AMERICAN PSYCHOLOGICAL ASSOCIATION CONVENTION PROGRAM

September 1–5, 1980
Montreal, Quebec, Canada

Please note: For information about changes in the *Convention Program*, please consult the *Convention Program Supplement.*

The Convention Program is mailed to APA members (Members, Associates, Fellows) in late July and to all non-members and students who register in advance for the Convention. **Additional copies of the Program will cost $2.** Our supply of Programs in Montreal is limited.

9:00–10:50 continued

David S. King, School of Business Administration, University of Wisconsin—Milwaukee. Food and Chemical Sensitivities Can Produce Psychological Symptoms

James M. Swanson, The Hospital for Sick Children, Toronto, Ontario, Canada. Effects of Erythrosin B on Neurotransmitter Accumulation and on Behavior

Bonnie R. Strickland, University of Massachusetts—Amherst. Implications of Food and Chemical Susceptibilities for Clinical Psychology

Discussant: Bernard Weiss, Dept. of Radiation Biology and Biophysics, School of Medicine and Dentistry, University of Rochester

9:00–10:50 Régence Hyatt, Cartier Ballroom A Divisions 14 & 5

Symposium (0016): Using Public Data to Build and Test Occupational Classifications Bert F. Green, Jr., Johns Hopkins University, chair

Participants: Robert C. Dauffenbach, Dept. of Economics, Oklahoma State University. Using Occupational Mobility Data to Build Classifications: Methods and Results

Pamela S. Cain, Dept. of Sociology, Hunter College of the City University of New York, and Bert F. Green, Jr., Johns Hopkins University. Psychometric Properties of Dictionary of Occupational Titles Ratings

Linda S. Gottfredson, Center for Social Organization of Schools, Johns Hopkins University. Examining the Validity of Occupational Reinforcer Patterns Using Public Data

Gary D. Gottfredson, Center for Social Organization of Schools, Johns Hopkins University. Using Public Data to Evaluate Mobility-Based Occupational Classifications

Discussant: Mary L. Tenopyr, American Telephone and Telegraph Company, Basking Ridge, N.J.

9:00–10:50 Hotel Bonaventure, La Salle Room Division 15

Symposium (0017): College Student Coping: Review and Update Glen C. Payne, University of Texas at Austin, chair

Participants: Robert F. Peck, University of Texas at Austin. Theory of Coping: Retrospect and Contemporary Trends

Gary R. Hanson, University of Texas at Austin. Stress and Coping Styles of College Students

Patsy Mendoza, Southwest Educational Development Laboratory, Austin, Tex. Coping Behavior of University Students

Robert Hughes, Jr., University of Texas at Austin. Coping Behavior Pattern of College Women

Discussant: George V. Coelho, NIMH, Rockville, Md.

9:00–10:50 Hotel Bonaventure, Verdun Room Division 16

Symposium (0018): National Surveys in School Psychology: Implications for Training Valerie J. Cook, Vanderbilt University, chair

Participants: Jean C. Ramage, Dept. of Counselor Education, San Diego State University. National Survey of School Psychologists: Training Implications

Stephen T. DeMers, Dept. of Educational Psychology and Counseling, University of Kentucky. Demographic and Academic Characteristics of School Psychology Faculty

Valerie J. Cook, Vanderbilt University. Professional Identity of School Psychology Faculty

Jack I. Novick, Southern Connecticut State College. Minority and Bilingual Participation in School Psychology Training Programs

Discussant: Joseph L. French, Pennsylvania State University

9:00–10:50 Queen Elizabeth, Péribonca Room Divisions 17 & 29

Symposium (0019): The Training of Psychological Supervisors: A Model Corrine S. Cope, University of Missouri—Columbia, chair

Participants: Corrine S. Cope, University of Missouri—Columbia. Training Psychological Supervisors: The Model

Nancy E. Downing, Stephens College. Impact of the Supervision Course: A Supervisor's Perspective

Wanda K. Morgan, Stephens College. Impact of the Supervision Course: A Supervisee's Perspective

Avner Stern, Western Michigan University. Impact of the Supervision Course: A Researcher's Perspective

Discussant: Clyde A. Crego, University of Missouri—Columbia

9:00–10:50 Queen Elizabeth, Richelieu Room Divisions 22, 18, 20, 27, & 38

Symposium (0020): A Transnational Look at the Independent Living and Advocacy Movement Rose Lynn Sherr, Institute of Rehabilitation Medicine, New York University Medical Center, chair

Participants: Lex Frieden, Texas Institute for Rehabilitation and Research, Houston, Tex. Independent Living by Severely Disabled People in Sweden and Holland

G. Derwood Carnes, VA Hospital, Columbia, Mo. Transnational Development of Disabled Consumer Organizations and Their Current Effectiveness

Gini Laurie, Rehabilitation Gazette, St. Louis, Mo. Evolvement of Independent Living: Lessons From Abroad

Discussants: Denise Tate, University Centers for International Rehabilitation, Michigan State University

Gerben DeJong, Dept. of Rehabilitation Medicine, New England Medical Center Hospital, Boston, Mass.

William Bean, Independent Living Projects, Washington, D.C.

9:00–10:50 Régence Hyatt, Leroyer Room Division 23

Executive Committee Meeting (0021) Jagdish N. Sheth, Dept. of Business Administration, University of Illinois, chair

9:00–10:50 Régence Hyatt, Victoria/Youville Rooms Division 23

Paper Session (0022): Consumer Satisfaction: Contributions From Different Psychological Perspectives Stephen A. LaTour, J. L. Kellogg Graduate School of Management, Northwestern University, and Richard L. Oliver, Business Administration, Washington University, St. Louis, co-chairs

Multidisciplinary Contributions to Understanding Consumer Satisfaction. Stephen A. LaTour, J. L. Kellogg Graduate School of Management, Northwestern University, and Richard L. Oliver, Business Administration, Washington University, St. Louis

Paradigms Compared: Consumer Satisfaction and Worker Satisfaction. Richard A. Guzzo, Faculty of Management, McGill University, Montreal, Canada

Consumer Satisfaction: Perspectives From Self-Perception Theory. Carol A. Scott, Graduate School of Management, University of California, Los Angeles

On the Measurement of Consumer Satisfaction: A Multidisciplinary Perspective. Robert A. Westbrook, Marketing, College of Business Administration, University of Arizona

Discussant: Jack M. Feldman, College of Business Administration, University of Florida

9:00–10:50 Sheraton Mt. Royal, Alpine Room Division 24

Executive Committee Meeting (0023) Karl H. Pribram, Stanford University, chair

World Rehabilitation Fund, Inc.

400 EAST 34TH STREET, NEW YORK, N.Y. 10016 / TEL: (212) 340-6062 / CABLE: NYUMEDIC RUSK

WASHINGTON OFFICE / 1125 15TH STREET, N.W., ROOM 804, WASHINGTON, D.C. 20005 / TEL: (202) 833-7025

International Exchange of Experts and Information
Telephone (212) 679-2934

RECEIVED SEP 16 1980

September 9, 1980

Mr. Lex Frieden
Texas Institute for
Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77030

Dear Lex: Re: APA

It was great to see you in Montreal and I want to thank you for your contribution to the success of the symposium. We got some very good results from the follow-up questionnaire that we handed out and several people asked for your final report.

If at all possible, we will meet again in St. Louis in April at the APGA Conference.

Sincerely,

Diane

Diane E. Woods, C.R.C.
Project Coordinator

DEW:ay

CENTRE DE READAPTATION
LETHBRIDGE
REHABILITATION CENTRE

August 18th, 1980

Mr. Lex Frieden,
Project Director - ILRU
The Institute for Rehabilitation
& Research
1333, Moursund
Houston, Texas
U.S.A.

Dear Mr. Frieden:

I am delighted to hear that you have accepted Ms. Muller's invitation to speak at the Center and hope that September 2nd, 1980 at 3.30 p.m. will be convenient for you.

Of the topics you listed, those most appropriate for this Centre would be: social and psychological rehabilitation of severely disabled people, planning of community wide support service programs for disabled individuals and integrated community services for disabled people.

The audience will be mostly clinical staff - nurses, physiotherapists, psychologists, occupational therapists, speech therapists, social workers, etc. Non-clinical staff are also invited to attend if they wish.

In the past, the format that appears to work best with this audience is a mixture of didactic and audio-visual presentation with time towards the end for discussion.

We are looking forward to your visit and hope you will enjoy you time in Montréal.

Sincerely,

Sally Fisher

Sally Fisher - Chairman
Education Committee

SF/jo

7005 O. Boul. de Maisonneuve Blvd., W., Montréal Qué. H4B 1T3 Tél. 487-1770

AMERICAN PSYCHOLOGICAL ASSOCIATION
1200 SEVENTEENTH STREET, N.W.
WASHINGTON, D.C. 20036

Telephone: (Area Code 202) – 833-7600

August 20, 1980

Dear Dr. Frieden:

Upon reviewing the registration and housing forms for the 1980 Convention I noticed that you requested a wheelchair accessible room. If you are confined to a wheelchair or you are traveling with a person confined to a wheelchair, you may find the enclosed information useful during your stay in Montreal. The "Guide to Montreal for the Handicapped" is, unfortunately, quite outdated with regard to restaurants. I would strongly suggest that you call ahead just in case the restaurant is no longer in existence. I am also enclosing more recent information on restaurants which we obtained from the Medical Librarian at the Jewish Convalescent Hospital in Montreal. Tourist attractions such as the Olympic Stadium, Man and His World, Botanical Gardens, Fleuralis, and the Museum of Fine Arts are accessible. Old Montreal and Crescent Street are not accessible (cobblestones and stairs).

As you know, APA will be providing a van with a lift for persons in wheelchairs who require transportation. We will have the van available to pick up persons at the airport, to transport persons to various hotels during the meetings, and to take persons to the airport at the time of departure. During the convention the van will be available from 8:30 a.m. to approximately 8:00 p.m., Monday, September 1, through Friday, September 5. In order to summon the van you should call the APA Convention Office. The telephone number is 861-2441. Arrangements for van transportation between the hours of 5:00 p.m. and 8:00 p.m. must be made prior to the closing of the Convention Office at 5:00 p.m. each day.

