December 17, 1976

Mr. James M. Hooper
2516 Dana Street
Berkeley, Calif. 94704

Dear Mr. Hooper:

Enclosed is a copy of the paper which you requested. I hope you find it interesting and useful.

Sincerely,

Lex Frieden
New Options Research Director

LF/asm
enclosure

2516 Dana Street
Berkeley, Calif. 94704
December 4, 1976

Dear Mr. Frieden:

I would be interested in obtaining a copy of your work entitled Independent Living Arrangements... If you would inform me of how I could obtain a copy I would be most pleased. Thank you...

Sincerely,

James M. Hooper

James M. Hooper

December 7, 1976

Dean S. Hallauer, Ph.D.
Monroe Community Hospital
435 East Henrietta Road
Rochester, New York 14603

Dear Dr. Hallauer:

Enclosed is the paper upon which my presentation at your APA Seminar was based. I enjoyed participating on the panel and I hope my contribution was interesting and useful to those persons in attendance.

I believe your idea of putting our presentations into publication form has merit and I would be glad to cooperate with you. It seems to me that an article of this nature would be both descriptive and analytical. Your own data is interesting and probably justifies elaboration. Also, I suspect that there are some commanalities and differences among the programs we discussed which are instructive and which should be made explicit.

I would appreciate knowing if and how you plan to use this paper. I would also be happy to assist you in compiling and evaluating more data, should you so desire.

Thank you for giving me the opportunity to describe our transitional housing programs. I look forward to hearing of your future progress in this area.

Sincerely,

Lex Frieden
New Options Research Director

LF/asm
enclosures

September 17, 1976

Dean S. Hallauer, Ph.D.
Monroe Community Hospital
435 East Henrietta Road
Rochester, New York 14603

Dear Dr. Hallauer:

Enclosed is the paper upon which my presentation at your APA Seminar was based. I enjoyed participating on the panel and I hope my contribution was interesting and useful to those persons in attendance.

I would appreciate knowing if and how you plan to use this paper. I would also be happy to assist you in compiling and evaluating more data, should you so desire.

Thank you for giving me the opportunity to describe our transitional housing programs. I look forward to hearing of your future progress in this area.

Sincerely,

Lex Frieden
New Options Research Director

LF/asm

enclosure

THE CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER

November 5, 1976

Lex Frieden
c/o Jean Cole, Ph.D.
Transitional Project Director
Texas Institute of Rehabilitation
and Research
1333 Moursand Avenue
Houston, Texas 77025

Dear Mr. Frieden,

I want to thank you for your participation in the symposium in Washington D.C. over Labor Day. As you may or may not know I have relocated from Rochester, New York to Seattle, Washington. My plans had been to follow up earlier on the symposium that we presented. However, moving imposes other priorities on a person.

What I would like to do would be to give consideration to putting the various information that was presented at the symposium together and try to submit it to some yet undetermined place for possible publication. Obviously it would have to be in a somewhat abbreviated from. As the first step to that I would appreciate your sending me, if available, a copy of the paper you presented. Also, any comments you have of my idea about putting this whole thing together would be most appreciated.

Thanks again for your participation. I hope to hear from you soon.

Sincerely yours,

Dean Hallauer

Dean S. Hallauer, Ph.D.
Clinical Psychologist
Department of Behavioral Sciences

cc: Jean Cole, Ph.D.

DSH:sh

HOUSTON, TX
1976

WEST VIRGINIA UNIVERSITY
DEPARTMENT OF ~~PSYCHOLOGY~~
MORGANTOWN, WEST VIRGINIA

Dear Lee Cole,

ps: will you please respond to this. Jean

I would appreciate receiving a reprint of your article:

Cooperative Living Residential Project

Which appeared in APA annual Convention

Thank you for your courtesey.

Sincerely, D. DWIGHT MARSHBARGER

December 16, 1976

Dr. Dwight Marshbarger
West Virginia University
Morgantown, West Virginia

Dear Dr. Marshbarger:

I appeared at APA in behalf of the Cooperative Living Residential Project. I am enclosing for your information papers upon which my presentation was based.

Sincerely,

Lex Frieden
New Options Research Director

LF/asm

December 21, 1976

Mr. Sylvester Turnere
Psychology Department
Vanderbilt University
Nashville, Tenn. 37240

Dear Mr. Turner:

I appeared at APA in behalf of the Cooperative Living Residential Project. I am enclosing for your information papers upon which my presentation was based.

