X__ No
Name of Federal Installation _____
Location of Federal Land _____
Percent of Project _____

Item 8.
Will the assistance requested have an impact or effect on the environment?
_____ Yes __X__ No
See instructions for additional information to be provided.

Item 9.
Will the assistance requested cause the displacement of individuals, families, businesses, or farms?
_____ Yes __X__ No
Number of:
Individuals _____
Families _____
Businesses _____
Farms _____

Item 10.
Is there other related assistance on this project previous, pending, or anticipated?
_____ Yes __X__ No
See instructions for additional information to be provided.

OMB NO. 80-R0186

PART III – BUDGET INFORMATION

SECTION A – BUDGET SUMMARY

Grant Program, Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Rehab. R&D	13.627	$ -0-	$ -0-	$ 144,155	$ 7,208	$151,363
2.						
3.						
4.						
5. TOTALS		$	$	$ 144,155	$ 7,208	$151,363

SECTION B – BUDGET CATEGORIES

6. Object Class Categories	– Grant Program, Function or Activity				Total
	(1)	(2)	(3)	(4)	(5)
a. Personnel	$ 80,115	$	$	$	$
b. Fringe Benefits					
c. Travel	2,500				
d. Equipment	12,500				
e. Supplies	500				
f. Contractual	10,000				
g. Construction					
h. Other	10,500				
i. Total Direct Charges	116,115				
j. Indirect Charges	28,040				
k. TOTALS	$ 144,155	$	$	$	$
7. Program Income est.	$ 100,000	$	$	$	$

OMB NO. 80-R0186

SECTION C – NON-FEDERAL RESOURCES

(a) Grant Program	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS
8. Rehabilitation R&D	$ 7,208	$	$	$ 7,208
9.				
10.				
11.				
12. TOTALS	$ 7,208	$	$	$ 7,208

SECTION D – FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 144,155	$ 45,039	$ 33,039	$ 33,039	$ 33,038
14. Non-Federal	7,208	1,802	1,802	1,802	1,802
15. TOTAL	$ 151,363	$ 46,841	$ 34,841	$ 34,841	$ 34,840

SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) FIRST	(c) SECOND	(d) THIRD	(e) FOURTH
16. Rehabilitation R&D	$ 144,155	$ 158,300	$ 151,550	$ 139,000
17.				
18.				
19.				
20. TOTALS	$ 144,155	$ 158,300	$ 151,550	$ 139,000

SECTION F – OTHER BUDGET INFORMATION

(Attach additional Sheets If Necessary)

21. Direct Charges:

(please see attached sheets)

22 Indirect Charges:

23. Remarks:

PART IV PROGRAM NARRATIVE (Attach per instruction)

SECTION F OTHER BUDGET INFORMATION

21. Direct Charges

PERSONNEL	project director (50%) *	10,500
	research director (15%) *	4,000
	functional skills adviser	16,000
	social worker	15,000
	vocational counselor (30%)	4,800
	follow-up specialist (50%)	7,500
	research assistant	8,000
	coordinator of staff associates (50%)	3,815
	attendant manager	8,000
	care attendants**	2,500
		80,115
TRAVEL	travel for staff to disseminate materials on project	2,500
EQUIPMENT	van to transport project participants on fieldtrips	12,500
SUPPLIES	office supplies	500
CONTRACTUAL	production of audio-visual materials for use by handicapped persons	10,000
OTHER	audio-visual consultation	2,000
	consultation from handicapped staff associates	5,000
	duplicating expense	3,000
	computer time for research data	500
TOTAL DIRECT COSTS		116,115

* Remaining portion of these salaries to be paid by RT-4 funds.

** Remaining portion of these salaries to be paid by per diem revenue.

22. Indirect Charges

35% of salaries and wages	28,040
TOTALS	144,155

PART V

ASSURANCES

The Applicant hereby assures and certifies that he will comply with the regulations, policies, guidelines, and requirements including OMB Circulars Nos. A-87, A-95, and A-102, as they relate to the application, acceptance and use of Federal funds for this Federally assisted project. Also the Applicant assures and certifies with respect to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this agreement.
3. It will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
4. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.
5. It will comply with the provisions of the Hatch Act which limit the political activity of employees.
6. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, as they apply to hospital and educational institution employees of State and local governments.
7. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
8. It will give the grantor agency or the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers, or documents related to the grant.
9. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with Office of Management and Budget Circular No. A-102.

PROJECT NARRATIVE

A. TITLE

Transitional Living: A Model for the Severely Physically Handicapped

B. PROGRESS REPORT

1. Changes in Plan

The New Options Transitional Living Project opened in June of 1976 with seed money from Rehabilitation Research and Training Center 4 (RT-4). In October of 1976 an R&D grant was funded for which continuation is sought in this request. The R&D funding has substantially increased the project capability to conduct service demonstrations and evaluation research. (Residential costs for each participant in the project are sponsored on a per diem basis by the Texas Rehabilitation Commission.)

Implementation of the New Options project has departed very little from the model as set forth in the original grant request submitted in April of 1975. A few minor changes are summarized below.

Length of Stay for Each Participant

It was originally intended that each participant would live in the project for a period that was individually determined, up to a maximum stay of six months. The average period of stay was estimated to be four months. In planning implementation of the project with the Texas Rehabilitation Commission, this agency agreed to sponsor each client for a maximum stay of six weeks, with the understanding that at the end of a year the policy on length of stay would be re-examined. As a result of this agreement with TRC, the project has operated to date on the basis of a six-week program cycle. Plans for experimenting with other lengths of stay are outlined in Section C-2 (proposed changes).

Use of a Nurse Clinician

Initial planning specified that New Options would share the time of a nurse clinician with other programs of the Texas Institute for Rehabilitation and Research. The role of this part-time staff member included consultation with participants about their medical status and implementation of a training module on medical needs. Because of a shortage of nursing personnel, this plan was not feasible. Instead, medical consultation with participants has been donated to the project by TIRR physicians, particularly by Dr. William A. Spencer, Director

of the Institute. Staff physicians and other medical personnel of TIRR have also contributed their time to provide a weekly medical training module.

Use of Practice Apartment

The original grant request specified that a practice apartment would be established by the project so that participants could experiment with living in this community setting. To date, a practice apartment has not been logistically feasible. The project is currently considering a possible move of the entire program to a community apartment location. Issues surrounding the exploration of this alternative are discussed in Section C-2 (proposed changes).

Follow-Up Services

To date follow-up services have not been extensively developed in New Options, though some assistance to former participants has been provided. This is due to a great extent to the fact that a larger proportion of participants than expected have returned to locations at some distance from Houston. Exploration of follow-up needs and capabilities is a major objective for the second grant year (see Section C-1, work plan for the next grant period).

There are several areas in which the project is ahead of schedule as originally set forth in the timetable (see Appendix A). These are summarized below.

Task 11 Diversify Participant Population

The project began in cycle 5 (January, 1977) to include a few participants with disabilities other than spinal cord injury. To date, the participant population has included one person with polio residuals, one with muscular dystrophy, two with head injuries, and four with cerebral palsy. Information is being collected on particular needs of various disability groups. The effects of this diversity are discussed in Section B-2 (progress during current grant period).

Task 12 Diversify Program Content

Efforts have begun to diversify program content in order to accomodate differences in needs of various types of participants. These developments are also discussed in Section B-2.

Task 14 Develop Modules for Replication

Work has begun on the production of written program materials and videotapes. Materials produced to date are listed in Section C3 (research utilization plan). Expansion in this area will be a major objective in the second and subsequent program years.

2. Progress During Current Grant Period

During the project's first year, major tasks were planning program content, assembling a staff, putting the basic transitional program into operation, and planning and implementing research procedures. In planning the project, core staff members traced the experiences of residents of the previous Cooperative Living Project and talked with them about how they initiated changes in their lives. There seem to be several important prerequisites for becoming actively involved in the community. One of these is having information about what opportunities are available and the knowledge of how to get needed information. The second prerequisite is the possession of certain personal skills that are needed in order to take advantage of available opportunities. These skills may include social assertiveness, diplomacy, an ability to budget energy well, or an ability to manage financial affairs. A third important prerequisite is a more general skill that may be termed problem-solving capability. This involves the ability to analyze a situation, to obtain new information, to make decisions, and to formulate sequential plans. It involves being able to anticipate consequences and to take action before crises develop. New Options is intended to assist handicapped individuals in each of these areas.

a. Accomplishments and Findings

Objectives of the first grant year as stated in the initial grant request are as follows:

(1) to define a system of services required to meet the needs of severely physically handicapped persons engaging in a transitional living experience

(2) to refine criteria for selection of persons who can benefit from a transitional living program

(3) to develop basic transitional program content

(4) to develop a research design to evaluate the program and pre-test research methodology

(5) to develop a practice apartment that will allow individuals to gain experience in independent living in a protected environment

(6) to establish functional training programs that prepare the individual to maximize his functional abilities in non-institutional environments

Objectives 1,2,3,5, and 6 which relate to the development of a service delivery demonstration will be reviewed below in this section. Objective 4 which deals with research aspects of the program will be reviewed in section b which follows on Research Developments and Problems Encountered.

Objective 1: Development of a Service System

The New Options project is housed in TIRR's Maximum Independence Center, a dormitory-style building located four miles from the main Institute building in the Texas Medical Center. Each project participant has a private room. Meals, transportation, and non-professional attendant assistance are provided on a shared basis. This residential system using shared supportive services has been borrowed directly from TIRR's earlier Cooperative Living residential project (SRS R&D 13-P-55487/6-01). Experience has shown that living for six weeks in a dormitory-style setting with a non-professional attendant staff is an important element at New Options. Participants frequently interact with each other informally on a one-to-one basis, and there seem to be some important effects of this close interaction with peers. Many participants have never been away from this personal care of family members or a nursing staff, and learning to manage the interaction with attendants and direct their own care is an important skill to be acquired.

The New Options program staff includes a project director (anthropologist), a research director (psychologist), a social worker, a functional skills adviser with a background in physical therapy, and a part-time vocational counselor. In addition to organizing group activities, each of these persons is involved in goal-setting and problem-solving with participants on a one-to-one basis. The purpose of this counseling is to help the individual learn to solve problems on his own. This approach often involves departures from traditional professional roles in which staff members tend to solve problems for clients rather than letting them devise their own solutions. Many outside resource persons are also involved, including physicians, agency personnel, and other persons encountered by handicapped persons in the community. The staff also includes a category of individuals called staff associates. These are handicapped persons who are actively involved in the community and who are paid to provide extensive information to participants and serve as behavior models. The staff has tried to choose a variety of associates who represent differing lifestyles and diverse values and viewpoints. The extensive use of staff associates is based on observation of the importance of modeling in the previous residential project. To date the project has had a total of 66 associates who meet with participants an average of 39 times in each six-week program cycle.

In general, the staffing planned for the project has been effective, though some changes have been made. The most difficult role to define and fill has been that of personal counselor which is held by a social worker. It has been hard to achieve a good balance between therapy on the one hand and more concrete planning and problem-solving with individuals on the other. The staff has also learned that more time is needed from the part-time vocational counselor, and this position has been changed from 20% to 30% time effort. A new part-time staff position has been created for a Coordinator of Staff Associates. This individual is responsible for making logistical arrangements and for supervising the active handicapped persons from the community who conduct various program activities.

Objective 2: Refinement of Selection Criteria

Staff members and the project DVR courtesy counselor largely agree on the following characteristics as important traits in persons who seem to have benefitted most from the project: readiness to face life as a severely disabled individual; desire to make changes in lifestyle; willingness to set and work on goals; willingness to risk experimenting with new ways of doing things and new kinds of behaviors; average intellectual capacity (comprehension of verbal input, no major memory deficits, reasonable attention span); ability to read; ability to speak well enough to be generally understood; ability to hear; no severe emotional pathology; and physical endurance for program (sitting tolerance, bowel control that is predictable, suitable urinary management).

Experience has demonstrated that the program seems to be most effective when participants in a given cycle do not differ too widely in intellectual level. The program can be altered to accomodate persons at different intellectual levels from cycle to cycle, but it is an advantage if persons within any one group are relatively similar in this respect. Other types of diversity such as differences in rural or urban background, length of time since onset of disability, and general direction of future plans, can frequently be utilized to advantage in promoting group interaction.

One of the most significant problems in choosing participants is assessing the individual's degree of medical stability through reports from referring DVR counselors and physicians. Professionals who have not worked previously with severely physically disabled individuals may provide misleading information. In some cases participants have needed more medical care than the project was designed to provide.

A few project participants and referring DVR counselors seem to have held unreasonable expectations of what the program can provide, and it has proven important to be aware of possible problems in this area when selecting participants. Such expectations are attached not only to the New Options project but to the notion of moving to Houston in general. Many persons

hold an exaggerated view of the number of residential facilities, jobs, and supportive services available in the city. The staff has made an effort to define reasonable expectations and to communicate these before individuals enter the project. The following list represents the views of project staff and of the DVR courtesy counselor about what participants can expect to accomplish in New Options: gaining information on what opportunities are available in the community (living arrangements, educational training programs, vocational availability, transportation availability); learning the skills to go about getting information; learning to manage financial affairs; learning to relate with attendants to get needs taken care of; learning to budget energy; learning to adapt oneself to new environment; learning to be more comfortable in public (being visible, asking for help); learning to examine how individuals interact with other persons and ways this might be changed; having the opportunity to be among other handicapped persons and learning how they cope with problems; examining feelings about issues important to each individual (their identity, family relationships, sexuality, ability to control their life course); learning to define goals and directions; becoming more comfortable in experimenting with alternative ways of doing things; learning how to solve problems and having actual experiences where such learning can be practiced; learning sequential planning; and learning to anticipate problems and make plans on how to handle them before a crisis develops.

Objective 3: Development of Program Content

Previous research and experience have indicated a number of subject areas that are important for handicapped individuals who are beginning active involvement in the community. A series of training modules has been developed to address these areas. The modules include:

independent living arrangements
vocational and educational opportunities
financial management
consumer affairs
mobility
functional skills
attendant management
problem-solving
social skills
sexuality
leisure time
medical needs

Outlines of the content of each module can be found in Appendix C. Teaching methods used include classroom instruction, group discussions, and numerous fieldtrips into the community. The modules are usually co-lead by a regular staff member and a staff associate. Each module

meets one time per week, and a typical week includes about 30 hours of planned program activities. Time is also built into the schedule for participants to work on individual projects such as drivers training. A sample weekly calendar can be found in Appendix C . Locations typically visited on fieldtrips during each cycle include three apartment clusters with shared supportive services, five or six individual living arrangements, several employment locations, the University of Houston, county court, a shopping center, the airport, train station, and bus station, and a wheelchair repair shop. The project has developed various resource materials in conjunction with modules. These include written materials for participants to take home in an individual notebook. Some modules have also been videotaped, and much more of this activity is planned. Major program materials are listed in Section C3 on dissemination of findings.

In addition to these program areas for participants, the project has also sponsored a family day during most cycles to facilitate discussion and exploration among family members of the changes participants are seeking to make. In some cases the project staff has felt that more extensive work with family members would be desirable, but this is often difficult to arrange because many families live a substantial distance from Houston.

For the most part the planned program content has proven to be appropriate and useful from the viewpoint of both staff members and participants. A few changes have been made in the original set of modules.

A new module has been added on the use of leisure time. The module on problem-solving has been difficult to teach effectively. It has received several revisions and much of its content has been incorporated into other modules. The social skills module has varied from cycle to cycle depending on the competancies and needs of particular groups of participants. An early module on home-making skills has been incorporated into the living arrangements module. In addition to core program areas for the participants as a group, time has also been set aside for 'electives'. These are experiences in the community arranged for one individual participant with special interests in areas such as cooking, gardening from a wheelchair, or exploring the feasibility of doing upholstery work.

Methods used to convey program content have evolved with experience to include more fieldtrips, more contact with a greater variety of staff associates, and the use of new media such as videotaping.

Objective 4: Development of Research Methodology
See section b below.

Objective 5: Establishment of a Practice Apartment
The project has not yet established a practice apartment. Major reasons for this decision have been (a) the difficulties of finding an apartment where supportive services could be effectively arranged, (b) an emphasis on other priorities in program development, and (c) consideration of moving the entire project to an apartment location in the community which would make practice apartment redundant. Exploring the possibility of moving the entire project will be a major issue during the second grant year as discussed in section C-2 below.

Objective 6: Development of Functional Skills Training
When a participant enters the New Options Transitional Project an initial evaluation is held with the Functional Skills Adviser to establish that individual's level of physical functioning. Included in the evaluation session are the techniques and equipment the individual utilizes in activities of daily living including mobility, transfers, dressing, grooming, sitting, pressure relief, eating, driving, bathroom activities, etc. An effort is made to determine how the individual functions in his home environment and what barriers may be present which interfere.

No attempt is made to establish new goals for the participant but if the person expresses a desire to investigate new ways of doing things, asks to be exposed to new types of equipment, requests assistance with a functional problem, or states functional goals upon entering the project, he is provided with the resources to meet these needs. Representative goals in functional skills include driver simulator evaluation or driver training; pressure pad evaluation for wheelchair cushion; learning how to load a wheelchair into a car independently; wheelchair repairs or new wheelchair ordering; receiving information on vans, lifts, hand controls; or referral to OT, PT, orthotics, etc. Goals continue to be established throughout the project cycle at weekly individual meetings with the Functional Skills Adviser.

In addition to individual meetings, all participants attend a module on functional skills. The content of this module generally reflects the functional needs of the cycle's participants. Typically one meeting includes an Occupational Therapist who discusses the variety of adaptive equipment available and positive and negative aspects of relying on equipment for functional assistance. One meeting focuses on vehicles and equipment utilized for transportation and the discussion includes vans, automobiles, lifts, conventional hand controls, special driving controls for the physically disabled and pros and cons of each piece of equipment presented. Another meeting within this module includes a panel discussion by two quadriplegics - one of whom has established total independence as a priority

and one who has chosen to trade off physical independence in order to conserve energy and time for a full time job. A field trip is made to the home of a quadriplegic who has creatively dealt with the requirement of attendant care in a non-conventional manner. Other meetings of this module may include a discussion on architectural barriers and adaptations, home or room planning, homemaking skills, demonstration of transfers, or rearranging the physical environment to improve function.

Again, no attempt is made to convince the participant that there is one particular way he should function or that he requires one particular piece of equipment. Instead the module provides exposure to what is available, provides support for experimentation, and is accepting of the outcome if the participant is satisfied.

SUMMARY OF MAJOR DEVELOPMENTS

June

admission of first participants
development of basic program content

July

August

addition of functional skills adviser

September

October

first out-of-state participant
first follow-up data collected
hiring of new attendant manager

November

employment of second social worker
presentations on project at ACRM, San Diego

December

January

admission of first participants with disabilities other than spinal cord injury
addition of staff associate coordinator
printing of brochures

February

addition of research assistant
initiation of rest time monitors
first decision by a participant to leave the project

March

two-day seminar for DVR couselors
began first videotaping

April

sub-study of financial management module

May

hiring of new vocational counselor

June

hiring of third social worker
fieldtrip by air to San Antonio

b. Research Findings and Progress to Date:

Specific aim 5 for the first year grant period as described in the original grant proposal relates to developing a research design and pre-testing research methodologies. Significant progress towards achieving this goal has been made during the past year. Data collection and analysis relating to both program process and outcome is well underway.

Two primary types of research are conducted in the transitional living project. The first examines the development and evolution of the project from a holistic anthropological perspective. It is intended to provide a description of internal processes of development, to trace the changing relationships of the project to its host rehabilitation hospital and to the state vocational rehabilitation agency, and to provide background information on the program as a context for viewing outcome data. A major goal of this portion of the study is to provide a structured overview of the transitional living program to facilitate replication. The second type of research employs a longitudinal multimeasure design with control groups to evaluate the effects of the program on participants' behavior, attitudes, and information base. The hypothesis being tested in this portion of the study is that the TIRR transitional living program presents certain information, skills, and experiences which facilitate the behavioral adaptation and personal adjustment of individuals to severe physical disabilities. These two portions of the study are discussed separately below.

Sub-study I: An Anthropological Study of Program Development

OBJECTIVE (S):

1. To trace internal processes of development in the transitional living program, focusing on changes in goals, methods of planning, program content, and in other areas.

2. To analyze the project as a social system, examining roles, interpersonal relationships, and patterns of interaction among staff members and participants.

3. To examine external relationships between the transitional living project and other organizations with particular emphasis on relationships with host rehabilitation hospital and the state vocational rehabilitation agency.

METHODOLOGY:

Respondents in this portion of the study include project participants, members of the attendant staff, professional staff members, and personnel of other organizations who interact regularly with the project. Participants in the transitional living program include severely physically handicapped persons completing rehabilitation programs at the Texas Institute for Rehabilitation and

Research as well as handicapped individuals living in nursing homes or family homes where integration into the mainstream of society has been hindered. All participants must be medically stable and must meet the criteria defining persons as individuals with most severe handicaps (IMSH). The Institute and the Texas Rehabilitation Commission are important sources of referrals. Initially the participants have been single persons with spinal cord injuries who are between the ages of 18 and 50, though the population will be systematically diversified as the project progresses. The live-in project provides a program of transitional training and experience for 8 persons at a time with the program lasting 6 weeks for each participant. It is expected that a total of approximately 150 persons will participate in the transitional program during three years of operation.

Previous research that provides an overview of an entire therapeutic environment can be found in the literature on the concept of the therapeutic community (see for example Caudill,1958; cumming & Cumming, 1962; Rapoport, 1960). Literature on the development of community-based programs in the area of emotional or psychiatric disability is relevant to this study also (Fairweather et al., 1969; Rausch & Rausch, 1968; Moos, 1974). Some methods of data collection have been borrowed from these studies.

The major method of data collection is participant observation made by the project director from an anthropological perspective and recorded in the form of field notes (Pelto,1970). These observations are directed toward the objectives listed above as well as toward other areas that emerge as significant during the evolution of the project. They focus on informal day-to-day interaction, on planned program activities, on organizational activities such as staff meetings, and on interaction between personnel of the project and outside organizations.

Observational data are supplemented by other types of information. A comprehensive record of project activities is maintained using detailed weekly calendars and logs kept by the attendants and driver. Some participants are asked to keep diaries during their stay to record their activities and their feelings and responses to experiences.

Interviews are conducted periodically with participants, staff members, and persons from outside organizations who interact with the project to explore their feelings about various aspects of the program. At the end of each six-week cycle, participants are asked to complete a questionnaire evaluating the training modules, staff, and other aspects of the program. In the future, additional information on personal perceptions of the transitional program will be gathered. Professional staff members will record brief summary assessments of their daily activities in staff diaries on a time sample basis. Once during each six-to-eight week program cycle, staff members and participants will record their views of the program environment using a measure developed

by Moos (1974) in studying community-based programs for persons with psychiatric disabilities (Community Oriented Program Evaluation Scale). If time and resources permit, a projective format similar to the Thematic Apperception Test using pictures of typical project situations may also be employed to elicit views of the project (Caudill, 1958).

Descriptive reports produced in this anthropological study are intended to convey a general view of the evolution of the transitional project over time and to analyze processes of development. This portion of the project research documents the nature of the program itself and thus serves as a measure of the independent variable (program) in the portion of the research dealing with program effects and outcomes.

Sub-study II: A Study of Program Effects and Outcomes

OBJECTIVE (S):

1. To determine the behavioral effects of the transitional program.

2. To determine the informational effects of the transitional program.

3. To determine the attitudinal effects of the transitional program.

4. To determine what specific effects the program will have on certain types of individuals and to develop a means of predicting relative outcomes.

METHODOLOGY:

Design: A longitudinal multimeasure design with control groups is being employed in this study. A series of indicated measures is systematically being made before, during, and after the subject participates in the program to determine the effect of the independent variable (program) on the subjects' behavior, attitudes, and information base.

Subjects: Each participant in the New Options transitional living program is coincidentally a subject in this study. Other severely disabled individuals may also be asked to participate as control subjects in this study. (See description of participant in preceding section.)

Control Groups: Since subjects are rotated through the program on a continuous basis, those individuals who are just coming into the program serve as a control group for those who are leaving (see Campbell & Stanley, 1963, Institutional Cycle Design). In order to insure comparable control groups, the program is kept as stable as possible with planned changes occurring only on even cycles. In the future, subjects from the complete pool of applicants will be matched and paired on the basis of intake and referral data. Individuals from each pair will then be randomly

assigned to consecutive treatment or program cycles. Additionally, depending upon available resources, it may be possible to obtain control data from matched individuals who for various reasons never enter the program.

MEASURES:

1. Independent Variables: The primary independent variable (program) is being constantly monitored and documented with staff and subject diaries and checklists. The anthropological study of program development is a major source of this information. Subject variables related to objective 4 are discovered by intake documents (medical and personal histories) and referral forms.

2. Dependent Variables: The dependent variable related to objective 1 (behavioral effects) is being measured regularly by several instruments. These instruments include wheelchair odometers and rest time monitors (Halstead, Cooperative Rehabilitation Engineering Center, TIRR, BCM, and TAMU), and functional activity and performance scales (Tufts Long Range Evaluation Summary, RT-7). Additional instruments which are presently under development to measure behavioral effects of the program include behavioral logs (Willems, RT-4, Project R-136), a goal oriented behavioral check list, and a survey of critical incidents.

The dependent variable related to objective 2 (information effects) will be measured by a series of quizzes. These quizzes are presently being designed and relate to the informational content of specific training modules and seminars. These quizzes are under construction at the present time and should be used throughout the forthcoming project reporting period.

The dependent variable related to objective 3 (attitudinal effects) is being measured by a questionnaire developed by the project staff. Other standarized instruments such as the Siller Semantic Differential, Yuker Attitudes Toward Disabled Persons Test, Tennessee Self Concept Scale, etc., will be introduced periodically in order to validate and supplement the data obtained with this instrument.

The dependent variable related to objective 4 (outcome) is being measured by some of the instruments described above as well as others. Follow-up questionnaires are routinely mailed to subjects approximately four months after they participate in the program. These questionnaires include module ratings, program ratings, application information, follow-up questions, a goal completion survey, and the functional activity and performance scale mentioned above. Follow-up questionnaires are also sent to those counselors who refer clients to the program. Plans are being made for a staff person to do follow-up in the field, thus providing an opportunity to do follow-up interviews and direct observations.

Since many of the findings of the descriptive process oriented portion of this research (An Anthropological Study of Program Development) are reported and discussed in Section a above, they will not be repeated here. Instead, the remainder of this section will focus on significant findings obtained from that portion of the research related directly to program effects and individual outcomes. Most of this research to date has involved the construction of a data base to be used for future comparisons. Results of preliminary follow-up data available at this time are reported in Section 5 below.

As of July 25, 1977, forty-nine individuals have been admitted to the New Options transitional project. Forty-three of these individuals were male and six were female. Thirty-eight New Options participants were single and eleven were married, divorced, or separated. Forty-one of the forty-nine individuals were spinal cord injured and the others were severely disabled as a result of cerebral palsy, muscular dystrophy, polio, brain damage, and ataxia. Most of the individuals in the program were from 20-25 years old. The exact age range was from 17-53 years.

One variable which may prove to be critical in determining who can benefit most from the New Options program is time since onset of disability. Thirty-three percent of the participants in the program had been disabled less than two years when they entered New Options. The most recent time since onset of disability was eight months. Another thirty-three percent of the program participants had been disabled two to five years before they came to New Options. Finally, thirty-three percent had been disabled more than five years before they participated in the program. The longest period from onset of disability to admission in New Options was twenty-four years.

Another critical variable which may later be tied to potential to benefit from this program is the individuals pre-admission living arrangements. Approximately half of the participants came from rural communities, and the other half were from metropolitan areas. Perhaps more importantly, eighty-two percent of the New Options participants were living with their family before they came to the program and the remainder came from institutionalized settings such as junior college, hospitals, and nursing homes. With respect to transportation, all but two of the forty-nine participants were dependent on someone else to drive them. Seventy-five percent of these individuals depended directly on family members or close friends.

With the exception of one individual, each of the individuals in the program used either an electric or manual wheelchair for mobility. All of the participants had special bowel care needs, and eighty-six percent depended on an assistive urinary device of some sort. Two-thirds of the individuals in the program needed help transferring from their bed to their wheelchair or from their wheelchair to their bed. Most of

them needed physical assistance dressing and bathing. Some needed assistance feeding and writing. Most of their physical assistance before they came to New Options was provided by family members or by individuals in the institution where they lived. Only five of the participants were physically independent from a functional viewpoint.

