RESEARCH PROPOSAL

CHAPTER I: CONCEPTUAL SCHEME

Introduction.

The people of this great nation have long held as the most ardent of their values the basic human rights of life, liberty, and pursuit of happiness. Yet, a significant portion of the American people have traditionally found this to be a dream to be obtained only by others. Physical and social barriers have compounded the physiological limitations of severely disabled Americans to the extent that their social roles have largely been limited to those of disdained idleness and dependency. To be sure, there have been those like Americans' longest-tenured president who have demostrated that, given adequate resources and extreme personal dedication, these barriers can be penetrated.

Since World War II, this nation has begun making strides toward eliminating some of these barriers. This has led to the Rehabilitation Services Administration, in 1973, setting forth the broad mission: "In conjunction with other public and voluntary agencies, to stimulate, develop, and implement programs which provide services for the disabled in maximizing their potential for a full, and, to the extent possible, productive life. (RSA Long-range Plan., 1973)." Accordingly, the purpose of this paper is to examine, on a basic, limited scale, an effort designed to demonstrate the practicality of this mission.

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 independent 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 or an isolated and confining home situation to the management and assumption of an independent lifestyle (Cole and Frieden, 1977).

Accordingly, the purpose of this study is to empirically answer the question: What is the relationship between participation in a special training program and adoption of independent living arrangements by severely physically handicapped individuals?

Specification and definition of independent and dependent variables.

Thus, the independent variable here is "participation in a special training program" while the dependent variable is "adoption of independent living arrangements." "Participation in a special training program" is defined as participation in a model transitional living program called New Options which is designed to foster the integration of severely physically handicapped individuals into their communities. Goals of such integration 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. It explicitly incorporates into a planned and structured transitional program many features designed to foster such independence.

The New Options project is housed in a dormitory-style building located four miles from Houston's Texas Medical Center. Participants in the project are chosen in groups of six to eight individuals to participate in each six-week training cycle. Each project participant has a private room. Meals, transportation, and non-professional attendant assistance are provided on a shared basis. The project staff includes a project director, research director, functional skills advisor, social worker, part-time vocational counselor, driver, attendant manager, and attendant staff. A number of active handicapped persons from the community who lead many program activities are called staff associates.

In order to convey important information and to teach participants needed skills, the program provides a series of 10 training modules.

These modules are intended to show participants the range of options available to them in (a) living arrangements, (b) education/vocational training and employment, (c) transportation, (d) the performance of physical task, (e) meeting medical needs, (f) and sexual relationships. Modules are also provided to help participants develop new skills in (g) managing financial affairs, (h) dealing with attendants and budgeting energy, (i) developing social skills and assertiveness, and (j) goal-setting and problem solving. 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 driver's training. In addition to organizing group activities, professional staff members are involved in goal-setting and problem-solving with participants on a one-to-one basis (Cole and Frieden, 1977).

Perhaps as important as the formal training activities, there seem to be some important effects of close interaction of participants with peers. That is, the program affords the participants, through staff as well as others, models by which to associate themselves and their capabilities in their socialization endeavors.

Since the independent variable in this study is participation in the New Options program, the dependent variable is essentially a measure of the success of that program relative to its individual participants. "Adoption of independent living arrangements" is therefore defined as moving away from a protected institutional existence or an isolated and confining home situation into a more independent household where such

a person holds or share the title "head of household."

Major hypothesis. At this point the major hypothesis upon which this study is focused is evident. Briefly stated, it is as follows. There is a strong relationship beteeen participation in a special training program and adoption of independent living arrangements by severely physically handicapped individuals such that participants are more likely than are non-participants to adopt independent living arrangements.

Theoretical/practical justification for the problem and major hypothesis. Present national programming offers a few prototypes that prepare the severely physically handicapped individual to move from a dependent setting into an independent setting. Structures programs which place an emphasis on offering maximum opportunities at cost effective levels were essentially non-existent before this project. At New Options emphasis is placed on allowing the severely physically handicapped person to assume the multiple stresses of independent living and employment in a gradual manner (Cole and Frieden, 1977). Many authories in the field of rehabilitation have expressed the need for for endeavors such as this.

Although New Options is first of its kind in offering training specifically designed to reintegrate the severely physically disabled into society's mainstream, the concept of reintegration and deinstitutionalization is not without precedent. Rausch and Rausch (1968) expounded upon the concepts od reintegration and deinstitutionalization in their examination of many halfway houses which utilize the concepts as their basic goals. They conclude: "We would suggest then that the halfway house is not simply an auxilliary after-care service for the mental hospital. We would suggest rather that a

potential network of halfway, three-quater way, and one-quarter way houses represents an alternative to the mental hospital and we would suggest that a network of such houses...offers a more appropriate structure and far greater opportunities for rehabilitation and reintegration than does the mental hospital (Rausch and Rausch, p.209)." Not only is the halfway house for the mentally handicapped similar to New Options in their common goals of reintegration and reinstitutionalization, but their emphasis upon making participants increasingly more responsible for thier own well being is also commonly shared. Moreover, New Options' method of presenting tasks in a gradual manner is explicitly related to Rausch and Rausch's insistence that "Transition needs to be seen not as discrete, discontinuous segments, but as a series of graduated steps."

This concept of deinstitutionalization, has been the subject of further refinement in recent years. Stedman (1977) argues that while most people perceive deinstitutionalization as the simple physical removal of handicapped persons from institutional settings and placing them into the general community, the success or failure of the process depends critically upon the state of mind of the handicapped person. He says that the sudden removal of an individual from a long-term institution and into a community setting demands an immediate and difficult readjustment of the person to a distressingly different environment. The culture shock resulting from such a sudden change is environments is seen as often necessitating the reinstitutionalization of the subject. Moreover, he maintains that deinstitutionalization "requires the re-socialization and preparation for re-entry of a human

being into a socialized community setting (p. xii)." He concludes that the relocation of the institutionalized person into the community must be a carefully planned process with a great deal of assistence being made available during the initial weeks and months of the transition period.

In her study of the career of the paraplegic, Cogswell (1977) argues that the entire rehabilitation process can best be analyzed as a process of socialization. Under such a socialization model, attention is focused on the process by which the individuals acquire new roles. This leads to questions on the development of new self-definitions, skills, activities, and associations. Accordingly, socialization proceeds through interaction among novices (individuals learning new roles) and agents (individuals responsible for training). Cogswell (1977), further observes that, although a recently disabled paraplegic might be physically capable of resuming a relatinely active life within a few months of his or her initial hospitalization, they generally delay such resumption for a year or more. This period of delay, she continues, is essentially characterized by the paraplegic's gradual, sequential development of the social skills and self-identify necessary to relate successfully to the non-disabled people in the community. Moreover, the recently disabled paraplegic generally must undergo this process without assistance, and must adequently complete this development in this "middle phase of rehabilitation" before confident and competent interaction within the general social world can be expected.