Sincerely,

Lex Frieden
New Options Research Director

LF/asm
enclosure

Audrey
please retype
this letter
address to
this Sylvester
Turner.
Thanks

December 16, 1976

Dr. Suzanne Bordin
Clinical Psychologist
North Bay Regional Center
1700 Second Street
NAPA, CA 94558

Dear Dr. Bordin:

I appeared at APA in behalf of the Cooperative Living Residential Project. I am enclosing for your information papers upon which my presentation was based.

Sincerely,

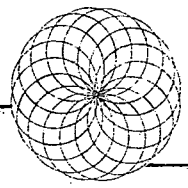
Lex Frieden
New Options Research Director

LF/asm

NORTH BAY REGIONAL CENTER

1700 SECOND STREET, NAPA CA 94558

(707) 252-0444



Serving the Developmentally Disabled
in Sonoma, Solano and Napa Counties

SAM MERRITT, DIRECTOR

Ex- Will you please respond to this? Thanks. [illegible]

Dear Dr. Cole

Please send me a copy of your paper entitled" cooperative living residential project " presented at the 1976 Annual Convention of the American Psychological Association.

Sincerely yours,

Suzanne Bordin, Ph.D.

Suzanne Bordin, Ph.D.
Clinical Psychologist

SB:cm

September 1, 1976

Dean S. Hallauer, Ph.D.
Monroe Community Hospital
435 East Henrietta Road
Rochester, New York 14603

Dear Dr. Hallauer:

As a follow-up to our telephone conversation, I wanted to let you know that I regret not being able to participate in the APA forum on housing and transitional programs. I had been looking forward to talking with you and with the other participants, and I appreciate your invitation to be part of this discussion.

I would like to give you some background information on Lex Frieden who has agreed to take my place on the forum, with your concurrence. Lex is a Ph.D. candidate in psychology at the University of Houston and is Research Director of TIRR's New Options Transitional Project. He also is secretary of the American Coalition of Citizens With Disabilities and participates actively at the national level as well as locally in a number of consumer activities. Recently Lex played a major role in developing the issue paper on housing for the White House Conference on the Handicapped. I am sure he will represent the Houston projects well and has the background to view them in the context of housing efforts generally.

According to your plans, it sounds as though the forum will be a profitable session. I hope that all goes well.

Best regards,

Jean A. Cole, Ph.D.
Transitional Project Director

JAC:asm

work, school

secure stable living arngt.
systems concept
physical structure
system of support services
attd care transpo.
alternatives institutional
non insti
control / freedom / choice
independence

survey history '71, '72
goal: develop cost effective non insti ILA
→ bldg. — services
location
room space
privacy
attd. control
sched.
social interaction
sharing, learning, modeling

Results — cost effective
stristics — living arngts.
ILS
free living
sharing free
coop, living
indiv
condominium

Research — ✓
transitional concept
goals, methods

ultimate indep. — integration

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

Goal: indep. living (relative) Def.

Ownership history, TI –

location TTR

Phys: rooms – space, privacy

Service: services (duplex concept)

attendant

transp.

resources, security

Social: learning, modeling

experiencing, sharing

Mgt: — results

ILS

Free Lives

Spring Tree

[illegible] Village

Transitional Concept

New Options

Stability → security

work school

living arrangement

support ↔ dependence

Structure (choice/control/freedom)

physical structure

social structure

support service system

} not effective

Physical

location

personal space

privacy

Services — Cntrl

availability

skill learning; modeling

shaping

concept

worked → Results → Effects

Spinoffs

ILS

Foster lives

Living Foster

Family Village

Transitional Concept

New Options

SYMPOSIUM

TRANSITIONAL AND INDEPENDENT LIVING ENVIRONMENTS FOR THE SEVERELY DISABLED

Chairperson, Dean Hallauer, Ph.D.