Another key variable to which much attention has been directed is that of income or economic level. More than two-thirds of the individuals in the program had an income below $200 per month before they came to New Options. Only two of the thirty-five had incomes of more than $500 per month and one of these two supports a family of thirteen.

Fifty percent of the participants had some kind of comprehensive medical rehabilitation before they came to the program. Thirty percent had limited medical or vocational rehabilitation, and twenty percent had no previous rehabilitation. About fifty percent of the New Options participants had been in school before they were disabled. The remaining fifty percent had been working. Most of these individuals had been doing manual mechanical labor such as construction work, mechanics work, and agricultural work. Since the onset of their disability and before participating in New Options, about half of the individuals had tried to attend school. The other half had tried a variety of activities including reading, painting, mechanical work, stamp collecting, traveling, fishing, and "just getting by".

Since previous research suggests that gross behavioral activity levels in naturalistic settings may be better indicators of personal independence and behavioral adjustment than standardized muscle and function tests, several unobstrusive monitoring techniques including the Rest Time Monitor and Wheelchair Odometer are being used to continuously measure gross activity levels of New Options participants.

The Rest Time Monitor is an electronic device designed to monitor time out of bed. It consists of a series of pressure-sensitive ribbon switches located under the mattress of the study subject, and a slow-speed strip chart recorder placed in a remote location. When in bed, the subject's weight closes one or more of the switches completing an electrical circuit which produces a deflection of the recording stylus. The size of the deflection is proportional to the number of switches closed which is determined by the subject's position in bed. Subject movements result in amplitude changes on the recording paper which make it possible to identify artifacts and minimize measurement error. With continuous operation, the Rest Time Monitor provides a simple, inexpensive method of obtaining an objective, permanent record of the number of times and duration the subject is in or out of bed for each 24 hour period. Daily assessment of the Rest Time Monitor over the past 18 months has indicated that the measurements are highly accurate and reliable (Halstead, 1976).

In view of the fact that Rest Time Monitors have only recently been installed in the facility occupied by New Options participants, experience with this measurement method has been limited. Complete data is only available for fourteen New Options participants. However, these preliminary data promise some interesting findings. The average daily out of bed time for fourteen New Options participants over three entire program cycles of six weeks duration each, was 11.2 hours per day. This compares to the daily best week average of 8.5 hours per day reported by Halstead,(1976) for fourteen paraplegics and quadriplegics who were in comprehensive rehabilitation programs at TIRR. These preliminary data support the assumption that severely disabled individuals continue to gain stamina and improve sitting tolerance after they complete a concentrated program of comprehensive rehabilitation. Further data will be carefully analyzed to determine what minimum sitting tolerance may be required for a severely physically disabled person to function in an independent living situation, a full time course load at school, or a full time job. Data from this Rest Time Monitor study may also be helpful in examining the likelihood of skin breakdown as a function of time out of bed. Finally, it appears as if data from the Rest Time Monitors will compliment that obtained from the Wheelchair Odometers.

The Wheelchair Odometer is a mechanical device which may be attached between the spokes of a wheelchair wheel near the hub, and used to count the number of revolutions made by that wheel. The Wheelchair Odometer consists of four basic parts: a rotary ratchet counter, a weight attached to the counter arm, "stops" to limit the counter-arm excursion, and a clamp to attach the odometer to the wheelchair spokes. The odometer works on a simple, mechanical principle. Operationally, a combination of gravity and the motion of the wheel create a pendular movement of the counter arm. The pendular movement is achieved as the counter, which is fixed to the wheel, turns, and the counter arm, which is allowed to swing free, either lags behind or falls forward due to the pull of gravity. The counter adds one count with each complete rotation of its shaft, or with each full turn of the wheel. With a rotary ratchet mechanism, counts are added whether the chair is moving forward or backward (Halstead, 1976).

In the present study, a Wheelchair Odometer is attached to one wheel of each of the wheelchairs used by the New Options participants. Each odometer is read during the noon hour every day, and cumulative counts are recorded and listed by individual participants. For each individual, the number of revolutions per day is determined by subtracting the number of counts recorded on one day from that of the following day. The actual distance traveled

per day for each individual is determined by multiplying the number of revolutions logged by that individual times the circumference of the wheel on his or her chair.

At this point, useable data has been collected on forty-three New Options participants through eight full cycles of the program. Data on six other participants has been dropped for various reasons. Daily distance records for individuals appear to vary considerably from one day to the next. However, records of weekly distance traveled by individuals appear to be more constant and thus are more useful indicators of gross behavioral activity trends. Figures 1 and 2 are graphic representations of individual weekly distances traveled by New Options participants in their wheelchairs during the first two cycles of the transitional living program. Individual's mileage per week for the entire forty-three subject sample ranged from 1.1 to 35.8 miles. The average weekly mileage per individual across the entire sample was 7.3 miles, or approximately one mile per day average per individual. Figure 3 indicates the average number of miles per week across one entire group of New Options participants for a complete program cycle. The vertical bars in this figure indicate the number of field trips, or occasions when the entire group traveled away from the annex on a planned outing. In all but three of twenty-one possible cases thus far, the odometer readings co-vary with the number of planned outings for the week, reflecting the direction of change and relative magnitude of the gross behavioral activity level of the group.

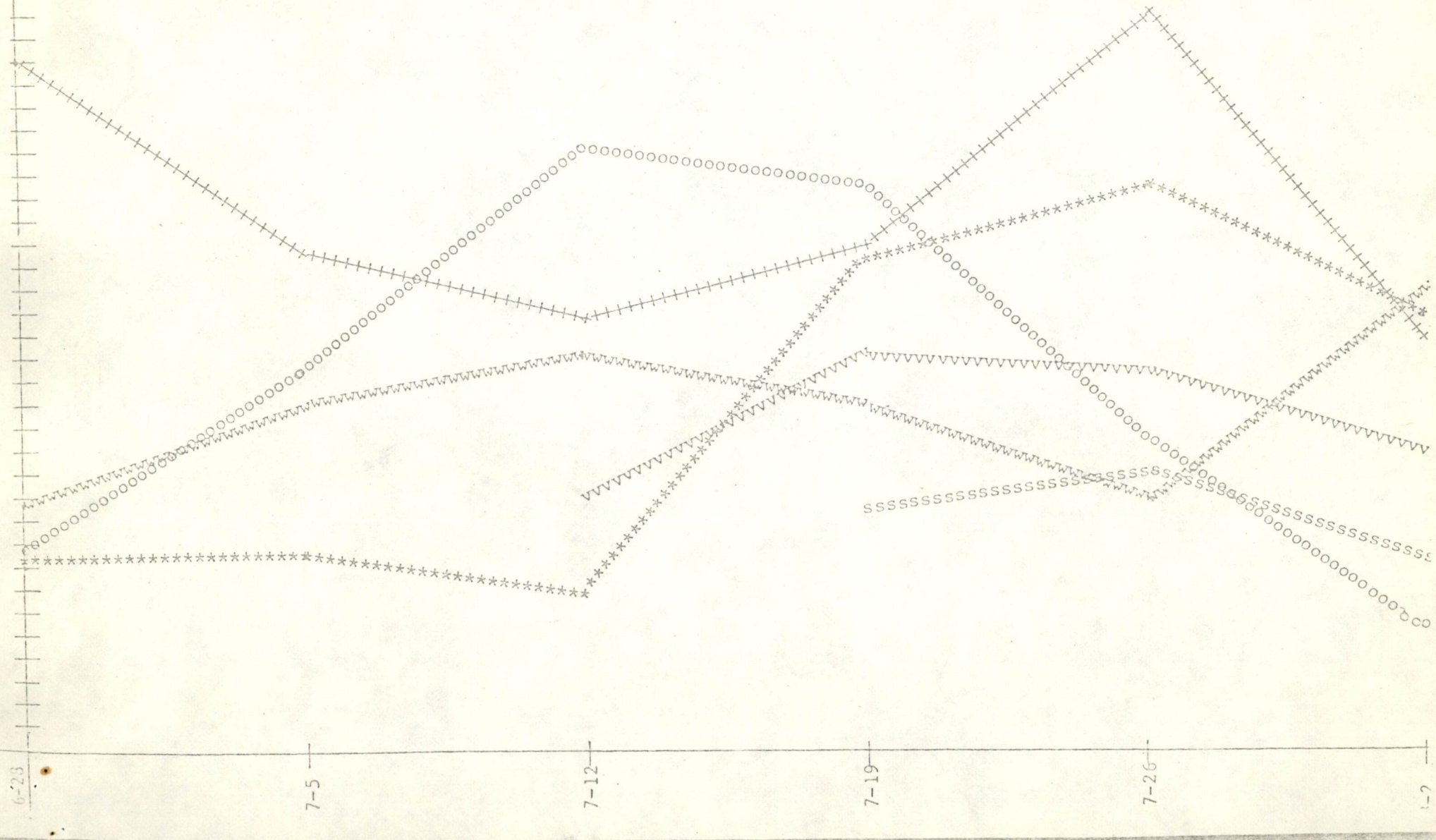
Odometer data have been analyzed to determine whether there are any significant differences in wheelchair activity between those individuals who use electric wheelchairs and those who use manual wheelchairs, or between those individuals who are more severely impaired and those who are less so. No significant differences in wheelchair mobility are apparent in either case. However, differences are very apparent when mileage records for those individuals with reported medical complications such as pressure sores and urinary tract infections are compared with records of the same individuals from weeks when no health problems were reported. Careful analysis reveals that more than eighty percent of the medical problems or complications mentioned in the physician's report during the first two program cycles, are reflected in the individual's mileage record by a decrease in average mileage from the preceding week. In fact, nearly forty percent of all mileage decreases from the preceding week for individuals in these two groups appear to be the result of medical problems or complications.

WHEELCHAIR ODOMETER STUDY

FIGURE 1

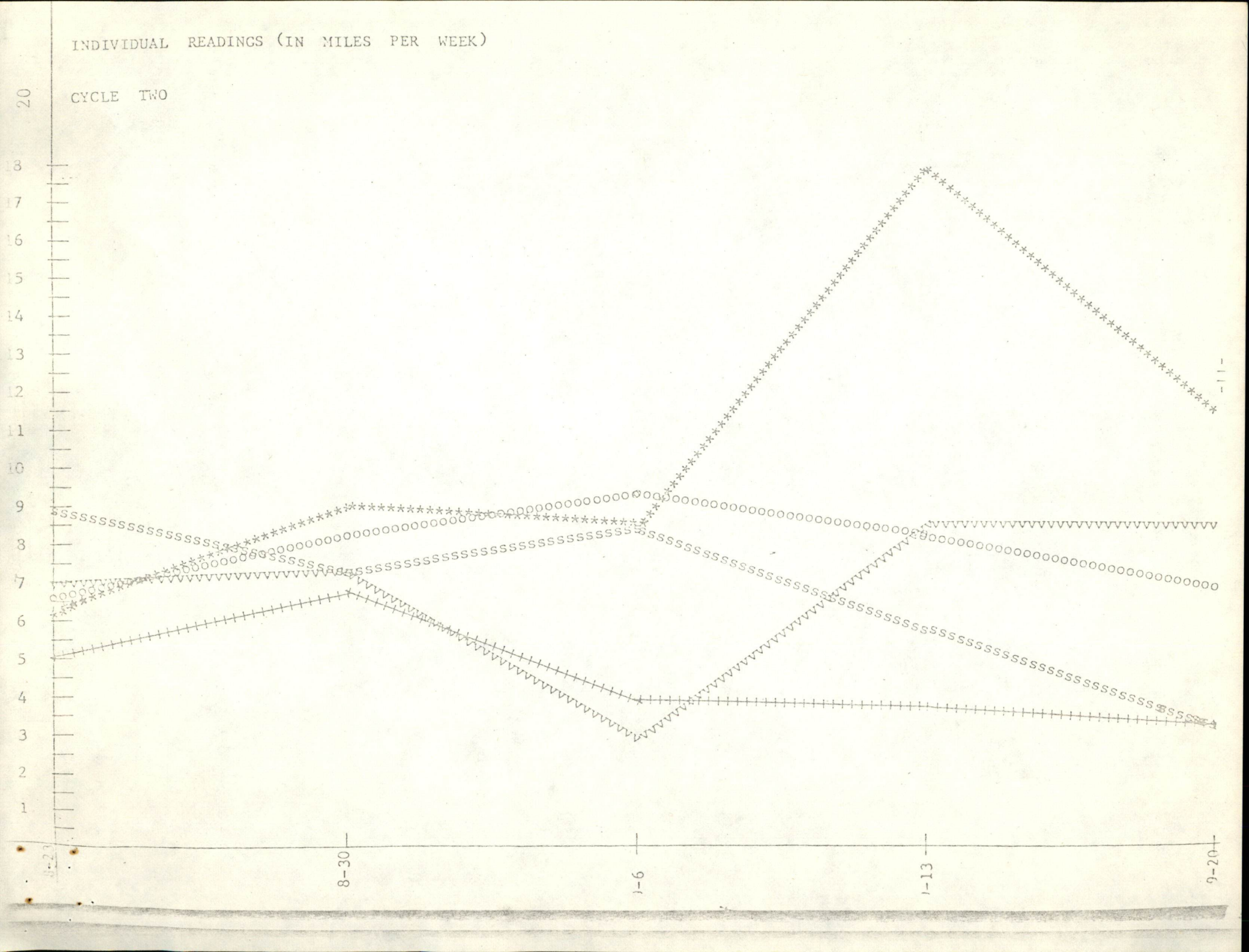
INDIVIDUAL READINGS (IN MILES PER WEEK)

CYCLE ONE



INDIVIDUAL READINGS (IN MILES PER WEEK)

CYCLE TWO



WHEELCHAIR ODOMETER STUDY -- CYCLE ONE

FIGURE 3

The results of the Wheelchair Odometer study suggest that the average number of miles per week traveled by a person in a wheelchair may be a function of gross behavioral activity of the individual. The degree to which gross behavioral activity levels predict personal independence remains to be explored. The results do indicate, however, that there is a bottom mileage limit which an individual must exceed in order to perform independently all of the necessary and routine activities of daily life. Casual observations of the data and the behavior of the individuals also indicate that there may be a maximum level of efficiency, or average number of miles per week, which when exceeded, indicates that the individual is "spinning ones wheels" or "going in circles". It appears as though an individual must travel at least five miles per week and not more than 15 miles per week in order to maintain an efficient schedule of independent behavioral activities. In other words, activity levels below 5 miles per week may indicate severe behavioral dependence and those above 15 miles per week may signal the probability of future breakdowns, ultimately resulting in behavioral dependence. This hypothesis will be tested in the future by employing systematic behavioral observations of the individuals in the New Options transitional program, and comparing data from these observations with that obtained from the Wheelchair Odometers. Also, predictive validity of the Wheelchair Odometer study will be tested in the future by using follow-up interviews and questionnaires with the subjects to determine their routine daily activities and personal independence.

3. Staff Changes

Staff members who have joined the project since the original grant request include a social worker, functional skills adviser, part-time vocational counselor, and part-time coordinator of staff associates. Biographical information on these persons is provided in Appendix B.

4. Inventions and Copyrights

No inventions have been conceived or reduced to practice in this project.

It is expected that copyrights will be sought on audio-visual materials produced in the project. This has not been done to date.

5. Anticipated Project Benefits

The New Options project is intended to develop and evaluate transitional programming designed to make community integration and an active lifestyle feasible goals for severely physically individuals. In an effort to document the individual effects of the program on New Options participants, follow-up is routinely done three to four months after each participant leaves the program. Several significant changes in living arrangements may be noted for those individuals on whom follow-up data are complete. About half of the former participants are now living comparably more independently than they were before their participation in New Options. Additionally, nearly three fourths of the former participants are now in school, or have part time or full time jobs.

When asked three months after they had left the program what they got from New Options, most of the individuals replied that they were more independent, more self-confident, or more self-sufficient. Several individuals mentioned specific kinds of information that they received while they were in the program which they felt was particularly helpful to them. This information involved such subjects as living arrangements, financial affairs, budgeting, attendant management, and vocational educational opportunities (see letter from former participant Appendix D).

Self reports by former participants are substantiated and validated by follow-up information and feedback received from counselors who sponsored individuals in the program. Most counselors agreed with their clients by saying that they seemed to be more self-sufficient, more self-confident, or more independent after they participated in New Options. Several counselors reported that they noticed a better outlook, a better attitude, or more motivation on the part of their client following participation in the program. Other counselors claimed that their clients were more goal oriented than they were before. Most comments from counselors who sponsored clients in the program were typified by the statement that "my client realized that he is ultimately responsible for meeting his own needs".

Additional follow-up will be done in order to determine whether or not the effects of the program are long lasting, and to determine whether or not some individuals require longer than three or four months to make changes in their lives after they participate in the program.

In addition to the benefits for individuals who participate in this program and others modeled after it, the results of this project may have profound consequences to the field of rehabilitation generally. If New Options is able to demonstrate conclusively that the acquisition of independent living skills and disability related information like that taught in the program is prerequisite to the optimal adaptation to severe disability, educational programs of this sort will almost certainly be demanded by vocational rehabilitation agencies and their clients, and provided by service, training, and treatment facilities across the country. Also, the man-environment approach applied here may be applied throughout

rehabilitation - from early treatment through vocational placement and follow-up.

The results of this project may justify a shift of emphasis by public welfare and vocational rehabilitation agencies from treatment, training, and vocational placement to treatment, training, and socio-environmental placement. Specifically, this means that traditionally conservative state departments of public welfare may realize that independent living is ultimately a viable and cost-effective alternative to institutionalization for severely disabled individuals. This project may emphasize the need to treat chronically disabled individuals as a part of the total environment rather than as patients with problems that require narrowly focused attention.

C. Proposed Activities

1. Work Plan for Next Grant Period

Several areas identified in the original project plan will receive major emphasis as objectives for the second grant year. These are summarized below:

(a) to produce audio visual materials so that training resources developed in New Options can be used in other contexts.

Work on this objective began during the first grant year, and the staff has gained experience in the use of several media including videotaping. The program content has now been refined well enough by experience of the first year to permit expanded production of training materials in future years.

Consultation has indicated that different media will be appropriate for various types of content. A major emphasis will probably be placed on slide-sound programs, to be complemented by printed materials and by videotapes. Efforts have also been made to establish linkages with appropriate sources of consultation and production expertise.

(b) to strengthen project capability to provide follow-up services to former participants.

To date the project has not been substantially involved in providing follow-up services directly, though some individuals have received this type of assistance. (It is important to note that recommendations for types of follow-up supportthat are needed are an important aspect of reports sent to home DVR counselors on each individual participant.) As the number of former participants grows, however, more individuals will be located in the Houston area where it is feasible to provide direct follow-up support.

During the second grant year a staff member will be hired to begin involvement with participants while they are living in the project and then to provide follow-up consultation after they leave. This individual will function as a source of support as participants establish linkages with community service systems and resources. S/he may also refer former participants for meetings with regular project staff to provide on-going consultation and support as needed.

(c) to expand research efforts

In order to make judgements about the effects of the program on individual participants more valid, research efforts during year two of the project grant period will be expanded so that data comparable to that obtained from program participants will be obtained from a matched group of non-participants who are eligible but unable to participate in the program. Analysis of this data should indicate what changes in participants may have occurred naturally if they had not attended New Options. Also, analysis of this data may help refine program content by indicating substantive gaps and defining program strengths and weaknesses more clearly. This objective relates to aim 5 of the original grant proposal, and to tasks #7 and #10 from the original schedule of project activities.

(d) to further cooperation with community resources

Several efforts to develop more relationships with community resources will be undertaken during the forthcoming grant period (see task #8, original schedule of project activities). These efforts result from the development of several new independent living programs in the Houston area:

- .Gulf Home Health Services of Houston is developing a community wide attendant service for severely physically persons who are not necessarily associated with the cooperative living residential programs already established in the community.

- .The Texas State Department of Public Welfare is about to initiate a major demonstration project designed to facilitate independent living for severely disabled individuals in Houston who before this time have been restricted to nursing homes.

- .The Texas Rehabilitation Commission is presently negotiating for the purchase of a 100/200 unit apartment complex in Houston to be used as an extended rehabilitation facility.

New Options has been asked to consult and cooperate in the developement and operation of each of these projects. In addition to providing an opportunity for testing the applicability of independent living designs and methodologies to other programs, New Options hopes that these developments will benefit participants by giving them more opportunities to practice and apply the skills they learned during the program after they leave the program.

(e) to improve transportation capability

During the forthcoming grant period, New Options will purchase and outfit a van, to augment that transportation which is now available in the project (see aim 1 and task#2 from the original schedule of project activities). The present vehicle being used by the project has been used daily for the past four years. It is in a bad state of repair, and several project activities have recently been cancelled on this account. Furthermore, the present vehicle is only capable of transporting seven persons in wheelchairs at a time, and therefore prevents the project from accepting more than seven applicants in each cycle. The new van will be used to transport participants to and from program activities, on field trips, and on recreational and educational activities which they plan for themselves. The project will continue to maintain the old vehicle for backup and supplementary service. The expanded service capabilities afforded by the availability of two vehicles at one time will allow program participants more flexibility in planning individual excursions and practice activities in the community.

(f) to seek additional sources of client referral and sponsorship

To date almost all participants in the project have been sponsored by the Texas Rehabilitation Commission. The state of Arkansas has agreed to sponsor a client, but this individual was unable to enter the project as planned because of medical complications.

Preliminary contacts have been made with other potential sponsors including DVR agencies in Michigan, Oklahoma, Massachusetts, Montana, and Minnesota, several workman's compensation insurance carriers, and the Veterans Administration. A major goal of the second grant period will be to foster relationships with these organizations so that the referral and sponsorship base of the project will be more diverse.

2. Proposed Changes in Project

Two potential changes in the project will be explored in some depth during the second grant period. One is the length of stay in the project for each participant, and the second is the project location.

Length of Stay

As discussed above in section A, the original plan to have individually variable lengths of stay was modified to become a standard six-week program experience for all participants.

The project staff has now made plans to vary the length of stay in specified ways and to evaluate the effects of this change on individual outcomes and on program operation. The proposed change would involve possible program extensions of one to four weeks to permit individuals to complete plans they initiated while in the project. In most cases these plans would be the establishment of an independent living situation or beginning vocational training or work which could not be consumated in a short six-week period. Any extension of stay would have to be 'earned' by the individual and would be intended to achieve specified objectives. It is expected that this will permit some individuals to complete the logistics of a transitional process that now can only be planned during an initial six-week stay.

If these proposed changes are approved by the Texas Rehabilitation Commission and seem useful in practice, further exploration may be done to evaluate the effects of various modifications in length of stay.

Project Location

Another project objective which may be added to those tasks in the original proposal will be to explore the effects of setting on the project. Experience during the first year of the project indicates that the setting in which the program is placed may have significant bearing on the effectiveness of the program. The semi-institutional nature of the present program setting may have bad effects on participants who realize that the protective nature of the present setting is contrary to the risk filled environment to which they are expected to adjust. On the other hand, a less institutionalized setting may interfere with the effectiveness of the program by distracting participants from program activities and focusing their energies on negotiating their immediate environment.

During the second year of the project grant period, a variety of settings other than the one presently being used by the project will be explored and evaluated by project staff to determine the practicality of physically relocating the project. Additionally, a series of hypotheses about changes

which may be expected if the project moves will be developed. These hypotheses may eventually be tested by actually moving the project during year three of the grant period.

3. Research Utilization and Dissemination

The production of audio-visual and written materials on the content of the transitional project has been defined as a major objective since the project began. As the content of various modules has been developed and tested through experience, efforts have begun to present this content using various media. Written information has been developed and is being tested and refined in each of the content areas of the program. The staff has also begun to videotape various modules, starting with medical needs, living arrangements, and functional skills. The production of such materials will increase substantially in the second and third years of program operation.

Information on the project as a whole has been disseminated through formal presentations as listed below. Staff members have also disseminated information on the project through personal contacts at conventions, meetings of advisory committees, and other visits to various agencies or facilities. In addition, the project has received and answered many written requests for information from handicapped individuals and also from representatives of agencies interested in transitional programming.

Papers and Presentations:

Cole, J.A. Independent Living and the New Options Transitional Project. Presented at Rehabilitation Counseling Department, University of Minnesota, February 3, 1977.

Cole, J.A., Frieden, L.F., Sperry, J.C., and Lavinson, L.J. New Options TRC Training Workshop, TIRR, March 22-23, 1977.

Cole, J.A., Holden, B.L., and Frieden, L.F. The New Options Project: A Live-In Program to Foster Social Adaptive Skills. Presented at the Annual Meeting of the American Congress of Rehabilitation Medicine, San Diego, November 12, 1977.

Frieden, L.F. Independent Living by Severely Disabled Individuals. Presented at the Annual Conference of the Oklahoma Rehabilitation Association, Tulsa, Oklahoma, August 16, 1976.

Frieden, L.F. New Options: Transition to Independence. Presented at the Annual Meeting of the American Psychological Association, Washington, D.C., September 4, 1976.

Frieden, L.F. Independent Living. Presented at the Oklahoma Conference for People with Mobility Handicaps, Tulsa, Oklahoma, April 2, 1977.

Frieden, L.F., Cole, J.A., and Sperry, J.C. New Options Transitional Project. Presented at a meeting of the Cooperative Rehabilitation Engineering Center, Houston, Texas, January 28, 1977.

Frieden, L.F. and Halstead, L.S. Application of Unobstrusive Longitudinal Monitoring Techniques to Assess Gross Behavioral Activity in a Non-Institutional Setting. Presented at the Annual Meeting of the American Congress of Rehabilitation Medicine, San Diego, California, November 11, 1976.

In addition to these formal presentations, in-service training programs were given by the New Options staff in the departments of social service, physical therapy, occupational therapy, and nursing at TIRR.

Written Materials and Videotapes:

Carter, R.E. and Nelson, J.A. Mechanisms of Spinal Cord Injury. Texas Institute for Rehabilitation and Research, March 1977. (videotape)

Cole, J.A., Sperry, J.C., and Frieden, L.F. New Options Participants' Guide. Texas Institute for Rehabilitation and Research, March 1976.

Frieden, L.F. Choosing a Living Arrangement. Texas Institute for Rehabilitation and Research, May 1977. (videotape)

Frieden, L.F. Programs to Aid Handicapped Individuals. Texas Institute for Rehabilitation and Research, September,1976.

Rogers, J. and Nelson, J.A. Tissue Trauma, Texas Institute for Rehabilitation and Research, April, 1977. (videotape)

Spencer, W.A. and Nelson, J.A. Respiratory Complications in Physical Disability. Texas Institute for Rehabilitation and Research, May, 1977. (videotape)

Sperry, J.C., Cole, J.A., and Frieden, L.F. New Options Brochure. Texas Institute for Rehabilitation and Research, January, 1977.

Many of the products of this project may be utilized by severely disabled individuals and service providers. Research findings and information about sitting tolerances and stamina requirements with respect to functional independence is presently in demand. More than sixteen written requests for preliminary findings in this area have already been answered by the project. Representatives from agencies and organizations such as the Paralyzed Veterans of America, National Paraplegia Foundation, Center for Independent Living, United Cerebral Palsy, and Veterans Administration have already inquired about the possibility of making audio-visual training material developed by this project available to their members and clients.

Many materials will be appropriate for incorporation into both comprehensive rehabilitation and re-evaluation and follow-up programs at the Institute where patient education is a high priority. Many of the materials could also be used in day programs where a class or series of classes could be offered to handicapped populations through the sponsorship of various agencies. A recent workshop for DVR counselors also demonstrated the usefulness of New Options programming for counselor training on opportunities and resources for severely physically handicapped clients (see Appendix E).

In addition to the use of project materials in other programs, a number of agencies have expressed serious interest in utilizing the project as a direct resource for their own clients. These include the Veterans Administration spinal cord system, state DVR agencies in Montana and Oklahoma, and several workmans compensation insurance carriers.