Essentially, then, the central function of New Options (with its

availability of unthreatening peer relationships, models as agents for successful socialization, and training modules tailored specifically to meet the needs of the severely physically handicapped) can be seen as providing previously unavailable assistance to the physically disabled in their socialization into the world of the successful handicapped person.

Although the resumption of gainful employment or vocational training is the most often used of many indicators of the success of rehabilitative endeavors, the adoption of independent living arrangements is the success measure used for this study because it is both a meaningful achievement for the disabled and is generally a precondition for vocational activity. While there is no standardly used success measures for rehabilitation efforts, this study is juxtaposed to other studies with differing dependent variables with the assertion that the goals of the programs examined are not meaningfully dissimilar. Along similar lines, Walls and Tseng (1976) observe: "Obviously, rehabilitation intervention (or process) should have positive impact not only on client employability but also on a host of other aspects of the clients' functioning, including his occupational, physical, economic, educational, social, and psychological well-being. Any specific attribute in these different dimensions that are operationally defined to yield valid and reliable measures can be used as criteria of success for assessing the effectiveness of rehabilitation intervention (or process). (p. 208)"

Specification and Definition of Intervening Variables, Sub-hypothesis System, and Justifications

In choosing the intervening variables to be examined in this study, the two highest priorities which were considered are as follows. First, the variables should be objective, highly reliable and valid measures which allow the identification of basic attributes of individual participants in the program studied which might potentially be found to either aid or hinder the individual in his/her rehabilitative efforts. Only in such a fashion may the weak points and strong points of the rehabilitation model used in the program be identified. Second, the variables chosen should be consistent with those previously used in studies within the field of rehabilitation. Thereby the results found by this study can be compared and integrated with the results of previous studies.

Previous research efforts in the field of rehabilitation have utilized an inconsistent and diverse range of independent and intervening variables in order to examine a likewise diverse range of dependent variables. However, due to the easy availability of such data from such sources as biographical records and intake records, demographic variables have been the most consistently used variables in earlier research efforts (Walls and Tseng, p.214).

At present, the emphasis in rehabilitation is not so much in the curing of disabilities as in the maximizing of abilities (Stock and Cole, 1975). As such, the handicapped person seeks to bring together all of his abilities and resources in order to maximize their utility

and substitute them for lost abilities in the rehabilitation process. According to this scheme, such demographic attributes as youth, residence in urban communities where community resources are plentiful, membership in families with relatively high income, relatively high levels of basic functional ability, and high levels of education are seen not so much as mere defining characteristics as basic resources to be utilized in the rehabilitation process. One must reason that the greater the amount of resources and abilities one has to work with, the greater the likelihood one has for success in one's rehabilitation efforts. Therefore, age, background community type, family unit income, functional ability level, and level of education are the intervening variables used in this study. This is not so only because of their usage in previous studies, but also because they are perceived to be potential indicators of the abilities and resources of program participants.

The first intervening variable considered in this study, "age," is simply defined as the number of years since birth. Ages are categorized into groups of "under thirty years of age" and "thirty years of age and older," which leads to the first two subhypothesis: Sub-hypothesis I: Among those under thirty years of age, there is a strong relationship between participation in a special training program and adoption of independent living arrangements by severely physically handicapped individuals such that participants are more likely than are non-participants to adopt independent living arrangements. Sub-hypothesis II: Among those thirty years of age and older, there is a moderate relationship between participation in a special training program and adoption of independent living arrangements by severely physically handicapped individuals such that participants are more likely than are

non-participants to adopt independent living arrangements.

Age is perhaps the most often used of any demographic variable. Writers in the rehabilitation field have often used them to describe and explain client success in the rehabilitation process. Poor (1975) describes the belief common to many rehabilitation counselors that the young are more likely to be successful that are the older in rehabilitation efforts because they generally have higher levels of energy and greater adaptive capacity than do the older. In addition, Frieden (1978), Novis, Marra, and Zadrogny (1960), Miller and Allen (1962), Aiduk and Longmeyer (1973), Ayer, Thoreson, and Butler (1966), Perlman and Hylbert (1969), and DeMann (1963) all indicated that age might relate inversely to client success in the rehabilitation process. Heilbrum and Jordon (1962), on the other hand, found age to relate positively to successful employment in their study of clients at the Atlanta Employment Evaluation and Service Center in Atlanta.

The second intervening variable examined in this research, "level of education," is simply defined as the highest grade of formal education that one has successfully completed. Responses are again categorized into groups of "have not completed" and "completed high school or more." This variable yields the second two sub-hypothesis. Sub-hypothesis III: Among those who have completed high school or more there is a strong relationship between participation in a special training program and adoption of independent living arrangements by severely physically handicapped individuals such that participants are more likely than are non-participants to adopt independent living arrangements. Sub-hypothesis IV: Among those who have not completed high school or

more, there is a moderate relationship between participation in a special training program and adoption of independent living arrangements by severely physically handicapped individuals such that participants are more likely than non-participants to adopt independent living arrangements.

Miller and Allen (1962) and Novis, Marra, and Zadrogny (1960) are two examples of those who found level of education, along with other measures, useful in efforts to predict rehabilitation client success. Frieden (1978) and Poor (1975) both observed that having higher levels of education can facilitate client success in rehabilitation training programs. It can be argued that level of education is to some degree an indication of motivation, coping ability, and of previous successful operation within American society. Those who have achieved higher degrees of such success are thus more likely to be success-oriented than are those who have not. It thus follows that they might be more likely to successfully benefit from participation in project training than those of lower education levels.

The third intervening variable in this study, "family unit income," is defined as the total annual income of all the members of the respondent's immediate family. Responses are dichotomized into categories of "below the median national income level" and "median income and above." This leads to the third pair of sub-hypothesis:

Sub-hypothesis V: Among those whose family unit income is at or above the national median income level, there is a strong relationship between participation in a special training program and adoption of independent living arrangements by severely physically handicapped

individuals such that participants are more likely than are non-participants to adopt independent living arranagements. Sub-hypothesis VI: Among those whose family unit income is below the national median income, there is a moderate relationship between participation in a special training program and adoption of independent living arrangements by severely physically handicapped individuals such that participants are more likely than are non-participants to adopt independent living arrangements.