Some of you have indicated that you would like to be met at the airport by the APA van. Since it may be necessary to meet several persons at the same time at different airlines, we suggest that you make arrangements with the airline you are using for assistance to the customs and baggage area just in case there is a wait. The van will be from the "Lethbridge Rehabilitation Center". If there are any problems, we will get in touch with you.

In the event there is a need for assistance or an emergency situation, please do not hesitate to contact me. During the convention I will be staying at the Queen Elizabeth Hotel (861-3511). During office hours (8:30 a.m. to 5:00 p.m.) I can be reached by calling the APA Convention Office in Room 350 of the Queen Elizabeth Hotel. Outside of office hours I will be on a paging system and can be reached by calling 933-3674, local 1527 and leaving a message.

If you have mechanical difficulties with your wheelchair, I hope we will be able to assist you. We will have a screwdriver, a bicycle pump, and 3-in-one oil in the Convention Office. In addition, if you require a person to assist you at some time during the convention, please contact Ms. Arlene Stephens in the Convention Office.

AMERICAN PSYCHOLOGICAL ASSN.—SCHEDULE CARD
Montreal, Quebec, Canada, September 1-5, 1980

SPONSORING DIVISION 22 Rehabilitation Psychology

TITLE OF SESSION A Transnational Look at the Independent Living and Advocacy Movement

TITLE OF PRESENTATION Independent Living By Severely Disabled People in Sweden and Holland

PARTICIPANT'S NAME AND COMPLETE ADDRESS:

NAME Lex Frieden

ADDRESS Texas Institute for Rehabilitation and Research, 1333 Moursund Avenue
Houston, Texas 77030

(Do Not Write Below This Line)

THIS CARD IS FOR INFORMATION PURPOSES ONLY

DIV D22A DAY 1 ROOM 320 HOUR A9/10

DAY	1 MON	2 TUES	3 WED	4 THURS	5 FRI

HOURS 9-10:50

ROOM Richelieu CAPACITY 120

HOTEL: ☐ HOTEL BONAVENTURE ☒ QUEEN ELIZABETH ☐ CHATEAU CHAMPLAIN ☐ SHERATON MT. ROYAL ☐ HYATT REGENCY ☐ PLACE BONAVENTURE

(TO BE COMPLETED BY THE BOARD OF CONVENTION AFFAIRS)

(TO BE COMPLETED BY THE PARTICIPANT)

AUDIOVISUAL SERVICE

RECEIVED MAY 12 1980

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.)

☐ Kodak carousel ☐ 8MM ☐ audio tape recorder for playback only — cassette

☐ overhead for transparencies ☐ 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

Please note that the APA Task Force on Psychology and the Handicapped and the Board of Convention Affairs is sponsoring a meeting for persons interested in making the convention accessible to individuals with disabilities on Wednesday, September 3, from 1-1:50 in the Gatineau Room of the Queen Elizabeth Hotel. We would like to see you there.

Speaking on behalf of the Board of Convention Affairs, I am pleased that you are planning to attend the convention in Montreal. We would like to make this a pleasant experience for you and hope you will call on us for any assistance.

Cordially,

Candy Won
Convention Manager

Enclosures

RECEIPT
PAID $ ___ REGISTRATION FEE.
AMERICAN PSYCHOLOGICAL ASSN.
CONVENTION.
MONTREAL, QUEBEC, CANADA
SEPTEMBER 1-5, 1980

88TH ANNUAL MEETING

AMERICAN PSYCHOLOGICAL ASSOCIATION

LEX FRIEDEN

INST. FOR REHABILITA-

TION AND RESEARCH

HOUSTON, TEXAS

Ψ

MONTREAL, QUEBEC, CANADA

SEPTEMBER, 1-5, 1980

WORLD REHABILITATION FUND

MEMORANDUM

March 11, 1980

FROM: Diane E. Woods

TO: Participants - APA Symposium

RE: Division 22 Title Changes

Proposed Symposium #2 -

Title changed to:

"A Transnational Look at the Independent Living and Advocacy Movement.

Re: G.D. Carnes' paper -

Title change:

"Transnational Development of Disabled Consumer Organizations and Their Current Effectiveness"

WE GOT APPROVAL !! .....

BUT HAD TO MAKE TITLE CHANGES TO CONFORM TO 10-WORD LIMIT.

APA CONFERENCE, Division 22 September 1-5, 1980

PROPOSED SYMPOSIUM: What's Happening in the Independent Living / Disabled Advocacy Movement: A Transnational Look

(General Statement)

The three participants, two of whom are themselves disabled professionals, will present their views re current trends with regard to the Independent Living movement, as well as in advocacy for and by people who are disabled. They will draw not only on their experiences in the U.S., but also on what they have observed abroad while carrying out fellowship study-visits to examine various aspects of independent living and advocacy for and by people who are disabled in England, Sweden, Denmark and Holland.

One participant will report from both a subjective and objective point of view what life is like for a severely disabled family in Sweden and Holland and attempt to draw conclusions regarding the "movement" both from an anthropological and a behavioral perspective.

Another participant will trace the development of "consumer organizations" in Europe (especially Sweden and England) and show what has been most effective with regard to the development of policy as it relates to an emerging class of independent disabled people. Implications for future developments in North America will be brought out.

.....

The third participant will elaborate on the "ripple effect" in the independent living and advocacy for disabled persons movement, highlighting the ways we have and can continue to learn from each other and spark each other cross-nationally.

The discussants will react to some of the more unique and/or controversial views expressed by the participants, with an eye toward stimulating further discussion from the audience.

The purpose of this symposium is to stimulate rehabilitation service providers and researchers, especially psychologists, to think of new ways of approaching the issue of independent living for the disabled, especially in view of the current legislation in the U.S.

Submitted by:

Diane E. Woods
World Rehabilitation Fund
400 East 34th Street
New York, N.Y. 10016

WORLD REHABILITATION FUND
400 East 34th Street
New York, New York 10016

APA Symposium Application:

Title: What's Happening in the Independent Living/ Disabled Advocacy Movement: A Transnational Look

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Chairperson:

Rose Lynn Sherr, PhD.
Senior Psychologist
Institute of Rehabilitation Medicine
New York University Medical Center
400 East 34th Street
New York, New York 10016

Participants:

Lex Frieden, ILRU Project Director
Texas Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, Texas 77030

Paper: Independent Living By Severely Disabled People in Sweden and Holland

G. Derwood Carnes, Ph.D.
Veterans Administration Hospital
800 Stadium Road
Columbia, Missouri 65201

Paper: A Study of the Evolution of Rehabilitation Consumer Organizations and Their Current Involvement in Governmental Agencies and Societal Institutions Which Affect the Lives of Handicapped Persons

Gini Laurie, Editor
Rehabilitation Gazette
4502 Maryland Avenue
St. Louis, Missouri 63108

Paper: Evolvement of Independent Living: Lessons From Abroad

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APA Symposium Application
(continued)

Discussants: Denise Tate, Ph.D.
Research Associate
University Centers for
International Rehabilitation
Michigan State University
College of Education
D-201 West Fee Hall
East Lansing, Michigan 48824

Tentative William Bean, PhD.
Special Assistant for
Independent Living Projects
Room 3216
Switzer Building
330 C Street, S.W.
Washington, D.C. 20201

Tentative Mr. Gerben DeJong
Research Associate
Tufts University School of Medicine
New England Medical Center Hospital
Department of Rehabilitation Medicine
171 Harrison Avenue
Boston, Massachusetts 02111

Program Proposal Submitted By: Diane E. Woods
World Rehabilitation Fund
400 East 34th Street
New York, New York 10016

100 Word Abstract

A Study of the Evolution of Rehabilitation Consumer Organizations and their Current Involvement in Governmental Agencies and Societal Institutions Which Affect the Lives of Handicapped Persons

Europe is far advanced in the evolution of rehabilitation consumer organizations and their representation in governmental agencies and social institutions which effect the lives of handicapped persons. Contacts with informants in Sweden and England disclosed that this powerfully influences advantageous policies, benefits and civil rights. The embryonic U.S. development can profit from their experience and utilize techniques which stimulate consumer organizations and result in effective representation at significant levels in the power structure. Techniques include government support grants, political activism, inter-organizational consortia, advocacy training, enhanced group discipline, civil disobedience, and other patterns which parallel historical efforts among racial minority groups.

This symposium participant will report on a study to be made in England and Sweden and discuss the implications for increased consumer involvement, participation and advocacy in North America, as well as the implications for rehabilitation professionals.

G.D. Carnes

REHABILITATION GAZETTE
International Journal and Information Service for the Disabled
4502 Maryland Avenue, St. Louis, Missouri 63108 · Phone (314) 361-0475

EVOLVEMENT OF INDEPENDENT LIVING: LESSONS FROM ABROAD

Historically, people who are disabled have been patronized, over-protected, segregated, dehumanized, and put on a pedestal. During the last decade, these dependent roles have been changing and evolving as increasing numbers of individuals who are disabled attain higher education and assume community, business, and academic leadership. The disabled in many countries have been organizing into coalitions of all types of disabilities to strive for basic human rights, such as the right to be part of the community. Disabled activitists in Denmark were among the first to assume leadership and to effect legislation for service systems to make independent living a possiblity. Disabled activists in the United States are making significant contributions to this evolving self-determination. The concept of independence through a service system organized and directed by disabled individuals, which evolved at the Center for Independent Living in Berkeley, California, is reverberating around the world. Influenced by these Scandinavian and American concepts of independent living, the disabled in Great Britain and other European countries are working to effect a change from segregated, dependent living to integrated, independent living in the community. This "ripple effect" will be discussed by this participant with observations relating to "service provision" for Independent Living.

Gini Laurie

Published Once a Year by a Volunteer Staff · A Non-Profit Organization

INDEPENDENT LIVING BY SEVERELY DISABLED PEOPLE IN SWEDEN AND HOLLAND

Proposed Presentation
for the American
Psychological Association
1980

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by Lex Frieden
ILRU Project Director
TIRR, Houston, Texas

It has been a widely held belief that non-institutionalized independent living by severely handicapped people in certain Western European nations is the usual case as opposed to the exception. In order to determine the extent to which this assumption was valid, and to obtain information relating to supportive programs for handicapped individuals which might be modeled in the United States and elsewhere, a study trip was sponsored by the World Rehabilitation Fund during the summer of 1980. Three comparatively independent, severely disabled Americans, one of whom is a rehabilitation professional, travelled to and resided in Sweden and Holland for eight weeks, during which time they visited with and studied the lifestyles and living conditions of their European counterparts.