APPENDICES

A. GANTT CHART FROM ORIGINAL GRANT REQUEST

B. CURRICULUM VITAE OF NEW STAFF MEMBERS

C. PROGRAM CONTENT
   - MODULE OUTLINES
   - SAMPLE PROGRAM CALENDAR
   - SAMPLE MODULE HAND-OUTS

D. LETTER CONCERNING BENEFITS OF PROGRAM

E. DISSEMINATION MATERIALS
   - BROCHURE
   - PROGRAM FROM SEMINAR FOR DVR COUNSELORS

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH



NEW OPTIONS PARTICIPANTS' GUIDE

New Options Transitional Living Program
TIRR Annex
105 Drew
Houston, Texas

NOTES

PERSONAL DIRECTORY

NAME: _____
ADDRESS: _____
TELE: _____

NAME: _____
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AT YOUR SERVICE

WELCOME TO NEW OPTIONS!

I would like to stress that everyone on the New Options staff at the TIRR Annex has these goals: to get to know you, to provide you with all the help we can offer, and to help you help yourself.

As you will see, you will quickly become involved in many activities. You will be going to group meetings, on field trips, keeping appointments with people on the staff and visiting with other participants during your free time.

You will meet many new people, professional and non-professional. Always keep in mind that how much you get out of this program depends on you - how hard you work and your attitude.

This booklet is meant to give you some facts about New Options staff, services, rules and privileges. Naturally, we can't cover everything. You may want to know other things so we encourage you to ask when you don't know.

Remember, we are here to help you help yourself.

Jean Cole, Ph.D.
Project Director

GENERAL INFORMATION

New Options is a pilot project sponsored by the Texas Institute for Rehabilitation and Research. New Options offers an opportunity to look at the future and what is available to disabled adults. Training modules are offered in the areas of living arrangements, educational and vocational opportunities, home management, sexuality, financial management, consumer affairs, transportation, functional skills and attendant management. Activities may include field trips, talking with disabled people who are living in the community, and group discussions.

New Options is not a medical rehabilitation program but a program designed to help severely physically disabled persons acquire skills necessary for living in the mainstream of society. There will be non-professional attendant staff available to provide physical assistance (not nursing care), with dressing, grooming, bowel and bladder needs, bathing, shampooing hair, eating, laundry, etc. You will be expected to do as much as possible for yourself.

HAVE YOU FORGOTTEN ANYTHING?

( ) kleenex
( ) paper towels
( ) toilet paper
( ) toothpaste or toothbrush
( ) comb
( ) brush
( ) razor (shaving items)
( ) hair dryer
( ) hair rollers
( ) cosmetics
( ) day time clothing
( ) night wear
( ) pillows
( ) pillow cover
( ) sheets, blankets
( ) towels, wash cloths
( ) laundry detergent
( ) shampoo
( ) money for personal use (entertainment, shopping, change for vending machines, etc.)
( ) medications
( ) medical supplies
( ) trapeze bars (if you have them)

MAIL

Your mail will be picked up and delivered once daily, Monday thru Saturday.

TRANSPORTATION

Transportation may be arranged for outings, personal appointments, etc. through the project. If you would like to bring your own vehicle, you may park it on the street by the building. We do not have private parking facilities and the project cannot be responsible for any vehicle vandalism, should it occur.

TELEPHONE

There will be a telephone available for your use. Friends and family members may contact you by telephone (713-) 797-1440. They should ask for your room at the New Options project. After you have been here a few days, you will know what hours are convenient to receive and to make telephone calls. You will be responsible for the cost of any long distance calls.

ADMISSION TO NEW OPTIONS

Admission is between 8:00 and 11:00 A.M. on Mondays. Please pay careful attention to this time as we cannot admit you except during these hours. If a family member plans to accompany you, we invite them to spend a little time looking around and getting acquainted with the program. Staff will be available to answer any questions for your family, as well as for you.

Costs are charged on a daily rate basis. The daily charge includes everything you need at the program, such as room, meals, attendant services, program activities, and professional services. Money for outings and entertainment must be furnished by the participant. The Texas Rehabilitation Commission or another agency may sponsor your participation in this program. These arrangements must be made before you come into the project.

YOUR LIVING SPACE

You will have a private room and bath. These rooms are equipped with a double closet, wall units which include three large shelves, a drop top desk, and three medium size drawers (one of which will lock). Each room is equipped with an attendant call button, a crank-up bed, lamp, sink and bathroom. There is a community shower large enough to roll into. There is a shower chair available for your use. You may want to bring a few personal things such as bedspread, radio, plants, etc., to make your room more personal.

WHAT TO BRING WHEN ADMITTED

You should bring your personal grooming articles such as a toothbrush, comb, razor, etc., comfortable clothing for daytime use, a robe and night wear. Since New Options is not a medical program, you will also need to bring such things as blankets, pillows, towels, and wash cloths. These items may be conveniently laundered in the annex. Please note that you need to bring all supplies and medications you will need for the entire cycle. For your convenience we have included in the back of this booklet a list of items you may need to bring with you to the project. You may also want to have change for phone calls, cigarettes, refreshments and entertainment outside of the project. After a few days you will have a better idea of what you will need and you may want to ask friends or relatives to bring you other needed items.

We have also included a Personal Directory in the back of this booklet in which you may want to note important telephone numbers, such as your Texas Rehabilitation Commission counselor, family, friends, etc. This may also be useful as you meet new people in the project or become acquainted with new resources.

At all times you are expected to conduct yourself with consideration toward your fellow residents and staff. Repeated violation of this consideration such as abuse of personal property, abuse of the living facilities (indoors and outdoors), unnecessary use of staff, continued disturbances of fellow residents, or any other conduct that is detrimental to the facility or the residents in general, can result in your being asked to leave the project.

VISITORS

Your family (including children) and friends are encouraged to visit. Visiting must be restricted to your free time so as not to interfere with program activities. Guests will also be expected to abide by the house rules.

BARBER SERVICE AND HAIR STYLING

Attendants will be available to assist you with shaving and other hygiene. Hair cuts, hair styling, etc., will need to be handled through appointments with a beautician or barber outside of the Annex.

VALUABLES

New Options cannot be responsible for your money or other valuable personal property. Please use discriminate judgement in what you bring with you.

LEISURE TIME

* There is a community television set and pool table.
* Vending machines with cigarettes, snacks, etc., are available in the recreation area.
* There are shopping centers, restaurants and other facilities located near the annex.
* A van and a driver will be available for individuals going out on trips during weekends. A sign-up system is used for arranging this transportation.
* Recreational field trips can be arranged upon participants interests and requests. You are encouraged to plan group recreational activities with other members of the project.

HOUSE RULES AND PRIVILEGES

Smoking:

There is a cigarette vending machine at the annex. You are asked to use your own good judgement in smoking as it relates to safety and consideration for others who do not smoke.

Drugs:

The possession of any drugs which are not prescribed for you are not permitted on the annex grounds.

LIFE IN THE PROJECT

When you arrive, you will be greeted by the attendant manager who will help you get settled into your room. You will also have a chance to meet other participants. The afternoon of your admission to the program you will meet with the staff members for an overview of New Options. Also you will receive a packet of information which will contain your first weeks schedule and general project policies.

A TYPICAL DAY IN THE PROGRAM MIGHT GO LIKE THIS:

7-8:00 awake and dress

8-9:00 breakfast in community dining room

9-12:00 training modules (group meetings in the conference room or a field trip)

12-12:30 lunch in the community dining room or sack lunches on a field trip

1-3:00 and 3-5:00 training modules

or

1-3:00 and 6-8:00 training modules

5-5:30 dinner in community dining room

Participants are expected to be able to engage in an 8 hour day of activities. We recommend you build up your tolerance to all day sitting before the project begins.

As you get settled into the program you will meet all of the New Options staff members. These people include:

PROJECT DIRECTOR: The Project Director is involved in many of the administrative decisions in the project. In addition s/he may participate in some of the group activities you will be involved in. The Project Director is interested in your entire experience at New Options, and will be involved in the program on a daily basis.

PROGRAM ADVISER: The Program Adviser will be available to help you decide what activities will best assist you in learning the things you wish to accomplish in the project. S/he will help you think out what goals you will want to set for yourself, and will meet with you regularly to discuss how things are going. S/he will also be involved in some of the group activities you will participate in and will be available to consult with your family, friends, and community resources.

RESEARCH DIRECTOR: The Research Director will evaluate with you your particular participation in the program, as well as the program in general. S/he will ask you to assist by answering questions and check lists, and by expressing your opinions on the program. S/he will also be involved in some of the activities and groups you will participate in daily.

FUNCTIONAL SKILLS ADVISER: The Functional Skills Adviser will assess with you your ability to cope with your physical environment. S/he will be available to assist you with equipment questions and problems. The Functional Skills Adviser will also be involved in some of your daily activities and groups and will work with you in achieving personal goals.

VOCATIONAL-EDUCATIONAL COUNSELOR: The Vocational Counselor will be available through group and individual contacts, to help you look at the future. S/he will explore with you all the possible vocational and educational options which may be available to you.

REPORT FROM

CLOSER LOOK

NATIONAL INFORMATION CENTER FOR THE HANDICAPPED

A Project of the U.S. Department of Health, Education, and Welfare
Office of Education, Bureau of Education for the Handicapped

WINTER-SPRING 1977

Education for Living

As we continue to push forward to improve education for handicapped children, a persistent question keeps begging for our attention. It's a human question — as important as any involving new legislation or court decisions. In fact, it may turn out to be the most important thing we have to deal with, requiring all the thought, caring and skill we can muster.

To put it simply: The breakthroughs in education, and in other areas involving the rights of handicapped individuals may fail to achieve their goals — if disabled children grow up without knowing anything (or *enough*) about getting along in the world they're destined to live in. The question is simple enough to state. The answer confounds us by bringing up even more questions. Our children need to learn so much about themselves, about relating to others, about belonging in society. But what do we know about education for living? What are we doing to help handicapped children live *in* life, not on its edges?

Many of the letters we receive at Closer Look are sharp reminders that too often, we are doing pitifully little. This one is by no means unusual:

> "I have palsy. I can walk now, but I'm slow. I am better than I was. But I feel emotionally like a child. For ten years, I stayed in and watched TV. I am that way now. I don't know what to do. I read in books that people in worse shape are in colleges, travelling and other things. I want to be independent, but when I think about it, I'm in a panic. I try to make friends. I was laughed at and left alone, but I did try. Social life — I don't know what that is. I never had anyone to talk to. Like a counselor. Is there something to help me, to give me strength? I feel dead inside."

The bleakness of this young person's outcry isn't the result of any one failure. A multiplicity of failures has added up to the frightful nothingness he describes. Surely, it didn't have to be that way; nor does it have to stay that way. There is a vast shared responsibility for helping handicapped young people mobilize their ability to cope with emotional hazards that confront them. Not everyone's needs are the same; problems and their intensity vary. But by and large, there is a void of understanding and of opportunity which must be filled. It's a serious challenge for all of the people who come close to the lives of children and youth growing up with disabilities.

(continued on page 9)

Coalitions Offer New Local Closer Look Service

One of the things that parents of a handicapped child need most is a local place to turn where people have the expertise and rapport to help them deal effectively with daily problems they are facing. How can we fill this gap? We believe one of the most hopeful answers can be found in Parent Information Centers, staffed by parents, which can handle inquiries about needs of children with any disability condition. We're happy to report that the Federal Government has recently awarded contracts to five coalitions to operate such centers — all of which are affiliated with Closer Look.

The winning coalitions are: Federation for Children with Special Needs, Boston, Massachusetts; Coordinating Council for Handicapped Children, Chicago, Illinois; New Hampshire Coalition for Handicapped Citizens, Concord, New Hampshire; Southwest Ohio Coalition for Handicapped Children, Cincinnati, Ohio; Task Force on Education for the Handicapped, South Bend, Indiana.

We visited these centers in December and were immensely heartened by what we found. Both paid and volunteer staff were very knowledgeable about how to get good results from their local school systems by working constructively with them. The Centers will without question make a difference in the lives of parents of handicapped children who live in their areas. They are available to help you solve whatever problem you're now facing with respect to your handicapped child's education. They also welcome volunteers who've learned the ropes the hard way and can teach other parents what they know.

Closer Look's secret dream is to have at least one parent information center in every state. A wild-eyed dream!?! Perhaps, but as school systems gear up for implementing P.L. 94-142, more and more parents will need to know where they can get a straight answer . . . and that's what these folks will do. Give them a try!

More about coalitions . . .

While some coalitions are going into the information and referral business, others are just getting formed. Still others are working on ways to raise the consciousness of legislators about the needs of handicapped people. Over the past few months we've participated in meetings with coalitions in several states. We'd like to share our impressions with you and welcome your comments on the coalition movement as seen from your perspective. We've learned that the word "coalition" can evoke strong feelings from members of different disability groups. The term can be threatening to some and can hold great promise for others. The track record of coalition successes is undeniable.

In state after state consumer organizations have joined together and have accomplished near-miracles in getting good laws passed and are now working to assure their full implementation. Yet there are still some people for whom "coalition" is a scary word. Fear of losing turf is one of the not-so-hidden reasons that established organizations resist the coalition way of doing business. Some people sincerely believe that their hard-won gains will be jeopardized by joining together with other disability groups.

On a national level, United Cerebral Palsy, National Society for Autistic Children, Epilepsy Foundation of America and National Association for Retarded Citizens are setting an example for state and local chapters by their cooperation in joint projects and publications. Maybe that's just what is needed to bring groups together . . . a common goal or joint project which can be accomplished better by combined effort.

San Francisco Bay Area

We met with a group of parents in November 1976 in Santa Clara, California for a Work-In on P.L. 94-142. These parents, members of various disability organizations, came together because of their concern about lack of services and many unanswered questions on the relationship between the new federal law and their own state law. They were eager to know where, when and if the federal law takes up where their state law leaves off. Some of the points they raised were: "Does the new federal law give parents a voice in what is deemed an appropriate education?" "How can we stop parents from being intimidated by screening committees that decide on class placement for our children?" "How can we get information out to more parents so they will know their rights to due process?"

The group discussed alternatives for action and the formation of a coalition or forum through which to help implement the new law. At a January 1977 meeting, Charlotte Des Jardins, leader of Chicago's Coordinating Council for the Handicapped, spoke on "How to Make Your Coalition Work" and demonstrated how to conduct a parent helper workshop. For more information about the activities of this group in the Bay Area, write to: Marie McKeever, 19191 Dagmar Drive, Saratoga, California 95070.

Vermont

In early fall of last year, we were invited to visit the Vermont Coalition for the Handicapped. This group is made up of lively, energetic parents and professionals under the able leadership of Sister Janice Ryan. They have set up a communications network to help convince legislators and agency heads to give full support to education and training programs for all handicapped people. Inquiries should be addressed to: Sister Janice Ryan, Chairperson, Vermont Coalition for the Handicapped, 323 Pearl Street, Burlington, Vermont 05401.

San Diego, California

It's almost two years now since we attended the conference for San Diego parents of handicapped children and youth out of which came the San Diego Coalition for the Handicapped. They are now focusing their attention on legislation affecting the handicapped in California, through a project which charts the voting records of their elected officials. For more information write: Mr. Raymond Schwartz, President, P.O. Box 1083, Chula Vista, California 92012.

We'd love more information about coalition projects. Won't you please write and tell us what you're doing, so we can share it with others?

. . . And more good news for parents

In addition to the Closer Look local centers, 18 new "Direction Service" projects are giving assistance to parents of handicapped children across the country. These are demonstration projects, made possible through contract awards by the Bureau of Education for the Handicapped to Regional Resource Centers. They are opening in Vancouver, Washington; Portland, Oregon; Eugene, Oregon; Boise, Idaho; Los Angeles (Inglewood), California; Price, Utah; Blanding, Utah (for native Americans); Independence, Missouri; Hartford, Connecticut; New York, New York (Harlem and East Harlem area); Greensboro, North Carolina; Lumberton, North Carolina; Baltimore, Maryland; Cambridge, Maryland; Frostburg, Maryland; Hyattsville, Maryland; Montgomery, Alabama; Decatur, Alabama.

"Direction" is an information-based service designed to match the changing needs of a handicapped child with a mix of appropriate services. If you are looking for help and you live in any of the above areas, we urge you to write or call us. We can give you more specific information about exact target areas served, and how to get in touch with these projects.

Disabled Adults Make Things Happen!

Disabled adults are speaking out with greater and greater militancy in protest against second-class citizenship. They are asserting their rights, insisting that they be included in making decisions that affect their lives, working to bring down old barriers to full participation in society. Like members of other minority groups, they are organizing.

The letters we receive and the stories we hear make us acutely aware of the demeaning experiences so many handicapped adults are subjected to. In hundreds of ways, both subtle and obvious, they have been — and still are — abused and excluded. New laws make clear that handicapped people have rights equal to those enjoyed by other Americans . . . but laws don't make a difference in the way people act — without a lot of effort. Here are some of the things that are happening . . . things that people with disabilities are doing to bring about a new way of life.

DISABILITY RIGHTS CENTER GETS STARTED

The doors recently opened at the Disability Rights Center in Washington, D.C., where a small but talented and energetic staff is hard at work. Under the leadership of Deborah Kaplan, a young attorney who is disabled, the Center's main goal is to help enforce civil rights legislation passed by Congress to protect the handicapped against discrimination.

"Disabled people have been expected to take all the lumps — because they're different," says Ms. Kaplan. "It's just as if society has been trying to hammer square pegs into round holes — and blaming the pegs because they don't fit. It's time for the system to make the necessary changes."

Right now, the Center is concentrating on employment of handicapped persons by federal departments and agencies. Major national legislation (section 501 of the *Rehabilitation Act of 1973*) calls for strong action to provide equal opportunities for disabled people for employment and career advancement in the federal civil service. In spite of efforts by some agencies to implement the law, Ms. Kaplan states that:

- The number of disabled employees in federal agencies has decreased since section 501 became law (although the total number of employees in these agencies has increased).

- There is currently no complaint procedure set up for a handicapped person who believes that he or she has been subjected to job discrimination by a federal employer because of a disability.

Ms. Kaplan would like to hear from anyone who has had problems with job placement or promotion in a federal agency — because of a disability. This information will help to document a report on the situation and to make recommendations for change. All personal accounts will be kept confidential. The Center needs facts — including dates, name of agency involved, a brief history of the problem and any other relevant details. Although the staff members are not able to take direct action to help with individual job discrimination problems, they will help with information on how the system works and what steps *can* be taken to protect one's rights. They are pressing the Civil Service Commission to set up fair complaint procedures — as one of their top priorities.

The Center is also very much concerned about the safety and quality of special equipment, such as wheelchairs, home respiratory devices, prostheses, hearing aids and many other products that are absolutely essential to the well-being of disabled people. An exceptionally clear and well documented report on this subject, *Medical Devices and Equipment for the Disabled: An Examination,* by Daniel Clearfield, is available from the Center for $3.00.

The Center is backed by Ralph Nader and other private foundation funds. Here's the address, if you want to get in touch: Disability Rights Center, Inc., 1346 Connecticut Avenue, N.W., Suite 1124, Washington, D.C. 20036.

HOW DO PEOPLE WITH HANDICAPS BREAK INTO THE MAINSTREAM?

Figuring out *how* to remove barriers to employment may seem like a baffling challenge to many employers. Now, with legislation making it mandatory to open new job and training opportunities for physically and mentally handicapped job seekers, it's a question that must be answered.

Mainstream, Inc. is a new organization set up to help solve problems. Its dedicated and imaginative staff members have their eyes not only on changing attitudes toward employment of the handicapped, but on acceptance of handicapped people in schools, health-service agencies and other vital sectors of community life.

Leslie Milk, Acting Director of Mainstream, feels that psychological barriers are often the crucial ones. Lack of experience with handicapped individuals has made most people "just plain scared," she says.

Many executives are scared, too, of what they believe is the high cost of making their plants barrier-free. The new organization offers advice to industry in tackling the nitty-gritty problems involved — and has

(continued on next page)

Disabled Adults Act *(continued)*

proved that costs are not anywhere near what is imagined. One major corporation estimated that it would cost $160,000 to make its quarters accessible. The Mainstream team showed them how they could do it successfully for under $8,000. Often, changes that need to be made are minor, a matter of common sense and understanding of the daily obstacles handicapped people deal with.

A job referral service has been created, through which Mainstream plans to link employers with handicapped people who have had the necessary vocational training. (This is not a placement service, but a way of alerting both employees and employers of opportunities.) Mainstream also operates a "Call for Compliance" hotline service which answers specific questions about compliance with the Rehabilitation Act of 1973 which protects the civil rights of handicapped individuals. The phone number for these services is: 202-833-1139.

The founder of Mainstream, Harold Krents, is a lawyer who knows how important all of this is because of his own experiences in school, college, law school — and job hunting. (In spite of a brilliant record, he had 40 rejections because he is blind, before he was hired by a Washington law firm.) He was recently interviewed by the Christian Science Monitor about government regulations (on Section 503 of the Rehabilitation Act of 1973) which require that employers with federal contracts of $2,500 and over take affirmative action to hire, and advance in employment, qualified handicapped individuals. He said, "The timing is very much *now.* In the last analysis, we all have major responsibilities — the government to enforce this thing in an effective way, and the rehabilitation agencies to do an effective job in training people for positions that are out there."

For more information write to: Mainstream, Inc., Suite 403, 1200 15th Street, N.W., Washington, D.C. 20005.

MAJOR GROUPS JOIN FORCES TO SPEAK UP FOR RIGHTS

The American Coalition of Citizens with Disabilities (ACCD) is a strong new national organization of consumers, acting collectively to move handicapped persons into the mainstream. Founded two years ago, the group is led by a dynamic, outspoken president — Eunice Fiorito, Director of the Mayor's Office of the Handicapped in New York City. "Our feeling is that disabled people must act on their own behalf, and have serious input into any and all decisions made about them," she says. "Historically, disabled people were . . . put away in their corners . . . to be satisfied with the crumbs life gave them and not to be the shapers of their own destinies. But disabled people *are* responsible — and it's their right to speak and act for themselves."

The organization brings together 37 organizations, including the American Council of the Blind, the National Association of the Physically Handicapped, the National Association of the Deaf, the National Paraplegia Foundation and Paralyzed Veterans of America. By presenting a united front, the coalition is having an impact on national policy — and giving leadership to grass roots organizations.

"The disabled have too long been talking to themselves," Ms. Fiorito pointed out recently. "We must join with groups of non-disabled people — find out what we have in common, help them with *their* causes." The Coalition has formed alliances with a number of such organizations, including The Leadership Conference on Civil Rights, with whom they will be cooperating on a legislative workshop on political action — how to get laws passed, push for necessary appropriations, lobby successfully on national and local levels.

The Coalition has its headquarters in Washington, D.C., where its director, Frank Bowe, is working on a number of projects — focusing on enforcement of civil rights legislation for the handicapped, expansion of vocational education, enforcement of Architectural and Transportation Barriers Compliance Board regulations, and other issues. The group is extremely interested in training handicapped consumers for leadership; right now, Frank Bowe points out, it is especially meaningful to train disabled people to be compliance officers for implementation of rights legislation affecting the handicapped.

Membership in the Coalition is open to individuals as well as groups. The third annual delegate assembly of the Coalition will be held this spring in Washington before the White House Conference on Handicapped Individuals. For additional information, write to: American Coalition of Citizens with Disabilities, Inc., Room 817, 1346 Connecticut Avenue N.W., Washington, D.C. 20036.

PEOPLE FIRST!

People First is an organization, a human rights movement and a statement by people with handicaps about themselves. It's a story, too — a remarkable one.

The story starts a little over three years ago when a small group of people living in Fairview State Hospital in Salem, Oregon got together. All their lives they had carried the label "mentally retarded," or had struggled with severely limiting physical disabilities. All their lives they had been spoken *for.* More than anything else, they felt that they wanted, now, to start speaking for themselves.

They had a lot to say about the way they were living — as dependent and helpless children, not as grown and responsible men and women. They went together to a conference in British Columbia, Canada called

"First Convention for Mentally Handicapped in North America" and that gave them the stimulus to do something themselves. They decided to hold their own convention — to bring all the questions, wishes and feelings they had out in the open.

It took a year of hard work. They met every month, talked with other people living in institutions in Oregon, in group homes, in foster homes, or on their own. Their numbers grew. In October 1974 they held their first convention. They hoped that at least 200 would come . . . 500 showed up! Registration was unbelievable, enthusiastic bedlam, according to people who were there. When the meeting came to order, one after another came forward and took the mike . . . some timidly at first, but with increasing sureness. They told their own stories, and repeated the theme that was most important to them: They wanted to be known and treated as people with their own special qualities and talents, and a right to live in the real world. That was the birth of their organization — People First.

There have been two conventions since then. Six hundred mentally and physically handicapped people came to the second one; over 900 to the third, which was held in October 1976. Most came from Oregon, but some came from other states — Utah, Washington, Idaho, New York. There are now 17 local chapters whose members discuss common problems . . . How do you talk for yourself? . . . How do you get services from workers? . . . What can you do about barriers for people in wheelchairs?

The president of People First, Terry Hooten, is a young man who was diagnosed both as epileptic and mentally retarded when he was young. He and Valerie Schaff, the first president of People First, were delegates to the Oregon White House Conference on Handicapped Individuals, and he serves on the state Developmental Disabilities Council with Judy Cunio, who is severely disabled by cerebral palsy and is also a leading spokesman in People First. Talking about the philosophy of the growing organization, Mr. Hooten says: "Our handicaps are secondary. We don't like the word 'mentally retarded'. We know that there are people who are classified as retarded, but when it comes to everyday living, we want to be respected as an individual, not looked at as a disability."

If you'd like to know more about what the organization is doing, you can write to: People First, P.O. Box 5208, Salem, Oregon 97304.

A powerful documentary film entitled **PEOPLE FIRST,** which tells the story of the inspiring People First Convention held at Bend, Oregon in October 1975, is distributed by Stanfield House, P.O. Box 3208, Santa Monica, California 90403. We've never seen or heard the message for simple, real acceptance of human beings with disabilities said so eloquently. It is a film that can really help change feelings and open minds — if enough people see it. (16 mm, color. 34 minutes. Rental: $35) Write to Stanfield House for more information.

BRIGHTER JOB FUTURES FOR YOUNG ADULTS WITH EPILEPSY

TAPS, a new project now underway in five cities, is giving young adults with epilepsy a big boost in their efforts to find — *and keep* — jobs. Backed by the Epilepsy Foundation of America, the project zeroes in on tough problems that have caused many people with seizure disorders to drop out of the labor market — or have kept them from ever getting a start. The cities which are involved are: Atlanta, Cleveland, Minneapolis, St. Paul, Portland (Oregon), and San Antonio.

TAPS stands for "Training and Placement Services" and is set up mainly to help young people who are not college-bound and have recently graduated from high school, are in their senior year, or have dropped out of school. Many of these people lack even minimal job skills as well as the self-confidence they need to compete in the job world. In addition, they face serious barriers to employment because of the irrational fear of epilepsy that has long been ingrained in the public's mind.

"We're trying to find out what each person needs, what their interests and abilities are, and go on from there," says Roma Cleveland, coordinator of TAPS in Portland. "Sometimes you go out and develop a job that just wasn't there before. Or, you arrange for someone to take a course that will help develop skills. The big thing is to find out what the problem is, and then pull together whatever resources you need."

As in the other cities, the Portland coordinator works at building a range of new training and employment possibilities — often contributing subsistence while employers provide on-the-job training. Young people who were pretty much without hope are getting a start in all kinds of jobs — from radiology aides to welders, secretaries to veterinarian assistants.

As men and women with epilepsy succeed, they are encouraged to help others who still have severe problems, and to be open about their medical history, instead of keeping their epilepsy hidden, as many have in the past. For young people who have suffered a lifelong stigma because of misunderstandings about their condition, meeting successful role-models — people who "did it!" — can really help them keep trying.

Solving problems in each of the cities means coordinating many existing community services — and working to break down prejudice about epilepsy and create new opportunities through contacts with the media, with civic and business organizations, and with public schools.

If you live in one of the five participating cities you can reach TAPS coordinators by contacting the local Epilepsy organization:
Atlanta — Georgia Chapter of the Epilepsy Foundation of America; Cleveland — Greater Cleveland Chapter of the Epilepsy Foundation of America; Minneapolis/St. Paul — Minnesota Epilepsy League; Portland — Epilepsy Center of Oregon; San Antonio — San Antonio Epilepsy Association. For more general information about the program write to: Hal Benson, Project Director, TAPS, Epilepsy Foundation of America, Suite 406, 1828 L Street, N.W., Washington, D.C. 20036.