Frieden (1978) identifies income as one of the key variables to which attention should be focused in the rehabilitation process. Novis, Marra, and Zadrogny (1960) and Miller and Allen (1962) have used the directly related measures of occupational level in somewhat successful attempts at predicting successful vocational rehabilitation clients. DeMann(196 a similar note, found that the rehabilitated client was more likely than was the non-rehabilitated client to be homeowners and not be on public assistance (indirect indicants of income). Moreover, it can be argued that persons with higher family unit income are more likely to have access to and knowledge of the resources necessary to make a successful change of environments.

The fourth intervening variables used in this study, "background community type," is simply defined as whether the subject resides in a basically rural or urban community. The fourth pair of sub-hypothesis considers this variable: Sub-hypothesis VII: Among those residing in basically urban communities there is a strong relationship between participation in special training program and adoption of independent living arrangements by severely physically handicapped individuals such

that participants are more likely than are non-participants to adopt independent living arrangements. Sub-hypothesis VIII: Among those residing in basically rural communities, there is a moderate relationship between participation in special training programs and adoption of independent living arrangements by severely physically handicapped individuals such that participants are more likely than are non-participants to adopt independent living arrangements.

Although no empirical evidence is provided in either case, Frieden (1978) predicts pre-admission living arrangements in urban settings to be a potential benefit to program participants while Poor (1975) considers community resources to be necessary for rehabilitation. Living in urban settings may therefore be related to easier access to essential community resources.

The final intervening variable, functional ability level, is defined as the degree of the respondent's physical ability to perform such basic tasks as to transfer self and to sit up in bed. Thus the fifth pair of sub-hypothesis are as follows: Sub-hypothesis IX: Among those at relatively high functional ability levels, there is a strong relationship between participation in a special training program and adoption of independent living arrangements by severely physically handicapped individuals such that participants are more likely than are non-participants to adopt independent living arrangements. Sub-hypothesis X: Among those at relatively low functional ability levels, there is a moderately strong relationship between participation in a special training program and adoption of independent living arrangements by severely physically handicapped individuals such that participants are more likely than are non-participants to adopt independent living arrangements.

Novis, Marra, and Zadrogny (1960) weighted the equivalent measure, "medical severities," more heavily than the remainder of variables, combined in their model for the prediction of vocational rehabilitation success. Likewise, Miller and Allen (1962) found a similar model, with heavy empirical weighting of medical severity to be related to client success. Poor (1975) and Frieden (1978) both describe physical ability as a primary factor in the degree of difficulty which the severely physically handicapped face in rehabilitation. Those handicapped person physically capable to do more for themselves are, as one would reason, more likely to be able to function in more independent settings with less dependence upon others than are the more disabled. Moreover, such lesser handicapped persons require less elaborate facilities in their living arrangements in order to be able to function adequately.

CHAPTER II: RESEARCH DESIGN

Introduction

Since the purpose of this study is to assess the ability of various severely handicapped adults to actually benefit, in terms of substantive lifestyle changes, from participation in a rehabilitative program designed to foster independent living, the research cases used will be essentially those severely handicapped adults who are likely to become involved in such a program.

The setting from which the cases will be drawn is, as evident, the New Options training program site in Houston, Texas. It is felt that since participants in this one-of-a-kind program have been drawn from more than several American states the implications drawn from its results should not be limited to only one region of contempory America. Moreover, the time of data gathering is 1976-1978 (ranging from 5½ months before the beginning of the first New Options training period to 4 months after the end of the last training period examined, to allow for pre-testing and post-testing.

Population/Sample/Sampling Methodology

As has already been indicated, the population to which this study seeks to make inferences is that of individuals with severe physical handicaps. Because of multiple difficulties in defining the parameters of this rather heterogeneous population (for instance how handicapped one must be to be considered severely physically handicapped) this population remains a rather ill-defined, uncounted one. This being the case, combined with the fact that the chief aim of this study is hypothesis testing, the primary basis for selecting cases in this study is

analytical.

The need for hypothesis testing also prompts the requirement that this study involve the examination of many cases, rather than only one case or a few cases. Since no variable in this study is divided into greater than two categories, and no more than one intervening variable shall be considered at one time, the minimum number of cases required in order to test the hypothesis is forty. Sixty-six persons have, to date, completed training programs at New Options. For reasons of cost and practicality, then, the number of cases involved in this study shall be this same quantity, sixty-six.

Instrumentation

This research seeks to illuminate some of the primary factors leading to person's substantially benefiting from participation in a training process. Therefore, in order to examine a variety of such possible factors, and yet, allow for an in depth analysis of each, a few select variables are used in this research.

Each of these variables is indicated by components of the Tuft Research form. (see appendix) Most of these variables are single-component indicants of simple demographic characteristics, involving simple yes/no-type answers. These include participation in program (yes or no); gender; background community type (address within or outside on SMSA); living unit income (below or above median); and highest level of formal education (completed high school or not). The dependent variable, "adoption of more independent living arrangements," is operationalized by whether or not the subject moves away from "parents" or "institutions" types of household constellation between

pre-test and post-test. "Functional ability" is determined by forming an index of a total of nineteen basic self-help skills, with each separate item scored 1, 2, 3. or 4 (1 = intact, 2 = limited, 3 = helper needed, 4 = null or totally dependent). The scores for each subject are summed and then are separatley labeled below or not below the median score across all cases.

Data Gathering Strategy

This research will utilize a dynamic, longitudinal design in order to compare changes in living arrangements of an experimental group with changes in living arrangements of a control group over a five and one half months span of time. Since subjects are rotated through New Options program on a continuous basis, those individuals who are just coming into the program serve as a control group for those who are leaving. Through self report interviews, measurements will be taken to categorize all participants in the program on each of the variables in this study at the following points in time: five and one half months prior to entering New Options (the pre-test of the control group); at the time of entering New Options (the post-test for the control group; and the pre-test for the experiment group), and four months after leaving New Options (the post-test for the experimental group).

Essentially, then, the experimental group and the control group shall consist of the same set of human subject, but during differing spans of time. This model allows for almost perfect matching of subjects (that is, to the extent that a person at one point in time can be considered an exact match for himself/herself at a later point in time

after new experiences).