Member, APA

The University of Rochester School of Medicine and Dentistry
Rochester, New York

Mailing Address: Dean S. Hallauer, Ph.D.
Monroe Community Hospital
435 East Henrietta Road
Rochester, New York 14603

Moderator

Dean S. Hallauer, Ph.D.
The University of Rochester School of Medicine and Dentistry
Mailing Address: Monroe Community Hospital
435 East Henrietta Road
Rochester, New York 14603
TRANSISTIONAL AND INDEPENDENT LIVING ENVIRONMENTS
FOR THE SEVERELY DISABLED

Participants

Jean Cole, Ph.D.
Transitional Project Director
Texas Institute of Rehabilitation
and Research
1333 Moursand Avenue
Houston, Texas 77025
THE COOPERATIVE LIVING
RESIDENTIAL PROJECT

Judy Heumann, M.P.H.
Deputy Director
Center for Independent Living, Inc.
2539 Telegraph Avenue
Berkeley, California 94704
CENTER FOR INDEPENDENT LIVING

Darrell Jones, M.S.
Director
Transitional Living Skills Unit
Monroe Community Hospital
435 East Henrietta Road
Rochester, New York 14603
TRANSITIONAL LIVING SKILLS UNIT

Roger A. McKinley, Ph.D.
Chairman, Technical Advisory Panel
Housing for the Young Severely Disabled
Mental Health Associates
Suite 403, Madison Medical Center
20 South Park Street
Madison, Wisconsin 53715
HOUSING FOR THE YOUNG SEVERELY DISABLED

Mr. Nicholas A. Pagano, Jr.
Coordinator, Residential Services
Bronx Developmental Services
3036 East Tremont Avenue
Bronx, New York 10461
INTEGRATED LIVING FOR SEVERELY
DISABLED PEOPLE: A RADICAL APPROACH

Mr. Wissa Wissa, Director
Boston Center for Independent Living, Inc.
745 Commonwealth Avenue
Boston, Massachusetts 02215
BOSTON CENTER FOR INDEPENDENT LIVING

Discussant

Fred Fay, Ph.D.
Director of Research
Tufts Rehabilitation Institute
Box 337, 171 Harrison Avenue
Boston, Massachusetts 02111

Length of time requested: 2 hrs. 50 mins.

Person Submitting Proposal: Dean S. Hallauer, Ph.D.
Monroe Community Hospital
435 East Henrietta Road
Rochester, New York 14603

APA Member: Yes

I hereby certify that this proposal has not been submitted to any other division in APA and that all participants named have agreed in writing to participate.

Dean S. Hallauer
Signature

1/26/76
Date

SYMPOSIUM: TRANSITIONAL AND INDEPENDENT LIVING ENVIRONMENTS FOR THE SEVERELY DISABLED

A Cross Section of What's Happening
Moderator, Dean Hallauer, Ph.D.,
University of Rochester, Rochester, N.Y.

One of the major problems facing both the severely disabled person as well as the rehabilitation professional is housing for the disabled. In the past, and still too much in the present, the severely disabled have had the benefit of progressive and innovative inpatient medical rehabilitation only upon discharge to discover that what is available as far as housing does little to foster and reinforce an independent life style. For some of these individuals the option is back to the parental home they had already left or from which they were just emerging. For others the only choice is a nursing home or long-term care facility. These are not adequate solutions to the problem. A number of local approaches to this problem have been developed. This symposium is intended to present the magnitude of the problem as well as a description and results of representative programs across the country.

The presentations will offer a good variety. They will include well established and functioning programs as well as at least one that is still in the developmental stage. The various programs also deal with different types of severe disability, i.e., spinal cord, head injury, and congenital problems.

Each presentor will describe the local events that led to the development of their program or center, problems encountered, unique aspects, results of their program, and future directions they are heading. This approach for the symposium will thus provide the opportunity for participants to share experiences, problems and solutions. Those who attend hopefully will benefit from hearing the participants' presentations and from the opportunity that will be provided for interaction between participants and audience. It is felt that this sharing of experiences and ideas is a major aspect of the proposed symposium. The time requested is two hours and 50 minutes.

THE COOPERATIVE LIVING RESIDENTIAL PROJECT

Jean S. Cole, Ph.D.
Houston, Texas

In January of 1972 the Texas Institute for Rehabilitation and Research began a three-year pilot residential project for severely physically disabled young adults with R & D funds from HEW. Fourteen young persons, mostly spinal cord injured quadriplegics, lived in a dormitory-style structure while they attended school, vocational training, or were working. The residents developed and operated a system of shared services, including attendant assistance, meals, and transportation. Cooperative living utilized a number of sources of financial sponsorship in becoming financially self-sustaining. As outgrowths of the original R & D project, four autonomous housing clusters offering shared support services in apartment settings are now operating in Houston.