EXCITING NEW PROGRAM BRINGS SCIENCE TO HANDICAPPED CHILDREN

We've recently learned about a wonderful example of how handicapped children can be brought into the mainstream through dynamic and creative teaching. It's a trailblazing program in Washington, D.C. which is giving blind, deaf and emotionally disturbed children a chance to explore the world of science side-by-side with their non-handicapped classmates. Developed by chemistry professor Doris E. Hadary of American University, the program is the result of dedicated work designing scientific experiments that can be used successfully by handicapped children in elementary school.

The curriculum is based entirely on learning through real experiences. Students use their own lab equipment to discover fascinating facts about the environment — and discover them *on their own.* Art and music, too, are woven into science lessions, stimulating imaginative and creative ways to communicate new learning. The complex job of developing this curriculum has been part of the teacher training program at American University.

Adapting laboratory science for handicapped children was a challenge Dr. Hadary and her associates took on several years ago with the backing of a private foundation. The first group of children to enter a lab class at the university had been considered too disturbed, hyperactive or withdrawn to learn in a regular classroom. "These kids will never complete a task," Dr. Hadary was told. But she found that their enthusiasm *could* be captured — by the magic of science and a "hands-on" approach which involved them actively in exploration and discovery. Not only did the children plunge into the work that was carefully geared to their individual capacities and needs — but also, they grew in self-pride and confidence.

Teaching science to blind children has meant translating exciting visual experiences into activities that can be understood just as fully through touch and sound. One new device that has been developed is a "light sensor" — a remarkable little electronic box that converts the intensity of light into sound (the more light present, the higher the pitch of the sound). The sensor detects color changes, water pollution, even the swing of a pendulum. Deaf children in the program are encouraged to learn through experiences stressing sight and touch. Labelling and explaining things verbally is especially important for deaf children, who are often behind other students in language development. By allowing children to go at their own pace, and making other necessary adaptations, the program's founders are convinced that science can be used as a powerful learning tool for *all* children.

Last year the project moved into one of the city's public schools, where it has had an important by-product: The development of new relationships between handicapped and non-handicapped children. Sharing the same science assignments, the children have lost their first uneasiness and found they could help and learn from each other, become friends. Visitors to these mixed classes can't tell which children are handicapped and which are not. What started as faith that everyone can learn science has grown into an even bigger lesson in human understanding. For more information, you may contact Dr. Doris E. Hadary, Chemistry Department, The American University, Washington, D.C. 20016.

This kind of program takes hard work, intensive teacher training, and the backing of school systems that see its enormous potential. It can't happen overnight — but it *can* happen . . . in *your* child's school.

PRACTICAL ADVICE ON RESPITE CARE

It's good news when someone shares information about how to provide an important service. There's no question about the vital need for what has come to be called "respite care" — reliable short-term home care which offers time off for the parents of a handicapped child.

Deanna Shoob, mother of a child who is multi-handicapped, started out by *using* a respite care service called CAPS (Childcare Assistance Program for Special Children, Inc.) in Northern Virginia, then directed the service successfully. She has served as President of CAPS since 1974 — and has now put her practical wisdom into a handbook which should be extremely useful for any interested community organization. For parents of handicapped children, the author writes, respite care can mean "a night out, a long overdue vacation . . . coping with emergency situations." When it's readily available, it can also help to prevent unnecessary institutionalization.

The service Mrs. Shoob describes is easy to administer and inexpensive — and applicable not only to families of handicapped children, but to people who need help caring for elderly people, too. The book, *A Community Respite Care Program,* includes forms used by CAPS, information on staffing, fees, costs, funding, recruitment, training and other details. Copies cost $3.00 plus 50 cents for postage and handling. Make checks out to Deanna Shoob. Send requests to P.O. Box 1217, Springfield, Virginia 22151.

A Family of Friends

If you're looking for a film to get across the importance of community-based housing for handicapped persons, here's an effective one about a group home, and what it means in the lives of people who are mentally retarded. It's *A Family of Friends,* produced by Richfield Production Services. It's like a warm visit with each of the people living in a suburban home as they go about their daily activities — sharing chores, going to work, visiting, being contributing members of the community. (16 mm, color, 25 minutes, rental $30. Write to: Richfield Production Services, Inc. 8006 Takoma Avenue, Silver Spring, Maryland 20910)

WHAT DOES IT TAKE TO MAKE A LAW WORK?

"Laws are great — but from experience, do you know what it takes to carry them out? . . . If you have a system that is willing to help, then you will never have a case of parents versus the school, but when you have hostile administrators and principals . . . that is a different story. From my own experience, it takes dollars, frustration and time — which in a child's life is a scarce and precious thing."

In our last newsletter, we wrote about the *Education for All Handicapped Children Act* (P.L. 94-142), its goal of providing suitable programs for every child, no matter how handicapped. The letter we've quoted came in response to that newsletter from a mother in Connecticut who is fighting hard for good schooling for her daughter. It wasn't the only letter that poured out a story of unresponsiveness and heartbreaking delay. They came from states all over the country. Here are a few other examples:

"If you protest a class placement in our district it can take up to two years before your case is heard."

"My friend went into a due-process hearing alone and came out hysterical and forgot about the case. I took a lawyer and didn't get any shouts. They did it to the lawyer. But lawyers who know about special education are very hard to find (it took me 10 months) and they're expensive. I think the idea of parent helpers and lay advocates is excellent."

"I asked the school system to identify the public school program they had in mind for my child. Then I observed the program. *Later, when we talked about placement, I was able to agree where the program was good, but to point out where I felt it did not serve my son — and even worked against him. Still it was a hard battle. They were not so willing to admit drawbacks in their program."*

We could go on and on. The fact is that things don't change quickly, or easily. Due process, legal provisions for including parents in decisions about a child's education, won't add up to instant solutions to problems that have been around a long time. Parents are struggling hard to win good school placement for children who in the past have been very poorly served, or totally neglected. They're waging pioneering battles — some of them ending in court — to stick up for what they know now is a *right*. But it's a tough process. Parents still too often stand alone against a hard line of resistance, and often find only token efforts to help their children.

The hope of the new law lies in the possibility it offers that there *will* be a surge of progress in programs that can meet the complex learning needs of *all* children. But we're just now taking the first steps. Each of us has to help make the law work — for our own children, and for others. Administrators and special education are getting set for new practices. Parents must too.

How *can* parents get ready for this job? We have some ideas to offer — as a beginning. This is not a full-blown blueprint for action . . . but we hope you'll use it as a springboard for discussion, for planning and for *doing.*

1. *Know the law.* You need to be fully informed about your rights under P.L. 94-142, and the rules and regulations covering the law. Parent organizations can be forums for learning the law — and the ways that parents can make sure it does what it was meant to do. Workshops, parent training sessions, problem clinics, role-playing — all can help sharpen parents' ability to implement the law by using it. (For a copy of P.L. 94-142, write to your Congressman, or order it from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402 (45 cents per copy).

It's essential that you know what your *state* special education law says, too. Some states now mandate that educational services for a handicapped child start at birth. What age does your state start providing services? You need to know what specific steps to take to get the services you need; these vary from state to state — even from district to district. Parent groups can perform a big service by publicizing this kind of information on a mass scale. (Your State Department of Special Education will be able to help you by supplying information about federal and state legislation).

2. *Work with other parents.* If you are not already a member of a consumer organization comprised of parents, or of handicapped persons, we urge you to join one. Your single voice is important — but the voices of people who have banded together are far more effective. Experienced parents can help others who may be just starting out. Find out if a coalition of consumer organizations exists in your area. Get in touch with them, go to their meetings, get involved. It will take a lot of united action to raise educational standards, to get funding for new programs, to eliminate barriers and to create a climate of acceptance.

3. *Work with professionals.* Communication between parents and educators must be strengthened. Each group needs to learn the concerns and priorities of the other, to listen with respect and to share equally in the responsibility of making and carrying out decisions. Knowing how to get across your point of view without arousing anger and resistance is an art — and worth practicing. If we don't try to find a scapegoat to blame, but really try to think together of what's best for a child, we can go a long way. This covers decisions made in different settings, all the way from conferences with teachers and principals to sitting on State Advisory Panels. The new law provides that these panels be set up on a statewide basis, with opportunities for consumers and parents to sit at the same table with professionals to thrash out problems. Advisory groups can exert strong pressure — or they can be weak and ineffectual. It's important that experienced parents serve on these groups, talk up for needed services, and get strong backing from members of local chapters of parent and other advocacy organizations.

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Make a law work *(continued)*

4. *Use your right to speak!* As we went to press, the regulations of P.L. 94-142 were being distributed by the federal government for comment by the public. It's extremely important that consumers do speak out when regulations for laws are written — even *before* they're written . . . so that their concerns are known and fully understood by lawmakers.

All plans written by state and local governments for providing special education services must be open for review and comment by consumers before they are adopted. These plans play a vital part in shaping services; parent groups can find out when they are available from state and local Departments of Education. Read and review these documents with care . . . and communicate your concerns. If there are glaring needs that you feel are not being filled, say so.

5. *Stop pleading. Education is a right!* Parents have lived so long with old, downgrading attitudes toward the handicapped that this change is hard to make (even though we may not be aware of it). Many have come to *expect* discriminatory practices. The laws now say they must end. *Every handicapped child has the right to an educational program that fits his special needs, the same right as any other child to learn. Parents should settle for no less.*

6. *Learn how to take part in planning conferences.* The heart of the new special education law lies in the provision for individual educational planning to meet the unique needs of each child. Parents, by law, must be included on the team that decides the *what, where* and *how* of plans designed to help their children learn. (This section of the law will go into effect in school year 1978 . . . it's not too early to get ready for it. In some states, it's already happening.)

For many parents, educational planning conferences may be the first time they've been at meetings with school officials and professionals — and they may feel unsure of themselves. It helps to remember that you, as a parent, have a unique understanding of your child — and a point of view that must be clearly heard. It takes a mix of ideas, sometimes real conflict, to come up with a plan that's worth trying. *Nobody* "knows it all."

If you don't understand what the professionals are saying, ask questions. (Don't be afraid to ask what you think may be a "dumb question." That's probably just the thing others want explained, too — but were too intimidated.) Be sure that jargon is translated into plain, understandable language.

The goal of team planning is to figure out the most appropriate services that can be brought together to help a child learn what he is ready to learn, the way he learns best. It's important that parents really are equal partners with educators in exchanging opinions and evaluating what is proposed. This takes preparation — and we hope that parent groups in every state will develop training programs for parents that get down to the nuts and bolts of conference-participation. *This also means training experienced parent advocates to accompany parents to team-planning meetings, when necessary.*

7. *Remember: don't compromise — insist on full evaluation and clear goals.* Whatever standardized tests are used, it's important to know about all facets of a child's development — including physical, motor, self-care, communications, social and emotional maturity. Parents should insist that evaluation is thorough — and be completely informed of the results. Once again, if you don't understand what professionals are saying, ask questions. *Your* comprehension of diagnostic information will be one of your most valuable tools in your ability to judge the value of a program — and to stand up for an appropriate one (some parents take tape recorders to conferences to make sure of total recall). Also, according to the new law, parents have the right to an independent evaluation of a child's problem by a professional of their own choosing. When educational goals are set, parents should know what they're all about. What changes in behavior are expected? How can parents and teachers work together to make them happen?

The old way was to put children into special education programs and forget about them. The law now requires that review take place at least once a year. But more than that — it's necessary to keep a dialogue between school and home going, to observe what's really happening with keenness and sensitivity, to talk over problems with teachers, and ask for changes in approaches when they seem to make sense.

8. *Be an active citizen.* Let your representatives — on local councils, in state legislatures, and in Congress know that tax dollars spent on special education services, mental health services and the other community services that are needed will, in the end, save even higher costs — and lives.

We hear from parents who say that the "deck is stacked" against them, that hearing officers are really not impartial but are biased in favor of the status quo, that they, the parents, have stood alone in 15-hour sessions into the wee hours of the morning pleading for a fair chance for a child, that children are put into classrooms just because the space happens to exist — not because they fit children's needs. We hear good things, too, and we hope for more. Our hearts go out to the gutsy and lonely fighters for their courage, and hope that we're making headway into a day when the process of protest will hardly ever be needed. It's a huge job. There are still miles to go — but it was through consumer action and determination that we ever got this far in the first place.

The **White House Conference on Handicapped Individuals** is coming up soon (May 23-27), and many of you will be there. We hope issues like these will be discussed. Bring along your concerns about implementation of P.L. 94-142 — and talk about them!

Education for Living *(continued from page 1)*

What is done (or not done) about personal and emotional needs is an all-pervasive matter. It lies at the core of effective teaching, and can make the pivotal difference in success, or lack of it, on a job. It isn't enough to plan a program that contains appropriate educational remedies for deficits, or develops "task-analyzed" skills. A feeling of self-worth and a capacity for human relatedness is the soil in which plans for learning and working take root and flourish — or fail to take root and wither. And the soil can be cultivated. It's a subtle and complicated job. There are still gaps in our knowledge; we must look at them, and act on what our experience tells us. Everywhere we turn there are flags signalling to us that it is terribly important that we *use* our knowledge — and our instincts — to the hilt.

Teaching social skills is a critical need

Doreen Kronick, whose perception has contributed richly to understanding the needs of youngsters with learning disabilities, writes about this area of concern in her new book, *Three Families.* She says:

> "When I first became involved in the learning disabilities field in 1964, the general assumption was that learning disabled persons suffered solely from problems of coordination, academic learning and language processing. As the first group of identified children reached adulthood, it became apparent that a segment of the learning disabled population was also socially inept."

She goes on to emphasize the need to search for the causes of this critical deficit. No matter how much remediation has been applied, or how much academic knowledge has been gained, she points out ". . . if a person has failed to acquire competent interaction skills, he is seriously handicapped throughout his life." We have stressed, she says, the specifics of learning disabilities,

> ". . . largely ignoring the art of dealing with the child and the family as people in crisis who are very much alone in having to adjust to the profound stresses confronting them."

In her book, Doreen Kronick urges exploration of ways that families can learn to foster social maturity — and ways that, inadvertently, emotional growth is hampered. Although she focuses on problems of youngsters with learning disabilities, much of what she writes applies to children with other handicaps. They, too, are victims of isolation, or lack of experience on which to build friendships, or chronic misunderstanding about what's appropriate, important or even happening in a social situation. Often, a kind of artificiality surrounds a disabled child; people who constantly "feel sorry" for him, or make too many allowances for poor behavior, can make social development especially difficult.

Handicapped kids must test life on their own

Though it's true that growing up can be rough going for *anybody,* it's much harder for someone who doesn't have opportunities to experiment, to pick up and adapt to social cues, to try his own wings, take some bumps and try again. The fact is that handicapped young people, who need *more* opportunities for normal social give-and-take, actually get less. They need *more* candor from adults, *more* chances to test themselves, *more* encouragement to take responsibility for their own decisions, *more* help in communicating feelings. Unfortunately, this isn't usually what happens.

One group of young people (with a mixture of emotionally and mentally handicapping conditions) was recently asked what kinds of things they thought were important to them — in feeling good about life. Their answers are worth noting. Here are a few:

> "Knowing that other people care about you and whether or not you have a good life . . ."
>
> "Your family should say 'Keep on going' no matter how bad the situation is; they should encourage you to keep going . . ."
>
> "Knowing you won't be left out of things. Like going places and being with people . . ."
>
> "Knowing your handicap is something you can learn to deal with if you try . . ."
>
> "You should be in an atmosphere where you think you can advance in spite of your handicap . . ."
>
> "Learning to *do* things — especially things you like to do . . . so your potential is exposed. Like writing stories or drawing pictures or playing the guitar . . ."
>
> "Thinking you will meet someone who will agree with you about most things, someone special. Someone who will accept you the way you are."

A little imagination goes a long way

Parents and professionals can heighten their sensitivity to these needs, and open as many opportunities as possible for personality growth. A remarkable teacher from Oakland, California, Essie Sutton, made a joint decision with her handicapped students sometime last year. They thought it was a good idea to see the country, find out how other people live and have a good time getting to know one another. She combined her own savings with money her students raised by collecting metal for recycling, raising and selling plants and other projects . . . and this past Fall off they all went, along with five parents, on a cross-country tour. That may be too tall an order for most people to fill; but travel and group activity doesn't have to go far afield to be stimulating. Any city is full of possibilities. Finding out how to get to them and enjoy them is an important part of education.

In Northern Virginia, a College for Living has been started. A joint project of the Northern Virginia Association for Retarded Citizens and the Northern Virginia Community College, the College for Living includes courses entitled: *Using Transportation Systems, Budgeting and Money Matters, Understanding Oneself and Others.* One very popular offering teaches how to find recreation and entertainment in the community. It's called: *Having a Good Time in Northern Virginia.*

Open to people aged 18 and over, this program was founded out of the conviction that learning goes on and on, far past school days. For many of the 150 students who attend, the experience is a first chance to be included in the mainstream.

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This kind of self-acceptance is not an easy task; as we all learn to be more open and honest about handicaps, less afraid to face them, there may be less pain involved. But there is at the present time a real need to provide empathetic as well as practical counseling to help handicapped young people and adults through tough periods. Rap sessions, discussion groups, and opportunities for one-to-one counseling are growing — and are making a big difference to disabled people who need someone capable of listening to and understanding their feelings — and able to help them find answers to questions that have been hard to ask. (How do you talk to someone you never met before? How do you ask a girl for a date? How do you stick up for yourself when you've been put down? How do you stand the feeling that people are "stepping away from you"; how do you take rejection when it happens over and over again? Is it worth trying to make it — another time?)

Peer-counseling is helping

In Berkeley, California, a unique peer-counseling program at the Center for Independent Living (CIL) is helping disabled young men and women to make it past personal crises and to find solutions, also, for their daily problems. The counselors are all disabled themselves. "That's what's special about our program," says Janice Krones, who has cerebral palsy and feels strongly about the importance of the kind of help the project offers. "We aren't professional counselors, but we've had special training and we can say what others *can't* say to the people we see: *'I know where you are because I've been there too.'* "

The program in Berkeley is integrated with the network of services offered by CIL so that each person who comes for help gets whatever assistance is needed in locating housing, transportation, attendant care, job counseling, employment, recreation. A social worker on this staff who was disabled by polio does what Janice Krones calls "heavy duty" counseling . . . therapy that she and her colleagues aren't prepared to handle.

Also in California, a group of young adults who have suffered from learning disabilities are acting as peer-counselors for high school students with similar needs. The intuitive understanding and support they are able to give is extraordinary; there is a large amount of untapped power in this approach. These young people have worked with psychologist Margaret Mutter in a program sponsored by the California Association for Neurologically Handicapped Children, which has combined remediation and counseling to help strengthen their self-esteem, confidence and ability to tackle life goals, in spite of repeated and devastating failures.

The arts: doing your own thing — and enjoying it

We haven't really explored the ways that the arts can be a part of the pleasure of life for handicapped people of every age (although there have been some encouraging beginnings). As Betty Oliver points out in her delightful advice-filled memoir, *ABC's of Hanging on While Raising a Family With a Disturbed Child,* it's a happy idea to have at least part of one's home free for creative experimenting and to bring out a handicapped child's pride in and love of art. Art and music and drama are joyous and liberating experiences; can't we help handicapped young people participate — "to expose their potential" — and find out what they can do, instead of focusing on their limitations?

Are we letting handicapped children be themselves?

We know so much more than ever about therapeutic techniques, medical procedures, exercises and programs that work, we tend to do more and more *for* and *to* children with disabilities. They are very good things for the most part, but they're not necessarily done with a child's total development in mind. As long as we keep our eye only on *what needs to be fixed,* we'll be giving our kids a negative and fragmented picture of themselves. In the earnest effort to make up for what we see as deficits, we may be forgetting the most natural thing of all — relating to handicapped people as human beings. Whatever else our children are, they are children growing up. Each has his or her own quirks, likes, dislikes, moods, abilities and dreams. Each one needs to be able to do his own thing, to taste the excitement and fun, ups and downs of real life.

One mother tells how her wheelchair-bound son wanted with all his heart to play baseball, and almost toppled out of his chair the first time he swung for the ball. She said the physical discomfort was minor compared to what it meant to be "in"; (with practice, he managed the whole thing with ease). Certainly, there are many different considerations to be weighed in each situation, and there's no one perfect answer. But we must remember as we weigh our choices, how much positive nourishment comes from interaction with other people.

Learning to feel okay about yourself

How others act toward us as we grow up obviously has a lot to do with how we see (and value) ourselves. The kind of social learning we've been talking about is at the heart of thinking of oneself as someone who matters. For many handicapped young people there are difficult barriers to that kind of self-perception, to knowing who they are and feeling okay about it. The accumulation of past defeats and deprivations, the gulf between wished-for achievement and reality can be especially crushing during adolescence. Whenever such feelings arise, it can be a critical turning point, a time of decision. One woman, disabled all her life, put it this way:

> "Until I knew, really *knew*, deep down, what was wrong with me — what didn't work right — I couldn't get anywhere. I had to accept the reality of my handicap before I could see all the things I was capable of as a person."

Guidance needed in solving daily problems

Much of the counseling that's needed has to do with managing the realities of life; we see this kind of supportive resource as an important part of a range of available services designed to help handicapped young people mature. To meet this challenge, we need

to look at new techniques, find people ready and able to do the job.

We may be looking for a new kind of counselor — one who is not only especially sensitive to the feelings of handicapped persons, but also able to give down-to-earth advice on all kinds of essentials . . . dealing with the vocational rehabilitation system, knowing legal rights, working out conflicts that arise in a job, setting up an independent household for the first time, and other aspects of daily living. Counselors of this kind need to stay available — on call — for advice and encouragement for a long time.

Very likely we need not single counselors for this role but teams — bringing together different types of expertise. And repeatedly, we are told that we need to expand the pool of people available to do this work, train individuals who *want* to be involved, but don't necessarily hold professional degrees. There's proof enough that this is possible, and the need is great. Can we put it all together?

We're asking more of handicapped people than ever before, and they're asking more of themselves. Throughout the country, disabled adults are working hard to eliminate all kinds of barriers to participation in life. The people involved in these exciting ventures have won a lot of personal battles themselves — and they're reaching out to help others. They are fully aware that their disabilities don't have to limit what they can give as human beings.

But for many handicapped people entering adulthood, the quest for their own lives is full of frustration and apprehension. Expecting more is good; we've crippled spirits in the past by saying "you can't," by hiding and denying the existence of handicaps, by doing nothing to kindle individuality. If we now expect a new measure of daring from handicapped people, we must be ready to match the risks they take with a commitment to provide education for living that will help each one recognize his own inner strength — and to use it.

Here's some more information about books mentioned in this article:

The ABC's of Hanging On While Raising a Family With a Disturbed Child, by Betty Oliver. This is full of encouragement for parents of disturbed children, with many ideas for handling everyday problems and frustrations. Available from Betty Oliver, P.O. Box 511, Westwego, Louisiana 70094, Price: $3.95.

Three Families, by Doreen Kronick, Academic Therapy Publications, 1539 Fourth St., San Rafael, California, 1976 (Price: $3.75). This interesting observation of family interaction is the most recent by Doreen Kronick's books about children with learning disabilities. Parents who don't already know her work will find a lot of help and information in: *A Word or Two About Learning Disabilities, They Too Can Succeed,* and *What About Me? The LD Adolescent* (with contributions by others). You can get more information about all of these books from Academic Therapy Publications.

WE WERE SWAMPED!

On October 21, **The Puzzle Children**, a one-hour TV special, was shown on 264 PBS stations in cities throughout the United States. The program, which did a beautiful job of explaining the problems faced by children with learning disabilities, was produced by WQED in Pittsburgh under a grant from the 3M Company. It ended with a message to viewers to write to Closer Look for more information. Four days later two bags of mail were waiting for us at the post office — with 3,900 letters filled with problems, worries, and just plain questions.

That was just the beginning. The following week, there were four more bags stuffed with mail. Eight thousand more letters had poured in. By the end of December, we had received over 22,000 letters.

The flood of mail to Closer Look after the showing of **The Puzzle Children** was only part of the story. TV stations all over the country reported that after the program, telephones rang themselves off the wall — literally. Switchboards in city after city broke down, as people dialed in by the hundreds to find out how they could get more information and help. In many of the cities, members of local chapters of The Association for Children with Learning Disabilities took on the enormous job of follow-up.

The response was, in short, overwhelming. It revealed a thirst for knowledge about what LD *is* (and what can be done about it), a desperate need for information about diagnosis, a widespread lack of appropriate services. Many hundreds of letters came from adults who had never received help, and for whom services are very scarce indeed. Fortunately, we were ready with suggestions for places to turn for adult education, right-to-read programs for people of all ages, and volunteer tutors for adult non-readers.

Although we had prepared for a huge flow of requests (a roomful of packets was ready and waiting), we were wiped out of materials almost immediately, and had to re-order continually to keep up with the demand. Five members of our staff worked 12-hour days and weekends to keep up. Every letter sent was read carefully — so that each would receive a packet appropriate to the problem. Packets varied depending on age, where the person lived, whether the request was from a parent or professional, if there were other handicaps involved. Letters describing critical problems, which receive personal attention from Closer Look staff members, tripled. The entire staff dropped other duties to deal with this avalanche.

You guessed it: we've been busy. All in all, it took about 12 weeks to do all the work needed to answer the mail, and — if you are among those who had to wait a bit longer than you expected to get an answer from P.O. Box 1492, we hope you'll understand.

We won't attempt a full-scale analysis of the mail right now, but one thing did come through to us — and we'd like to pass it along: It's natural to wonder, when you see or read a description of learning disabilities for

(continued on next page)

We were swamped *(continued)*

the first time, if *that's* the very reason a child in your own family is having trouble in school. We feel it's important to realize that there are lots of reasons children don't do as well as we hope they will (or maybe should do). Every low report card doesn't mean there's a "learning disability" involved. *Thorough* medical check-ups are a *must* for children; many times, an undetected physical complaint can drag a child down. We felt it was important to reassure a great many parents who wrote to us that their child might very likely just be learning at his own pace, in his own style, motivated by his own interests.

PLEASE NOTE: In our last issue, we recommended that readers write for copies of "rights brochures" in their state. We'd like to add: Please enclose a stamped, self-addressed envelope with your request. We wish we had thought of this sooner; it *is* important to remember that all costs have risen, and mailing does cut into an organization's budget. The Wisconsin Mental Health Association, P.O. Box 1486, Madison, Wisconsin 53701 has asked that you be *sure* to take note of this reminder when you ask for their brochure. We think it's a good idea in all cases.

The work presented herein was performed pursuant to contract OEC-1-74-BH-02 with the Bureau of Education for the Handicapped, U.S. Office of Education.

Points of view or opinion stated herein do not necessarily represent official opinion, position or policy of the Bureau.

FOR INFORMATION, WRITE TO . . .

CLOSER LOOK has been answering letters from parents of handicapped children for seven years now, and we feel a close identification with the many different kinds of problems all of you have to deal with. We keep looking for new ideas, books for you to read that can help your child, people and organizations ready and willing to assist you in your search for the services your child needs. There's more going on now for handicapped people than ever before. Remember, you're not alone in your efforts. If you need help for a child or young adult with a mental, physical or emotional handicap, please write to us (give us some details, such as the child's age and disability — if it's been diagnosed). We'll respond with information about your rights, how to go about getting appropriate services, groups you can work with to eliminate barriers and open new opportunities. All of our information (including a subscription to this Report) is free. Just write to: **CLOSER LOOK**, Box 1492, Washington, D.C. 20013.

The Closer Look Report is a publication of the National Information Center for the Handicapped.
Dorothy Dean, Director
Barbara Scheiber, Editor & Associate Director
Box 1492 Washington, D.C. 20013

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LEX FRIEDEN
9667 MEADOWVALE
HOUSTON TX 77042

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IMPORTANT NOTICE

Someone is missing our **NEW OPTIONS** *program. Is it you?*

New Options is a six-week live-in program for severely handicapped persons who have completed physical rehabilitation programs, but who want to make changes in their living, work, or social situations.

