

Originally Processed With FOIA(s):

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FOIA Number:

S

FOIA MARKER

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

Record Group/Collection: Donated Historical Materials
Collection/Office of Origin: Frieden, Lex, Collection
Series: Related Materials
Subseries: Grants

OA/ID Number: 52088
Folder ID Number: 52088-008

Folder Title:
Transitional Living Grant [1975]

Stack:

Row:

Section:

Shelf:

Position:

Withdrawal/Redaction Sheet
(George Bush Library)

Doc. No. / Type	Subject/Title	Date	Restriction	Classification
01a. Form	Application for Project Grant [redaction]. (4 pp.)	4/15/75	C	
01b. Resume	Curriculum Vita [redaction] (3 pp.)	n.d.	C	

Collection:

Record Group: Donated Historical Materials

Office:

Series:

Subseries:

WHORM Cat.:

File Location: Transitional Living Grant [1975]

Pinksheet Number: MB10695

OA/ID Number: 52088-008

Date Closed: 8/17/2016

FOIA/Sys Case #: 2016-2624-S

Re-review Case #:

P-2/P-5 Review Case #:

Withdrawal/Redaction Sheet (George Bush Library)

Document No. and Type	Subject/Title of Document	Date	Restriction	Class.
01a. Form	Application for Project Grant [redaction] (4 pp.)	4/15/75	C	

Collection:

Record Group: Donated Historical Materials

Office:

Series:

Subseries:

WHORM Cat.:

File Location: Transitional Living Grant [1975]

Date Closed: 8/17/2016	OA/ID Number: 52088-008
FOIA/SYS Case #: 2016-2624-S	Appeal Case #:
Re-review Case #:	Appeal Disposition:
P-2/P-5 Review Case #:	Disposition Date:
AR Case #:	MR Case #:
AR Disposition:	MR Disposition:
AR Disposition Date:	MR Disposition Date:

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P-1 National Security Classified Information [(a)(1) of the PRA]
- P-2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P-3 Release would violate a Federal statute [(a)(3) of the PRA]
- P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

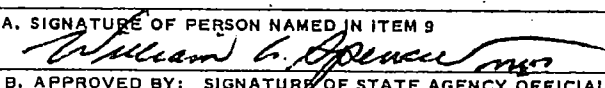
PRM. Removed as a personal record misfile.

Freedom of Information Act - [5 U.S.C. 552(b)]

- (b)(1) National security classified information [(b)(1) of the FOIA]
- (b)(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- (b)(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- (b)(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- (b)(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- (b)(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- (b)(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- (b)(9) Release would disclose geological or geophysical information