This paper/presentation provides a brief account of the study itself and a more detailed report of the findings from an anthropological, behavioral perspective.

CENTRE DE READAPTATION

LETHBRIDGE

REHABILITATION CENTRE

August 14th, 1980

Mr. Lex Frieden
Project Director - ILRU
The Institute for Rehabilitation
& Research
1333, Moursund
Houston, Texas
U.S.A.

Dear Mr. Frieden:

Thank you for your letter of July 28th, 1980 and for accepting our invitation to speak at our Centre. We will be delighted to have you with us and are looking forward to seeing you in Montreal.

Tuesday September 2nd is a convenient date for us. We would like to schedule the session at 3:30 P.M..

Miss Sally Fisher, Chairman of our Education Committee, will get in touch with you soon to indicate which topics listed in your letter are of the greatest interest for our staff. Sally will also suggest a format.

You may do as much consciousness raising as you wish. It is one of the main reasons that I decided to invite you.

We would be pleased to provide you with transportation to and from the Centre.

In order to work out any last minute details and since our Centre will be closed on September 1st (Labor Day), you can contact me at home if you wish at 631-3365, upon your arrival in Montreal.

Looking forward to your visit,

Sincerely,

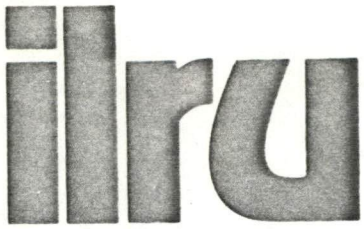
Maryke Muller
EXECUTIVE DIRECTOR

MM/clp

Copy: Miss Sally Fisher, Chairman, Education Committee

7005 O. Boul. de Maisonneuve Blvd., W., Montréal Qué. H4B 1T3 Tél. 487-1770

Lex



independent living research utilization

July 28, 1980

Maryke Muller
Executive Director
Lethbridge Rehabilitation
Centre
7005 O. Boul De Maisonneuve
Blvd. W.
Montreal, Quebec H4B 1T3

Dear Mrs. Muller,

Thank you for your letter of July 14, 1980. I would be very pleased to accept your invitation to speak at the Lethbridge Centre. My presentation at the A.P.A. convention in scheduled for Monday, September 1. I believe the most convenient time for me to make a presentation at your Centre would be Tuesday, September 2, 1980.

Topics which I would be qualified and prepared to discuss in a seminar include: rehabilitation following discharge from a comprehensive medical rehabilitation program, independent living by severely disabled individuals, integrated community services for disabled people, social and psychological rehabilitation of severely physically disabled people, and planning of community wide support service programs for disabled individuals.

If you would like for me to make a presentation or instruct a seminar, I would appreciate some guidance as to the propriety of topics from this list. I would also appreciate knowing whether or not you desire a purely didactic presentation, a discussion type seminar, an audio-visual presentation, or a combination of the preceeding.As you know I like to do consiousness raising at the same time I present certain basic information in a presentation. If this is not appropriate for the audience you have in mind, please inform me. Finally, I would appreciate having an idea of the range of backgrounds and interests of the audience which you expect me to address.

I hope this information is sufficient to allow you to proceed with any plans you may have. If I can provide you with further information, please don't hesitate to write or call. I look forward to hearing from you.

jean cole, lex frieden--project directors laurel richards--training coordinator laurie gerken--asst. training coordinator
tirr (the institute for rehabilitation & research) 1333 moursund houston, texas 77030 (713) 797 1440

Sincerely,

Lex Frieden

LF:ls

CENTRE DE READAPTATION

LETHBRIDGE

REHABILITATION CENTRE

July 14th, 1980

Mr. Lex Frieden
Director of Research
New Options Transitional Living Project TIRR
Box 20095
Houston, Texas 77025
U.S.A.

Dear Mr. Frieden:

Further to our brief encounter (of the LOURDES kind!) at the World Congress in Winnipeg, I like to reiterate my invitation to you to come and present a conference to our staff.

I enclose for your information a brochure describing the services offered in our Centre as well as our last newsletter.

Could you let me know at your earliest convenience:

- if you accept our invitation in principle;
- if so, could you come during or around the A.P.A. congress;
- which topic or topics you wish to discuss.

Looking forward to hearing from you.

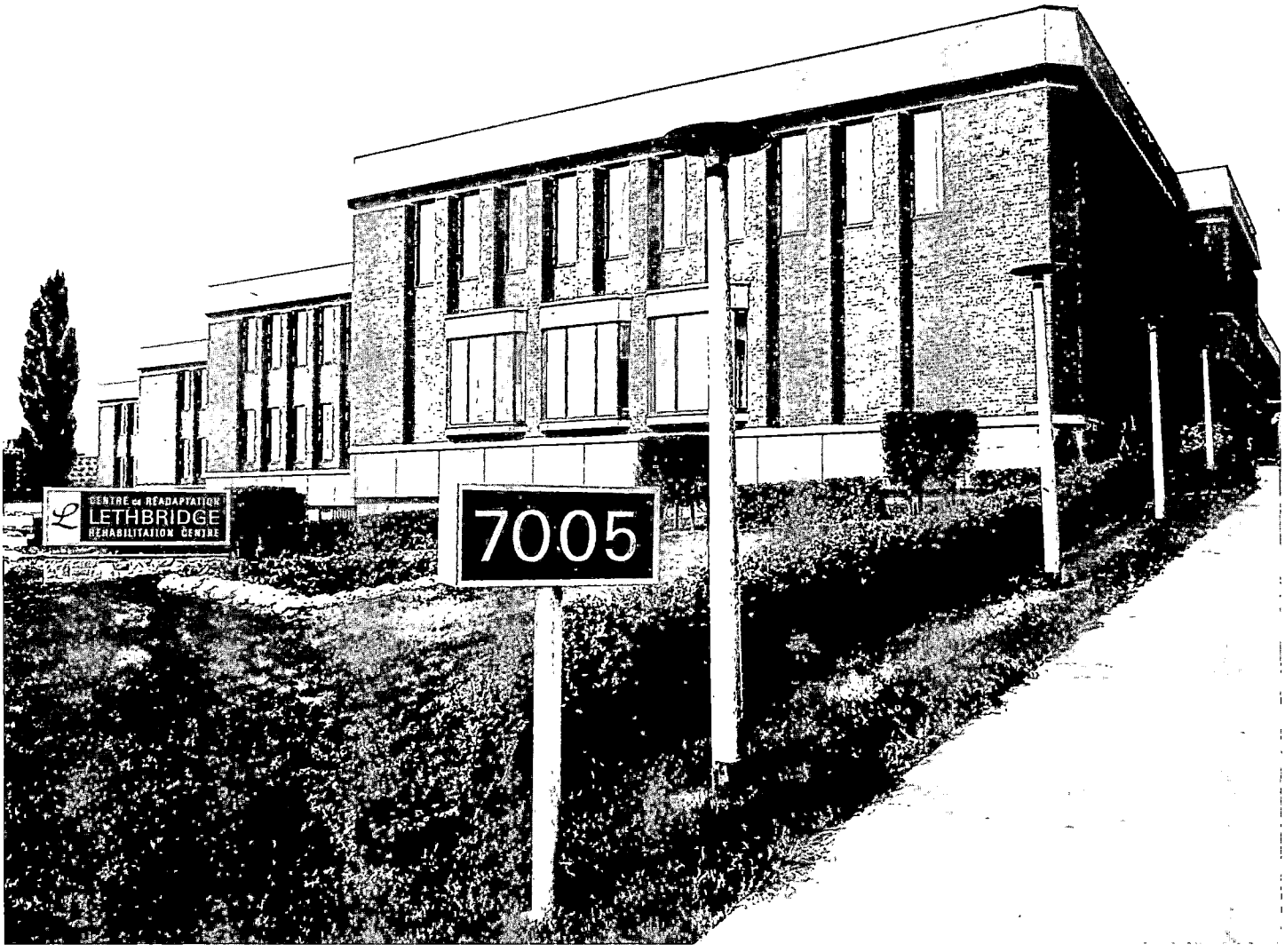
Sincerely,

for Maryke Muller
EXECUTIVE DIRECTOR

MM/clp

Copy: Miss Sally Fisher, Chairman
Education Committee

7005 O. Boul. de Maisonneuve Blvd., W., Montréal Qué. H4B 1T3 Tél. 487-1770


CENTRE de READAPTATION
LETHBRIDGE
REHABILITATION CENTRE
7005

La Fondation Lethbridge

De nombreux résidents de Montréal et des environs ont reconnu l'excellent travail accompli par le Centre de Réadaptation Lethbridge et l'appuient par des contributions à la Fondation Lethbridge ou en inscrivant la Fondation sur leur testament. L'intérêt provenant des fonds tenus en fidéicommis par la Fondation sert à améliorer les installations et les services du Centre. La Fondation est gérée par trois administrateurs qui travaillent en étroite collaboration avec le conseil d'administration du Centre pour déterminer, chaque année, la meilleure façon d'utiliser ces fonds.

LE CENTRE DE RÉADAPTATION LETHBRIDGE
7005 ouest, boulevard de Maisonneuve
Montréal, Québec H4B 1T3

Lethbridge Foundation

Many Montreal and area residents have recognized the work of the Lethbridge Rehabilitation Centre and support it by making donations to the Lethbridge Foundation or remembering the Foundation in their wills. The interest from these funds held in trust by the Foundation is used to improve the facilities and services of the Centre. The Foundation is administered by three directors who work in close cooperation with the Centre's Board of Directors to determine annually the best use for this money.

LETHBRIDGE REHABILITATION CENTRE
7005 de Maisonneuve Boulevard West
Montreal, Quebec H4B 1T3

Au service de la collectivité

L'enfant aux prises avec des problèmes d'apprentissage de la parole, le jeune homme qui a perdu un bras ou le retraité amoindri par suite d'une congestion cérébrale sont des exemples typiques parmi les centaines de cas de résidents de Montréal et des environs qui, chaque année, s'adressent au Centre de Réadaptation Lethbridge pour y recevoir l'aide dont ils ont besoin afin de surmonter une incapacité.