New Options *offers an opportunity to look at the future and what is now available to disabled adults––such as apartment living, educational and training opportunities, leisure time activities, sexuality, and many other important areas of life.*

New Options consists of spending six weeks at the TIRR Annex, living with other disabled persons. Activities in the program include such things as visiting apartment complexes which are modified for people in wheelchairs, participating in group discussions, talking with disabled people living in the community, and visiting employment, school, and training facilities.

New Options offers a chance to look at the future. Professional staff is available to assist in learning new ways to make important decisions.

For more information on how this program can assist you to make changes in your life, meet people, and work hard at helping yourself, contact

NEW OPTIONS
TIRR ANNEX
105 DREW STREET
HOUSTON, TEXAS 77006
713–797–1440

New Options is a pilot project sponsored by the *Texas Institute for Rehabilitation and Research*, Houston, Texas.

NEW OPTIONS MODULES

2ND CYCLE PARTICIPANTS
8/16/76 to 9/24/76

	LEISURE TIME	PROBLEM SOLVING	HOME MANAGEMENT	GROUP	MEDICAL NEEDS	FINANCIAL MANAGEMENT
1st week	fieldtrip to Westheimer/ Fri/ Lex Frieden/11:00 -12:00	orientation/ Mon/ Lex Frieden 2:00-4:00		film "Changes"/ Ray Lenart/ Thur/ 3:30-5:00	orientation/ Lex Frieden/ Mon/ 2:00-4:00	orientation/ Lex Frieden/ 2:00-4:00
2nd week		fieldtrip to wheelchair repair shop/ Thurs/ 9:30-12:00	fieldtrip to apt./ Laurie Gerkin/ Fri/ 3:00-5:00	discussion of communication problems, how to say no and be friends/Mon	circulation and diet/ Dr.Spencer/ Tues/ 6:00-8:00	budgeting/ Jim Veerkamp/ Thurs/ 5:00-7:00
3rd week	fieldtrip to wheelchair basketball/ Mon/ 6:30-9:30	group discussion of problem-solving format/ Jean Cole, Marily Michaud/Wed/10:30	fieldtrip to grocery store/ Laurie Gerkin/ 9:30-11:30/ Friday	games families play on the handicapped/Mon/ 3:30-5:00/Ray Lenart	urinary problems/ Dr. Fry/ Wed/ 6:00-8:00	assistive systems/ Jim Veerkamp/ welfare/ social service, etc./ Fri/ 5:00-7:00
4th week		meeting with Rebecca Langley from TRC/ Wed/ 9:30-10:30	fieldtrip to empty apartment/ Fri/ 10:30-11:30	dating, new roles experienced, new expectations/Wed/ 3:30-5:00/Ray Lenart		individual discussions/ Jim Veerkamp/ Thurs/ 5:00-7:00
5th week	fieldtrip to Herman Park Pool/ for swimming/ Thurs/ 12:30-3:00	fieldtrip to KEYH radio station to discuss public information/Fri		fieldtrip to Library on minibus/ Ray Lenart/ Mon/ 3:30-5:00	slides on spinal injury, skin prob Dr. Carter/Spencer Wed/ 3:00-5:00	"Playing the System"/ group/ Jim Veerkamp/ Wed/ 6:00-8:00
6th week		meeting with man from KEYH radio station about CB radio/ Thurs/ 2:00		discussion and wrap-up/ Mon/ 3:30-5:00	physical diff. in sexual function/ Dr. Meier/ Tues skin prob. & drs. perspective/ Wed/ Dr. Carter	summary & wrap-up/ Jim Veerkamp/ Fri/ 5:45-8:00
summary						

	FUNCTIONAL SKILLS	VOCATIONAL EDUCATIONAL	LIVING ARRANGEMENTS	CONSUMER AFFAIRS	MOBILITY	SEXUALITY
1st week	orientation/ Jane Sperry/ Mon/ 2:00-4:00	orientation and individual counseling with Wayne Alfred/ Tues/9:00-12:00	orientation/ Lex Frieden/ Mon/ 2:00-4:00	orientation/ Lex Frieden/ Mon/ 2:00-4:00	fieldtrip to Busch Bird Park/ Tues/ 12:30-3:00	orientation/ Lex Frieden/ Mon/ 2:00-4:00
2nd week	introduction to physical changes people have made Jane Sperry/Fri/ 1:00-2:30	discussion about goals, jobs, opportunities/ Tues/ 1:00- 2:00	fieldtrip to French Village/ Mac Harper/ Tues 9:00-12:00	meeting with Bill Wild/ Thurs/ 1:00-2:00	fieldtrip to DPW office on mini-bus/ Cherry Albertson/ Wed/ 2:00-4:00	film "Sexological Exam" Joyce Nelson/ 10:30-12:00
3rd week	recreational & sports activities Will Clark, Bob Kafka/ Fri/ 1:00-3:00	vocational testing/ Wayne Alfred/ Tues/ 2:00-4:30			fieldtrip to Airport/ Lex Frieden/ Tues/ 10:30-1:00/ lunch at airport	film and discussion/ Joyce Nelson/ Mon/ 10:30-12:00
4th week	preparation for swimming/ Jane Sperry/ 10:00-12:00/ also w/c to car transfer, curb jumping	fieldtrip to U. of H. & WAP/ buy lunch on trip Wayne Alfred/ Tues/ 9:15-3:30	fieldtrip to Goodwill apts./ Guy Bell/ Fri/ 12:30-3:30	fieldtrip to Library on mini-bus/ Bill Wild/ 11:15-2:30/ sack lunches		discussed explaining urinary appliances to new partners/ self-concept/ Lex Frieden, Joyce Nelson/Wed/ 6:00-8:00
5th week	driver training, types of hand controls, driving resources/ Bob Henry/ 10:00 12:00	fieldtrip to Career Information Library at Univ. of Hous/ Tues/ 9:30-12:30	fieldtrip to Westbury Village apartments/ Fri/ Rodney Shaw/12:30 3:30		fieldtrip to Hearings on Public Transportation/ Lex/Mon/ 1:00-3:00	hygiene, prostitution, sex films/ Lex Frieden, Joyce Nelson/ Wed/ 3:00-5:00
6th week	overview of adaptive equip/ practice with w/c & curb jump/ 1:00-4:00	individual meetings with Wayne Alfred/ Fri/ 10:00-11:30	fieldtrip to Bob Geyer's home/ Thurs/ 9:30-12:30	fieldtrip to Galleria to discuss barriers with architects/ 9:30-2:00/ Wed	fieldtrip to eat at "The Godfather Restaurant"/ Fri/ 12:00-2:00	dating, homosexuality, the need to try new positions/ Joyce Nelson/ Mon/ 1:00-2:30
summary						

	UNRELATED FIELD TRIPS	REMAINING ACTIVITIES
1st week		staff meeting - Wed - 2:00-4:00 Coalition for Barrier Free Living Meeting - Thurs - 5:30 research meeting - Fri - 10:00-11:00
2nd week		staff meeting - Tues - 2:00 review committee - Tues - 3:30
3rd week		Family Module held at TIRR main building to discuss participants relationship to families staff meeting - Tues - 2:00
4th week		
5th week		Coalition for Barrier Free Living Meeting - 7:00
6th week		staff meeting - Thurs - 9:30-11:30 evaluation research meeting - Wed - 6:00-9:00
summary		

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Preservation

New Options Project credited with giving help to disabled

By MARY JANE SCHIER
Post Medical Writer

Ruby Gottlieb has enjoyed living more in the last few months than all of the years since she was left paralyzed by a near-fatal Christmas Eve car wreck in 1952.

During the intervening years she became more and more of a recluse, yearning for the concert pianist career for which she had prepared, wanting to be a more complete wife and mother to her two children, longing "to get out and do things."

Gottlieb, now 47, credits the New Options Project sponsored by the Texas Institute for Rehabilitation and Research (TIRR) with giving her literally a new lease on life.

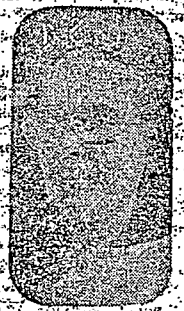
"I'd been through various rehabilitation programs, gotten some therapy right after the accident ... but back in those days the focus mainly was on polio patients and there wasn't much for paraplegics," she recalled.

Gottlieb is more fortunate than many paralyzed people because she has some use of her hands and left arm and she doesn't have many of the same financial worries some patients do. Still, she's been through "some pretty awful" medical complications, including a leg amputation, various infections, kidney surgery and so on.

Divorced from her California attorney husband several years ago, she was living alone in a downtown Houston high-rise apartment complex, trying hard to be independent and productive through some volunteer telephone work, occasionally going to a concert.

"I wanted desperately to get back into life, but I couldn't," she said.

Then Gottlieb heard about New Options, which recently observed its first anniversary as a pilot project aimed at helping the seriously disabled learn — or relearn — skills to permit them to live more independently, in many cases to go to school or get jobs.



Gottlieb

Dr. Jean Cole, director of the project, which is partially federally funded, explained the whole thrust is to "get them back into the mainstream of society."

So far, about 50 patients with severe physical disabilities have spent an average of six weeks at the TIRR Annex, 105 West Drew, in various group meetings, numerous field trips and in assorted counseling sessions with handicapped staff members.

"Many of our participants have fairly recent injuries which have confined them to wheelchairs, but they're not at all sure they can get out and go to school, find jobs, enjoy social activities and live as productive adults," observed Cole, who has a Ph.D. in psychology from Rice University.

Gottlieb is not typical of the New Options participants, largely because her disabling accident was so long ago and because of her age and sex.

"Most of our people come fairly soon — a few months or couple of years — after being paralyzed. All are in wheelchairs, most are quadraplegics and the majority are men in the 20-to-30 age range," Cole said.

Referrals to New Options come primarily from the Texas Rehabilitation Commission and directly from the TIRR staff at the main institute in the Texas Medical Center.

The program offers ongoing assessment of patients' disabilities and potential, intensive counseling, training modules for daily living and medical needs and many contacts with handicapped people who are "making it," Cole said.

At least two groups have made overnight trips out of the city to learn how to arrange travel and sightseeing. All regularly visit apartment complexes where wheelchair-bound persons live alone. They go to airports, bus and train stations, governmental agencies and offices, jobs where the disabled work, Cole explained.

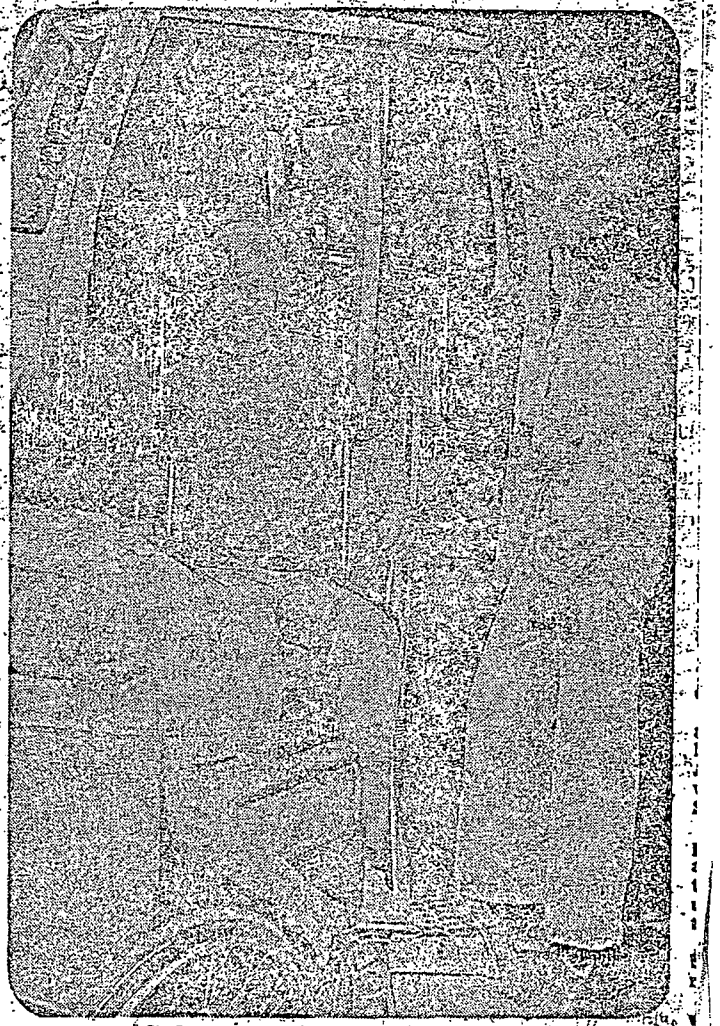
Participants must be at least 18 and can range up to about 50. The TIRR Annex can accommodate 10 at one time in the project but the average so far has been about six.

"New Options opened my eyes and my mind to what a fulfilling life I could have in spite of my handicap," Gottlieb said.

"I can't tell you how much self-confidence I acquired in those few weeks — I got over being ashamed that I was in a wheelchair," she confided.

Gottlieb enrolled at the University of Houston last spring. She hopes to get a degree in psychology next year.

"I'd like to do medical counseling," she said. "After all I've been through, I think I can help others who don't think they can enjoy life anymore."



⇐ *Cole, right, prepares for field trip*
— Post photo by Roger Powers

Quadriplegic Finds Surviv

By BRYCE NELSON
Los Angeles Times News Service

CHICAGO — John A. McWethy hasn't missed a day of work because of illness in more than five years.

Not an unusual record?

On a cold February afternoon in 1971, John McWethy's car unexplainedly careened off of Interstate 70 west of St. Louis. The crash broke McWethy's neck and seriously damaged his spinal cord. One doctor called it "the most severe kind of injury a person can have and still survive."

From that moment McWethy was a quadriplegic, paralyzed below the shoulders, having no control of his bowel or bladder functions, breathing solely from his diaphragm rather than supplementing his diaphragm with his rib cage muscles, and having no independent use of his hands and little use of his arms or wrists.

Since the accident, he has been unable to drive, walk, enter a car without being carried, dress or bathe himself.

THE GOLF AND sailing McWethy once did with such vigor are now mainly things to watch on television. A principal physical activity now is riding in his wheel chair on the sidewalk along his block in suburban Western Springs, stopping to talk to the neighborhood children whose conversation and cheerfullness he has grown to treasure.

McWethy frankly says now that as he lay paralyzed a month after his accident, he wanted to die. He contemplated suicide, a dark wish made even darker by the knowledge that he was physically incapable of committing suicide if he decided to do so.

In such deep depression, McWethy was typical of other quadriplegics, said Dr. Joel S. Rosen, the Rehabilitation Institute of Chicago's assistant medical director for spinal cord injuries.

After therapy at the institute, McWethy, aided by relatives and a highly supportive employer, summoned up the courage to go back to his job as managing editor of the Mid-west edition of The Wall Street Journal on Oct. 29, 1971. The McWethys say now they don't know whether he would have survived if he hadn't been allowed to continue his job.

"JOHN HAS WON the battle," was a teletype message sent out to all the Wall Street Journal bureaus from managing editor Fred Taylor on that first day of work.

But John McWethy has had to win the battle day by day.

Every day, he must find the will to endure the considerable mental and physical ordeals of getting ready for work, being driven downtown and showing creativity in his work day. Heat, cold and humidity bother him much more than they do other people, and he is worn out by the end of his six-hour daily stint.

McWethy admits he is in pain daily now, but he tries not to mention it to people at his office. He concluded long ago that people did not want to hear about his problems.

Long before McWethy's accident, the Wall Street Journal's Chicago bureau had become known as "the McWethy School of Journalism," because he recruited and trained many of those who went on to important positions on the Journal and other leading publications.

McWETHY MADE a special effort to recruit young people from universities beginning in the 1940s, both because he believed that the Journal's hiring had been hit-and-miss and because of his own difficulties in finding a newspaper job after he was graduated from Pomona College in 1934.

"I tried desperately to connect with a newspaper," he said of his own early career. He wanted to work in California, but was turned down for a copyreader's job at $15 a week. Unable to find work, he went to the journalism school at Columbia University in New York and, a year after graduation, was hired by the Wall Street Journal.

McWethy was on his way to recruit for the Journal at the University of Missouri's journalism school when his accident occurred. The only fortunate aspect of this devastating accident is that it occurred in a job-related activity, meaning that worker's compensation insurance covered all his medical expenses. McWethy said that the Liberty Mutual Insurance Co. has paid about $125,000 so far to cover other accident-related expenses.

"We would be literally destitute," he said, "if the accident had happened on a Sunday pleasure drive rather than a work assignment."

BUT WHILE THE money has been necessary, what the paralyzed person needs more is the help and support of other people. McWethy has been very fortunate in having a self-reliant wife, Mary, who has been willing to stick by him during tribulations that would have been impossible for her to contemplate before the accident. John and Mary McWethy celebrated their 40th wedding anniversary a few days ago.

"I couldn't live without Mary," McWethy said. "I've heard that 90 per cent of quads are divorced very quickly after their accidents. I'm surprised it isn't 100 per cent. It's an awful lot to ask of any spouse."

Mrs. McWethy is in good health and physically stronger than many women. But without the help of young attendants, paid for by the insurance, Mrs. McWethy said, the strain would be too much for her. The attendants, paidcarry, dress, bathe and drive McWethy during the work week.

IMMEDIATELY AFTER the accident, a brother-in-law of McWethy's, Dr. George Plain of South Bend, Ind., a surgeon, insisted that McWethy do his rehabilitation therapy at Chicago so as to be close to his job. Plain also emphasized by phone to McWethy's employers in New York that it was important for McWethy to keep his job to regain his self-esteem.

Plain's ideas bore fruit. While McWethy was in the Rehabilitation Institute of Chicago, Chicago reporters for the Journal would visit him and talk about their stories.

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bore fruit. While the Rehabilitation ago, Chicago repor- nal would visit him t their stories.

McWethy offered his advice and began gaining confidence that he could still make a contribution to his employer so as to truly earn his salary.

After the accident, managing editor Taylor wrote McWethy "Your value to the Journal lies not in your ability to hop, skip or jump, but in your judgment of people and news, which has proved over the years to be high. We can always hire someone to hop, skip and jump if we need those activities."

The Journal has also been generous in allowing McWethy to provide himself a work space which can be used by a quadriplegic and in letting him work a six-hour day. McWethy tires more easily than he did before his accident and a shorter day enables him to avoid time in rush-hour traffic.

McWETHY, ALWAYS a gregarious man, has found that he has to be much more affable than he was before his accident in order to attract the human relationships and conversations he needs.

He has changed a lot of his views about human beings.

Women now reach out much more to him than men. Women are most friendly, and sometimes kiss him on the face, the only place that he still has feeling. Those persons who reach out least to him, he says, are those who look like he did once — fast moving, well-educated career men, too busy to take out the time to talk to an old guy in a wheelchair.

The men who are most friendly on a casual basis are blue collar workers, black and white, janitors and others in low-paid service jobs — "people who have been stepped on know what it's like to be stepped on," McWethy said.

McWethy praises the rehabilitation institutes that help him but adds that there are many things such institutes can't teach a "quad." For example, he said, these institutes "don't offer a course in hiring attendants."

The McWethys found by trial and error that the best way to obtain attendants was to advertise in community and college newspapers.

"I've hired dozens of people during my career, but I never faced anything so difficult as getting an attendant," he said.

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Preservation

THE NEW OPTIONS PROJECT:

A LIVE-IN PROGRAM TO FOSTER SOCIAL ADAPTIVE SKILLS

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Texas Institute for Rehabilitation and Research
Houston, Texas

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FOR ORAL PRESENTATION ONLY: TO BE REVISED FOR PUBLICATION

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Getting from the first stages of medical rehabilitation to the point of active involvement in the community is a long and complex process for a severely disabled person. Traditionally we have placed great emphasis on refining the initial medical phase of this process. It is important to recognize that in spite of the great significance of this phase, it is actually one component of a much larger process of adaptation in the life of the individual.

This point is illustrated by the life course of one spinal cord injured, C-5,6 quadriplegic who became disabled at age 15. The following charts illustrate changes in the individual's living arrangements, activities, and mobility patterns over time. After spending six months in a rehabilitation hospital this individual lived five years at home with his parents in a small town, two years in a nursing home in Houston, and two years in a dormitory-style residential project with shared attendant and transportation services. He is now living in an apartment cluster that offers shared attendant service. His activity patterns have also followed a developmental sequence. After completing high school, Ed was inactive for several years before beginning training in computer programming. He then started school at the University of Houston and will finish school in December. His

mobility patterns show a similar evolution. Initially he relied on his family for transportation. He then used shared special transportation by van, and now has purchased his own car and has learned to transfer himself in and out and to load and unload his wheelchair.

The relationships between these areas of Ed's life and the time sequence of important changes he initiated illustrate the complexity and on-going nature of the adaptive process involved in becoming active in the community. An analysis of these factors over time also emphasizes the fact that to a great extent the adaptive process occurs after the initial phase of medical rehabilitation, often with little or no assistance from rehabilitation facilities or professionals. Traditionally our long-term follow-up efforts have considered primarily of on-going medical services. Perhaps we need to focus more broadly on the adaptive process as a whole. This is increasingly important as more and more opportunities become available to severely disabled persons for independent living, for job training and employment, and for transportation. There are many individuals who are unable to take advantage of these opportunities because they lack the necessary information, skills, and psychological resources needed to establish goals and plans and to put together all the pieces of the complex puzzle. With appropriate assistance, such opportunities can be feasible goals for many severely disabled persons.

Last summer the Texas Institute for Rehabilitation and Research in Houston began a pilot project designed to facilitate the long-term process of community adaptation. The New Options Transitional Project is a six-week live-in training program. Its content is derived largely from the life experiences of 40 severely disabled young adults who lived in the Institute's previous Cooperative Living residential project from 1972 through 1975.

In planning the new transitional project we have traced the experiences of the Cooperative Living residents and talked with them about how they initiated changes in their lives. There seem to be several important prerequisites for becoming actively involved in the community. One of these is having information about what opportunities are available and the knowledge of how to get needed information. The second prerequisite is the possession of certain personal skills that are needed in order to take advantage of available opportunities. These skills may include social assertiveness, diplomacy, an ability to budget energy well, or an ability to manage financial affairs. Some persons have these skills before becoming disabled, but in many cases they must be learned. A third important prerequisite is a more general skill that may be termed problem-solving capability. This involves the ability to analyze a situation, to obtain new information, to make decisions, and to formulate sequential plans. It involves being able to anticipate consequences and to take action before crises develop. The New Options

project is intended to foster each of these kinds of capabilities.

In order to convey important information and to teach people needed skills, we have established a series of training modules. These modules are intended to show people the range of options available to them in living arrangements, in education/vocational training, in employment, in transportation, in the performance of physical tasks, and in social and sexual relationships. Modules are also offered to help people develop new skills in managing financial affairs, dealing with attendants, budgeting energy, developing social assertiveness, goal-setting and problem-solving. A typical week includes about 30 hours of planned program activities. Time is also built into the schedule for participants to work on individual projects such as drivers training.

A variety of teaching methods are used in the project. Training modules include classroom instruction, group discussions, and numerous fieldtrips into the community. The modules are usually co-lead by a regular staff member and a staff associate. The associates are handicapped persons who are actively involved in the community and who are paid to work in the project. They are an important resource, providing extensive information to participants and serving as behavior models. We have tried to choose a variety of associates who represent differing lifestyles

and diverse values and viewpoints. The extensive use of staff associates is based on our observation of the importance of modeling in the previous residential project.

The New Options staff includes a project director, a research director, a program adviser with a social work background, a functional skills adviser with a P.T. background, and a part-time vocational counselor. In addition to organizing group activities, each of these persons is involved in goal-setting and problem-solving with participants on a one-to-one basis. The purpose of this counseling is to help the individual learn to solve problems on his own. This approach often involves departures from traditional professional roles in which we often tend to solve problems for clients rather than letting them devise their own solutions.

An important element of New Options, in addition to the program content, is the experience of living for six weeks in a dormitory-style setting with a non-professional attendant staff. Participants frequently interact with each other informally on a one-to-one basis, and there seem to be some important effects of this close interaction with peers. Many participants have never been away from the personal care of family members or a nursing staff, and learning to manage the interaction with attendants and direct their own care is an important skill to be acquired.

The New Options project as a whole is an experiment in the relatively unexplored area of community adaptation. There are many unknowns in this area. How does a transitional learning experience best fit into the individual's long-term sequence of adaptation? Should it be a one-time experience, or is some type of follow-up or recycling through the program needed? What kinds of information and skills are needed by individuals with differing capabilities, backgrounds, and personal circumstances? What are effective methods for conveying needed information and for teaching important skills? What are the possible outcomes? It seems reasonable to expect that for some persons the project will only raise expectations that can never be met. Can we learn to predict outcomes in order to choose participants for whom the project will be helpful?

Research addressing these kinds of questions is an important part of the project. We are using a variety of methods to monitor the evolution of the project itself and to assess individual outcomes over time. The development of appropriate research strategies is itself a major challenge, and we will utilize a variety of specific research methods.

The fundamental question is whether or not the project can provide experiences that will help individuals like

Ed negotiate the complex process of adaptation in less time and with less difficulty than would be required on their own. One goal of the project is to help individuals work out concrete plans for their lives after they leave New Options. Perhaps more importantly, I hope we can teach them some general problem-solving capabilities and adaptive skills that will stand them in good stead in whatever circumstances they may later find themselves.

IMPORTANT NOTICE

Someone is missing our **NEW OPTIONS** *program. Is it you?*

New Options is a six-week live-in program for severely handicapped persons who have completed physical rehabilitation programs, but who want to make changes in their living, work, or social situations.

New Options *offers an opportunity to look at the future and what is now available to disabled adults––such as apartment living, educational and training opportunities, leisure time activities, sexuality, and many other important areas of life.*

New Options consists of spending six weeks at the TIRR Annex, living with other disabled persons. Activities in the program include such things as visiting apartment complexes which are modified for people in wheelchairs, participating in group discussions, talking with disabled people living in the community, and visiting employment, school, and training facilities.

New Options offers a chance to look at the future. Professional staff is available to assist in learning new ways to make important decisions.

For more information on how this program can assist you to make changes in your life, meet people, and work hard at helping yourself, contact

NEW OPTIONS
TIRR ANNEX
105 DREW STREET
HOUSTON, TEXAS 77006
713–797–1440

New Options is a pilot project sponsored by the *Texas Institute for Rehabilitation and Research*, Houston, Texas.

GE INFORMATION SERVICES

THE KEY FACTS

GE information services is a new dimension in information management. It offers users more of everything. More capability, from interactive time-sharing to batch processing. Greater computational and data management power. Superior reliability. Larger geographic scope.

The customer user sees this total service as a single integrated system which, nevertheless, is multi-faceted and flexible enough to efficiently handle almost any kind and size of information handling need. As such, GE service provides a superior alternative to the dilemma of upgrading and expanding in-house computer systems or simply getting along without the necessary information handling capability.

PEOPLE WHO NEED GE INFORMATION SERVICES

More than 1.5 million user hours have been logged on GE systems by some of the most demanding users in the world. These users find the following service features of particular appeal:

- Cost Control: GE customers have the advantage of variable-cost computing as opposed to fixed-cost computing. No capital investment is required, as customers use GE's billion-dollar system for as often as long, and as much as needed from day to day.
- Flexibility: Both interactive time-sharing and batch processing are provided by a single fully integrated service.
- Availability: Service availability levels are industry pace-setters.
- Scope: GE offers unprecedented geographic scope. Wherever there is a telephone, GE information service can be accessed. The access can be made with local calls in over 400 cities in North America, Europe, Japan, and Australia.
- Reliability: Quality equipment, backed by an uninterruptible power supply, provides one of the highest "up-times" in the industry.
- Expandability: The system constantly grows in capacity and technology to meet the expanding needs of customers.
- Security: Customer files are manipulated and stored, with full security, in a system housed in the safest environment possible.

lectures, discussions, field trips, practice assigned

1 week modules

½ day programs/seminars for ref.

M T W — lectures

Th — field trip

F — research & planning

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setting, time, act, feeling, key, & endup (ie: MBD/bed in room/bed in house alone)

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shopping, recreation, transp., rights, job, edu, med-med business, home reds, alt-mgt available PT + OT

Price Schedule for Mark III Service

January 1, 1975

lose $650 net

1. INITIATION OF SERVICE CHARGES

The initial validation charge for Service is $100.