DEPARTMENT OF
 HEALTH, EDUCATION AND WELFARE
 SOCIAL AND REHABILITATION SERVICE

APPLICATION FOR PROJECT GRANT

1. ADMINISTRATION/OFFICE <input type="checkbox"/> COMMUNITY SERVICES ADMINISTRATION <input type="checkbox"/> OFFICE OF MANPOWER, DEVELOPMENT & TRAINING <input checked="" type="checkbox"/> OFFICE OF RESEARCH AND DEMONSTRATIONS <input type="checkbox"/> OTHER <input type="checkbox"/> REHABILITATION SERVICES ADMINISTRATION		LEAVE BLANK SRS-PGN DATE RECEIVED REMARKS:													
2. SRS PROGRAM/POPULAR NAME Rehabilitation R & D															
3. TITLE OF PROJECT (Limit to 53 Typewriter Spaces) Transitional Living: A Model for the Severely Physically Handicapped															
4. TYPE OF APPLICATION (SRS Project Grant No. _____) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> RENEWAL <input type="checkbox"/> REVISION <input type="checkbox"/> SUPPLEMENT															
5. PROJECT INVOLVING HUMAN SUBJECTS A. <input type="checkbox"/> NO B. <input type="checkbox"/> YES APPROVED: C. <input checked="" type="checkbox"/> YES-PENDING REVIEW: May, 1975															
6. MAJOR PROGRAM EMPHASIS Severely Handicapped		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">11. DATES OF:</th> <th style="width:20%;">FROM</th> <th style="width:20%;">THROUGH</th> <th style="width:45%;">TOTAL AMOUNT</th> </tr> </thead> <tbody> <tr> <td>A. PROJECT PERIOD</td> <td>6-1-75</td> <td>5-31-80</td> <td>\$668,260</td> </tr> <tr> <td>B. BUDGET PERIOD</td> <td>6-1-75</td> <td>5-31-76</td> <td>\$124,933</td> </tr> </tbody> </table>		11. DATES OF:	FROM	THROUGH	TOTAL AMOUNT	A. PROJECT PERIOD	6-1-75	5-31-80	\$668,260	B. BUDGET PERIOD	6-1-75	5-31-76	\$124,933
11. DATES OF:	FROM	THROUGH	TOTAL AMOUNT												
A. PROJECT PERIOD	6-1-75	5-31-80	\$668,260												
B. BUDGET PERIOD	6-1-75	5-31-76	\$124,933												
7. PROGRAM DIRECTOR (Name, Title, Department, and Address - Street, City, State, and Zip Code) Jean A. Cole, Ph.D. Residential Services Texas Institute for Rehabilitation & Research - 1333 Moursund Ave. Houston, Texas 77025		12. TYPE OF ORGANIZATION (Check applicable item) PUBLIC INSTITUTION: <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> OTHER PRIVATE INSTITUTION: <input checked="" type="checkbox"/> NONPROFIT <input type="checkbox"/> PROFIT													
SOCIAL SECURITY NO. (C) AREA CODE 713 TELEPHONE NO. 526-4281 x.341		13. ADDRESS WHERE MAJOR PORTION OF PROGRAM WILL BE CONDUCTED IF DIFFERENT FROM ITEM 8. 105 Drew Street Houston, Texas 77006													
8. APPLICANT ORGANIZATION (Name, Sponsoring Dept., and Address - Street, City, State, and Zip Code) Texas Institute for Rehabilitation & Research - 1333 Moursund Houston, Texas 77025		COUNTY Harris CONGRESSIONAL DISTRICT 22													
9. NAME, TITLE AND ADDRESS OF OFFICIAL AUTHORIZED TO SIGN FOR APPLICANT ORGANIZATION William A. Spencer, M.D., Director Texas Institute for Rehabilitation & Research - 1333 Moursund - Hou., Texas		COUNTY Harris CONGRESSIONAL DISTRICT 18													
10. ORGANIZATION CURRENTLY ACCREDITED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Joint Commission on Accreditation of Hosps. Commission on Accreditation of Rehabilitation Facilities		14. PAYEE (Specify to whom checks should be sent) (Name, Title, Full Address) Mr. Nicholas Hott, Business Manager Texas Institute for Rehabilitation & Research - 1333 Moursund - Hou., Tex. 77025													
15. HAVE ANY INVENTIONS BEEN CONCEIVED OR FIRST ACTUALLY REDUCED TO PRACTICE IN THE COURSE OF THIS PROJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES, PREVIOUSLY REPORTED <input type="checkbox"/> YES, NOT PREVIOUSLY REPORTED (ATTACH LIST)		For Continuation and Grants ONLY 77025													
16. TERMS AND CONDITIONS. The undersigned accept, as to any grant awarded, the obligation to comply with: terms and conditions pertinent to the awarding program, HEW Grant Regulations/Policies, and Other Federal Statutes and Regulations relevant thereto, Title VI of the Civil Rights Act of 1964 (PL 88-352) and the Regulation issued pursuant thereto, and state that the formally filed Assurance of Compliance with such Regulation (Form HEW-441) applies to this project. The undersigned also certify that they have no commitments or obligations inconsistent with compliance with the above.															
17. SIGNATURES (Signatures required on original copy only. Use Ink. Per signatures not acceptable.)		A. SIGNATURE OF PERSON NAMED IN ITEM 9  B. APPROVED BY: SIGNATURE OF STATE AGENCY OFFICIAL _____ TITLE: _____													
DATE 4-15-75		DATE _____													

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

A. DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES

BUDGET CATEGORY	FEDERAL FUNDS (ONLY)
1. PERSONNEL (INCLUDE FRINGE BENEFITS)	\$ 91,500
2. EQUIPMENT	
3. CONSUMABLE SUPPLIES	800
4. TRAVEL (STAFF)	2,000
5. CONSULTANT EXPENSES	
6. OTHER EXPENSES	1,500
7. TOTAL DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES	\$ 95,800

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

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

C. TOTAL DIRECT COST (LINES A7 and B4)

\$

D. INDIRECT COST EXPENSES:

(A) IS INDIRECT COST REQUESTED:

NO YES

(B) PERCENTAGE RATE: 31.84%

(B) DHEW NEGOTIATED AGREEMENT DATE

3-22-73

(D) BASED ON: S&W TADC

(E) BASE: \$ 91,500

\$

29,133

E. GRAND TOTAL (TOTAL LINES, C AND D)

%

\$ 124,933

**F. TOTAL GRANTEE PARTICIPATION (OMIT FOR RESEARCH PROJECTS)
(GRANTEE PARTICIPATION, HOWEVER, MUST BE SHOWN IN ITEM 34)**

%

\$

G. TOTAL PROJECT COST (TOTAL LINES, E AND F) (OMIT FOR RESEARCH PROJECTS)

100%

\$

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

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

FEDERAL
FUNDS
REQUESTED
(2)

ITEM (1)

\$

TOTAL EQUIPMENT EXPENSES (TRANSFER TO ITEM 18, A. LINE 2)

\$

21. SCHEDULE OF CONSUMABLE SUPPLY EXPENSES
LIST IN GROUPS
(1)

FEDERAL
FUNDS
REQUESTED
(2)

Office Supplies

\$ 300.00

Research Supplies (printing and duplicating)