Ces patients sont habituellement référés au Centre par un médecin ou un hôpital, sur la recommandation d'un professeur, d'une agence sociale ou d'un groupe communautaire; certains viennent de leur propre initiative. Le Centre de Réadaptation Lethbridge s'est fixé comme but la réadaptation intégrale de ses patients en les aidant à surmonter leur incapacité pour qu'ils puissent atteindre la plus grande autonomie possible.

Serving the Community

The child with a speech problem, the young man who lost an arm or a pensioner crippled by a stroke are typical examples of the many hundreds of Montreal and area residents who turn each year to Montreal's Lethbridge Rehabilitation Centre for assistance in overcoming their handicaps.

These clients are generally referred to the Centre by a physician, hospital, on the recommendation of a teacher, social agency or community group, or come in of their own accord. The Lethbridge Rehabilitation Centre has as its goal the comprehensive rehabilitation of its clients by assisting each one to overcome his or her disability in order to attain maximum independence.

Le Centre n'est pas un hôpital

Le Centre fonctionne en dehors du milieu hospitalier et offre une ambiance gaie et agréable destinée à favoriser une réadaptation rapide.

Le Centre Lethbridge, en plus d'être bien équipé, a un personnel possédant l'expérience nécessaire pour traiter une grande variété de problèmes. Par exemple, les maladies neurologiques, telles que la sclérose en plaque, la paralysie par lésion cérébrale, la maladie de Parkinson, les lésions de la colonne et la dystrophie musculaire; les problèmes résultant de crises cardio-vasculaires; les problèmes orthopédiques tels que les amputations et l'arthrite; et les maladies respiratoires. Les troubles psychologiques et les problèmes de réadaptation au travail y sont également traités. Le Centre possède un service de pédiatrie qui s'occupe d'enfants souffrant de retards psycho-moteurs, notamment, de problèmes d'incoordination, retard dans l'apprentissage de la parole, troubles de personnalité et de socialisation et déficiences sensorielles.

Travail d'équipe

Grâce à ses équipes de thérapeutes qui forment une unité coordonnée, le Centre Lethbridge est en mesure de dispenser les services professionnels requis selon les besoins spécifiques de chaque patient.

Au moment de son admission, chaque patient est assigné à l'une des neuf équipes multidisciplinaires de soins aux patients. L'équipe lui fait subir un examen complet, établit le plan de traitement approprié à son cas, administre un traitement individuel et surveille ses progrès. Les divers soins aux patients sont dispensés par des équipes de médecine physique, de réadaptation psycho-sociale et de réadaptation au travail, de pédiatrie, de soins à domicile ou du programme de maintien du centre de jour. Chaque équipe comporte, en moyenne, huit thérapeutes et peut comprendre principalement un médecin, une infirmière, une ergothérapeute, une orthophoniste, un psychologue et une travailleuse sociale.

Not a hospital

The Centre operates outside a hospital milieu and provides a bright, cheerful atmosphere designed to promote rapid rehabilitation.

The Lethbridge is equipped and experienced to handle a wide spectrum of client problems. These include neurological ailments such as multiple sclerosis, cerebral palsy, Parkinson's Disease, spinal cord injuries and muscular dystrophy; cardio-vascular problems such as strokes; orthopedic problems such as amputations and arthritis; and respiratory diseases. Psychological disorders as well as vocational rehabilitation needs are also treated. The Centre has a pediatric program which deals with children with developmental delays that include such problems as incoordination, delayed language skills, personality and socialization disorders and sensory deficiencies.

Team approach

The team approach used at the Lethbridge enables the Centre to provide required professional services by a consistent team of therapists working together as a unit around the specific needs of each client.

On admission to the Centre each client is assigned to one of the nine multi-disciplinary patient-care teams. Each team carries out a complete examination, determines an individually-planned treatment program, administers individual treatment and monitors progress. The patient-care activities are carried out by teams in physical medicine, psycho-social and vocational rehabilitation, developmental pediatrics, home-care services or the day centre maintenance program. The average number of therapists on each team is eight and may include as core members a physician, nurse, occupational therapist, physiotherapist, speech therapist, psychologist and a social worker.

Programme de formation

Le Centre est affilié par contrat à l'Université McGill et participe à la formation et à l'enseignement donnés aux étudiants, internes et résidents en divers domaines professionnels tels qu'orthophonie, physiothérapie, médecine, psychologie, ergothérapie et service social.

Débuts en 1937

Les origines du Centre de Réadaptation Lethbridge remontent à 1937 alors qu'un centre d'ergothérapie a été établi dans le "Convocation Hall, Diocesan College", sur la rue Université, grâce à la coopération de trois agences sociales de Montréal. Après la seconde guerre mondiale, le Centre a été agrandi pour permettre d'y inclure la physiothérapie et d'autres services. En 1954, il a emménagé dans des locaux plus vastes sur la rue Ottawa, afin de dispenser des soins à un plus grand nombre de patients. Encore une fois, de nouveaux services vinrent s'ajouter à ceux déjà en place. C'est sous la direction de son directeur général, Constance Lethbridge et en l'honneur de laquelle le Centre porte le nom, que l'orientation du Centre a été formulée: le traitement global.

En 1967, le Centre de Réadaptation Lethbridge déménage dans ses locaux actuels au 7005 ouest, boulevard de Maisonneuve. L'édifice a été spécifiquement conçu pour répondre aux exigences d'un centre de réadaptation moderne.

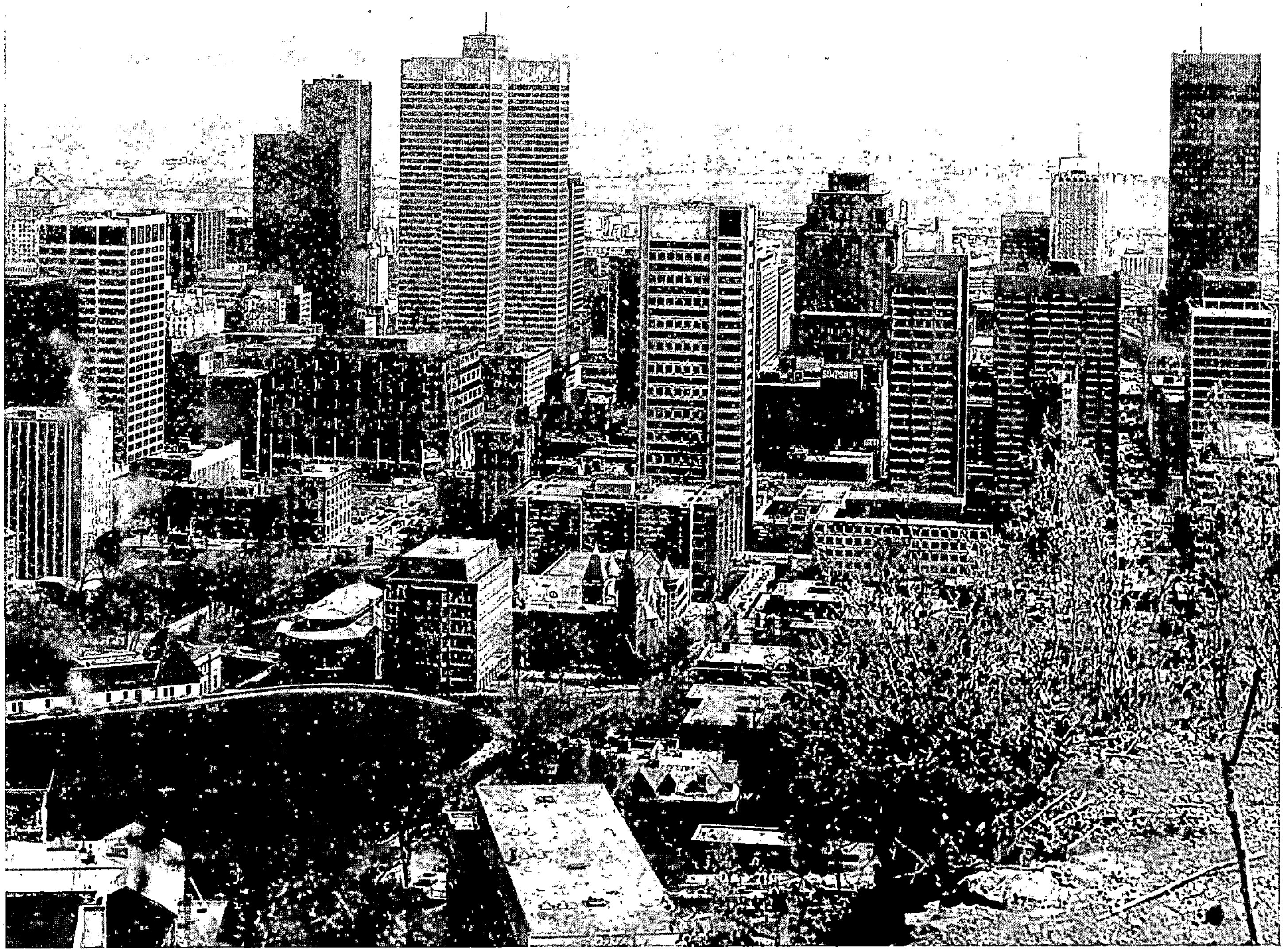
Training program

The Centre through its contractual teaching affiliation with McGill University, is active in the training and education of students, interns, and residents in various professional fields including speech therapy, physiotherapy, medicine, psychology, occupational therapy and social service.

Started in 1937

The Lethbridge Rehabilitation Centre traces its origin back to 1937 when, through the cooperation of three Montreal social agencies, an occupational therapy centre was established in Convocation Hall, Diocesan College on University Street. After the Second World War, this centre was expanded to include physiotherapy and other services. In 1954 the Centre moved to a larger location on Ottawa street to look after an increasing number of clients. Again new services were added and, under the leadership of executive director Constance Lethbridge, for whom the present Centre was named, the philosophy of total patient care was formulated.

In 1967 the Lethbridge Rehabilitation Centre moved into its present location at 7005 de Maisonneuve West. The building was specifically designed and built to meet the standards of a modern rehabilitation centre.



Personnel et aide à la collectivité

Au cours des années, la croissance progressive du Centre a été tributaire, pour une grande part, de la générosité de la collectivité montréalaise, y compris l'aide financière des particuliers et des entreprises. De nos jours, bien que le Centre reçoive ses fonds d'exploitation du gouvernement de la province de Québec, il continue à compter grandement sur les dons du secteur privé pour maintenir l'excellence de ses services et pour entreprendre des projets spéciaux de même que des programmes d'expansion et de modernisation.