The evolution of these Cooperative Living projects will be summarized. Similarities and differences among the four clusters will be explored, and the clusters will be contrasted with other living arrangements that physically handicapped persons have devised in Houston. Information gained in an anthropological study of these residential projects is now being used by TIRR in a transitional training program designed to assist handicapped persons who want to develop more active lifestyles.

Center for Independent Living
Berkeley, California
Judy Heumann, M.P.H.

The Center for Independent Living is a services organization run by and for the severely disabled. It provides a comprehensive program of supportive aids and programs that enable hundreds of its handicapped clients to pursue active lives in the community. At CIL, where 2 out of 3 employees are disabled, clients gain peer support from every contact with the organization. The efficacy of CIL's peer-conducted services have made it a national model for service delivery to the severely disabled. The CIL is also the principal national advocate for the expanding rights and opportunities of the disabled.

Founded in 1972, the CIL has always assumed that the disabled have the right to direct the processes that affect their own lives. The disabled persons that founded CIL were among the first in America to assert their collective voice as active participants in the rehabilitation process. In a nation where the severely handicapped tend to number among society's lost, CIL's staff and clientele are highly visible and active members of the community. They have both spurred and benefited from increasing national recognition of the needs of the severely disabled.

CIL provides such essential services as attendant/reader referral, drop-in medical counseling, blind services, housing, on-the-spot wheelchair repair and dial-a-ride transportation. These lifeline services enable the severely disabled to live independently, out of institutions. CIL also offers peer counseling for the disabled and their families. An advocacy department aids clients in their dealings with officialdom. The Center is a consultant in barrier-free community planning. CIL publishes a quarterly journal, The Independent, and has compiled a series of monographs growing out of CIL's national conference on the state of independent living.

CIL provides vocational assistance, including a job development specialist who supervises placement. The Center offers training in computer programming, through an annual 9-month course. There is also instruction in wheelchair repair

and other marketable mechanical repair skills. A Research and Demonstration Project trains peer counselors and works with exceptionally severely disabled clients in a model study of the role model element in CIL service delivery. CIL's own staff includes on-the-job trainees in almost every department. In addition, CIL also trains professional rehabilitation counselors from the western United States in a unique program that familiarizes counselors with the disabled living experience.

Transitional Living Skills Unit
Monroe Community Hospital
Rochester, NY

Darrell Jones, M.S.

Monroe Community Hospital is a 650 bed chronic disease facility with various levels of care and a wide range of patients. For at least the last five years there has always been a group of severely disabled young adults included in the total patient population. In this group are individuals with congenital abnormalities, head injuries generally accompanied by limitations in motor ability, cerebral palsy, neurological disorders, and other problems. Although these patients have been cared for in a congregate area rather than being scattered throughout the institution, the quality of life they have is not essentially different than that of a nursing home.

Realizing that such a situation is not desirable and that there were no alternatives in the Rochester area, interested staff of Monroe Community Hospital submitted, through the Regional Medical Program to the Department of Health, Education and Welfare, a successful grant proposal for a Transitional Living Skills Unit. This unit is housed within the existing facility and initially will serve six residents. Reconstruction and remodeling is almost completed and a full-time director has been hired. Occupancy is anticipated in January. Residents will be selected from the present hospital population rather than from the outside. The goal is to teach residents the necessary skills to enable them to eventually live outside the institution. It is intended to be a group situation with all individuals participating in activities of cooking, cleaning and decision-making. All will be involved in a vocational program as well, and the resources of the medical rehabilitation unit of the hospital will be fully available. For some this will be a new experience as they have been in an institution for many years.

The funding for this project is for one year. One of the requirements of the grant was that the project became self-supporting. A unique feature of the project is that after the initial year the regional Medicaid Office will reimburse on the basis of actual cost rather than on a pre-determined fixed level basis. Without this cooperation from Medicaid the project would have financial constraints that would make it unworkable.

It is felt that this is a rather unique approach to the housing problems of severely disabled, especially those with some cognitive as well as physical disability. By the time of the APA Convention it will be possible to report on eight months of operation of the unit.

HOUSING FOR THE YOUNG SEVERELY DISABLED

Roger A. McKinley, Ph.D.