2. MONTHLY CHARGES

Monthly charges will be calculated on the basis of Customer usage, subject to a minimum of $5.00 per invoice and a minimum monthly charge of $100 per catalog for Foreground and, if validated, $100 for Background both after the second billing month from the date upon which the Customer's validation was initiated. File conversions and miscellaneous charges shall not be used to determine attainment by Customer of the monthly minimum charge per catalog. Each valid User Number requires one Program Storage Unit -- the charge for this PSU applies toward the monthly minimum charge. Usage of this Service shall be independent of other services and shall be separately accumulated, treated and billed (except for the Initiation of Service Charge). Charges will be determined as follows:

3. FOREGROUND (Conversational time-sharing, conversational remote job entry, high-speed job entry and retrieval)

Terminal Connect Time & Input/Output Characters -- Terminal Connect Time is that period of time in minutes elapsed between connect time and disconnect time as indicated and/or recorded by the system. Terminal Connect Time as recorded by the system is accumulated periodically (usually daily) and totaled in hours (hundredth of an hour for less than a full hour) for the period involved. The sum of such periodic accumulations and calculations in any monthly billing period constitutes the total monthly Terminal Connect Time to be charged. Input/Output Characters are measured per thousand characters as indicated and/or recorded by the system. Input/Output Characters are defined as all characters, including non-printing control characters, transmitted to and received from the system.

The following options are available per catalog:

	Terminal Connect Time	Input/Output Characters
Option (1)	$ 7.00 per hour	$ .25 per thousand
Option (2)	$10.00 per hour	$ .10 per thousand
Option (3)	$13.50 per hour	(No Charge)

Upon initiation of service, Customer should communicate a choice of options and will be billed according to that choice. If he does not so indicate, he will be billed under (1). If Customer wishes to change the option selected, he must so notify the Company of this desire in writing and of the new option chosen. If Company is notified by the fifteenth (15th) of the month, the new option will take effect in the succeeding billing month.

1200-Baud Service

Plan 1	Terminal Connect Time	$30.00/hour
Plan 2	Terminal Connect Time	$15.00/hour
	Input/Output Characters	$ .15 per thousand

When a Customer communicates a choice, he will be billed according to that choice. If he does not so indicate, he will be billed under Plan 1. If Customer wishes to change the option selected, he must so notify the Company of this desire in writing and of the new option chosen. If Company is notified by the fifteenth (15th) of the month, the new option will take effect in the succeeding billing month.

High Speed Service (2000-4800 Baud)

Terminal Connect Time	$16.00/hour
Input/Output	$ .20/hundred records

After 8:00 PM and prior to 8:00 AM catalog time and all day Saturday and Sunday, the High Speed Service prices will be reduced 50%. Catalog time is defined as the time zone in which that catalog is validated. This is where the greatest usage occurs, not necessarily where catalog control is located.

RPS III Service

$800.00/month

A credit shall be applied against the monthly rental of the RPS III Print Station and will be equal to 50% of the total high speed service usage, up to a maximum monthly credit of $600.00 per print station, in the catalog(s) owned by the customer and accessed by the print station. In the case where multiple RPS III Print Stations access a single catalog, the credit to be applied will be divided evenly among the print stations and will not exceed $600.00 per month per print station.

A one-time charge of $400.00 will be made for installation and removal of the print station. An additional charge will be made for remedial maintenance in certain designated geographic areas.

(See next page for additional price schedule)

pretest - posttest

Control group

to meas. effectiveness of programmed modules

Solomon four-group

counter-balance

adds to external validity

---

longitudinal multi-meas

time series

review mgt; transformation

feedback

good external validity

to meas. relationships & attitudinal changes

inventory

survey

direct observation

- unobtrusive

interview

to complement primary gross from meas.

questionnaires

multi-method multi-trait

convergent approach

D. Cole

Office of Human Development
Rehabilitation Services Administration

Our Reference: 13-P-57889/6-01

SEP 30 1976

Dr. William Spencer
Texas Institute for Rehabilitation
and Research
1333 Moursund Avenue
Houston, Texas 77025

Dear Dr. Spencer:

I am pleased to advise you that your application for the above referenced grant entitled, "Transitional Living: A Model for the Severely Physically Handicapped", has been approved. The Notice of Grant Awarded for $125,000 is enclosed.

Questions concerning any program or technical aspects of your project should continue to be referred to Mr. Paul Thomas at (202) 245-0906. Any fiscal or administrative problems should be referred to Mr. Leo J. Eger at (202) 245-0474.

The financial report for this grant budget period will be due December 29, 1977. Enclosed is a report form. The completed form should be returned to the following address:

Division of Grants and Contracts
Office of Human Development
Mary E. Switzer Memorial Building, Room 1427
330 "C" Street, S.W.
Washington, D.C. 20201

Very sincerely,

Dr. Andrew S. Adams
Commissioner of Rehabilitation Services

Enclosures
cc: Regional Office
Project Officer
Chrono OHD/GCM:ADaughtry:rlh9/30/76

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development

NOTICE OF GRANT AWARDED

1. GRANTING OFFICE	2. CATALOG NO.	3. GRANT NO.	4. AMEND. NO.
Rehabilitation Services Admin.	13.627	13-P-57009/6-01	

5. TYPE OF GRANT AWARDED

Under Authority of P.L. 93-112, as amended and subject to Pertinent DHEW & OHD Regulations and Policies Applicable to:

- [x] RESEARCH GRANT
- [ ] DEMONSTRATION GRANT
- [ ] TRAINING GRANT
- [ ] SERVICE GRANT
- [ ] OTHER _____ (Specify)

6. BUDGET PERIOD: FROM 9/30/76 THROUGH 9/29/77

7. TOTAL PROJECT PERIOD: FROM 9/30/76 THROUGH 9/29/79

8. TYPE OF GRANT
- [x] NEW
- [ ] COMPETING EXTENSION
- [ ] CONTINUATION
- [ ] SUPPLEMENT
- [ ] REVISION FOR ( ) See Reverse for explanation

9. PROJECT/PROGRAM TITLE

Transitional Living: A Model for the Severely Handicapped

10. GRANTEE ORGANIZATION

Texas Institute for Rehabilitation
and Research
1333 Moursund Avenue
Houston, Texas 77025

11. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR

Jean A. Cole, Ph.D.

13. CONGR. DISTRICT	14. COUNTY
22	Harris

12. APPROVED BUDGET

PERSONNEL	$
FRINGE BENEFITS	
TRAVEL	
EQUIPMENT	
SUPPLIES	
CONTRACTUAL	
OTHER	
TRAINEE STIPENDS (No.)	
DEPENDENCY ALLOWANCE	
TRAINEE TUITION & FEES	
DIRECT COSTS	$
INDIRECT COSTS	
CALCULATED AT ____% OF $ ____	
TOTAL FEDERAL APPROVED BUDGET	$ 125,000

15. AWARD COMPUTATION

A. TOTAL FEDERAL APPROVED BUDGET	$ 125,000
B. UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIOD(s)	$
C. TOTAL AMOUNT AWARDED THIS BUDGET PERIOD	$ 125,000

16. AMOUNT AWARDED - THIS ACTION $ 125,000

17. TOTAL GRANTEE PARTICIPATION 5.0%

18. SUPPORT RECOMMENDED FOR REMAINDER OF PROJECT PERIOD

PERIOD		TOTAL FEDERAL COSTS
02	9/30/77-9/29/78	$125,000
03	9/30/78-9/29/79	125,000

19. REMARKS

Grantee is requested to submit a revised budget by October 31, 1976.

This award will be paid through the DHEW system.

20. CAN NO.	21. APPROP. NO.	22. APPLICANT EIN
[illegible]	7560135	174 333 467 9A1
	23. OBJECT CLASS: 41.41	24. PAYEE EIN: SAME

25. Signature - OHD GRANTS OFFICER [signature] DATE 9-30-76

26. Signature - CERTIFYING OFFICER [signature] DATE 9/30/76

27. SIGNATURE AND TITLE — PROGRAM OFFICIAL
[signature] DATE 9/30/76
Dr. Andrew S. Adams
Commissioner of Rehabilitation Services

FORM OHD-102

3 - PROJECT/PROGRAM DIRECTOR

TIRR R&D GRANT PROPOSAL: TRANSITIONAL LIVING: A MODEL FOR THE SEVERELY PHYSICALLY HANDICAPPED

REVISED BUDGET - 9/24/76

BUDGET BUREAU NO. 83R0250
APPROVAL EXP. 9/30/74

DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE
SOCIAL AND REHABILITATION SERVICE

APPLICATION FOR PROJECT GRANT

1. ADMINISTRATION/OFFICE

- [ ] COMMUNITY SERVICES ADMINISTRATION
- [ ] OFFICE OF MANPOWER, DEVELOPMENT & TRAINING
- [X] OFFICE OF RESEARCH AND DEMONSTRATIONS
- [ ] OTHER
- [ ] REHABILITATION SERVICES ADMINISTRATION

LEAVE BLANK

SRS-PGN

DATE RECEIVED

REMARKS:

2. SRS PROGRAM/POPULAR NAME

Rehabilitation R&D

3. TITLE OF PROJECT *(Limit to 53 Typewriter Spaces)*

Transitional Living: A Model for the Severely Physically Handicapped

4. TYPE OF APPLICATION *(SRS Project Grant No.* 13P57889/6-01 *)*

- [X] NEW
- [ ] CONTINUATION
- [ ] RENEWAL
- [ ] REVISION
- [ ] SUPPLEMENT

5. PROJECT INVOLVING HUMAN SUBJECTS

A. [ ] NO B. [ ] YES APPROVED:

C. [X] YES-PENDING REVIEW: May, 1975 _____ *Date*

6. MAJOR PROGRAM EMPHASIS

Severely Handicapped

7. PROGRAM DIRECTOR *(Name, Title, Department, and Address - Street, City, State, and Zip Code)*

Jean A. Cole, Ph.D.
Residential Services
Texas Institute for Rehabilitation
& Research - 1333 Moursund Avenue
Houston, Texas 77030

SOCIAL SECURITY NO.	AREA CODE	TELEPHONE NO.
478-54-9175	713	797-1440 x.504

8. APPLICANT ORGANIZATION *(Name, Sponsoring Dept., and Address- Street, City, State, and Zip Code)*

Texas Institute for Rehabilitation
& Research - 1333 Moursund
Houston, Texas 77025

COUNTY	CONGRESSIONAL DISTRICT
Harris	22

9. NAME, TITLE AND ADDRESS OF OFFICIAL AUTHORIZED TO SIGN FOR APPLICANT ORGANIZATION

William A. Spencer, M.D., Director
Texas Institute for Rehabilitation
& Research - 1333 Moursund, Hous., Texas 77030

10. ORGANIZATION CURRENTLY ACCREDITED:

- [X] YES
- [ ] NO

IF YES, BY WHOM Joint Commission on Accreditation of Hosps. Commission on Accreditation of Rehabilitation Facilities

11. DATES OF:

	FROM	THROUGH	TOTAL AMOUNT
A. PROJECT PERIOD	10-1-76	9-30-81	$718,639
B. BUDGET PERIOD	10-1-76	9-30-77	$124,989

12. TYPE OF ORGANIZATION *(Check applicable item)*

PUBLIC INSTITUTION:

- [ ] FEDERAL
- [ ] STATE
- [ ] LOCAL
- [ ] OTHER

PRIVATE INSTITUTION:

- [XX] NONPROFIT
- [ ] PROFIT

13. ADDRESS WHERE MAJOR PORTION OF PROGRAM WILL BE CONDUCTED IF DIFFERENT FROM ITEM 8.

105 Drew Street
Houston, Texas 77006

COUNTY	CONGRESSIONAL DISTRICT
Harris	18

14. PAYEE *(Specify to whom checks should be sent) (Name, Title, Full Address)*

Mr. Nicholas Hott, Business Manager
Texas Institute for Rehabilitation
& Research - 1333 Moursund, Hous, Texas 77030

For Continuation and Grants ONLY

15. HAVE ANY INVENTIONS BEEN CONCEIVED OR FIRST ACTUALLY REDUCED TO PRACTICE IN THE COURSE OF THIS PROJECT?

- [ ] NO
- [ ] YES, PREVIOUSLY REPORTED
- [ ] YES, NOT PREVIOUSLY REPORTED (ATTACH LIST)

16. TERMS AND CONDITIONS. The undersigned accept, as to any grant awarded, the obligation to comply with: terms and conditions pertinent to the awarding program, HEW Grant Regulations/Policies, and Other Federal Statutes and Regulations relevant thereto, Title VI of the Civil Rights Act of 1964 (PL 88-352) and the Regulation issued pursuant thereto, and state that the formally filed Assurance of Compliance with such Regulation (Form HEW-441) applies to this project. The undersigned also certify that they have no commitments or obligations inconsistent with compliance with the above.

17. SIGNATURES *(Signatures required on original copy only. Use ink. Per signatures not acceptable.)*

A. SIGNATURE OF PERSON NAMED IN ITEM 9 — DATE 9-24-76.

B. APPROVED BY: SIGNATURE OF STATE AGENCY OFFICIAL _____ — DATE

TITLE:

18. BUDGET SUMMARY FOR PERIOD SHOWN IN ITEM 11B PAGE 1
(COMPLETE ITEMS 19 THRU 25 BEFORE THIS PAGE)

A. DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES

BUDGET CATEGORY	FEDERAL FUNDS (ONLY)
1. PERSONNEL (INCLUDE FRINGE BENEFITS)	75,325.
2. EQUIPMENT	
3. CONSUMABLE SUPPLIES	800.
4. TRAVEL (STAFF)	2,000.
5. CONSULTANT EXPENSES	6,000.
6. OTHER EXPENSES	14,500.
7. TOTAL DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES	$ 98,625.

B. DIRECT TRAINEE EXPENSES (COMPLETE SECTION B FOR TRAINING GRANTS ONLY)

1. STIPENDS (INCLUDE DEPENDENCY ALLOWANCE)	
2. TUITION AND FEES	
3. TRAVEL	
4. TOTAL DIRECT TRAINEE EXPENSES	$

C. TOTAL DIRECT COST (LINES A7 and B4) — $

D. INDIRECT COST EXPENSES:
(A) IS INDIRECT COST REQUESTED: ☐ NO ☒ YES
(B) PERCENTAGE RATE: 35.0 %
(B) DHEW NEGOTIATED AGREEMENT DATE: 2-3-76
(D) BASED ON: ☒ S&W ☐ TADC
(E) BASE: $ 75,325.
$ 26,364.

E. GRAND TOTAL (TOTAL LINES, C AND D)	%	$ 124,989.
F. TOTAL GRANTEE PARTICIPATION (OMIT FOR RESEARCH PROJECTS) (GRANTEE PARTICIPATION, HOWEVER, MUST BE SHOWN IN ITEM 34)	%	$
G. TOTAL PROJECT COST (TOTAL LINES, E AND F) (OMIT FOR RESEARCH PROJECTS)	100%	$

19. SCHEDULE OF PERSONNEL EXPENSES FOR PERIOD SHOWN IN ITEM 11B PAGE 1

A. PROFESSIONAL

NAME (1)	TITLE (2)	ANNUAL SALARY (3)	PERCENTAGE OF TIME OR EFFORT SPENT ON PROJECT (4)	FEDERAL FUNDS REQUESTED (5)	
Jean A. Cole, Ph.D.	Project Director	$ 18,150	100 %	$ 9075	*
Lex M. Frieden	Research Director	11,500	100	3450	*
Medical Social Worker	Program Adviser	14,000	100	14000	
PT-OT	Functional Skills Advisor	15,000	100	15000	
Nurse Clinician		14,000	20	2800	
Vocational Counselor		18,000	20	3600	
	(includes fringe benefits)				
FRINGE BENEFITS (SEE INSTRUCTIONS)					
TOTAL PROFESSIONAL PERSONNEL EXPENSES				$ 47,925.	

B. OTHER PERSONNEL

JOB CLASSIFICATION (1)	ANNUAL SALARY (2)	PERCENTAGE OF TIME OR EFFORT SPENT ON PROJECT (3)	FEDERAL FUNDS REQUESTED (4)	
Research Assistant	$	100 %	$ ---	*
Secretary-Documentarian		100	7200.	
Staff Associates(active handicapped individuals in the community to serve as resource persons)		variable	8000.	
Residential Manager		100	7200.	
Care Attendants		100	5000.	**
(includes fringe benefits)				
FRINGE BENEFITS (SEE INSTRUCTIONS)				
TOTAL OTHER PERSONNEL			$ 27,400.	
TOTAL ALL PERSONNEL (A + B) (TRANSFER TO ITEM 11B, A, LINE 1)			$ 75,325	

EXPLANATION OF FRINGE BENEFIT CALCULATIONS:

A. PROFESSIONAL

B. OTHER PERSONNEL

*Remaining portion of these salaries to be paid by RT-4 funds. See budget justification page 9

**Remainder of these salaries to be paid by per diem revenue. See budget justification, page 9.

20. SCHEDULE OF EQUIPMENT EXPENSES
LIST INDIVIDUAL ITEMS OF EQUIPMENT AND THEIR ACCESSORIES

THE APPLICANT CERTIFIES THAT: (1) the equipment listed below is not already on hand and readily available for use by project personnel, and (2) the applicant employs an effective system of equipment utilization and management.

ITEM (1)	FEDERAL FUNDS REQUESTED (2)
	$
TOTAL EQUIPMENT EXPENSES (TRANSFER TO ITEM 18, A. LINE 2)	$

21. SCHEDULE OF CONSUMABLE SUPPLY EXPENSES
LIST IN GROUPS

(1)	FEDERAL FUNDS REQUESTED (2)
Office Supplies	$ 300.00
Research Supplies (printing and duplicating)	500.00
TOTAL CONSUMABLE SUPPLY EXPENSES (TRANSFER TO ITEM 18, A. LINE 3)	$ 800.00

22. SCHEDULE OF TRAVEL EXPENSES (STAFF) (1)	FEDERAL FUNDS REQUESTED (2)
	$
Travel involved in development and evaluation of project	2,000.00
TOTAL TRAVEL EXPENSES (STAFF) (TRANSFER TO ITEM 18, A. LINE 4)	$2,000.00

23. SCHEDULE OF CONSULTANT EXPENSES (1)	FEDERAL FUNDS REQUESTED (2)
Educational-communications consultants to assist in preparation of training materials.	$6,000.00
Additional consultant services to be provided at no cost to the project by David D. Stock, M.S.W., Director of Outpatient Services; Charles R. Poor, M.S., Director of the Vocational Unit; Shalom E. Vineberg, Ph.D., Clinical Professor of Psychiatry and Rehabilitation	
TOTAL CONSULTANT EXPENSES (TRANSFER TO ITEM 18, A. LINE 5)	$6,000.00

24. SCHEDULE OF OTHER EXPENSES LIST ALL OTHER EXPENSES CHARGEABLE TO THE PROJECT (1)	FEDERAL FUNDS REQUESTED (2)
Computer time	$3,000.00
Expenses involved in preparation of training materials (videotapes, films, slides, tapes, written text materials)	11,500.00
TOTAL OTHER EXPENSES (TRANSFER TO ITEM 18, A. LINE 6)	$14,500.00

25. SCHEDULE OF TRAINEESHIP EXPENSES
(COMPLETE THIS SCHEDULE FOR TRAINING APPLICATIONS (ONLY)

A. TITLE OF PROFESSION OR DISCIPLINE:

B. STIPEND CLASSIFICATION	NUMBER OF TRAINEES	DAYS/ MONTHS OF TRAINING	STIPEND	DEPENDENCY ALLOWANCE		TOTAL STIPENDS & DEPENDENCY ALLOWANCE (c + e)	TUITION AND FEES	TRAVEL ALLOWANCE	TOTAL
				NUMBER OF DEPENDENTS	AMOUNT OF FUNDS				
	a.	b.	c.	d.	e.	f.	g.	h.	i.
1. SHORT TERM			$		$	$	$	$	$
2. UNDERGRADUATE (PRE-BACCALAUREATE)									
3. PRE-DOCTORAL FIRST YEAR									
SECOND YEAR									
THIRD YEAR									
FOURTH YEAR									
FIFTH YEAR									
4. POST-DOCTORAL FIRST YEAR									
SECOND YEAR									
THIRD YEAR									
5. RESIDENCY FIRST YEAR									
SECOND YEAR									
THIRD YEAR									
6. POST-RESIDENCY FIRST YEAR									
SECOND YEAR									
7. SPECIAL (ENTER STIPEND AMOUNT)									
SUB-TOTALS			$		$	$	$	$	$
TOTAL TRAINEE EXPENSES (*Transfer to Item 18, B. Lines:*						(1)	(2)	(3)	$

26. BUDGET ESTIMATES FOR TOTAL PROJECT PERIOD (OMIT CENTS - THESE FIGURES DO NOT CONSTITUTE A COMMITMENT): TO BE COMPLETED FOR NEW AND RENEWAL APPLICATIONS ONLY.

DESCRIPTION	1ST YEAR SAME AS PAGE 2 (1)	2ND YEAR (2)	3RD YEAR (3)	4TH YEAR (4)	5TH YEAR (5)	TOTAL (6)
A. DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES	*(Federal Funds Only)*					
1. PERSONNEL (SALARIES, FRINGE BENEFITS, ETC.)	$ 75,325	$ 90,000	$ 100,000	$ 95,000	$ 90,000	$ 450,325
2. EQUIPMENT						
3. CONSUMABLE SUPPLIES	800	800	800	800	1,500	4,700
4. TRAVEL (STAFF)	2,000	2,000	2,000	2,000	1,500	9,500
5. CONSULTANT EXPENSES	6,000	6,000	6,000	6,000		24,000
6. OTHER EXPENSES	14,500	14,500	14,500	14,500	14,500	72,500
7. TOTAL DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES	$ 98,625	$ 113,300	$ 123,300	$ 118,300	$ 107,500	$ 561,025
B. DIRECT TRAINEE EXPENSES	*(Federal Funds Only) (Applicable to Training Grant ONLY)*					
1. STIPENDS AND DEPENDENCY ALLOWANCE	$	$	$	$	$	$
2. TUITION AND FEES						
3. TRAVEL						
4. TOTAL DIRECT TRAINEE EXPENSES	$	$	$	$	$	$
C. TOTAL DIRECT COST (LINES A7 + B4)	$ 98,625	$ 113,300	$ 123,300	$ 118,300	$ 107,500	$ 561,025
D. INDIRECT COSTS *(Federal Funds Only)* 35.0 %	$ 26,364	$ 31,500	$ 35,000	$ 33,250	$ 31,500	$ 157,614
E. TOTAL PROJECT PERIOD ESTIMATES *(Totals of schedules (C + D)*	$ 124,989	$ 144,800	$ 158,300	$ 151,550	$ 139,000	$ 718,639
F. GRANTEE FUNDS *(including both direct & indirect costs) (Omit for Research and Demonstration Projects)* Dollars	$	$	$	$	$	$
Percent	%	%	%	%	%	%

REMARKS *(Justify continuing funds where the need may be apparent)*

THE FOLLOWING PERTAINS TO YOUR CURRENT BUDGET. THIS PAGE MUST BE COMPLETED WHEN REQUESTING SUPPORT FOR CONTINUATION AND RENEWAL GRANTS ONLY

27. FISCAL DATA FOR CURRENT BUDGET PERIOD (TOTAL FEDERAL GRANT FUNDS ONLY)	FROM	THROUGH

A. CURRENT BUDGET $ _____

B. ACTUAL EXPENDITURES THROUGH _____ (Insert Date) $ _____

C. ESTIMATED ADDITIONAL EXPENDITURES FOR REMAINDER OF CURRENT BUDGET PERIOD $ _____

D. TOTAL ESTIMATED EXPENDITURES $ _____

E. ESTIMATED UNEXPENDED FUNDS $ _____

USE SPACE BELOW TO EXPLAIN ANY SIGNIFICANT AMOUNT SHOWN IN ITEM E.

28. EXPLANATION AND JUSTIFICATION BY BUDGET CATEGORIES AS LISTED IN SCHEDULES (19 THRU 25) (SEE INSTRUCTIONS)

Schedule 19: Personnel:

Project Director Jean A. Cole, Ph.D.	responsible for overall project coordination and for developing liason with resource organizations and individuals; will play a role in developing program content and in conducting anthropological research (remaining portion of salary to be paid by RT-4 funds).
Research Director Lex M. Frieden Ph.D. candidate	responsible for developing research design and for supervising data collection; will play a role in program development, particularly in providing on-going evaluation of effectiveness (remaining portion of salary to be paid by RT-4 funds)
Program Adviser	responsible for helping participants with self-assessment and with setting goals and planning their participation in the project; will play a role in developing program content; will serve as project social worker
Functional Skills Adviser	responsible for portions of programming dealing with functional capabilities in various environmental contexts; to serve as regular consultant to participants
Nurse Clinician	responsible for portions of programming that deal with self-care and medical management; to serve as regular consultant to project participants
Vocational Counselor	responsible for vocational areas of programming and for coordinating vocational services with other resource organizations; to serve as regular consultant to project participants
Staff Associates	handicapped active persons who can serve as useful models will be hired on a part-time basis as needed to assist with training modules and to accompany participants on field trips in the community
Research Assistant	responsible for data collection, recording and organizing research information under supervision of Research Director (entire salary to be paid by RT-4 funds)

Secretary-Documentarian	provides general secretarial-clerical assistance to entire staff; assists in data collection and recording under supervision of Research Director
Residential Manager	responsible for day-to-day operation of residential system including attendant service, meals, and transportation
Driver	responsible for scheduling transportation and for driving and maintaining project van (salary to be paid by per diem revenue)
Care Attendants	provide daily physical assistance required by residents (remainder of salaries to be paid by per diem revenue)

Schedule 21: Consumable Supplies

Office supplies to be used for general project operation; research supplies to be used in producing data collection instruments and in recording and storing information.

Schedule 22: Travel

Travel funds to be used by staff members in developing, evaluating, and disseminating training modules and in disseminating results of research on the project.

Schedule 23: Consultant Expenses

Consultants in the fields of education and communications will be used in the development of training materials for the project.

Schedule 24: Other Expenses

Computer time to be used for data storage and analysis. Additional costs of data processing to be paid by RT-4 funds.

Training materials to be developed and tested in the project will include videotapes, films, tapes, slides, and written text materials.

NEW OPTIONS

NEW OPTIONS is a six-week live-in program designed to help severely physically disabled persons acquire skills necessary for re-integration into the community.

Goals of community integration may include the establishment of independent living, educational and vocational involvement, and active social participation in the mainstream of society.

New Options will include on-going assessment and counseling, training modules, structured contacts with active handicapped persons in the community, and will generally place new emphasis on improving an individual's capabilities in a variety of environments.

This pilot project is sponsored by the Texas Institute for Rehabilitation and Research, Houston, Texas.

WHO CAN PARTICIPATE

New Options is intended for severely physically handicapped persons living in nursing homes, family homes, or other situations where integration into the mainstream of society has been hindered. Initially the participants will be single persons with spinal cord injuries who are between the ages of 18 and 35, though the population will be sytematically diversified as the program progresses. Announcements of changing eligibility criteria will be made. All participants must be medically stable (i.e. not suffering from any acute illness or problems such as pressure sores) and must be physically capable of being up and active at least eight hours a day.

ELEMENTS OF THE PROGRAM

1) Residential Support System
   Basic supportive services will be provided at the TIRR Annex for the six-week period. Services will be organized on a shared basis and will include meals, non-professional attendant help 24 hours a day, and transportation for field trips and other local activities.

2) On-Going Assessment and Consultation
   Consultation with the project social worker, vocational counselor, nurse, and other rehabilitation professionals will be regularly available. Participants will be expected to take the initiative in requesting help from consultants in meeting goals they have set.

3) Contacts with Active Handicapped Persons in the Community
   Structured contacts with active and independent severely handicapped persons in the community will be a major aspect of the program. Through peer modeling, participants may observe the ways in which other handicapped persons deal with everyday problems of mobility, physical needs, and managing social interaction.

4) Field Trips
Visits will be made to agency offices, employment locations, vocational training programs, university campuses, governmental hearings, and a variety of other locations. A major purpose of these trips will be to provide opportunities for persons to socialize in a wide variety of situations and to have them negotiate a wide range of obstacles to mobility. Transportation will be provided.