Le Centre compte actuellement 140 professionnels et employés de soutien, admirablement bien secondés par plus de 80 bénévoles. Ils s'occupent de plus de 260 patients qui, chaque jour, se prévalent de ses nombreux services.

Les pages qui suivent donnent un bref aperçu de quelques-uns des services dispensés.

Staff and community support

Over the years, the progressive growth of the Centre has depended largely on the generous support of the Montreal community including financial assistance provided by individuals and business. Today, although the Centre receives its operating funds from the Quebec provincial government, it continues to rely heavily on donations from the private sector to maintain its high standards of service and to undertake special projects, modernization and expansion programs.

The Centre is currently staffed by 140 professionals and support personnel, ably assisted by a group of over 80 volunteers. They look after the more than 260 clients who daily utilize the many services of the Centre.

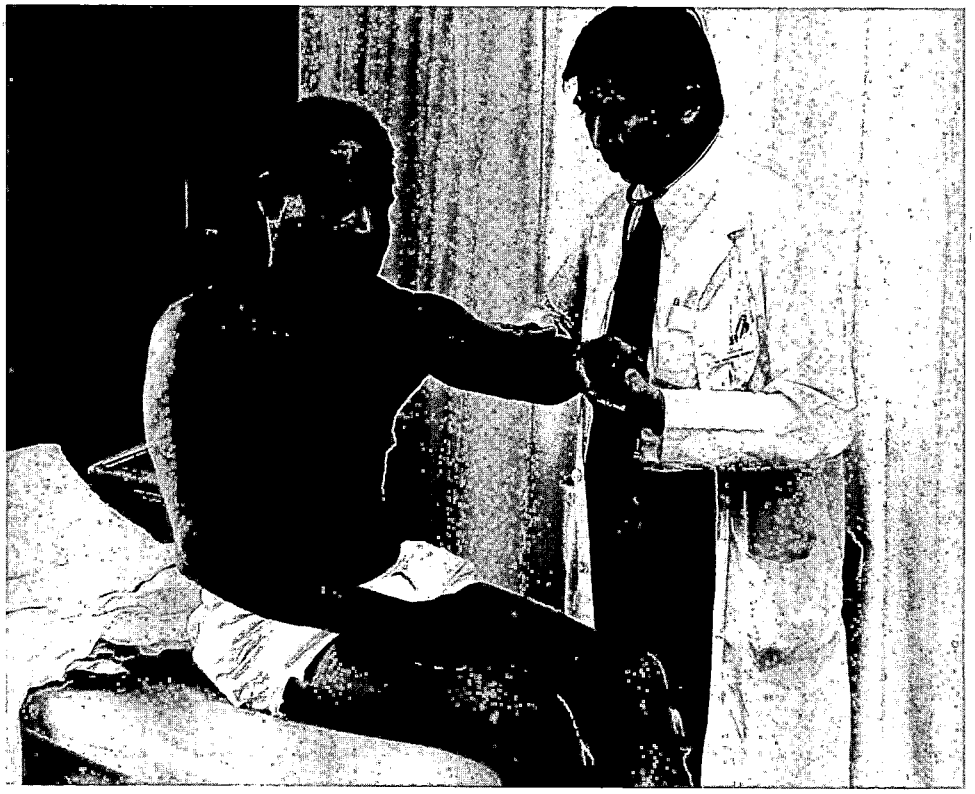
On the following pages an overview is presented of some of the services available at the Centre.

Service médical

Le personnel du service médical évalue les besoins spécifiques en réadaptation et l'état de santé général de tous les patients qui fréquentent l'institution. Assisté des thérapeutes chargés du traitement, il tente d'aider chaque individu à atteindre un niveau maximum d'autonomie et de fonctionnement normal. Il s'occupe aussi d'autres facteurs importants comme éduquer et encourager l'individu et sa famille. Le service, administré par le directeur des services professionnels, comprend un physiatre, un spécialiste en réadaptation orthopédique, un omnipraticien, un pédiatre, un psychiatre, des infirmières et une diététicienne. En plus de conseils dispensés sur une base individuelle, la diététicienne a mis sur pied des cours de nutrition dans le cadre des divers programmes du Centre.

Medical Department

The staff of the Medical Department assesses the specific rehabilitation requirements and general health status of all clients who attend the Centre. The medical staff as well as the treating therapists work towards helping each individual reach a level of maximum independence and normalization. Education and support for the individual and family are other significant factors considered by the medical personnel. The department is headed by the Director of professional services and includes a physiatrist, an orthopedic rehabilitation specialist, a family practitioner, a pediatrician, a psychiatrist, nurses and a dietician. In addition to individual counselling, the dietician has been involved in setting up nutrition courses within various programs in the Centre.



Service de physiothérapie

Trois services dispensent des soins de physiothérapie: médecine physique, soins à domicile et pédiatrie. Des traitements en médecine physique sont administrés deux soirs par semaine aux patients qui ne peuvent les suivre durant le jour. Les affections physiques les plus fréquentes au Centre Lethbridge résultent de divers troubles orthopédiques et neurologiques, d'amputations ou d'arthrite. Leur traitement requiert des connaissances particulières et parfois du matériel spécial.

En tant que membre d'une équipe multidisciplinaire, le physiothérapeute évalue les fonctions physiques du patient, détermine et prodigue un programme de traitement comprenant des exercices thérapeutiques auxquels on ajoutera, au besoin, certains agents physiques comme la chaleur, la glace, l'eau et divers courants électriques. Le but ultime consiste à redonner au patient un niveau de fonctionnement physique aussi élevé que possible, compte tenu des limites que lui impose son incapacité.

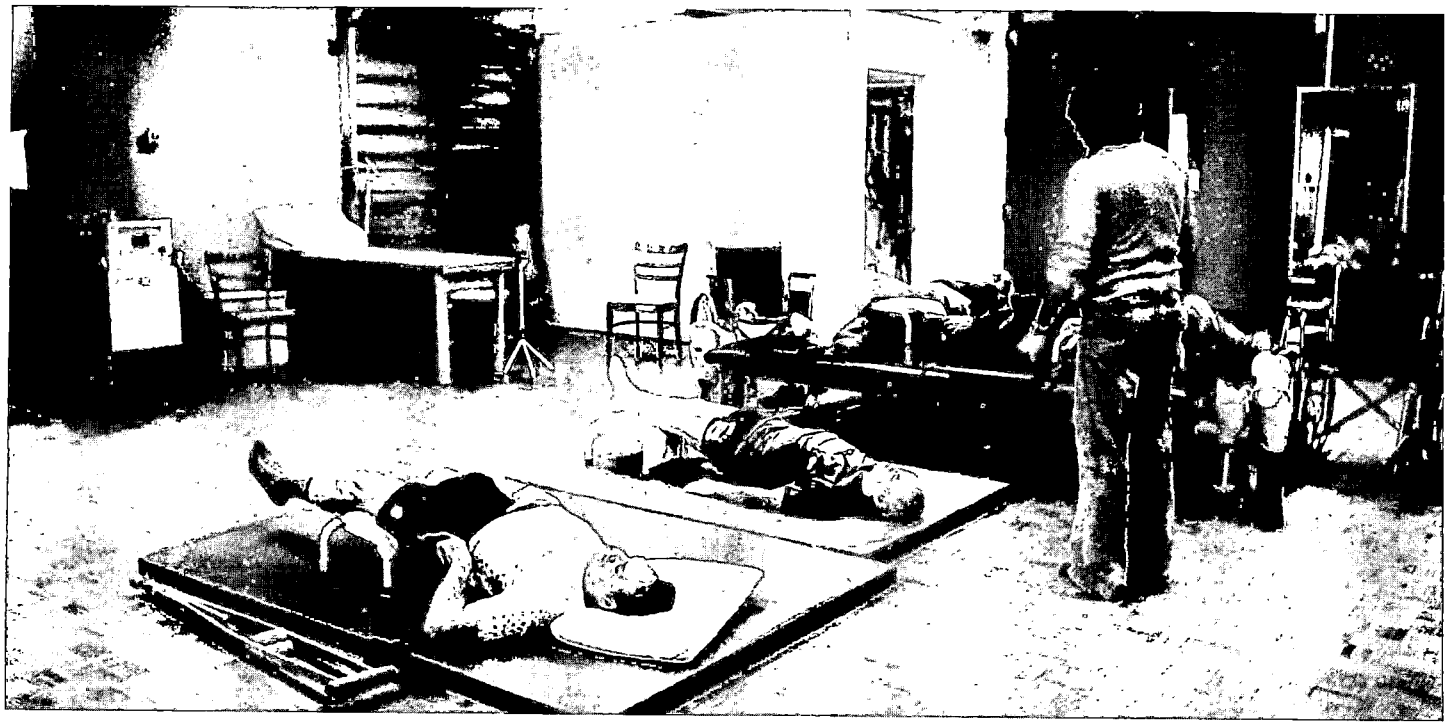
Pour qu'un programme de physiothérapie profite au maximum au patient, ce programme doit répondre à ses besoins en tout temps. Il doit donc être constamment adapté à l'incapacité du patient tout en tenant compte des facteurs psychologiques et sociaux de même que des problèmes physiques. Ceci est réalisable grâce à l'étroite relation patient-thérapeute pratiquée au Centre Lethbridge.

Physiotherapy Department

Physiotherapy is offered in three services in the Centre — physical medicine, home service and pediatrics. Treatment is available two evenings a week for those referred to the physical medicine service who are unable to attend during the day. The physical disabilities most often encountered at the Lethbridge Centre are the result of a variety of orthopedic and neurological conditions, amputations or arthritis. The treatment of these problems requires special skills and sometimes special equipment.

As a member of a multi-disciplinary team, the physiotherapist's role is to assess the client from the point of view of physical function and to plan and execute a treatment program consisting of therapeutic exercise, supplemented as necessary by the use of certain physical agents such as heat, ice, water or various electrical currents. The ultimate goal is to restore the client to as high a functional level, physically, as is possible within the limits of his disability.