During the summer of 1974, a group of concerned Madison citizens was organized to confront the problem of creating an apartment complex for young adults with severe physical disabilities who otherwise would live in depressive environments such as nursing homes. No such facility exists in Madison - or even in Wisconsin. This group which came to be known as the Technical Advisory Panel, approached the Mayor and Director of the Madison Housing Authority to explain the problem and to ask for the city's support with respect to providing land and financial backing. The City government accepted the idea with alacrity and has already provided the land on which this apartment complex is to be built.

The project will consist of 20 apartments distributed as follows: two three bedroom units; two one bedroom units and 16 two bedroom units. The residents of this project will be severely disabled young adults approximately 18 to 35 years of age who require wheelchairs for mobility, are employed or employable or those who may be continuing their education or training.

The objective of this project is to provide a living facility of a distinctly non-institutional character, similar in nature to any apartment complex, fully accessible to and usable by severely permanently physically disabled individuals. It is our basic assumption that living in a situation of this kind will greatly enhance the individual's motivation and drive to pursue educational, career or other personal goals. We believe that this living facility will offer a viable and attractive alternative to long term residence in thwarting environments such as nursing homes.

One of the things which is unique about the project is that it reflects the efforts of three groups working in close harmony toward a common goal: The Technical Advisory Panel, which is a group of concerned private citizens each of whom have some area

of expertise relevant to the problem; the architects and their special consultants (e.g., Dr. Timothy Newgent) and the Madison Housing Authority and City government. The most important resource persons are the potential users, a large number of whom are members of the Technical Advisory Panel. In conceptualizing this project, much attention has been paid to questions of administration and management concepts, environmental site conditions and facility design parameters. With respect to administration, we have dealt with the questions of defining the nature of the project, potential residents and selection procedures and defining how the facility is to be managed. The environmental site conditions aspect focuses on the general site design criteria. Facility design parameters deals with special requirements for both loose and fixed equipment and special needs with respect to heating, ventilation, air conditioning, plumbing and electrical support systems.

The project is to be financed through a sale of tax exempt bonds issued by the Madison Housing Authority. Preparations are now under way. The Madison Housing Authority has also received a commitment from the Department of Housing and Urban Development for a federal rent subsidy for the 20 apartments under the new Section Eight Housing Assistance Payments Program.

It is anticipated that this project will be ready for residents late in the summer of 1976. Even though no public announcement has been made about the project up to this time, 37 applications have been received from individuals in Wisconsin and adjoining states.

INTEGRATED LIVING FOR SEVERELY DISABLED PEOPLE: A RADICAL APPROACH

Mr. Nicholas A. Pagano, Jr.
Independent Living for the Handicapped, Inc.
Brooklyn, New York

This presentation outlines the approach to integrated living for severely disabled individuals which was developed by Independent Living for the Handicapped of Brooklyn, New York. After a brief overview of the history and philosophy of this organization, the 'how-to' approach is explained. This program model coordinates services which are generally available to the non-handicapped population, toward the goal of independent living for severely disabled persons. When generic services are not available and cannot be adapted, special services are provided.

The 'how-to' approach is explored from the viewpoint of a person in a wheelchair: how to find an apartment; how to be assertive; how to cope with daily living problems, such as, how to supervise home staff, how to fire someone, how to budget, and how to shop and use free time creatively.

The government funding which is available to a person who chooses this lifestyle is presented, as well as the support services which may be needed to obtain these entitlements. A definition of advocacy is offered.

In addition, component parts of this program model, such as an Emergency Aide Service and a Specialized Livery Service, are presented. The assets and deficits of this community based non-medical model are discussed, as well as, an evaluation of accountability in light of the parternship which develops between people who are disabled and people who are not.

Boston Center for Independent Living

Boston, Mass.

Mr. Wissa Wissa

Every health professional involved in the rehabilitation of patients with severe physical disabilities is aware of the problems these patients face when they are ready to leave the rehabilitation center. Where will they find accessible housing? How can they live in an integrated setting along with able-bodied people? How do they develop the skill of hiring, training and scheduling personal care assistants? How about transportation between home and school, job, or recreation? Who pays for all of these needs?