Data Analysis Strategy

The significance of the relationship between the dependent and the independent variable, both overall and in terms of the categories of each intervening variable, shall be decided by administering a chi-squared test of significance. Since this research endeavor seeks only to test hypotheses and thereby increase knowledge, the more liberal .05 level of significance shall be observed. Also, comparisions will be made between the percentage of the experimental group that adopts independent living arrangements and the percentage of the control group that adopts independent living arrangements between pre-test and post-test. These comparisons of percentages shall be performed in an effort to assess the strength of the relationship between the independent and dependent variables, both overall and under the conditions posed by each intervening variable.

Summary

The research depicted in this paper is to be performed over a period of two separate semesters. The following is a tentative schedule of the tasks to be performed in order to complete this research endeavor:

first half of semester I:

- review and revise research design.

second half of semester I:

- collect and revise data from New Options records.
- organize data into SSPS computer run.
- convert data onto key punch cards.
- make successful computer run.

first half of semester II:

- analyze and interpret findings.
- interpret findings into theoretical context.

second half of semester II:

- write report on findings.

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ACTIVITY	SINCE INJURY		FREQUENCY	WITH WHOM			WHO INITIATES		WHERE		Fearful RATING OF ACTIVITY Confident						
	N	1st		Friend	Relative	Other	Self	Other	Home	Away	-6 -5 extremely	-4 -3 quite	-2 -1 slightly	0	+1 +2 slightly	+3 +4 quite	+5 +6 extremely
I. SOCIAL INTERACTION or RECREATION																	
1. Playing games (chess, cards, dominoes, monopoly, etc.) by sittings - 30 min. per sitting.																	
2. Handling pieces of games (dice, cards, chessmen, etc)																	
3. Working on hobby.																	
4. Rolling for pleasure. (eg. wheeling wheelchair)																	
5. Going to library, airport, or government building (city hall).																	
6. Taking a trip (at least overnight).																	
7. Responding to or playing with inquisitive children.																	
8. Watch friends, relatives, children participate in sports or other recreational activities.																	
9. Cultural events (ballet, opera, plays, musicals, museum, art gallery, concert, symphony).																	
10. Camping, hunting, fishing, swimming, the beach.																	

ACTIVITY	SINCE INJURY		FREQUENCY	WITH WHOM			WHO INITIATES		WHERE		Fearful RATING OF ACTIVITY						Confid
	N	1st		Friend	Relative	Other	Self	Other	Home	Away	-6 -5 extremely	-4 -3 quite	-2 -1 slightly	0	+1 +2 slightly	+3 +4 quite	+5 extrem
11. Discuss emotional aspects of injury.																	
12. Going to amusement park, arcade, circus, ice capades.																	
13. Going on a date.																	
14. Discussing or engaging in sex.																	
15. Clubs.																	
16. Restaurants.																	
17. Scheduled sporting events.																	
18. Church or synagogue.																	
19. Zoo, park, picnic.																	
20. Shopping centers.																	
21. Going to clothes store.																	
22. Grocery store or 7-11.																	
23. Other stores.																	
24. Movies.																	
25. Going out with a group of disabled.																	
26. Visiting with someone.																	
27. Parties.																	

ACTIVITY	SINCE INJURY		FREQUENCY	WITH WHOM			WHO INITIATES		WHERE		Fearful RATING OF ACTIVITY						Confide
	N	1st		Friend	Relative	Other	Self	Other	Home	Away	-6 -5 extremely	-4 -3 quite	-2 -1 slightly	0	+1 +2 slightly	+3 +4 quite	+5 + extreme
28. Bus, train, or plane.																	
29. Joking about injury or wheelchair.																	
30. School or work.																	
31. Meetings, special interest groups, committees, lectures.																	
32. Read book or magazine.																	
33. Drive or learn to drive.																	
34. Asking stranger for help.																	
35. Helping out or giving advice to other disabled persons.																	

ACTIVITY	SINCE INJURY		FREQUENCY	WITH WHOM			WHO INITIATES		WHERE		Fearful	RATING OF ACTIVITY					Confid
	N	1st		Friend	Relative	Other	Self	Other	Home	Away	-6 -5 extremely	-4 -3 quite	-2 -1 slightly	0	+1 +2 slightly	+3 +4 quite	+5 extre
II. SELF CARE or IMPROVEMENT																	
1. Putting on orthoses.																	
2. Taking off orthoses.																	
3. Feeding self (3 major meals).																	
4. Feeding self (snacks).																	
5. Homework from school or work (research).																	
6. Filing or organizing items (assistance ok).																	
7. Do chair pushups.																	
8. Planned exercices of muscles.																	
9. Using public restrooms - (assistance ok).																	
10. Carve or cut food into smaller pieces.																	
11. Push self in manual chair or work to develop the strength.																	
12. House or apartment hunting.																	

ACTIVITY	SINCE INJURY		FREQUENCY	WITH WHOM			WHO INITIATES		WHERE		Fearful — RATING OF ACTIVITY — Confident						
	N	1st		Friend	Relative	Other	Self	Other	Home	Away	-6 -5 extremely	-4 -3 quite	-2 -1 slightly	0	+1 +2 slightly	+3 +4 quite	+5 +6 extremel
13. Making special adaptations to house or apartment (assistance ok).																	
14. Transfer self.																	
15. Open doors (self).																	
16. Pay rent and bills.																	
17. Brush teeth.																	
18. Shave.																	
19. Comb hair.																	
20. Wash or dry self or hair.																	
21. Turn on/off TV, radio, lights.																	
22. Dial or answer telephone.																	
23. Dress or undress any part of self.																	
24. Clean up after eating.																	
25. Get drink for self.																	
26. Doing ingenious, unusual or dangerous things.																	
27. Working very hard on some physical goal.																	

ACTIVITY	SINCE INJURY		FREQUENCY	WITH WHOM			WHO INITIATES		WHERE		Fearful — RATING OF ACTIVITY — Confident						
	N	1st		Friend	Relative	Other	Self	Other	Home	Away	-6 -5 extremely	-4 -3 quite	-2 -1 slightly	0	+1 +2 slightly	+3 +4 quite	+5 +6 extremely
28. Negotiating with agency for financial support (TRC, DPW).																	
29. Prepare meal or make a sandwich.																	
30. Take care of medical appointments.																	
31. Clean up house or apartment (assistance ok).																	
32. Type or learn to type.																	
33. Pick up and drink from glass.																	
34. Check out in advance whether place is accessible.																	
35. Read articles about rehabilitation.																	