5) Individual Practice Activities
Individual rehearsal of new capabilities will occur at several levels, ranging from role playing to actual assignments in the community.

6) Buddy Counseling
Each participant will be assigned a buddy who will assist in making decisions and working through many personal problems which arise with change. Each participant must agree to serve as a buddy to another participant prior to leaving the program.

7) Training Modules
A series of training modules will provide information and experience in areas important for living, educational and vocational involvement, and social participation. Written text materials, slides, tapes or videotapes, group discussions, role playing, field trips, and a variety of other techniques will be utilized.

Modules Include:

Attendant Management	how to hire an attendant, how to explain needs, how to manage the intensive social interaction that is often involved in an employer-attendant relationship, authority and diplomacy
Financial Management	eligibility for sources of income, negotiations with support agencies, budgeting, credit buying, insurance, contracts
Consumer Affairs	issues of public concern affecting the handicapped such as sources of financial assistance, availability of accessible housing, public transportation, architectural barriers, health insurance, public education

Mobility	accessible vehicles, lifts, driving controls, drivers' training, use of public transportation
Educational Opportunities	types of vocational training available, accessible colleges and universities, applications and interviews, planning an educational program
Vocational Opportunities	range of employment available to persons with various disabilities, training available, job-seeking skills, applications and interviews
Homemaking Skills	adaptive techniques of housekeeping, shopping, meal preparation; meal planning, budgeting
Self-Care and Meeting Medical Needs	self-directed care, resources in the community, routine medical maintenance, emergency care plans, sources of financial sponsorship, medications
Housing Arrangements	accessible residential structures, architectural modifications, alternative ways of providing supportive services such as attendant assistance, meals, and transportation, financial assistance available
Social Skills	behavioral techniques with assertiveness training, TA and other behavioral concepts, participation in one interest group in the community, home entertaining, visiting friends, clothes shopping, hair appointments, dental appointments, dining out, requesting assistance with physical needs
Leisure Time	spectator activities (plays, concerts, sports events), participant activities (hunting, swimming, fishing), hobbies, camping, travel
Functional Skills	borrowing and inventing new techniques, devising your own assistive tools, rearranging the environment to improve capabilities

Family Interaction	role expectations, changing relationships, attitudes toward the transitional program and increased independence
Sexual Experience	sexuality in the disabled, dating, role expectations

APPLICATION PROCEDURES

Initial referrals will be accepted from vocational rehabilitation counselors, social workers, physicians, nurses, and other professionals who may have contact with physically disabled persons. Self-referrals from potential participants are also encouraged.

Application packets include a form to be completed by the potential participant, a referral form for TRC counselors or social workers, and a referral form for physicians. These may be obtained from the Project Director at the address given below. Completed application and referral forms should be returned to the Project Director.

Dr. Jean Cole, Project Director
New Options
TIRR Annex
105 Drew Street
Houston, Texas 77006

713-797-1440

Program applicants and persons making referrals will be notified of action taken by the admissions committee as promptly as possible.

FINANCIAL ARRANGEMENTS

Cost of the program is based on a daily rate. For specific financial information, TRC counselors and eligible TRC clients should contact the TRC New Options Courtesy Counselor at the address given below. Other applicants should contact the Project Director about financial arrangements.

Ms. Rebecca Langley
New Options Courtesy Counselor
Texas Rehabilitation Commission
1964 West Grey
Houston, Texas 77019

713-526-8511

Project # R172

Date approved: 2/27/76

Texas Institute for Rehabilitation and Research

RESEARCH PROJECT PROPOSAL

Date:

A. TITLE OF PROJECT: Transitional Living: A Program Fostering Community Integration of Severely Physically Disabled Persons

B: NAME OF INVESTIGATOR: Jean A. Cole, Ph.D.

C: STUDENT PARTICIPATION: Lex Frieden, University of Houston, 4th year Ph.D. student

D: STATEMENT OF THE PROBLEM:

Recent developments in rehabilitation have placed an increased emphasis on creating opportunities for special housing, education, and employment for severely physically handicapped persons. The Rehabilitation Act of 1973 recognizes the special and unique needs of the severely disabled. The provision of opportunities offered by the Act has permitted some individuals who were formerly isolated in institutions such as nursing homes or in dependent home situations to begin lives of independence and productivity. These efforts, though important, have been slow to evolve, they lack comprehensiveness, and too few persons have been offered maximum options and opportunities. There are countless other individuals who find it overwhelmingly difficult to assume the responsibilities that these new opportunities afford. Many of these persons have the basic untapped capabilities necessary to become independent and develop a lifestyle of personal satisfaction and productivity. However, due to a fragmented approach of limited scope and the absence of a model of transition, many severely physically handicapped persons cannot bridge the gap between a protected institutional existence or an isolated and confining home situation to the management and assumption of an independent lifestyle.

Present national programming does not offer any evidence of a prototype that prepares the severely physically handicapped to move from a dependent setting into an independent setting. Structured programs which place an emphasis on offering maximum opportunities at cost-effective levels are essentially non-existent. In existing programs, emphasis is not placed on allowing the severely physically handicapped person to assume the multiple stresses of independent living and employment in a gradual manner.

TIRR is currently developing a model transitional program designed to foster the integration of severely physically handicapped individuals into their communities. Goals of integration may include the establishment of independent living, involvement in educational and vocational opportunities, active social participation in the mainstream of society, the enhancement of personal skills important in daily problem solving, and the stabilization of goals and objectives required to maintain a satisfying quality of life.

Three years of experience in a previous R&D residential project (SRS R&D 13-P-55487/6-01; RT-4, Projects R-157, R-158) have provided valuable background information to project personnel on the process of reintegration of severely physically handicapped persons into the community. Forty severely disabled young adults have lived in the Cooperative Living Project since it opened in January of 1972. This project provided a first independent living experience for all residents, and for many it offered their first opportunity to begin involvement in education, vocational training, or employment. Twenty-six persons who have moved away from Cooperative Living have gone on to more independent living situations in apartment clusters or in various individual arrangements. Ten persons have secured full-time employment, and many others have worked part-time. Eight persons have married. Almost all of the Cooperative Living residents made important gains in independence during their stay in the project. The program removed many constraints that existed in residents' former living environments, but contained no elements of structured transitional programming. Gains in independence thus occurred largely as a result of residents' own individual efforts over a relatively long period of time. (As of September, 1975, mean length of stay in the project was 15 months.)

The proposed demonstration project will build upon the valuable background experience of the Cooperative Living Project, explicitly incorporating into a planned and structured transitional program many of the features fostering independence that operated implicitly in the earlier program. This structured transition will offer a number of advantages: (a) the acquisition of important skills can be made in much less time (an expected mean of 2 months in contrast to 15 months), (b) the new program will be able to serve a number of persons with marginal potential for independence who would have been unable to benefit from the earlier program that demanded greater personal resources, (c) the new program will provide more information and experience than residents of Cooperative Living gained in spite of their longer stay in the project because of important added project resources, (d) the proposed project will permit the development and careful comparative evaluation of alternative transitional learning experiences. In essence, detailed studies can be made of controlled and directed transitional processes that in the Cooperative Living Project were left largely to chance.

Two primary types of research will be conducted in this study of the transitional living project. The first will examine the development and evoluation of the project from a holistic anthropological perspective. It is intended to provide a description of internal processes of development, to trace the changing relationships of the project to its host rehabilitation hospital and to the state vocational rehabilitation agency, and to provide background information on the program as a context for viewing outcome data. A major goal of this portion of the study is to provide a structured overview of the project to facilitate replication of the transitional living program. The second type of research will employ a longitudinal multi-measure design with control groups to evaluate the effects of the program on participants' behavior, attitudes, and information base. The hypothesis to be tested in this portion of the study is that the TIRR transitional living program presents certain information, skills, and experiences which facilitate the behavioral adaptation and personal adjustment of individuals to severe physical disabilities. These two portions of the study are discussed separately below.

SUB-STUDY I: AN ANTHROPOLOGICAL STUDY OF PROGRAM DEVELOPMENT

E. OBJECTIVES:

1. To trace internal processes of development in the transitional living program, focusing on changes in goals and methods of planning, in program content, and in other areas.

2. To analyze the project as a social system, examining roles, interpersonal relationships, and patterns of interaction among staff members and participants.

3. To examine external relationships between the transitional living project and other organizations with particular emphasis on relationships with the host rehabilitation hospital and the state vocational rehabilitation agency.

F. METHODOLOGY:

Respondents in this portion of the study will include project participants, members of the attendant staff, professional staff members, and personnel of other organizations who interact regularly with the project. Participants in the transitional living program will include severely physically handicapped persons completing rehabilitation programs at the Texas Institute for Rehabilitation and Research as well as handicapped individuals living in nursing homes or family homes where integration into the mainstream of society has been hindered. All participants must be medically stable and must meet the criteria defining persons as individuals with most severe handicaps (IMSH). The Institute and the Texas Rehabilitation Commission will be important sources of referrals. Initially the participants will be single persons with spinal cord injuries who are between the ages of 16 and 35, though the population will be systematically diversified as the project progresses. The live-in project will provide a program of transitional training and experience for 10 to 12 persons at a time with the program to last an estimated 6 to 8 weeks for each participant. Some persons may feel they are prepared to move on in less time, and others may stay longer if circumstances warrant. It is expected that a total of approximately 150 persons will participate in the transitional program during three years of operation.

Previous research that provides an overview of an entire therapeutic environment can be found in the literature on the concept of the therapeutic community (see for example Caudill, 1958; Cumming & Cumming , 1962; Rapoport, 1960). Literature on the development of community-based programs in the area of emotional or psychiatric disability is relevant to this study also (Fairweather et al., 1969; Rausch & Rausch, 1968; Moos, 1974). Some methods of data collection will be borrowed from these studies.

The major method of data collection will be observations made by the project director from an anthropological perspective and recorded in the form of field notes (Pelto, 1970). These observations will be directed toward the objectives listed above as well as toward other areas that may emerge as significant during the evolution of the project. They

will focus on informal day-to-day interaction, on planned program activities, on organizational activities such as staff meetings, and an interaction between personnel of the project and outside organizations.

Observational data will be supplemented by other types of information. A comprehensive record of project activities will be maintained using detailed weekly calendars, logs kept by the attendants and driver, and diaries kept by professional staff members.

Information on personal perceptions of the transitional program will be gathered from participants, staff members, and personnel of outside organizations who interact with the project. Professional staff members will record brief summary assessments of their daily activities in staff diaries. Participants will complete a brief assessment of the project on a weekly basis during regularly scheduled self-evaluation and assessment sessions. Once during each six-to-eight week program cycle, staff members and participants will record their views of the program environment using a measure developed by Moos (1974) in studying community-based programs for persons with psychiatric disabilities (Community Oriented Program Evaluation Scale). In addition to the above measures, interviews will be conducted periodically with participants, staff members, and persons from outside organizations to explore their feelings about various aspects of the program. If time and resources permit, a projective format similar to the Thematic Apperception Test using pictures of typical project situations may also be employed to elicit views of the project (Caudill, 1958).

G. ANALYSIS OF DATA:

The purpose of descriptive reports produced in this portion of the study will be to convey a general view of the evolution of the transitional project over time and to analyze processes of development. Appropriate analyses will be made of all measures. This portion of the study will be used to document the nature of the program itself and will thus serve as a measure of the independent variable (program) in the portion of the research dealing with program effects and outcomes.

SUB-STUDY II: A STUDY OF PROGRAM EFFECTS AND OUTCOMES

E. OBJECTIVES:

1. To determine the behavioral effects of the transitional program.

2. To determine the informational effects of the transitional program.

3. To determine the attitudinal effects of the transitional program.

4. To determine what specific effects the program will have on certain types of individuals and to develop a means of predicting relative outcomes.

F. METHODOLOGY:

Design: A longitudinal multi-measure design with control groups will be employed in this study. A series of indicated measures will systematically be made before, during, and after the subject participates in the program to determine the effect of the independent variable (program) on the subjects' behavior, attitudes, and information base.

Subjects: Subjects in this portion of the study will be all participants in the transitional living project as well as selected control subjects. (See description of participant population in preceding section.)

Control Groups: Since subjects will be rotated through the program on a continuous basis, those individuals who are just coming into the program will serve as a control group for those who are leaving (see Campbell & Stanley, 1963, Institutional Cycle Design). In order to insure comparable control groups, the program will be kept as stable as possible with planned changes to occur only on even cycles. Also, subjects from the complete pool of applicants will be matched and paired on the basis of intake and referral data. Individuals from each pair will then be randomly assigned to consecutive treatment or program cycles. Additionally, depending on available resources, it may be possible to obtain control data from matched individuals who for various reasons never enter the program.

Measures:

A. Independent Variables: The primary independent variable (program) will be constantly monitored and documented with staff and subject diaries and checklists. The anthropological study of program development will be a major source of this information. Subject variables related to objective 4 will be discovered by intake documents (medical and personal histories) and referral forms.

B. Dependent Variables: The dependent variable related to objective 1 (behavioral effects) will be measured at regular intervals of two to four weeks by several instruments. These include behavioral logs (Willems, RT-4, Project R-136), wheelchair odometers (Halstead, A Cooperative Rehabilitation Engineering Center, TIRR, BCM, and TAMU), and functional activity and performance scales (Tufts Longs Range Evaluation Summary, RT-7).

The dependent variable related to objective 2 (informational effects) will be measured by a series of quizzes to be constructed to relate to the informational content of specific training modules and seminars.

The dependent variable related to objective 3 (attitudinal effects) will be measured by such standardized instruments as the Siller Semantic Differential, Yuker Attitudes Toward Disabled Persons Test, Tennessee Self Concept Scale, etc. The determination of appropriate instruments will be based on research and practice in the ongoing program.

The dependent variable related to objective 4 (outcome) will be measured by the instruments described above. Depending on available resources, measurements to be used in this determination will be obtained from four to six months after the subject participates in the program.

Note: The scope and specific kinds of data obtained will depend on whether or not the currently available RT-4 funds are augmented by an R&D grant which has been approved but not yet funded. It is anticipated that by coordinating this research with studies of functional independence and rehabilitation outcome which are presently underway at RT-7 (Tufts New England Medical Center), RT-1 (Institute of Rehabilitation Medicine, New York), the American Spinal Injury Association, and RT-4, the validity of the impending results will be enhanced.

G. ANALYSIS OF DATA:

Results of the behavioral data obtained in relationship to objective 1 will be used to determine the range and level of subject activity, function, and mobility with respect to the program.

Results of the informational data obtained in relationship to objective 2 will be evaluated to determine what information is transmitted to and retained by the subjects. This data will also be used to determine how changes in the subjects' knowledge base relate to behavioral changes.

Results of the attitudinal data obtained in relationship to objective 3 will be evaluated to see if there are any significant attitudinal changes with respect to the program, and how these changes relate to behavioral changes.

With reference to objective 4, program intake data will be compared to outcome data (follow-up measures) to determine how certain types of persons react to the program. This evaluation may be used also to identify appropriate subject selection criteria.

Appropriate descriptive, correlational, and factoral analyses will be made in each of the preceding cases.

H. BIBLIOGRAPHY:

Campbell, D. T., and Stanley, J. C. Experimental and quasi-experimental designs for research. Chicago: Rand McNally, 1963.

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Fay, F. A. Housing alternatives for individuals with spinal cord injury. In M. Fuhrer (ed.), Selected Research Topics in Spinal Cord Injury Rehabilitation. Washington D.C.: Department of Health, Education, and Welfare, 1975.

Fischman, P. Adaptive housing for the handicapped. Boston: Tufts New England Medical Center, 1972.

Laurie, G. Housing and home services for the disabled in the U.S. Rehabilitation Gazette, 1973, 16, 38-45.

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Rausch, H. L., and Rausch, Charlotte. The halfway house movement: A search for sanity. New York: Appleton Century Crofts, 1968.

Rapoport, R. N. Community as doctor: New perspectives on a therapeutic community. London: Tavistock Publications, 1960.

Stock, D. D., and Cole, Jean A. Adaptive housing for the severely physically handicapped. Rehabilitation Counseling Bulletin, June, 1975.

Tufts Long Range Evaluation Summary. In G. Eggert et al. Community based maintenance care for the long-term patient, unpublished manuscript, Tufts New England Medical Center, Boston, 1975.

I. BIOMEDICAL ENGINEERING REQUIREMENTS: None.

J. PROTECTION OF PATIENT'S WELFARE:

1. Not applicable.

2. There are no anticipated discomforts associated with the proposed investigation.

3. There are no anticipated risks associated with the proposed investigation.

4. All discussions of this research and the results obtained from it will be made without reference by name to individual subjects. Code names or numbers will be assigned to the individual subjects for reference in this research.

5. Individuals will be completely informed about this research project when they make application to enter the Transitional Living Program. An agreement to participate (see attached copy of Informed Consent Form) will be included in every application packet. Admittance into the Transitional Living Program will be conditional upon receipt of a signed Informed Consent Form.

6. The Transitional Living demonstration project is expected to benefit participants in a number of ways. These may include the establishment of independent living, involvement in educational or vocational activities, active social participation in the mainstream of society, the enhancement of personal skills important in problem-solving, and the stabilization of goals and objectives required to maintain a satisfying quality of life.

The results of this research may benefit rehabilitation in a number of ways. First, it should be possible to determine whether any significant behavioral, informational or attitudinal changes result from individuals' participation in the Transitional Living Program. Second, it should be possible to determine from this research whether benefits resulting to subjects who participate in this program are of a short or long term nature. Third, it should be possible to determine from this study whether certain types of individuals may benefit from the Transitional Living Program more than others.

7. The risk-benefit ratio for this project should be very near zero.

_____

Principal Investigator

K. BUDGET: (Estimated duration of project _____ years).

1. Investigator's time (hours)

2. Personnel $

3. Equipment

4. Supplies

5. Hospitalization costs

Inpatient_____patients X_____days X $_____per day

Outpatient_____patients X $_____per patient visit

6. Data processing cost

7. Duplication and publication

8. Photography

TOTAL $

Sources of funds

L. DOCTOR'S ORDERS:

Not Applicable.

AGREEMENT TO PARTICIPATE

I, _____, agree to participate in a study of individuals involved in the New Options Transitional Living Program at the Texas Institute for Rehabilitation and Research. New Options is a six-week live-in program designed to help severely physically disabled persons acquire adaptive skills.

As a participant, I understand that my invovlement in the Transitional Living Program at TIRR will be coincident with my participation in this research project.

I understand that periodically I will be expected to complete a number of forms, checklists, and questionnaires relating to my knowledge, attitudes, and behavior. These instruments may include behavioral logs or diaries, attitudinal surveys, activity checklists, and informational quizzes. In addition, I have been told that I may be asked to participate further in this research for a short time several months after my involvement in the Transitional Living Program.

I have been informed that any information obtained in this study will be coded so as to protect my privacy and confidentiality. Under this condition, I agree that any information obtained from this research may be used in any way thought best for publication or education.

I understand that there is no personal risk or discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time.

_____ _____

(Date) (Signature of Transitional Living participant)

_____ _____

(Date) (Witness)

_____ _____

(Date) (Witness)

CONDITIONAL RESEARCH PROPOSAL - TRANSITIONAL LIVING PROJECT, PREPARED FOR RT4, NOVEMBER 25, 1975, LMF

OBJECTIVES

The following Objectives and Research Strategies are based on the hypothesis that: The TIRR Transitional Living Program presents certain information, skills, and experiences which facilitate the behavioral adaptation and personal adjustment of individuals to severe physical disabilities.

Objective #1

Determine the behavioral effects of the program.

Strategy: A longitudinal multi-measure design with control groups will be employed. The independent variable (program) will be constantly monitered and documented with staff and subject diaries and checklists. The dependent variable (behavioral effects) will be measured at various intervals by a series of instruments. Instruments to be used include subject diaries or behavioral logs, wheelchair odometers or step counters, and functional activity and performance scales (Tufts Long Range Evaluation Summary). Measures will be made before, during, and after the program. Since subjects will be rotated through the program on a continuous basis, those individuals who are just coming into the program will serve as a control group for those who are leaving (see Campbell and Stanley, 1963, Institutional Cycle Design). Results of these measures will be compared to determine the range and level of subject activity, function, and mobility with respect to the program.

Objective #2

Determine what elements of the program are responsible for specific effects and what elements of the program, if any, have no effects.

Strategy: By systematically varying the order of presentation of critical aspects of the program, or by withholding certain treatments (ie. modules, seminars, field trips, peer counseling etc.), one can alter the independent variable (program). The dependent variable (behavioral effects) can then be measured (see Strategy, Objective #1) and evaluated with respect to program differences.

Objective #3

Determine the informational and attitudinal effects of the program.

Strategy: A series of quizzes relating to the informational content of specific modules and seminars will be developed and added to the battery of measures in Strategy, Objective #1. The results of these quizzes will be evaluated to determine what information is transmitted to and retained by the subjects. This data will also be used to determine how changes in the subjects knowledge base relate to behavioral changes. Additionally, attitudinal measures such as the Siller Semantic Differential, Yuker ATDP, Tennessee Self Concept Scale, etc., will be added to the test battery at appropriate intervals as measures of subject attitudes. These tests will be evaluated to see if there are any significant attitudinal changes with respect to the program, and how these changes relate to behavioral changes.

Objective #4

Determine what specific effects the program will have on certain types of individuals and develop a means of predicting relative outcomes.

Strategy: Program intake data will be compared to outcome data (followup measures) to determine how certain types of persons react to the program. Demographic data will be collected at intake to be used in this evaluation. This evaluation may also be used to identify appropriate subject selection criteria.

Objective #5

Determine how staff persons perceptions and expectations relate to program development and effectiveness.

Strategy: Anthropological notes, staff diaries, meeting minutes, and staff responses to Roos Community-Oriented Program Evaluation Scale will be used to document program development and evaluated with respect to program effectiveness as measured by Strategies 1-4.

NOTE: The degree to which each one of these objectives may be sought will obviously vary with respect to the degree of support we obtain. We do, at least, intend to prove or disprove our original hypothesis. The level of confidence we may have in this proof will depend on the extensiveness of our methods with regard to control groups and followup data --- relatively expensive items. It is anticipated that by coordinating our research with studies of functional independence and rehab outcome which are presently underway at TIRR, Tufts-NEMC, IRM New York, and ASIA, we may add to the validity of our results.

METHODOLOGY

SUBJECTS: (see p. 26)

DESIGN:

A longitudinal multi-measure design with control groups will be employed in this study. The primary independent variable (PROGRAM) will be constantly monitered and documented with staff and subject diaries and checklists.* Since subjects will be rotated through the program on a continuous basis, those individuals who are just coming into the program will serve as a control group for those who are leaving.(See Campbell and Stanley, 1963, Institutional Cycle Design). **

A series of measures will systematically be made throughout the program to determine the effects of the independent variable on the subjects' behavior, attitudes, and information base(dependent variables). These measures will be made 1) before, 2) during, and 3) after the subject participates in the program.

MEASURES:

The dependent variable related to objective #1 ~~will be~~ (behavioral effects) will be measured at regular intervals of two to four weeks by several instruments. These include behavioral logs, wheelchair odometers, and functional activity and performance scales (Tufts Long Range Evaluation Summary).

The DV related to Objective 2 (informational effects) will be measured by a series of quizzes relating to the informational content of specific modules and seminars.

The DV related to Objective 3 (attitudinal effects) will be measured by measured by such standardized instruments as the Siller Semantic Differential, Yuker ATDP, Tennessee Self Concept Scale, etc.

The DV related to Objective 4 (outcome) will be determined by examining all followup data. This data will hopefully be obtained from four to six months after the subject participates in the program.

The DV related to Objective 5 (program effectiveness) will be determined by comparing the pre-program measures to post-program measures of the same subjects thus deriving an "effectiveness ratio".

more explicit?

what does this mean? examples? which are determinic to be relevant? ...dependent measures

*Subject variables related to Objective 4 will be ~~measured~~ discovered by intake documents (medical and personal histories) referral forms. Independent variables related to Objective 5 (staff perceptions and expectations) will be measured through anthropological observations and Roos Program Evaluation Scale.

~~**Additional control groups assignment to groups will be made on the basis of matching individuals and random assignment. Matched random assignment to groups will be made on the basis of intake and referral data. Subjects will be matched and paired on the basis...~~

Subjects **In order to insure comparable control groups, the program will be kept as stable as possible with planned changes to occur only on even cycles. Also, subjects from the complete pool of applicants will be matched on the basis of intake and referral data. and paired

One/individual/ Individuals from each pair will then be randomly assigned to consecutive treatment or program cycles. Additionally, it may be possible to obtain control data from matched individuals who for various reasons never enter the program.

depending on available resources

NOTE HERE

ANALYSIS OF DATA:

Results of the behavioral data obtained in relationship to objective 1 will be used to determine the range... Results of the informational data ... 2 will be evaluated to determine... Results of the attitudinal data ... 3 will be evaluated to see... With reference to objective 4, program intake... Data Results of the data collected with reference to objective 5 will be evaluated with respect to systematic program changes as well as changing staff expectations.

Appropriate descriptive, correlational, and factoral analyses will be made in each of the preceding cases.

DESIGN, CONTROL GROUPS, IV, DV, NOTE __ ANAL---

for Jean Cole 4/3/75 by Lex Frieden

TRANSITIONAL PROJECT RESEARCH PROPOSAL (OVERVIEW)

There are three primary categories of effects to which the proposed research will be directed. Those are: 1.effects of the comprehensive program in general, 2.effects of specific treatments, and 3.unintended effects. The research will be designed to obtain frequent measures of both attitudes and behavior. In addition to this, changes in social structure and dynamics will be monitored and documented.

A number of methods will be employed in the proposed research. Generally, the approach will be unobtrusive and naturalistic (see for example Barker, 1968; Brandt, 1972; Webb, et al., 1966; Willems & Raush, 1969). By measuring a number of traits with a variety of means, one may converge upon the complex effects and interactions of a comprehensive program. This convergent methodology may also give the investigator valuable information about the degree of confidence which he may have in his results.

To measure the effects of specific treatments, specific tests of knowledge and skill will be constructed and administered in a pretest post-test design with control groups and counterbalanced order of treatment presentation.

To measure the effects of the program in general, a number of attitudinal and behavioral measures will be made in a longitudinal, multitrait-multimethod design (Campbell & Fiske, 1959). Such methods as interviews, inventories, and semantic differentials will be used ~~repeatedly~~ to measure various attitude components (~~ie.~~ self-confidence, satisfaction, ~~and~~ image, and mood). Archival records and physical traces of erosion and accreation (Webb, et al., 1966) will be used to supplement observational methods (e.g. diaries, checklists, and direct observations) to obtain a description of behavioral dynamics (ie. independence, zest, initiative, sociability, and range of activity). Social system structure and ~~interaction will be~~ will be traced by means of sociograms and behavior setting observations in time series designs (Campbell and Stanley, 1963).

The most difficult effects to measure are those which are unintended. This demands a goal-free approach, and constant, comprehensive observation. Random, direct observations of the individual subjects and their environment will systematically be made to monitor unspecified changes in the environment which may relate to attitudinal or behavioral changes.

Data will be analyzed with regard to the individual and the group, as well as specific treatments and the general program. Raw data will be analyzed as quickly as possible so that results of the research can be fed back into the system in the form of constructive program changes.

for Jean Cole 4/3/75 by Lex Frieden

TRANSITIONAL PROJECT RESEARCH PROPOSAL (OVERVIEW)

1 There are three primary categories of effects to which the proposed research will be directed. Those are: 1.effects of the comprehensive program in general, 2.effects of specific treatments, and 3.unintended effects. The research will be designed to obtain frequent measures of both attitudes and behavior. In addition to this, changes in social structure and dynamics will be monitored and documented.

2 A number of methods will be employed in the proposed research. Generally, the approach will be unobtrusive and naturalistic (see for example Barker, 1968; Brandt, 1972; Webb, et al., 1966; Willems & Raush, 1969). By measuring a number of traits with a variety of means, one may converge upon the complex effects and interactions of a comprehensive program. This convergent methodology may also give the investigator valuable information about the degree of confidence which he may have in his results.