In an attempt to deal with these problems, the Boston Center for Independent Living was created in 1974. A nonprofit corporation named the Boston Center for Independent Living, Inc. was chartered. Room and board is purchased through the Boston University dormitories, and disabled residents live alongside able-bodied students. Personal care assistance is provided by able-bodied students who are selected and trained by the disabled individual. Funding for the program was arranged through the Massachusetts Medicaid program, which had previously spent much more to maintain these patients in chronic care institutions. The Massachusetts Rehabilitation Commission helped with the planning and initial funding of the program.

Now in its second year, the program has established its viability as a model for alternative housing of severely disabled persons who previously were consigned to nursing homes or back bedrooms in their parents home. Experience is accumulating on the beneficial affects on the attitudes and behavior of the residents. Several off-campus living sites have spun off from the original dormitory location. It is felt that this model for transitional housing and the development of independent living skills can be replicated in other communities.

Dean Hallauer, Ph.D. called 12/4/75 about being on a symposium on housing and living arrangements at the APA convention in Washington over Labor Day.

He wants to have four or five people present what they're doing and then discuss comparisons, etc. Paul Corcoran will be there. Also inviting a guy from Madison, Wisn who is doing a project with the city there and with the mediacl school. He is starting a program at Rochester. Also wondered about Berkeley project, and I usggested that he contact Ed Roberts about a representative of that project. (A concern is not overemaphsizing spinal cord injury.) He needs to have the whole program put toegher by February 1. Before that he want s to get a one-page summary from each of the participants, will then circulate these before formulating the final summary. This will be in Section 22 (Division 22) of the APA on Physchological Effects of Disability. They do not have any money to pay expenses.

Send summary ASAP to Dr. Dean Hallauer
Rehab. Unit
Monroe Community Hospital
435 East Henrietta Road
Rochester, NY 14620

716-473-4080 ext 251

not members of association

history of C.L. efforts in Houston
contrasts between four residential projects, indiv. arrangements
transitional project

AMERICAN PSYCHOLOGICAL ASSN.–SCHEDULE CARD
Washington, D. C., September 3-7, 1976

SPONSORING DIVISION 22 and 20

TITLE OF SESSION Transitional and independent living environments for the severely disabled

TITLE OF PRESENTATION The cooperative living residential project

PARTICIPANT'S NAME AND COMPLETE ADDRESS:

Jean Cole
(First) (Middle) (Last)
Texas Inst. of Rehabilitation
1333 Moursand Avenue
Houston, Texas 77025

(Do Not Write Below This Line)

THIS CARD IS FOR INFORMATION PURPOSES ONLY

DIV D22A DAY 2 ROOM 214 HOUR B3/5

DAY	3 FRI	4 SAT	5 SUN	6 MON	7 TUES
		(4)			

HOURS 3-5:50

HOTEL:
- ☐ SHERATON PARK
- ☐ SHOREHAM AMERICANA
- ☒ WASHINGTON HILTON
- ☐ MAYFLOWER
- ☐ STATLER HILTON

ROOM Cabinet

CAPACITY 150

(TO BE COMPLETED BY THE BOARD OF CONVENTION AFFAIRS)

(TO BE COMPLETED BY THE PARTICIPANT)

AUDIOVISUAL SERVICE

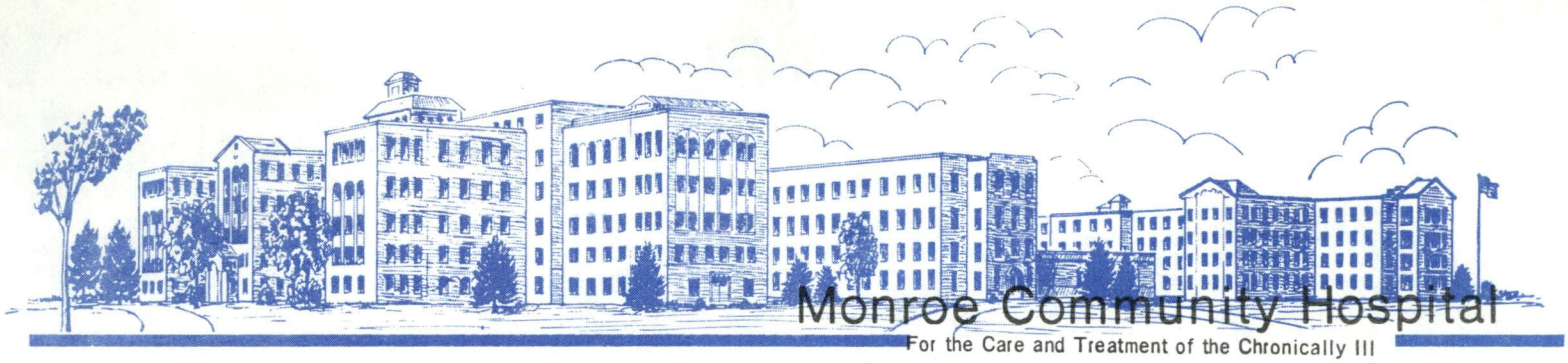
Due to increasing costs, APA will provide only one piece of equipment for any single presentation. If you require audiovisual equipment, please return this card with the appropriate box checked to Candy Won, APA, 1200 17th St., N.W., Washington, D.C. 20036, before August 1. (No projectionist will be provided.)