1. Need support of friends, relatives in going someplace.
   Yes____ No____

2. Feeling depressed or full of self-pity.
   Yes____ No____

3. Staying home when you really would like to be going out.
   Yes____ No____

4. Being lazy--letting someone else do something for you that you could do.
   Yes____ No____

5. Watching TV (average hours per day). _____

6. Listening to stereo or radio (average hours per day). _____ While in car not included.

7. Feeding self difficult foods (soup cereal, grapes, nuts, etc.)
   Yes____ No____

8. Audometer reading. _____

9. Sitting time (longest). _____

10. Rest periods (how many and how long). _____

How do you feel about yourself today?

Depressed - Bad

-6 extremely -5 -4 quite -3 -2 slightly -1 0 +1 slightly +2 +3 quite +4 +5 extremely +6

Elated - Good

Return to Ann Fay (Lyon Doyle)

UNIVERSITY OF HOUSTON

INSTRUMENT TO OBTAIN INFORMED CONSENT

This survey is designed to obtain information on your personal beliefs. The questions are about how you feel in different situations. There are no right or wrong answers.

Your individual answers are strictly confidential. Your name will not be associated with the completed survey at any time. It is requested that you put your initials, in reverse order, in the upper left hand corner, for coding purposes only. This procedure will enable your answers to be paired with demographic data, and will spare you answering questions repetitious of forms you have already completed at New Options.

From the data I obtain I expect to learn some of the effects of the New Options program, and which type of individuals benefit most from the program. This information may be used to improve the effectiveness of the program for future participants.

I will answer any questions you have about the survey and procedures used. Data obtained will be used for no other purpose than stated above without your permission.

Your participation is completely voluntary. If you choose not to complete a survey this will in no way affect your standing with New Options. By signing this agreement you do not waive any legal rights to release the University of Houston or its agents from liability for negligence.

Due to the small enrollment in a typical New Options cycle, maximum participation is important to this study. Your cooperation is greatly appreciated.

I have read the above document and understand and agree.

Signature C P [illegible]

Witness _____

Initials

PERSONALITY SURVEY

For each of the items below, please circle the sentence which reflects your own personal belief.

1. a. Children get into trouble because their parents punish them too much.
   b. The trouble with most children nowadays is that their parents are too easy with them.

2. a. Many of the unhappy things in people's lives are partly due to bad luck.
   b. People's misfortuenes result from the mistakes they make.

3. a. One of the major reasons we have wars is because people don't take enough interest in politics.
   b. There will always be wars, no matter how hard people try to prevent them.

4. a. In the long run people get the respect they deserve in this world.
   b. Unfortunately, an individuals worth often passes unrecognized no matter how hard he tries.

5. a. The idea that teachers are unfair to students is nonsense.
   b. Most students don't realize the extent to which their grades are influenced by accidental happenings.

6. a. Without the right breaks, one cannot be an effective leader.
   b. Capable people who fail to become leaders have not taken advantage of their opportunities.

7. a. No matter how hard you try, some people just don't like you.
   b. People who can't get others to like them don't understand how to get along with others.

8. a. Heredity plays the major role in determining one's personality.
   b. It is one's experiences in life which determine what they're like.

9. a. I have often found that what is going to happen will happen.
   b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

10. a. In the case of the well-prepared student, there is rarely if ever such a thing as an unfair test.
    b. Many times exam questions tend to be so unrelated to course work that studying is really useless.

11. a. Becoming a success is a matter of hard work, luck has nothing to do with it.
    b. Getting a good job depends mainly on being in the right place at the right time.

12. a. The average citizen can have an influence in government decisions.
    b. This world is run by the few people in power, and there is not much the little guy can do about it.

13. a. When I make plans, I am almost certain that I can make them work.
    b. It is not always wise to play too far ahead, because many things turn out to be a matter of good or bad fortune anyhow.

14. a. There are certain people who are just no good.
    b. There is some good in everybody.

15. a. In my case getting what I want has little or nothing to do with luck.
    b. Many times we might just as well decide what to do by flipping a coin.

16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
    b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.

17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand or control.
    b. By taking an active part in political and social affairs the people can control world events.

18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
    b. There really is no such thing as "luck".

19. a. One should always be willing to admit mistakes.
    b. It is usually best to cover up one's mistakes.

20. a. It is hard to know whether or not a person really likes you.
    b. How many friends you have depends upon how nice a person you are.

21. a. In the long run, the bad things that happen to us are balanced by the good ones.
    b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

22. a. With enough effort we can wipe out political corruption.
    b. It is difficult for people to have much control over the things politicians do in office.

23. a. Sometimes I can't understand how teachers arrive at the grades they give.
    b. There is a direct connection between how hard I study and the grades I get.

24. a. A good leader expects people to decide for themselves what they should do.
    b. A good leader makes it clear to everybody what their jobs are.

25. a. Many times I feel that I have little influence over the things that happen to me.
    b. It is impossible for me to believe that chance or luck plays an important role in my life.

26. a. People are lonely because they don't try to be friendly.
    b. There's not much use in trying too hard to please people, if they like you, they like you.

27. a. There is too much emphasis on athletics in high school.
    b. Team sports are excellent in building character.

28. a. What happens to me is my own doing.
    b. Sometimes I feel that I don't have enough control over the direction my life is taking.

29. a. Most of the time I can't understand why politicians behave the way they do.
    b. In the long run, the people are responsible for bad government on a national as well as on a local level.

Put a check mark in the box which most accurately describes you. (A= None or little of the time, B = some of the time, C = good part of the time, and D = most or all of the time).

		A	B	C	D
30.	I feel down hearted, blue, and sad.				
31.	Morning is when I feel the best.				
32.	I have crying spells or feel like it.				
33.	I have trouble sleeping through the night.				
34.	I eat as much as I used to.				
35.	I enjoy looking at, talking to and being with attractive people.				
36.	I notice that I am losing weight.				
37.	I have trouble with constipation.				
38.	My heart beats faster than usual.				
39.	I get tired for no reason.				
40.	My mind is as clear as it used to be.				
41.	I find it easy to do the things I used to do.				
42.	I am restless and can't keep still.				
43.	I feel hopeful about the future.				
44.	I am more irritable than usual.				
45.	I find it easy to make decisions.				
46.	I feel that I am useful and needed.				
47.	My life is pretty full.				
48.	I feel that others would be better off if I were dead.				
49.	I still enjoy the things I used to do.				