3 To measure the effects of specific treatments, specific tests of knowledge and skill will be constructed and administered in a pretest post-test design with control groups and counterbalanced order of treatment presentation. (ADD)

4 To measure the effects of the program in general, a number of attitudinal and behavioral measures will be made in a longitudinal, multitrait-multimethod design (Campbell & Fiske, 1959).* Such methods as interviews, inventories, and semantic differentials will be used repeatedly to measure various attitude components (ie. self-confidence, satisfaction, and image, and mood). Archival records and physical traces of erosion and accreation (Webb, et al., 1966) will be used to supplement observational methods (e.g. diaries, checklists, and direct observations) to obtain a description of behavioral dynamics (ie. independence, zest, initiative, sociability, and range of activity). Social system structure and interaction will be will be traced by means of sociograms and behavior setting observations. In time series designs (Campbell and Stanley, 1963).

5 The most difficult effects to measure are those which are unintended. This demands a goal-free approach, and constant, comprehensive observation. Random, direct observations of the individual subjects and their environment will systematically be made to monitor unspecified changes in the environment which may relate to attitudinal or behavioral changes.

6 Data will be analyzed with regard to the individual and the group, as well as specific treatments and the general program.* Raw data will be analyzed as quickly as possible so that results of the research can be fed back into the system in the form of constructive program changes.

(possibly add additional info. about anticipated comparisons)

(INSERT AFTER CAMPBELL & FISKE REFERENCE, PARA. 4)
This longitudinal approach will be based on a multiple time series, nonequivalent control group design (Campbell & Stanley, 1963). A number of observations will be made before and after the subject participates in the program, as well as during the time he is a participant. This will provide pre-program baseline information/~~about the subjects attitudes and behavior.~~ /and post-program followup data about the subjects attitudes, & behavior, the Control group comparisons will allow for ~~the~~ assesment of ~~the~~ natural effects such as history and maturation. (INSERT AT END OF CAMPBELL & FISKE REFERENCE, PARA. 4)

... Such methods as ...etc.

(ADD AT END OF PARA. 3) This staggered treatment presentation will permit some assesment of the effects of modeling and informal interpersonal communications within groups.

INSERT YOUR SECTION 3 - DATA ANALYSIS - RELATED TO MY PARA. 6.
we could be more detailed about analysis if you wish, but may not be necessarxy at this point.

Suggested final order of paragraphs: 1, 2, your section 4, 4, 3, 5, 6. + possible paragraph on description of subject population - ie. The primary target population will be made up of about 30 traumatically injured spinal cord quadriplegics. It is anticipated that it will take approx. 2 years to collect comprehensive data on a population of this nature and size. At that time the population will systematically be mixed to include a variety of disabilities and pre-program characteristics so that some determination can be made about the generalizability of specific treatments and the program in general.

Project # _____

Date Approved _____

Texas Institute for Rehabilitation and Research

RESEARCH PROJECT PROPOSAL

Date: January 12, 1976

A. TITLE OF PROJECT:

Transitional Living: A Model for the Severely Physically Handicapped

B. NAME OF INVESTIGATOR:

Jean A. Cole, Ph.D.

C. STUDENT PARTICIPATION:

Lex Frieden, University of Houston, 4th year Ph.D. student

D. STATEMENT OF THE PROBLEM:

Recent developments in rehabilitation have placed an increased emphasis on creating opportunities for special housing, education, and employment for severely physically handicapped persons. The Rehabilitation Act of 1973 recognizes the special and unique needs of the severely disabled. The provision of opportunities offered by the Act has permitted some individuals who were formerly isolated in institutions such as nursing homes or in dependent home situations to begin lives of independence and productivity. These efforts, though important, have been slow to evolve, they lack comprehensiveness, and too few persons have been offered maximum options and opportunities. There are countless other individuals who find it overwhelmingly difficult to assume the responsibilities that these new opportunities afford. Many of these persons have the basic untapped capabilities necessary to become independent and develop a lifestyle of personal satisfaction and productivity. However, due to a fragmented approach of limited scope and the absence of a model of transition, many severely physically handicapped persons cannot bridge the gap between a protected institutional existence or an isolated and confining home situation to the management and assumption of an independent lifestyle.

Present national programming does not offer any evidence of a prototype that prepares the severely physically handicapped to move from a dependent setting into an independent setting. Structured programs which place an emphasis on offering maximum opportunities at cost-effective levels are essentially non-existent. In existing programs, emphasis is not placed on allowing the severely physically handicapped person to assume the multiple stresses of independent living and employment in a gradual manner.

The focus of this project is to develop and evaluate the effectiveness of a transitional model which is designed to foster the integration of severely physically handicapped individuals into their communities. Goals of integration may include the establishment of independent living, involvement in educational and vocational opportunities, active social participation in the mainstream of society, the enhancement of personal skills important in daily problem solving, and the stabilization of goals and objectives required to maintain a satisfying quality of life.

Three years of experience in a previous R&D residential project (SRS R&D 13-P-55487/6-01) have provided valuable background information to project personnel on the process of reintegration of severely physically handicapped persons into the community. Forty severely disabled young adults have lived in the Cooperative Living project since it opened in January of 1972. This project provided a first independent living experience for all residents, and for many it offered their first opportunity to begin involvement in education, vocational training, or employment. Twenty-three of the twenty-six persons who have moved away from Cooperative Living have gone on to more independent living situations in apartment clusters or in various individual arrangements. Ten persons have secured full-time employment, and many others have worked part-time. Four persons have married, and three have plans to marry.

Almost all of the Cooperative Living residents made important gains in independence during their stay in the project. The program removed many constraints that existed in residents' former living environments, but contained no elements of structured transitional programming. Gains in independence thus occurred largely as a result of residents' own individual efforts over a relatively long period of time. (As of the end of 1974, mean length of stay in the project was 19 months.) The proposed project will build upon the valuable background experience of the Cooperative Living project, explicitly incorporating into a planned and structured transitional program many of the features fostering independence that operated implicitly in the earlier program. This structured transition will offer a number of advantages: (a) the acquisition of important skills can be made in much less time (an expected mean of 2 months in contrast to 19 months), (b) the new program will be able to serve a number of persons with marginal potential for independence who would have been unable to benefit from the earlier program that demanded greater personal resources, (c) the new program will provide more information and experience than residents of Cooperative Living gained in spite of their longer stay in the project because of important added project resources, (d) the proposed project will permit the development and careful comparative evaluation of alternative transitional learning experiences. In essence, detailed studies can be made of controlled and directed transitional processes that in the Cooperative Living project were left largely to chance. The hypothesis to be tested in the present study is: The TIRR Transitional Living Program presents certain information, skills, and experiences which facilitate the behavioral adaptation and personal adjustment of individuals to severe physical disabilities.

E. OBJECTIVES:

1. Determine the behavioral effects of the transitional program.
2. Determine the informational effects of the transitional program.
3. Determine the attitudinal effects of the transitional program.
4. Determine what specific effects the program will have on certain types of individuals and develop a means of predicting relative outcomes.
5. Determine how staff persons' perceptions and expectations relate to program development and effectiveness.

F. METHODOLOGY:

Subjects: The proposed live-in project will provide a program of transitional training and experience for 10 to 12 persons at a time with the program to last an estimated 2 months for each participant. Some persons may feel they are prepared to move on in less time, and others may stay longer if circumstances warrant. Participants in the transitional program will include severely physically handicapped persons completing rehabilitation programs at the Texas Institute for Rehabilitation and Research as well as handicapped individuals living in nursing homes or family homes where integration into the mainstream of society has been hindered. All participants must be medically stable and must meet the criteria defining persons as individuals with most severe handicaps (IMSH). The Institute and the Texas Rehabilitation Commission will be important sources of referrals. Initially the participants will be single persons with spinal cord injuries who are between the ages of 16 and 35, though the population will be systematically diversified as the project progresses. It is expected that a total of approximately 100 persons will participate in the transitional program during 2 years of operation.

Design: A longitudinal multi-measure design with control groups will be employed in this study. A series of indicated measures will systematically be made before, during and after the subject participates in the program to determine the effect of the independent variable on the subjects' behavior, attitudes and information base.

Control Groups: Since subjects will be rotated through the program on a continuous basis, those individuals who are just coming into the program will serve as a control group for those who are leaving (see Campbell and Stanley, 1963, Institutional Cycle Design). In order to insure comparable control groups, the program will be kept as stable as possible with planned changes to occur only on even cycles. Also, subjects from the complete pool of applicants will be matched and paired on the basis of intake and referral data. Individuals from each pair will then be randomly assigned to consecutive treatment or program cycles. Additionally, depending on available resources, it may be possible to obtain control data from matched individuals who for various reasons never enter the program.

Measures:

A. Independent Variables - The primary independent variable (program) will be constantly monitored and documented with staff and subject diaries and checklists. Also, independent variables related to objective 5 (staff perceptions and expectations) will be measured through anthropological observations and Moos Program Evaluation Scale. Finally, subject variables related to objective 4 will be discovered by intake documents (medical and personal histories) and referral forms.

B. Dependent Variables - The dependent variable related to objective 1 (behavioral effects) will be measured at regular intervals of two to four weeks by several instruments. These include behavioral logs (Willems), wheelchair odometers (Halstead), and functional activity and performance scales (Tufts Long Range Evaluation Summary).

The dependent variable related to objective 2 (informational effects) will be measured by a series of quizzes to be constructed to relate to the informational content of specific training modules and seminars.

The dependent variable related to objective 3 (attitudinal effects) will be measured by such standardized instruments as the Siller Semantic Differential, Yuker Attitudes Toward Disabled Persons Test, Tennessee Self Concept Scale, etc. The determination of appropriate instruments will be based on research and practice in the on going program.

The dependent variable related to objective 4 (outcome) will be measured by the instruments described above. Depending on available resources, measurements to be used in this determination will be obtained from four to six months after the subject participates in the program.

The dependent variable related to objective 5 (program effectiveness) will be determined by comparing the pre-program measures to post-program measures of the same subjects, thus deriving a ratio of effectiveness.

Note: The degree to which each one of the proposed objectives may be sought will obviously vary with respect to the degree of support obtained. The level of confidence one may have in the results of this study will depend on the extensiveness of methods, particularly with regard to control groups and follow-up data - relatively expensive items. It is anticipated that by coordinating this research with studies of functional independence and rehabilitation outcome which are presently underway at Texas Institute for Rehabilitation and Research, Tufts New England Medical Center, Institute of Rehabilitation Medicine New York, and American Spinal Injury Association, the validity of the impending results will be enhanced.

G. ANALYSIS OF DATA:

Results of the behavioral data obtained in relationship to objective 1 will be used to determine the range and level of subject activity, function, and mobility with respect to the program.

Results of the informational data obtained in relationship to objective 2 will be evaluated to determine what information is transmitted to and retained by the subjects. This data will also be used to determine how changes in the subjects' knowledge base relate to behavioral changes.

Results of the attitudinal data obtained in relationship to objective 3 will be evaluated to see if there are any significant attitudinal changes with respect to the program, and how these changes relate to behavioral changes.

With reference to objective 4, program intake data will be compared to outcome data (follow-up measures) to determine how certain types of persons react to the program. This evaluation may also be used to identify appropriate subject selection criteria.

Results of the data collection with reference to objective 5 will be evaluated with respect to systematic program changes as well as changing staff roles and expectations. Appropriate descriptive, correlational and factorial analyses will be made in each of the preceding cases.

H. BIBLIOGRAPHY

Campbell, D. T., and Stanley, J. C. Experimental and Quasi-Experimental Designs for Research. Chicago: Rand McNally, 1963.

Fay, F. A. Housing Alternatives for Individuals with Spinal Cord Injury. In M. Fuhrer (Ed.), Selected Research Topics in Spinal Cord Injury Rehabilitation. Washington D. C: Department of Health, Education and Welfare, 1975.

Fischman, P. Adaptive Housing for the Handicapped. Boston: Tufts New England Medical Center, 1972.

Laurie, G. Housing and Home Services for the Disabled in the U.S. Rehabilitation Gazette, 1973, 16, 38-45.

Moos, Randolf H. Community-Oriented Program Evaluation Scale. In R. H. Moos, Evaluating Treatment Environments: A Social Ecological Approach. New York: John Wiley & Sons, 1974.

Stock, D. D. and Cole, J. A. Adaptive Housing for the Severely Physically Handicapped. Counselling Bulletin, June, 1975.

Suchman, E. A. Evaluative Research. New York: Russell Sage Foundation, 1967.

Tufts Long Range Evaluation Summary. In G. Eggert, et al. Community Based Maintenance Care for the Long Term Patient, Unpublished manuscript, Tufts New England Medical Center, Boston, 1975.

I. BIOMEDICAL ENGINEERING REQUIREMENTS:

None.

J. PROTECTION OF PATIENT'S WELFARE:

1. Not Applicable.

2. There are no anticipated discomforts associated with the proposed investigation.

3. There are no anticipated risks associated with the proposed investigation.

4. All discussions of this research and the results obtained from it will be made without reference by name to individual subjects. Code names or numbers will be assigned to the individual subjects for reference in this research.

5. Individuals will be completely informed about this research project when they make application to enter the Transitional Living Program. An agreement to participate (see attached copy of Informed Consent Form) will be included in every application packet. Admittance into the Transitional Living Program will be conditional upon receipt of a signed informed consent form.

6. The results of this research may benefit rehabilitation in a number of ways. First, it should be possible to determine whether any significant behavioral, informational or attitudinal changes result from individuals' participation in the Transitional Living Program. Second, it should be possible to determine from this research whether benefits resulting to subjects who participate in this program are of a short or long term nature. Third, it should be possible to determine from this study how staff roles and expectations relate to program effectiveness. Fourth, it should be possible to determine from this study whether certain types of individuals may benefit from the Transitional Living Program more than others. Additionally, the Transitional Living Program may have a number of benefits for the individual participant which are not directly related to the research.

7. The risk-benefit ratio for this project should be very near zero.

_____

Principal Investigator

K. BUDGET: (Estimated duration of project _____ years).

1. Investigator's time (hours)

2. Personnel $

3. Equipment

4. Supplies

5. Hospitalization costs

Inpatient_____patients X_____days X $_____per day

Outpatient_____patients X $_____per patient visit

6. Data processing cost

7. Duplication and publication

8. Photography

TOTAL $

Sources of funds

L. DOCTOR'S ORDERS:

Not Applicable.

AGREEMENT TO PARTICIPATE

I, _____, agree to participate in a study of individuals involved in the Texas Institute for Rehabilitation and Research Transitional Living Program.

I understand that periodically I will be expected to complete a number of forms, checklists, and questionnaires relating to my knowledge, attitudes, and behavior. These instruments may include behavioral logs or diaries, attitudinal surveys, activity checklists, and informational quizzes. I understand that my participation in this project will be coincident with my involvement in the Transitional Living Program at TIRR. In addition, I have been told that I may be asked to participate further in this research for a short time several months after my involvement in the Transitional Living Program.

I have been informed that any information obtained in this study will be coded so as to protect my privacy and confidentiality. Under this condition, I agree that any information obtained from this research may be used in any way thought best for publication or education.

I understand that there is no personal risk or discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time.

Date: _____ Signed: _____

Date: _____ Witnessed by: _____

Date: _____ Witnessed by: _____

MEMORANDUM

12/5/75

TO: Marcus Fuhrer, Ph.D.
Research Director

FROM: Jean Cole, Ph.D.
Transitional Project Director

SUBJECT: Request for RT-4 Support for Transitional Project

A summary of the proposed budget for the Transitional Project is enclosed. I would like to request support from RT-4 at an annual rate of $45,800 as outlined below. Of this amount, $12,500 is currently being paid from RT-4 for my salary, leaving a total of $33,340 in new funds requested. The amount needed for the remainder of fiscal year 1975 is $ 31,780

SUPPORT REQUESTED FROM RT-4 COMPUTED AT AN ANNUAL RATE

project director's salary ($15,500, 20% added to all salaries for benefits)	$ 18,600
research director's salary ($10,500)	8,640
secretary-documentarian ($7,200)	6,000
research expenses	12,000
total	$ 45,840

SUPPORT REQUESTED FOR REMAINDER OF FISCAL YEAR 1975

project director's salary	$ 13,950
research director's salary (supplement for fellowship of $560 per month Jan-May)	2500
secretary-documentarian	6,480
research expenses	900
	$ 31,780

FINANCIAL PLAN / TRANSITIONAL PROJECT 12/2/75

The most feasible plan of financial support for the project seems to be sponsorship of client costs on a per diem basis by TRC and workman's comp with RT-4 support of research efforts. Projected expenses and potential revenues are summarized below on an annual basis.

PROJECTED EXPENSES

professional personnel (social worker 3/5 time, RN, part-time PT, OT, vocational counselor) (20% added for benefits)	$ 33,720
attendant service system (manager's salary, attendant salaries)	60,480
reimbursement for active handicapped persons to serve as resources	8,000
meals	21,900
transportation (driver's salary, insurance, van maintenance, gasoline)	11,340
annex space	49,440
administrative costs	3,600
research costs (project director, research director, secretary-documentarian, research supplies)	45,840
total	$234,320

PROJECTED REVENUES

per diem revenue (occupancy of 10) (occupancy of 9, $180,675)	$200,750
RT-4 support of research	45,840
fee-for-service reimbursement for additional services such as driver's training, voc. evaluations, PT	?
potential revenue from TRC counselor training	?
total	$246,590

AGREEMENT TO PARTICIPATE

I, _____, agree to participate in a study of individuals involved in the New Options Transitional Living Program at the Texas Institute for Rehabilitation and Research. New Options is a six-week live-in program designed to help severely physically disabled persons acquire adaptive skills.

As a participant, I understand that my invovlement in the Transitional Living Program at TIRR will be coincident with my participation in this research project.

I understand that periodically I will be expected to complete a number of forms, check-lists, and questionnaires relating to my knowledge, attitudes, and behavior. These instruments may include behavioral logs or diaries, attitudinal surveys, activity checklists, and informational quizzes. In addition, I have been told that I may be asked to participate further in this research for a short time several months after my involvement in the Transitional Living Program.

I have been informed that any information obtained in this study will be coded so as to protect my privacy and confidentiality. Under this condition, I agree that any information obtained from this research may be used in any way thought best for publication or education.

I understand that there is no personal risk or discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time.

_____ _____

(Date) (Signature of Transitional Living participant)

_____ _____

(Date) (Witness)

_____ _____

(Date) (Witness)

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
BUREAU OF EDUCATION FOR THE HANDICAP

TO : Persons Interested in Severely Handicapped Children

DATE: January 9, 1975

FROM : R. Paul Thompson, Chief
Special Services Branch R Paul Thompson

SUBJECT: RFPs for Severely Handicapped Children

We are pleased to advise you that six "Requests for Proposals" which are designed to fund programs providing direct educational/training services to severely handicapped children, have just been announced. The six "RFPs" deal with severely handicapped children having particular areas of exceptionality as follows:

RFP 76-17 Auditorially Impaired Multi-handicapped

RFP 76-18 Emotionally Disturbed Multi-handicapped

RFP 76-19 Orthopedically Impaired Multi-handicapped

RFP 76-20 Visually Impaired Multi-handicapped

RFP 76-21 Profoundly Retarded Children--ages Birth through early childhood

RFP 76-22 Profoundly Retarded Youth--ages nine through 21 years of age

Offerors eligible to conduct projects under these requests, include: State departments of special education; intermediate or local educational agencies; other public departments or agencies; institutions of higher learning; and nonpublic agencies or organizations. RFPs will be available on or about 2 February 1976. Interested persons should submit a written request, enclosing a self-addressed mailing label, to:

Attn: Mr. Landon A, Holmes
Grant and Procurement Management Division
School System and Handicapped Education Branch
400 Maryland Avenue, S.W. (ROB #3, Rm. 5914)
Washington, D.C. 20202

Persons interested in responding to more than one RFP will need to write for only one of them, since instructions will be included with each RFP for submitting under any one of the six requests.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

November 12, 1975

Mr. Lex Frieden
Rehabilitation Consultant
9667 Meadowvale
Houston, Texas 77042

Dear Mr. Frieden:

Thank you for your recent letter requesting additional information on special contracts for the provision of services to severely handicapped children, recently announced by the Bureau of Education for the Handicapped. Presently, BEH is funding ten such programs which are now beginning their second year of operation, and seven new programs which were initiated in July, 1975. Additionally, five telecommunications projects for severely handicapped children and youth who are homebound, are being supported by BEH. These five projects are also beginning their second year of activities. I am enclosing a brief summary of each of these programs for your information.

It is anticipated that about January 2, 1976, a request for proposals to serve the severely handicapped, will be announced. Persons wishing further details will be advised where to write to obtain a copy of the work statement for the RFP, which will describe in some detail the specific educational/training services to be delivered.

I am including your name on our mailing list of individuals indicating interest in this exciting field of services, and will send you further information about the middle of January 1976 concerning the request for proposals.

Sincerely yours,

R. Paul Thompson

R. Paul Thompson, Chief
Special Services Branch

Enclosures

SUMMARIZATION OF PROJECT EMPHASIS AND PRODUCTS
PROGRAMS FOR SEVERELY HANDICAPPED CHILDREN AND YOUTH

FY 1975

Purdue Research Foundation (RFP 74-5)

TV delivery system with interactive telephonic responses. Will produce 60 video teaching modules for teacher/parent utilization.

University of Kentucky (RFP 74-5)

Telephone linkage system. Service delivery in remote areas of appalacia. Coordinated with teacher training and research programs.

City University of New York (RFP 74-5)

Interactive response television system with individualized learning capabilities.

New York State Department of Education (RFP 74-5)

Interactive television for computer assisted instruction over a cable television using ordinary TV set as a display; telephonic response.

Health Development and Service Corporation, Salt Lake City, Utah (RFP 74-5)

Telephonic system with interactive speakers. Service system of delivery in rural central Utah area. Teacher/parent instruction modules.

University of Alabama (RFP 74-10)

Model service program utilizing the Tri-Mode method composed of three different population groups.

California State Department of Education, Los Angeles, California (RFP 74-10)

Provides for psycho-educational assessment model to develop interventions for SED children.

Indiana University Foundation (RFP 74-10)

Dissemination for community-based settings of education/training for pupils, ages 6-12 years.

University of Kansas (RFP 74-10)

Comprehensive language system, survival skills training, and pupil assessment program.

University of Michigan (RFP 74-10)

Demonstration classroom and transitional center. Provided on-site consultation for children; parent seminars; media packages for parents.

Esperanza Para Nuestros-Ninos, Albuquerque, New Mexico (RFP 74-10)

Model program for bi-linqual, rural, severely handicapped children and youth. Considerable parent involvement and motivation. Will develop and disseminate curriculum mothods.

University of Oregon, Teacher Research Division, (RFP 74-10)

Model demonstration program of education/training SED, curriculum development, coordination with related Federal/State and local projects, supportive role of teacher preparation and parent involvement.

Meeting Street School, Providence, Rhode Island (RFP 74-10)

Model program of services to SHC who are crippled-mentally retarded. Includes early diagnostic intervention, behavior management training, prevocational training.

University of Washington (RFP 74-10)

A demonstration service center for severely handicapped children. Will provide screening, diagnostic and prescriptive services. Will prepare educational/training program to meet needs of each child.

Madison Public Schools, Jt. District #8 (RFP 74-10)

A model-demonstration program of public school-university cooperative preservice/inservice training program in support of service delivery to severely handicapped children. Provides medical, behavioral and technical assistance; materials and techniques for instruction; integration into home environments.

The attached summaries describe in further detail the location of the program, target pupulation, objectives and significant features.

PROGRAMS FOR SEVERELY HANDICAPPED CHILDREN AND YOUTH

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PROGRAMS FOR SEVERELY HANDICAPPED CHILDREN AND YOUTH

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TIRR TRANSITIONAL PROJECT

The TIRR transitional project will provide training in social adaptive skills for persons with severe physical disabilities. The live-in program is designed to last approximately nine weeks for each participant. Some persons may need less training and leave the program after a shorter period of residence. Others may profit from additional special services such as drivers' training, a formal vocational evaluation, or time in a practice living situation which may require more time.

During an individual's first week in the project, he or she will be introduced to the various program activities and to the project techniques of self-assessment and goal-setting. The participant will develop an individualized program plan with project staff members which will be formulated in a contract specifying what is expected of each party. Each participant will be assigned a buddy at the beginning of his or her stay. The buddy relationship will serve as a focus for work on social interaction and interpersonal relations throughout a person's stay in the project.

The program will be organized so that all subject areas are covered in an eight-week period. Some on-going activities will be scheduled on a weekly basis. Other program areas will be developed as short-term training modules which are scheduled in an eight-week sequence. The various program elements are described below.

social skills group — 3 hours per week

Two sessions of 1½ hours each will be conducted per week by a social worker, to deal with social relationships inside and outside the project, family relationships, feelings about self and the future, and other areas as appropriate.

weekly seminar on educational and vocational opportunities — 4 hours per week

Seminar will be conducted by a vocational counselor to include group discussions and numerous field trips to colleges, vocational training programs, and employment locations; active handicapped persons in the community will be involved as resource persons.

weekly seminar on living arrangements — 4 hours per week

Seminar will be conducted by core project staff to include group discussions and numerous field trips to nursing homes, residential projects, a college dormitory, and individual living arrangements; active handicapped persons in the community will be involved as resource persons.

weekly buddy counseling — 1 hour per week

Individual and joint counseling by project social worker will focus on buddy relationship as a means of developing an understanding of other persons and skill in interpersonal interaction.

weekly consultations with RN, PT, OT — 1½ hours per week

These professional staff members will be available one morning a week to serve as consultants to project participants in assessing their needs and devising programs to meet these needs; to include long-term planning as well as dealing with immediate problems.

weekly mobility assessment group — 1½ hours per week

A weekly meeting will be conducted by core staff members to examine mobility problems encountered by participants on various field trips and to consider ways of dealing with these problems.

weekly sex and coffee group — 1½ hours per week

A weekly group will be conducted by the project social worker to examine attitudes and feelings about sexuality, role expectations, and dating.

weekly evaluation and assessment session — 3 hours per week

One morning per week, participants will take part in an evaluation session to be supervised by core project staff. These sessions will fill two purposes. One is to measure the individual's status in various program areas as an aid to self-assessment. This information will be used by the participant in formulating plans for the coming week. The second purpose is to provide information to the staff about the effectiveness of various program elements.

weekly group on problem-solving — 1½ hours per week

This group will meet in the afternoon following a morning assessment session to assist persons in considering needs, specifying goals, and formulating plans formulating plans for the coming week. Long-range planning will also be emphasized.

weekly group for significant others — 1½ hours per week

A group will be conducted one evening per week as needed for family members, spouses, close friends, or counselors of project participants. The group will consider the transitional experience of the project participant, examine the SO's feelings about these changes, and help the SO in being a supportive influence after the participant has left the transitional project.

field trips

Field trips into the community will be included in many program activities (visits to vocational training sites and residential projects, for example). In addition, other trips to shopping areas, recreational activities, etc. will be regularly scheduled with participants to be involved in trip planning. After each trip, participants will complete a form concerning their social interaction on the trip and a form on mobility problems they encountered. These experiences will later be discussed in group sessions.

short-term training modules, cycle I — 4½ hours per week

Short-term training programs in self-care and medical needs (two weeks), functional skills (three weeks), and homemaking skills (three weeks) will be conducted by an RN, PT, and OT respectively. These modules will meet three mornings a week (1½ hours per session) for the designated number of weeks. They will be scheduled one at a time in an eight-week cycle.

short-term training modules, cycle II — 4½ hours per week

Short-term training modules will be conducted by core project staff with substantial involvement of active handicapped persons in the community. Subject areas will include attendant management (two weeks), financial management (two weeks), mobility and transportation (two weeks), consumer affairs (one week), and leisure activities (one week). Groups will meet three afternoons a week (1½ hours per session) for designated number of weeks. Modules will be scheduled one at a time in an eight-week cycle.

These activities will be combined in a weekly schedule as indicated below. The scheduling will be varied as the project progresses to test the effectiveness of alternative arrangements.

TENTATIVE WEEKLY SCHEDULE / TIRR TRANSITIONAL PROJECT

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	WEEKENDS
MORNING	module I consultations buddy counseling	buddy counseling social skills group	module I field trips	module I staff meeting consultations	evaluation & self-assessment	field trips
AFTERNOON	buddy counseling sex and coffee group module II	seminar on vocational-educational opportunities	mobility assessment social skills group module II	seminar on living arrangements	problem-solving group module II	field trips
EVENING		SO group	field trips			field trips