If a physiotherapy program is to be of maximum benefit, it must fulfill the client's needs at any given time. It has to be constantly adapted, therefore, to his condition, taking into consideration the psychological and social factors as well as the physical problems. At the Lethbridge Centre, the close contact between client and therapist makes this possible.



Ergothérapie

L'ergothérapie est un service dispensé dans tous les programmes multidisciplinaires du Centre.

Par conséquent, les ergothérapeutes participent au traitement d'une grande variété de patients depuis les tout jeunes enfants jusqu'aux personnes âgées, souffrant de diverses incapacités physiques, émotives ou intellectuelles.

En médecine physique, la thérapeute aide le client à atteindre son niveau maximum d'autonomie dans l'accomplissement des travaux quotidiens. Les évaluations initiales peuvent porter sur les activités de la vie quotidienne, les capacités motrices de perception, l'adaptation au travail, de même que la force, la tolérance et l'étendue du mouvement. L'adaptation de matériel standard est parfois nécessaire pour compenser les pertes causées par l'incapacité physique.

En réadaptation psycho-sociale, l'ergothérapeute, appuyée par des psychologues et conseillers en soins spéciaux, traite les jeunes adultes souffrant de problèmes psychiatriques chroniques, en utilisant une méthode de groupe pour développer les capacités dans les domaines déficients. L'ergothérapeute est particulièrement responsable de l'évaluation initiale complète ainsi que des évaluations subséquentes des activités de la vie courante, de travail, des capacités perceptives et interpersonnelles du patient.

Au moyen d'activités psychodynamiques graduées avec soin et correspondant aux résultats des évaluations fonctionnelles, l'ergothérapeute de chaque équipe élabore pour les patients des programmes dont les objectifs visent à augmenter ou maintenir leur indépendance physique ou psychologique.

Occupational therapy

Occupational therapy is a service provided to all the multi-disciplinary programs of the Centre.

Occupational therapists, therefore, are involved in the treatment of a wide spectrum of clients ranging from infants to the elderly and presenting various physical, emotional or intellectual handicaps.

In Physical Medicine, the therapist assists the disabled to reach their maximum level of independent functioning in daily tasks. Initial evaluations may cover the areas of activities of daily living, perceptual motor skills, work skills as well as strength, tolerance and range of motion. Adaptations of standard equipment may be necessary to compensate for losses due to the physical disability.

In the Psycho-Social Program, the occupational therapist, in conjunction with psychologists and special care counsellors, treats young adults with chronic psychiatric problems, using a group approach to develop skills in deficient areas. The O.T. is specifically responsible for a complete initial and ongoing evaluation of the activities of daily living, work, perceptual and interpersonal skills.

Through the use of carefully-graded and psychodynamic activities consistent with results from the functional evaluations, the O.T. on each team designs goal-oriented programs for clients, in order to increase and/or maintain their physical or psychological independence.

Orthophonie

Le service d'orthophonie se compose de trois orthophonistes à plein temps et d'une à temps partiel, qui évaluent et traitent les problèmes de communication chez les adultes et les jeunes enfants. Elles planifient et dirigent des programmes de rééducation destinés à rétablir ou à améliorer la communication; elles conseillent et guident les personnes qui ont un défaut d'élocution, leurs familles, professeurs ou employeurs. Ces activités, destinées à aider les patients à fonctionner le mieux possible dans leur milieu, sont conduites dans le cadre des équipes multidisciplinaires de réadaptation.

Une proportion importante des patients du Centre ont des problèmes de communication résultant d'une congestion cérébrale. Ces personnes peuvent avoir de la difficulté à comprendre ce que les gens disent, à parler, ou à lire et écrire; épreuve pénible pour quiconque avait l'habitude de parler et de comprendre les gens autour de lui sans aucune difficulté. Les traitements orthophoniques, qui souvent combinent la thérapie individuelle à la thérapie de groupe, sont destinés à améliorer autant que possible les moyens de communication de la personne. Si possible, nous encourageons les familles à collaborer au traitement à la maison.

Le club bilingue "Havre d'espoir", à l'intention des patients actifs qui ont subi une congestion cérébrale et des personnes qui ont terminé leur traitement d'orthophonie, fonctionne comme groupe social et informatif. Il vise à encourager les patients et leurs familles à se réunir périodiquement dans une ambiance confortable pour une soirée intime.

Une orthophoniste fait partie de l'équipe pédiatrique; un nombre important de patients se compose d'enfants ayant des troubles d'apprentissage de la parole, ou sont à différents stades de développement linguistique. Quelques-uns ne parlent pas du tout; d'autres parlent mais ont de la difficulté à formuler des phrases; certains ont des problèmes de prononciation. La rééducation orthophonique a pour but d'aider ces enfants à acquérir un niveau de langage plus approprié à leur âge et utile dans la vie quotidienne. Un nouveau programme de stimulation du langage pour les très jeunes enfants et leurs familles a été institué. Par des sessions de groupe pratiques, on enseigne aux mères et à leurs enfants des techniques spécifiques pour encourager ces derniers à communiquer.

Speech therapy

The speech therapy department has three full-time and one part-time speech therapists, all concerned with the evaluation and treatment of disorders of communication in adults and young children. The speech therapists plan and direct remedial programs designed to restore or improve communication; they provide counselling and guidance to speech handicapped individuals, their families, teachers or employers. These activities are carried out within the multi-disciplinary rehabilitation teams to help clients function as comfortably as possible in their own environment.

A large proportion of the Centre's clients have communication problems resulting from strokes. These people may have difficulty in understanding what people say, with speaking, or with reading and writing. This is a very frustrating experience for someone who is used to talking and understanding the people around him without the slightest difficulty. Speech therapy treatment programs are often a combination of individual and group work and are designed to help improve the person's communication abilities as far as possible. Whenever possible, families are encouraged to assist with the treatment programs at home.

The bilingual "Talk of the Town" club for current stroke clients and individuals who have already completed their speech therapy program functions as a social and information group to encourage speech clients and their families to get together periodically in a comfortable atmosphere for a social evening.

The speech therapist is part of the development pediatric team in the Centre. The children requiring speech therapy have difficulties in learning to speak and are at many different stages in their language development. Some of these chidren are not speaking at all. Many are speaking but are having trouble in learning to put words together; others are developing language skills but are difficult to understand because of pronunciation problems. The goal of speech therapy for these chidren is to help them achieve a level of speech and language skill which is more appropriate to their age and more useful to them in their everyday life. A new language program for very young children and their families has been introduced. In practical group sessions, mothers with their children are taught specific techniques for encouraging their children to communicate.

Pédiatrie de développement

Les incapacités physiques et émotives ne sont pas réservées qu'aux adultes. Les jeunes enfants ont des problèmes qui leur sont propres et le service de pédiatrie fait une place toute particulière à ces jeunes patients dans les nombreux services du Centre. Le programme s'adresse à des enfants d'âge pré-scolaire et des premières années scolaires, qui ont besoin de traitements multidisciplinaires afin de stimuler ou de modifier leur développement. Les enfants admis à suivre le programme sont ceux qui présentent des troubles fonctionnels dans plusieurs domaines de développement, tels que les incapacités sensorimotrices, les affections neurologiques et physiques bénignes, les retards de développement, l'hyperactivité et les problèmes sociaux. Le traitement se fait sur une base individuelle et en petits groupes.

L'équipe pédiatrique accorde une grande attention aux tout jeunes enfants et aux bambins qui accusent des retards de développement, dans l'espoir qu'en admettant des enfants de très bas âge, elle réussira à augmenter l'efficacité des interventions thérapeutiques. On peut éviter à l'enfant d'âge pré-scolaire (moins de 5 ans) plusieurs problèmes secondaires de comportement en le traitant avant qu'il ne soit soumis aux exigences et aux pressions du système scolaire. En conséquence, le plus jeune cas référé a été un bébé de quatre mois.

Un camp de jour thérapeutique, ouvert pendant l'été, comporte une journée complète d'activités de plein air, excursions (à une ferme, bibliothèque, caserne de pompiers, aquarium, Terre des Hommes, etc.) et travaux ou jeux thérapeutiques par petits groupes à rapport élevé entre thérapeutes, bénévoles et enfants. On a pu observer chez ceux qui ont bénéficié de ces journées de camp, un accroissement de socialisation et de motivation, une amélioration plus marquée dans des domaines déficients spécifiques et une prise de conscience de l'alimentation et de la collectivité venant s'ajouter aux séances thérapeutiques quotidiennes. L'équipe pédiatrique a l'entière responsabilité du recrutement et de la formation des bénévoles (y compris l'aide parentale), du budget et de l'obtention des fonds nécessaires.

Durant l'année scolaire, les thérapeutes continuent à assurer, à l'école, la consultation et les soins complémentaires à l'égard des enfants traités au Centre Lethbridge. De plus, l'équipe dispense des traitements dans des écoles des commissions scolaires protestante et catholique de Montréal.

Lorsque les activités et la disponibilité du personnel le permettent, l'équipe pédiatrique participe très activement à des colloques et à des réunions éducatives afin d'établir des contacts étroits avec des groupes de parents, des maternelles et d'autres ressources de la collectivité.

Developmental pediatrics

Physical and emotional handicaps are not exclusive to adults. Young children have unique problems and the Developmental Pediatrics Department provides these little people with their own special place in the Centre's parade of services. The program is geared to children of pre-school and early school age needing multi-disciplinary treatment to stimulate or modify development. Children admitted to the program are those exhibiting unsatisfactory functioning in multiple areas of development such as sensory-motor handicaps, mild neurological and physical disabilities, developmental delays, hyperactivity and social problems. Treatment is on an individual and small group basis.

The developmental pediatric team focuses great attention on the developmentally-delayed infant and toddler in an attempt to increase the effectiveness of treatment intervention by admitting children at a younger age. Many secondary behavioral problems can be avoided when the pre-schooler (under age 5) can be treated before the child and his disability are subjected to the demands and pressures of the educational system. Consequently, the youngest referral has been an infant of four months.

A remedial summer day camp involves a full-day program of outdoor activities, excursions (to farm, library, fire station, aquarium, Man and his World, etc.) and therapeutic tasks and games in small groups with high therapist-volunteer-child ratio. Benefits of camp programming can be observed with the effects of increased socialization and motivation, more intensive remediation in specific deficit areas, and the addition of nutrition and community awareness to daily therapeutic sessions. Recruitment and training of volunteers (including parent helpers), budgeting and obtaining necessary funding are carried out entirely by the pediatric team.