THANKS FOR FILLING OUT THE QUESTIONNAIRE

ACTIVITY	SINCE INJURY		FREQUENCY	WITH WHOM			WHO INITIATES		WHERE		RATING OF ACTIVITY					
	N	1st		Friend	Relative	Other	Self	Other	Home	Away	Fearful, Nervous				Confident	
											EXTREMELY	QUITE	SLIGHTLY		SLIGHTLY	QUITE	EXTREMELY
1. Playing games (chess, cards, dominoes, monopoly, etc.) by sittings - 30 min. per sitting.																	
2. Discuss emotional aspects of injury.																	
3. Going on a date, discussing or engaging in sex.																	
4. Clubs or bars.																	
5. Restaurants.																	
6. Scheduled sporting events.																	
7. Church or synagogue.																	
8. Shopping centers.																	
9. Other stores																	
10. Movies.																	
11. Visiting with someone																	
12. Joking about injury or wheelchair.																	
13. School or work.																	
14. Meetings, special interest groups, committees, lectures.																	
15. Prepare meal or make a sandwich																	

ACTIVITY	SINCE INJURY		FREQUENCY	WITH WHOM			WHO INITIATES		WHERE		RATING OF ACTIVITY					
	N	1st		Friend	Relative	Other	Self	Other	Home	Away	Fearful, Nervous				Confident	
											EXTREMELY	QUITE	SLIGHTLY		SLIGHTLY	QUITE	EXTREMELY
16. Take care of medical appointments.																	
17. Asking stranger for help.																	
18. Feeding self (3 major meals).																	
19. Homework from school or work (research).																	
20. Field trip or trip to acquire information.																	
21. Planned exercises of muscles.																	
22. House or apartment hunting.																	
23. Making special adaptations to house or apartment (assistance ok).																	
24. Transfer self.																	
25. Pay rent and bills.																	
26. Brush teeth.																	
27. Get drink for self.																	
28. Turn on/off TV, radio, lights.																	
29. Dial or answer telephone.																	
30. Negotiating with agency for financial support. (TRC,DPW)																	

1. Need support of friends, relatives in going someplace.
   Yes____ No____

2. Feeling depressed or full of self-pity.
   Yes____ No____

3. Staying home when you really would loke to be going out.
   Yes____ No____

4. Being lazy--letting someone else do something for you that you could do.
   Yes____ No____

5. Watching TV (average hours per day). _____

6. Listening to stereo or radio (average hours per day). _____ While in car not included.

7. Feeding self difficult foods (soup, cereal, grapes, nuts, etc.)
   Yes____ No____

8. Sitting time (longest) _____

9. Rest periods (how many and how long). _____

How do you feel about yourself today?

Depressed - Bad

EXTREMELY QUITE SLIGHTLY

Elated - Good

SLIGHTLY QUITE EXTREMELY

Follow Up Group

Roberta Anne Forbes
5151 S. Willow Dr. #143
Houston, Texas 77035
January 12, 1978

Dear

A study is presently being conducted among the severly disabled population. It is hoped that the information gathered in this study can be used to evaluate and improve certain rehabilitation programs. You have been selected from a group of disabled persons qualified to be a participant in this study. Your participation is voluntary -- and important. Your cooperation will be greatly appreciated.

Enclosed you will find two questionnaires. One questionnaire is primarily to obtain background information on you and factors in your life which may be affected by your disability. The other questionnaire is a survey regarding your attitudes in different situations.

Each questionnaire is in an easy to answer checklist form. It should take only 10 to 15 minutes to complete both questionnaires. A self-addressed stamped envelope is included for your convenience. Please return both questionnaires immediately.

This information is confidential. Your name is <u>not</u> requested.

I will be glad to answer any questions you may have about this study or the procedure used. Again, thank you for your cooperation.

Sincerely,

Roberta Forbes
Researcher

Control Group for Past Participants
(Follow-Up)

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Researcher

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This information is confidential. Your name is <u>not</u> requested.

I will be glad to answer any questions you may have about this study or the procedure used. Again, thank you for your cooperation.

Sincerely,

Roberta Forbes
Researcher

BACKGROUND INFORMATION

Please answer all items. Simply fill in the blanks or check the appropriate choice for each numbered item.

Do not write in this column

1,2 3,4

5,6 7,8

9,10

1. Age: _____

2. Sex
___1) Male
___2) Female

3. Race:
___1)White
___2)Black
___3)Mexican American
___4)Other

4. Marital Status:
___1)Single
___2)Married
___3)Divorced
___4)Separated
___5)Widowed

12 13

5. Major Handicapping Condition:

_____

6. Date of onset of Handicap
_____/_____
mo. yr.

14 15,16,17

7. Highest level of education completed:
___1)elementary school
___2)high school
___3)college
___4)graduate school

8. Number of years of work experience:
_____

18 19,20

9. Present Vocational Status:
___1)Homaker
___2)Student
___3)Competitive Employment
___4)Non-competitive employment (sheltered Workshop, etc)
___5)Unemployed, but employable and unable to find work
___6)Retired due to age
___7)Too disabled to work, or be a student, or homemaker, or else retired for disability.

10. Occupation (during most of the period in #8)

_____

21 22

11. Work/School Status:

Do not write in this column

___1) Educational and vocational levels are compatible. There are no work or educational restrictions. The individual is working full-time in the free job market or as a full-time student. Time lost from work does not exceed one day per month on the average. If retired the individual fulfills usual and customary tasks and roles in the household and/or the community.

___2) The individual desires more education or training or work but it may not be readily available. If working or attending school there may be some modification such as part-time, light work, etc. Time lost for work-school averages no more than 2 to 5 days per month. If retired, the individual fulfills the usual and customary tasks and roles in the household and/or community in a limited way.

___3) The individual works or attends school in a special facility adapted for the handicapped or else loses more than an average of one week per month at a full-time or part-time job.

___4) The individual is too disabled for employment or schooling or if retired, is not able to fulfill usual and customary roles and tasks in the household or community.