- ☒ 2 x 2
- ☐ 8MM
- ☐ overhead for transparencies
- ☐ 3¼ x 4
- ☐ 16MM
- ☐ audio tape recorder for playback only

Participants requesting equipment after August 1, more than one piece of equipment, or equipment other than that listed above, must be prepared to cover any expenses incurred.

IMPORTANT NOTICE ON BACK

APA Form



435 EAST HENRIETTA ROAD ROCHESTER, N. Y. 14603 PHONE 716-473-4080

April 13, 1976

Jean Cole, Ph.D.
Transitional Project Director
Texas Institute of Rehabilitation
and Research
1333 Moursand Avenue
Houston, Texas 77025

Dear Dr. Cole:

This is to inform you that the symposium on "Transitional and Independent Living Environments for the Severely Disabled" has been accepted by the Program Committee of Division 22 for inclusion in the APA Convention in Washington, D.C. The exact time and date on the program has not yet been determined.

I feel this will be a very interesting symposium. I would hope that each of you as participants will be able to prepare your part in the symposium in advance in a written form. If this is done soon enough, I would like to distribute each participant's presentation to each of the other participants. I think this will allow for more meaningful discussion. I would like to limit the length of each presentation to approximately 12 minutes; with a total of eight people on the program this would amount to approximately 96 minutes. The time allotted for the symposium is 170 minutes and thus we would have a little over an hour for discussion. I feel the discussion to be a very meaningful aspect of this symposium. Any comments or reactions from you with regard to my suggestions I would appreciate hearing. Please feel free to get in touch with me if you have any questions regarding this symposium.

Sincerely yours,

Dean

DSH:pl

Dean S. Hallauer, Ph.D.

January 23, 1976

Dean Hallauer, Ph.D.
Monroe Community Hospital
435 East Henrietta Road
Rochester, New York 14620

Dear Dr. Hallauer:

I regret that my summary for the APA forum has been so problematic. I had my secretary send the original write-up almost two weeks ago. Unfortunately our copy was lost during our change of office space, so I had to start from scratch in sending it this time. If the other copy arrives eventually, you are welcome to use the summary that sounds best to you.

As I indicated in our telephone conversation, my participation in the forum depends on the availability of financial resources. I will talk with you further about this as the time for the forum approaches.

Thanks for inviting me to take part in the forum. I am looking forward to it.

Sincerely,

Jean A. Cole, Ph.D.
Transitional Project Director

JAC:mj
Encl.

COOPERATIVE LIVING PROJECTS IN HOUSTON, TEXAS

The Texas Institute for Rehabilitation and Research began its Cooperative Living project in January of 1972 in a dormitory-style building located near downtown Houston. The project was based on a system of shared services including meals, non-professional attendant service, and transportation. Fourteen quadriplegic residents managed the project themselves and tested several management alternatives. Starting with a Research and Demonstration grant from HEW, the project developed other sources of support over time and reached its goal of becoming financially self-sustaining. Residents met the cost of their services with their own earnings or with assistance from the Texas Rehabilitation Commission, the Houston Housing Authority, and SSI and Social Security payments. During three years of operation, forty young adults lived in the project while they attended school, vocational training, or were employed.

As outgrowths of this project, there are now four cooperative living projects in apartment clusters in Houston. These are based on the same concept of shared services. In addition, the Texas Institute for Rehabilitation and Research is now initiating a short-term live-in transitional project based on what was learned from the original demonstration residential project. In this program, persons can learn the skills required to live actively and independently in the community in a system that emphasizes modeling by active handicapped persons.