During the academic year, therapists continue to provide consultation and follow-up within the schools of those children treated at the Lethbridge Centre. In addition, the team provides treatment within schools of the Montreal Protestant and Catholic School Boards.

Whenever scheduling and staffing permit, the pediatric team eagerly participates in educational presentations and demonstrations in order to establish close contact with parent groups, nursery schools and other community resources.

Soins à domicile

Le Centre pourvoit aussi aux besoins des personnes qui ne peuvent s'y présenter pour recevoir leur traitement. Le service de soins à domicile dispense, aux patients atteints d'infirmités particulièrement graves, des services multidisciplinaires de réadaptation à leur domicile ou dans des maisons de santé. Le service comprend des physiothérapeutes, une ergothérapeute, une travailleuse sociale, un omnipraticien et une orthophoniste-conseil. L'âge moyen des patients est de 68 ans. On compte trois catégories de patients: ceux qui sont temporairement confinés à la maison après un séjour à l'hôpital et qui requièrent des soins de courte durée; les malades chroniques qui ont peu d'espoir de guérison et demandent des soins qui les aideront à conserver un niveau de fonctionnement maximum; et ceux qui sont atteints d'une maladie terminale et qui ont besoin de conseils spécialisés pour eux et leur famille, de même que des traitements destinés à retarder l'hospitalisation le plus longtemps possible.

Service social

Ce service a pour but principal de faire en sorte que le traitement de réadaptation profite le plus possible au patient et à sa famille. Une réadaptation est réussie lorsque le patient atteint un niveau d'équilibre personnel et social suffisant pour lui faire accepter des ajustements ou trouver des solutions aux problèmes physiques, sociaux, émotifs et financiers de sa condition de vie. Les travailleuses sociales aident les patients et leurs familles par des entretiens privés, par la thérapie de couple, de famille ou de groupe, de même que par l'appui collectif.

Bref, le service a pour rôle d'aider les patients et leurs familles à faire face aux conséquences personnelles et sociales de la maladie et de l'incapacité, et d'apporter les changements qui amélioreront la qualité de leur vie et leur assureront un standard élevé de vie à la maison, au travail et dans la collectivité.

Home Care

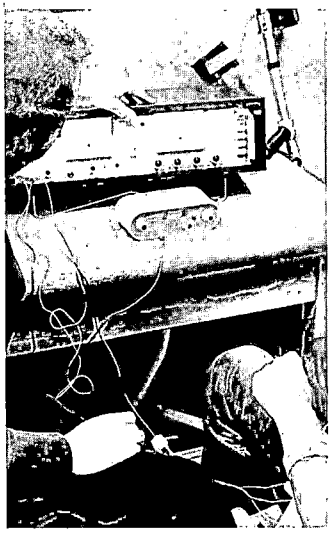
The Centre also caters to the needs of individuals who are unable to come to the Centre for treatment. The Home Care Department offers multi-disciplinary rehabilitation services to severely-disabled persons in their own homes or nursing homes. The department is staffed by physiotherapists, an occupational therapist, a social worker, a physician and a consultant speech therapist. The average age of the clients is 68. There are three categories of clients: individuals who are temporarily homebound following hospitalization and who need a short-term program; the chronically ill who have little hope of recovery and require treatment in order to maintain their maximum level of functioning; and the terminally ill who need specialized counselling for themselves and their families, as well as treatment designed to delay hospitalization as long as possible.

Social Services

The primary goal of Social Services provided at Lethbridge is to enable the client and his family to benefit, to the fullest degree, from his rehabilitation program. Successful rehabilitation means that a client achieves a level of personal and social equilibrium permitting him to accept adjustments or find solutions to problems related to physical, social, emotional and financial areas of his life situation. Social workers help clients and their families through individual counselling, conjoint, family and group therapy as well as advocacy within the community.

In short, the department's role is to help clients and their families meet the personal and social impact of illness and disability and make changes that will improve their quality of life and guarantee optimum living standards at home, at work and in the community.

Psychologie



Au cours des années, il nous est apparu de plus en plus évident que les personnes qui fréquentent le Centre requièrent plus que de simples traitements en réadaptation physique, s'ils veulent devenir des membres productifs de la collectivité. En conséquence, l'équipe insiste autant sur les besoins émotifs et sociaux des patients que sur leurs incapacités physiques.

Plusieurs individus, souffrant de problèmes strictement psychologiques, profitent des traitements psycho-sociaux que dispense notre service de psychologie. Ces traitements s'adressent à ceux qui ont besoin d'aide pour devenir des individus confiants, indépendants et socialement bien adaptés au sein de la collectivité. Les services offerts aux patients qui se présentent au Centre comprennent: (1) des tests psychologiques qui permettent au personnel de comprendre les handicaps et d'établir la meilleure façon d'aborder les problèmes, (2) des entretiens individuels, grâce auxquels les patients solutionneront leurs problèmes émotifs, (3) des sessions de thérapie de groupe qui comportent à la fois des critiques constructives et de l'aide de la part de leurs semblables, et (4) la thérapie de relaxation où l'on enseigne aux patients des techniques qui les aideront à faire face à des situations de stress, grâce à des exercices de détente et au "biofeedback". Le succès des traitements en réadaptation est largement dépendant de l'appui reçu dans la famille. Le personnel du service de psychologie est très conscient de ce fait et travaille en collaboration avec la famille pour aider les patients à atteindre leurs buts.

La thérapie par l'art a été très bien accueillie par la collectivité et les cercles professionnels et est une autre activité importante de ce service. Les spécialistes dans ce domaine travaillent avec les patients afin d'épanouir les talents artistiques latents qui serviront ensuite de moyen thérapeutique.

Psychology

Through the years it has become more and more apparent that individuals coming to the Centre require more than just physical rehabilitation in order to become productive members of the community. Therefore, in the team approach there is as much emphasis on the emotional and social needs of clients as there is on their physical disabilities.

There are many individuals coming to the Centre whose problems are strictly psychological and who benefit from the psycho-social program offered through the psychology department. This program aids people who need help in establishing themselves as secure, independent, socially well functioning individuals in the community. Services offered to clients coming to the Centre include (1) psychological testing which aids staff in gaining an understanding of handicaps and how best to approach problems, (2) individual counselling which enables clients to deal with emotional problems through self-understanding, (3) group therapy sessions which provide constructive criticism and support from one's peers, and (4) relaxation therapy where clients are taught the techniques which enable them to cope with stress situations through relaxation exercises and bio-feedback. Success in rehabilitation is significantly related to family support. The staff in the psychology department is keenly aware of this and works with the family in order to help clients achieve their goals.

Another feature in the department is the art therapy program which has received much acclaim in the community and in professional circles. The professionals in this area work with clients to bring out latent artistic talents as a means of therapy.

Ateliers de réadaptation professionnelle

L'atelier offre un milieu simulé de travail où des personnes qui ont des problèmes physiques, intellectuels, sociaux ou émotifs sont évaluées et acquièrent des habitudes de travail et des connaissances qui leur permettront de s'intégrer au marché concurrentiel du travail en particulier et au sein de la collectivité en général.

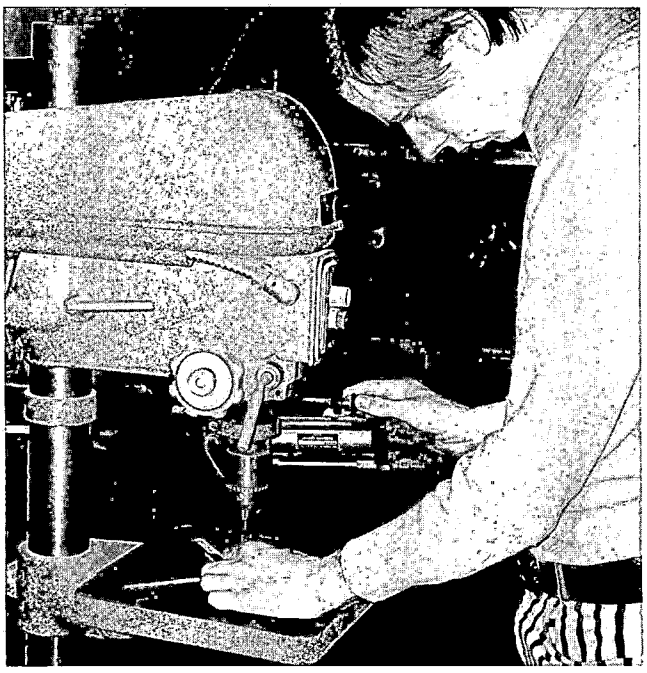
L'équipe multidisciplinaire touche à tous les aspects de la réadaptation du patient. Des ergothérapeutes, travailleuses sociales, conseillers en réadaptation, superviseurs et éducateurs spécialisés contribuent à l'élaboration des plans de traitement individuel.

Les programmes comportent trois grandes étapes: l'évaluation, l'adaptation générale et l'entraînement au travail. L'évaluation détermine le niveau de fonctionnement de la personne, ses capacités et ses limites, son niveau d'indépendance, son comportement et son potentiel de travail. Divers tests psychologiques, de dextérité manuelle et de motricité-perception viennent compléter l'évaluation. Au cours du programme d'adaptation générale, on enseigne au patient des travaux de base et on lui communique des connaissances interindividuelles qui augmenteront ses chances de réussite au travail et dans les autres domaines de la vie. Le patient prend part à des séances d'orientation individuelles ou de groupe, de même qu'à divers groupes d'adaptation à la vie courante, tels que ceux traitant de cuisine et d'alimentation, d'éducation sexuelle, de budget, d'exploration des ressources communautaires et de simulation des habitudes de travail. Les patients qui présentent certains comportements nuisibles à leur potentiel de travail reçoivent un traitement approprié. Ils sont référés au programme de préembauchage lorsqu'ils ont atteint la phase finale de leur réadaptation professionnelle. Ils sont alors prêts à suivre le programme qui, de pair avec une formation intensive dans l'atelier, développera leur habileté à se trouver du travail.

Vocational rehabilitation workshops

The workshop is a simulated work milieu where individuals with physical, intellectual, social or emotional problems are assessed and trained in basic work habits and work skills so that they may be integrated into the competitive job market in particular and/or the community in general.