_____ 23

12. I Q:
a) Exact (if known) _____
b) Estimate
_____1) Above average
_____2) Average
_____3) Below average

_____ 24,25,26

13. Degree of Handicap
___1) paraplegic
___2) incomplete quadraplegic
___3) complete quadraplegic

_____ 27

14. Present Residence:
___1) Home of parents, relative, or friends.
___2) Nursing Home
___3) Rented apartment, house, duplex. etc.
___4) Own or buying own house, townhouse, duplex, etc
___5) Dormitory
___6) Other _____

_____ 28

15. Present Attendant Arrangements
___1)No assistance required
___2)Non-salaried relative or friend
___3)Salaried live-in attendant
___4)Salaried visiting attendant
___5)Live with group that shares an attendant staff
___6)Other _____

_____ 29

Do not write in this column

16. Primary Transportation:
Check one:
___1) drive own car
___2) drive own van with special adaptive equipment
___3) someone else drives personal vehicle
___4) use private transportation service (cab, private van service etc.)
___5) use public transportation service (city bus)
___6) no satisfactory transportation
___7) other

30

17. Living Unit Income:
The average annual income of self and/or people or family you live with:
___1) less than $5,000
___2) between $5,000 - 10,000
___3) between $10,000 - 20,000
___4) between $20,000 - 50,000
___5) greater than $50,000

31

18. Source of Personal Income:
(Check all that apply)
___1) self/family
___2) insurance plan (BC/BS, etc.)
___3) workers compensation
___4) state vocational agency
___5) welfare/medicaid
___6) medicare
___7) Assoc/Fund
___8) Other _____

32,33,34,35

19. Financial Ability:
___1) Intact--self or family able to absorb the cost of the disability without increased indebtedness.
___2) Limited--self or family required to incur debts to handle costs of disability
___3) Helper--self or family requires some form of public assistance to cover medically related costs, (Medicaid)
___4) Null--self or family requires public assistance to cover medical and subsistance costs. (Welfare or SSI)

36

Rate items 20-24 according to the description following each item.

Do not write in this column

20. Outlook:

___1) Intact--The individual functions independently without impairment in the following areas: Problem-solving regard for other, perceptual-motor ability, judgement-reliability, and self-esteem. The individual feels very satisfied with life today or else has moderate difficulty making decision easily. 37

___2) Limited--The individual functions independently with mild impairment in some area(s) mentioned above or else is fairly well satisfied with life today or else has moderate difficulty making decisions.

___3) Helper--The individual is observed to function appreciably better with assistance, supervision, cueing, coaxing or a structured environment due to one or more of the problems mentioned above or else has a feeling of more satisfaction than dissatisfaction with life today or else has great difficulty making decisions.

___4) Null--The individual is not particularly benefitted by assistance with problems mentioned above or else he is not satisfied with life today or else actually makes very few, if any, decisions.

21. Problem - Solving:

___1) Intact--Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed. 38

___2) Limited--Minimal limitations in problem-solving; modification of environment may be required.

___3) Helper--Limitations in problem-solving require a structured environment and/or another person is involved for supervision, cueing, coaxing, or assistance.

___4) Null--Unable to function appropriately due to limitation despite assistance.

22. Emotional Stability: Regard for others

___1) Intact--Able to remain cooperative without being demanding or overly dependent upon others. Evidence of satisfying interactions with staff, other patients and family members. 39

___2) Limited--Minimal limitations in emotional stability; modification of environment may be required.

___3) Helper--Anti-social behavior requires a structured environment; and/or another person is involved for assistance, supervision, cueing, or coaxing

___4) Null--Anto-social behavior severly limits function despite assistance.

23. Judgement-Reliability
Insight (Realism)

___1) Intact--Aware of and understands limitations or disability problems. Able to plan, work out, or incorporate compensations or substitutions, or else asks for appropriate assistance while working towards solutions and while using sound judgment.
___2) Limited--Minimal limitations in insight; may require environmental modifications.
___3) Helper--Poor insight, judgment or reliability require a structured setting and/or another person involved for assistance, supervision, cueing, or coaxing.
___4) Null--Insight, judgment, or reliability are not appreciably helped by assistance.

24. Self-Esteem/Regard for Self (Hopefulness)

___1) Intact--Able to feel hopeful about situation with sense of purpose and worthwhileness preserved No evidence of inappropriate discouragement or anxiety, hypochondriasis, misuse of drugs or alcohol. Able to go through breif reaction to real loss without undue denial, indifference or hysteria.
___2) Limited--Minimal limitations in self-esteem; a modified environment may be required.
___3) Helper--Manifest depression requires another person to be involved for assistance, supervision or cueing. A structured environment is required.
___4) Null--Manifest depression severly limits function despite assistance.

Thank you for your help.

Do not write in this column

41

42

43,44

45,46

47,48

PROPOSAL FOR MASTERS PROJECT

Submitted by: Randal Goldsobel

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This project will be an experiential but objective study of Rehabilitaion Psychology in relation to a special program called New Options sponsored by Texas Institute of Rehabilitation and Research. A full description of this program is enclosed in a printed brochure. This program is a unique effort to help severely handicapped individuals increase their independence and learning. The project will allow me an excellent opportunity to study the process of change and learning by the use of a longtitudinal study. The purpose of the project will also allow me to accomplish the following goals: (1) to work closely with the staff of New Options to assure maximum efficiency in meeting their needs to further improve their program, (2) to enable myself to learn more about Rehabilitation Psychology and also further my own self-growth and (3) to meet the requirements of the Masters Committee and completing my graduate studies.

I shall work closely with the research director, Lex Frieden, and other staff members in forming a list of observable behavioral criteria with increased independence as the major objective. This list will attempt to cover not only behavioral aspects but also educational and vocational changes.

All subjects will be required to make out a daily diary for six weeks before they actually enter the program and also will make a diary daily for six week after they conclude the program. These diaries may be either written or taped. I shall personally take the responsibility for contacting the subjects every evening to

make sure all diaries are indeed kept.

I shall also go through the program myself as an experiential tool. I shall keep a diary on myself for six weeks prior to going into the program and also continue to keep a diary daily for six weeks after the program. While in the program I shall also attempt to do some teaching of certain aspects. For all subjects a self-concept inventory will be given six weeks before they enter and six weeks after they have concluded the program. This will be an attempt to measure the change in self-concept. When the program is completed all subjects will take an exam that will cover educational and learned elements of the program.

In order to take part in this program and possibly to do some teaching, I shall totally research all the aspects of the program and be totally familiar with all areas that are part of this program.

Finally I will submit a report on the progress and improvements of all subjects and the total effectiveness of this program as a tool of change leading to increased independence. This report will be taken from a study of the diaries before the program, self-concept inventories, the exam at the end of the program, and the improvement that can be seen after a six week follow-up program. It is hypothesized that much behavioral improvement will not show up with in a six weeks follow-up but may occur several months or even years afterwards.

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NEW OPTIONS (first paper)

Submitted by David Sharp

O.B.M. MWF 10-11 am

Instructor: Van Miller

NEW OPTIONS

I am working in a program of the Texas Institute for Research and Rehabilitation (T.I.R.R.) titled "New Options". This program has been designed to provide the disabled with a working knowledge of how to move from a family or institutional living situation to an independent lifestyle. There are thirteen classes held each week that are taught by disabled people who have had experience in living on their own. Each class lasts for six weeks and then we begin a new teaching cycle with a new group of participants. I am responsible for teaching the class of financial management. Other classes deal with home management, attendant care, medical care, recreation and vocational training.