A multi-disciplinary team approach is prevalent in all aspects of the client's rehabilitation. Occupational therapists, social workers, rehabilitation counsellors, industrial supervisors and special educators contribute toward the development of treatment plans with individual clients.



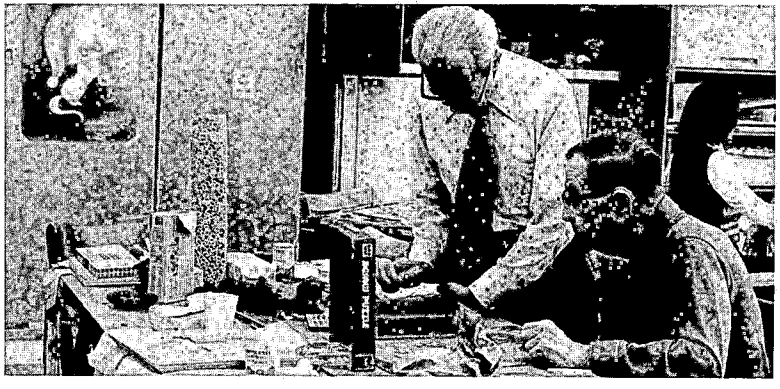
The programs offered by this service are divided into three broad phases: evaluation, general adjustment and pre-employment training. The evaluation program aims at assessing an individual's level of functioning, his capabilities and limitations, his level of independence, his behaviour and his vocational potential. Various tests such as psychological, manipulative and perceptual motor are used for this assessment. In the general adjustment program, the client is given opportunities to learn basic tasks and interpersonal skills which will enhance his ability to become competent at work and in other spheres of his life. The client participates in individual and group counselling sessions and also in various life skill groups such as cooking and nutrition, sex education, budgeting, exploring community resources, and role playing of work habits. A behaviour training program is offered for clients who present certain behaviours interfering with their vocational potential. Clients are referred to the pre-placement program in the final phase of their vocational rehabilitation. It prepares clients with a job seeking skills program as well as an intensive training in the workshop setting.

Centre de jour

Le centre de jour est un endroit de réunion pour les invalides permanents qui ne peuvent retourner au travail ou prendre part à des programmes à l'extérieur.

Il a pour fonction d'aider les handicapés, seuls, isolés et ayant terminé des traitements actifs, à conserver le niveau de fonctionnement acquis au cours de la réadaptation et de leur rendre la vie plus facile dans leur milieu afin d'éviter de les placer en institution. Par des travaux d'artisanat, l'interaction de groupe, des activités éducatives, sociales et récréatives, des exercices physiques et des sorties, l'équipe du centre de jour cherche à motiver et à stimuler le patient afin qu'il utilise son habileté et ses talents créateurs. Elle le conseille, le guide et lui fournit l'appui et des services d'intervention en moment de crise. Elle lui fournit aussi l'occasion d'établir des contacts sociaux, de se faire de nouveaux amis et de passer un peu de temps en dehors de chez lui. Elle donne également un répit à ceux qui en prennent soin.

L'équipe du centre de jour comprend une travailleuse sociale, une ergothérapeute, un conseiller en soins spéciaux, une diététicienne à temps partiel, une aide-infirmière et deux chauffeurs. Chaque semaine, une quinzaine de bénévoles aident le personnel et les patients, alors que cinq groupes de vingt-cinq personnes viennent au centre y passer une journée par semaine. Une camionnette et un autobus spécialement équipés pour transporter des personnes en fauteuils roulants assurent le service.



Day Centre

The Day Centre is a meeting place for the permanently physically handicapped individual who cannot go back to work or participate in outside programs.

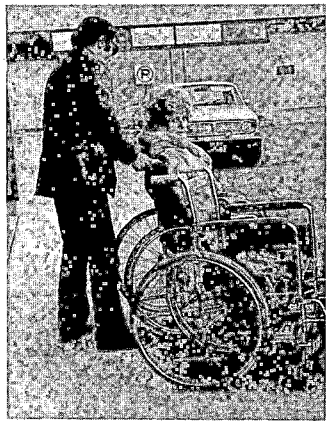
The purpose of the Day Centre is to help the isolated, lonely, disabled individual, who has been discharged from active treatment, to maintain the level of functioning gained through rehabilitation and to facilitate living in his normal environment and community thus preventing institutionalization. The Day Centre team motivates and stimulates the client to use his creative talents and skills through arts and crafts, group interaction, educational, social and recreational activities, physical exercises and outings. The Centre's staff provide advice, guidance, advocacy and crisis intervention services. It also offers the client an opportunity to expand his social contacts, make new friends and get a chance to spend time away from home. It also gives a break to those who are caring for him.

The Day Centre team includes a social worker, an occupational therapist, a special care counsellor, a part-time dietician, a nursing assistant and two drivers. About fifteen volunteers a week help the staff and clients in this program where five groups of twenty-five individuals spend a day a week. Transportation is provided by a minibus and a bus specially-equipped for wheelchair clients.

Bénévoles

Le service des bénévoles assure des services pour lesquels aucun ou peu de fonds ont été prévus au budget du Centre. Il donne aux membres de la collectivité l'occasion de connaître le travail qui s'y fait et d'y participer. Les bénévoles jouent un rôle important dans le traitement. Elles donnent de leur temps pour aider les patients à la piscine, contribuent à organiser les activités du centre de jour et prennent une part active au travail du service de pédiatrie. Elles aident au bon fonctionnement du casse-croûte, dirigent des visites guidées du Centre pour des groupes intéressés et s'occupent d'une boutique de vêtements d'occasion à l'intention des patients et du personnel. Elles se chargent aussi de plusieurs autres projets et campagnes de souscription pour amasser des fonds. Plus de 80 bénévoles se dévouent, chaque année, donnant plus de 15,000 heures de leur temps et de leur énergie au profit du Centre et de ses patients. Le groupe de bénévoles du Centre Lethbridge accueillera avec grand plaisir toute personne, homme ou femme, qui aimerait collaborer à ce travail.

Transport



Ce service est à la disposition des patients qui ne peuvent utiliser les moyens de transport privé ou public pour venir au Centre y recevoir leurs traitements. Les chauffeurs, employés par le Centre, sont entraînés pour transporter nos patients de leur domicile au centre dans deux camionnettes spécialement équipées et sept familiales. Ce service essentiel permet aux usagers de suivre leurs traitements réguliers et leur procure l'occasion de prendre part aux activités du Centre.

Volunteers

The Volunteer Department extends services for which little or no funds are available in the Centre's budget. It also gives members of the community a chance to learn about, and participate in, the work of the Centre. Volunteers play an important role in treatment by giving their time to such efforts as assisting clients to the pool, helping to organize day centre activities and taking an active part in the work of the pediatrics department. They keep the snack bar running smoothly, act as tour guides for interested groups and operate a second-hand clothing boutique for the use of clients and staff. They also operate a number of other fund-raising projects. Over 80 volunteers give more than 15,000 hours annually of their time and energy for the benefit of the Centre and its clients. The Lethbridge volunteer group would welcome any man or woman who would like to help with this work.

Transportation

Transportation Service is provided to clients who are unable to attend treatments at the Centre via private or public transportation. Drivers, operating two specially-equipped vans and seven station wagons, are employed by the Centre and are trained to transfer clients from their homes to the Centre. This vital service enables individuals to benefit from their scheduled treatments as well as providing them with the opportunity to socialize in the Centre.

Bibliothèque

Cette bibliothèque est unique par sa collection de livres traitant de médecine physique et de sujets psycho-sociaux. Elle est ouverte non seulement au personnel résident mais également aux étudiants et professionnels de l'extérieur.

Contacts Communautaires

Le fait que le travail n'est pas uniquement confiné à l'édifice du boulevard de Maisonneuve témoigne de l'orientation du Centre Lethbridge visant à dispenser des soins complets aux patients. Afin de donner à ces derniers des services supplémentaires à long terme, les membres du personnel sont en relations constantes avec les groupes de l'Âge d'Or, les agences de service social, les unités de médecine familiale des hôpitaux, de même que les centres locaux de services communautaires et les établissements de santé régionaux. Les liaisons communautaires incluent également une participation aux programmes de formation en réadaptation de diverses universités et cégeps, de même que le placement d'étudiants dans ce domaine.

Library

The Library is unique in its collection of books on physical medicine and psycho-social subjects. These texts are used extensively not only by resident staff but also by students and professionals from outside the Centre.

Community

The Lethbridge philosophy of total client care is reflected in the fact that the work is not solely confined to the building on de Maisonneuve West. In order to provide additional long-term services for clients, members of the staff are in constant contact with Golden Age groups, social service agencies, family medical units of hospitals and local community health service centres and community health departments. Community liaison also involves participation in rehabilitation training programs associated with various universities and CEGEPs and field work placements for students.

Organisation

Le Centre de Réadaptation Lethbridge est régi par les règlements du Ministère des Affaires Sociales de la province de Québec, par l'entremise d'un conseil d'administration élu. Ce conseil se compose de deux représentants des groupes socio-économiques, un représentant de l'Université McGill, quatre représentants de la Corporation du Centre de Réadaptation Lethbridge, deux représentants des usagers enfants et adultes, deux représentants du personnel et le directeur général.

La Corporation du Centre de Réadaptation Lethbridge assume les responsabilités suivantes:

1) Propriété du terrain et de l'édifice;
2) Élection de quatre représentants au conseil d'administration du Centre;
3) Assistance telle que requise par le Centre.

Les membres du conseil d'administration de la Corporation sont élus par l'ensemble de ses membres lors de l'assemblée annuelle. Tout individu ou société peut en devenir membre, moyennant une cotisation annuelle.

Organization

The Lethbridge Rehabilitation Centre operates under the rules and regulations of the Quebec Department of Social Affairs through an appointed Board of Directors. This board consists of two representatives from socio-economic groups, one from McGill University, four from the Corporation of the Lethbridge Rehabilitation Centre, two representatives of children and adult users, two representatives from the staff and the executive director.

The Corporation of the Lethbridge Rehabilitation Centre is responsible

1) as the owner of the land and the building of the Centre;
2) for the election of four members to the Board of Directors of the Centre;
3) for giving such assistance as the Centre may require.

Directors on the Corporation Board are elected by the members at the annual meeting. Any individual or corporation can become a member with payment of an annual fee.