Even though the New Options program is a part of a state agency, it is concerned about how it compares with other state programs in its efficient use of monies, personnel, and compliance with regulating state ordinances. I am not aware of T.I.R.R.'s rank among other state institutions.

New Options was developed as an innovative approach to helping the disabled to improve their mobility in their environment. Along with the training classes a research project is being conducted to investigate a cause and effect correlation between bed rest and the amount of time spent in a wheelchair.

This research has attracted federal grants which totally supports the program. However, each participant is required

to pay tuition to defray the cost of their room and board. Most of the participants' tuition is sponsored by another state agency called the Texas Rehabilitation Commission.

The profitability of the program is measured by the success of the participants in making any kind of a transition of living on their own.

Explain!

Productivity appears to be measured on the teacher's attendance record and by just presenting the material to the participants. Little attention has been given in assessing how much the participants learn from this program. However, a psychologist has been hired recently to administer tests before and after the participants complete the program to evaluate its productivity.

The supervisory personnel is primarily concerned with how many participants complete the program. They seem to assume that the teachers know what to teach and how to teach. They are willing to help with suggestions if you make mistakes but little information is supplied to help you know what they expect of you. Specific expectations should be conveyed to the teachers so their abilities and experiences can be utilized effectively. The turn over rate is moderatly high because the work is part time at $100 per month. The supervisors try to make sure when you desire to quit so they can find someone else to teach your class.

New Option's main thrust is on its social responsibilities in reaching the disabled and helping them help themselves.

The existance of the program is based on the forecasted

national emphasis on giving the disabled equal opportunities in life.

Budget resources come from a 3 year federal grant which expires in two years. A large cut of this goes toward research cost along with salaries for staff and teachers. The expenses of the program are stable and budget allotments are ample. All of the monies are being used so that a request for another federal grant will have a greater chance of being approved.

New Options has established few policy measures in regard to the teachers. No contracts are signed and job descriptions are not written down. This should be immediately established as a short term goal. Implementing more in depth training for the participants would be a good medium range goal. This could involve, for example, teaching them actually how to cook rather than jsut telling them how to do it.

New Options has two components. One involves the handling of the research and the other deals with the care of the participants in the program. These overlap quite a bit as the researcher uses the participants in the research project. In this aspect there is little conflict in goals between the research and administrative components because they depend on each other for the continuance of the program.

There are six specialized roles involved in the organization. The program director is over the staff of the researcher, social worker and assistant coordinator, as well as the teachers and attendants. Each member of the staff counself with the participants. The roles of the staff frequently overlap and

in this way are integrated with each other. The teachers (non-staff) and attendants pretty much come and do their work and go home.

Since New Options is a non-profit organization and does not provid a product to the public, there is no need for inventory control nor for organizing a strategy for production and sales. But there is a need for control over the operations of the program.

There are few preliminary controls on hiring of teachers. As mentioned above, applications are not used. If there is a vacancy and you want the job they will let you observe and participate in one cycle of the classes with pay. If you like it you will get the job. They seem to prefer disabled people when looking for teacher as I have not seen able bodied teachers in the progra. Staff vacancies are filled by the traditional means of filing an application and submitting credentials. The same is true for hiring attendants. Much more preliminary control should be implemented with the teachers. Applications and interviews should be a part of the process. This would require a standardization of job skill requirements, of which there are none in writing for teachers. This is not the case for the staff positions and attendents as they must pass a state merit examination to be hired.

Concurrent controls are used more than preliminary controls. I believe this is so because the lack of preliminary controls causes a need for instruction and correction down the line. The concurrent controls take on the form of suggestions and alternatives to different approaches in handling the class

and its content.

Feedback control and concurrent control over with the te teachers. Suggestions are made to the teachers and the changes are made.

Each group of participants varies in their awareness of how to handle life situations. Some participants are mentally deficient as well as disabled. For these reasons the teacher must find out each participant's level of experience and knowledge so he knows on what level to approach his material. In this sense it's difficult to establish lesson plans that can be used from cycle to cycle. This necessitates the need for concurrent and feed back controls.

Another use of feedback control is implemented by administering tests to the participants before and after they complete the program. Hopefully this will offer a means of monitoring the effectiveness of the program and to give us insight into the changes that may be needed.

(9) Well written. Interesting. Flows nicely. You should have made better use of the model in organizing and writing your paper. I want to see the full model utilized or at least considered in the case analysis.

Good paper.

Dear Participant:

My name is Randy Goldsobel and I am a graduate student in psychology. I am doing my Master's Thesis on the New Options Program sponsored by the Texas Institute of Research and Rehabilitation. I understand that you will be attending this program. I am looking forward to meeting you and I sincerely hope that you will agree to take part in my study. If so, please return immediately the form of confidentiality to the New Options Program in the return letter.

The following are instructions to the forms I have sent you. I will be studying this program and the results of each participant for 3 weeks before and 6 weeks during and 6 weeks after program. I have made up a list of 70 activities plus 10 other independent measures. It takes a very short time to fill out each list and I hope that you will be willing to help me out.

You will fill out each list every 3rd day and it will show the number of activities that you have engaged in within a 24 hr. period (6:00 PM - 6:00 PM has been set by myself and the staff). Each list will be dated to help you keep track.

Look at each activity and if you have engaged in that activity during the 24 hr. period, list the frequency, with whom, who initiated, where and your rating of the activity. If you have not engaged in the activity, leave everything blank. Sometimes a certain category will not pertain. For example, many of the self-care activities will be done alone and therefore the category <u>with whom</u> does not apply. Leave it blank.

If you have never done a certain activity since your injury, check the N category. Do this <u>only</u> the first time you fill out the list.

If you happen to do an activity for the 1st time since your injury, mark the category 1st and all others that apply. This is the <u>only</u> category that does not have to occur within the 24 hours. It may occur on one of the off days.

There is also a rating of how you feel about yourself each day. Try to think of the most depressed and the most elated that you have ever felt and use these as extremes.

Also enclosed is a mood checklist. Please fill this out and return it with the confidential form. I shall call you on the 1st day that you will be filling out a list to answer any further questions.

Thanks for your help.

Randy Goldsobel

Randy Goldsobel
Graduate Student
University of Houston

RG/sk