500.00

TOTAL CONSUMABLE SUPPLY EXPENSES (TRANSFER TO ITEM 18, A. LINE 3)

\$ 800.00

22. SCHEDULE OF TRAVEL EXPENSES (STAFF) (1)	FEDERAL FUNDS REQUESTED (2)
Travel involved in development and evaluation of project	\$2,000.00
TOTAL TRAVEL EXPENSES (STAFF) (TRANSFER TO ITEM 18, A. LINE 4)	\$2,000.00
23. SCHEDULE OF CONSULTANT EXPENSES (1)	FEDERAL FUNDS REQUESTED (2)
Consultant services to be provided by David D. Stock, M.S.W., Director of Outpatient Services; Charles R. Poor, M.S., Director of the Vocational Unit; Shalom E. Vineberg, Ph.D., Clinical Professor of Psychiatry and Rehabilitation	\$
(Services provided at no cost to project)	
TOTAL CONSULTANT EXPENSES (TRANSFER TO ITEM 18, A. LINE 5)	\$
24. SCHEDULE OF OTHER EXPENSES LIST ALL OTHER EXPENSES CHARGEABLE TO THE PROJECT (1)	FEDERAL FUNDS REQUESTED (2)
Computer time	\$1,500.00
TOTAL OTHER EXPENSES (TRANSFER TO ITEM 18, A. LINE 6)	\$

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

A. TITLE OF PROFESSION OR DISCIPLINE:

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

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

DESCRIPTION	1ST YEAR SAME AS PAGE 2 (1)	2ND YEAR (2)	3RD YEAR (3)	4TH YEAR (4)	5TH YEAR (5)	TOTAL (6)
A. DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES	<i>(Federal Funds Only)</i>					
1. PERSONNEL (SALARIES, FRINGE BENEFITS, ETC.)	\$ 91,500	\$ 100,500	\$ 110,000	\$ 95,000	\$ 90,000	\$ 487,000
2. EQUIPMENT						
3. CONSUMABLE SUPPLIES	800	800	800	800	1,500	4,700
4. TRAVEL (STAFF)	2,000	2,000	2,000	2,000	1,500	9,500
5. CONSULTANT EXPENSES					1,000	1,000
6. OTHER EXPENSES	1,500	1,500	1,500	1,500	5,000	11,000
7. TOTAL DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES	\$ 95,800	\$ 104,800	\$ 114,300	\$ 99,300	\$ 99,000	\$ 513,200
B. DIRECT TRAINEE EXPENSES	<i>(Federal Funds Only) (Applicable to Training Grant ONLY)</i>					
1. STIPENDS AND DEPENDENCY ALLOWANCE	\$	\$	\$	\$	\$	\$
2. TUITION AND FEES						
3. TRAVEL						
4. TOTAL DIRECT TRAINEE EXPENSES	\$	\$	\$	\$	\$	\$
C. TOTAL DIRECT COST (LINES A7 + B4)	\$ 95,800	\$ 104,800	\$ 114,300	\$ 99,300	\$ 99,000	\$ 513,200
D. INDIRECT COSTS (Federal Funds Only) 31.84 %	\$ 29,133	\$ 31,999	\$ 35,024	\$ 30,248	\$ 28,656	\$ 155,060
E. TOTAL PROJECT PERIOD ESTIMATES <i>(Totals of schedules (C + D))</i>	\$ 124,933	\$ 136,799	\$ 149,324	\$ 129,548	\$ 127,656	\$ 668,260
F. GRANTEE FUNDS (including both direct & indirect costs) (Omit for Research and Demonstration Projects)						
Dollars	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Percent	% _____	% _____	% _____	% _____	% _____	% _____

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

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

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

- A. CURRENT BUDGET \$ _____

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

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

- D. TOTAL ESTIMATED
EXPENDITURES \$ _____

- E. ESTIMATED UNEXPENDED
FUNDS \$ _____

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

Schedule 19: Personnel:

Project Director Jean A. Cole, Ph.D.	responsible for overall project coordination and for developing liason with resource organizations and individuals; will play a role in developing program content and in conducting anthropological research
Program Director Barbara L. Holden, M.S.W.	has primary responsibility for development of transitional program content and for coordinating the work of part-time time professional staff members; will also serve as project social worker
Research Director Lex M. Frieden, Ph.D. candidate	responsible for developing research design and for supervising data collection; will play a role in program development, particularly in providing on-going evaluation of effectiveness
Physical-Occupational Therapist (part-time, to be shared with TIRR)	responsible for portions of programming dealing with functional capabilities in various environmental contexts; to serve as regular consultant to participants
Registered Nurse (part-time, to be shared with TIRR)	responsible for portions of programming that deal with self-care and medical management; to serve as regular consultant to project participants
Vocational Counselor (part-time, to be shared with TIRR)	responsible for vocational areas of programming and for coordinating vocational services with other resource organizations; to serve as regular consultant to project participants
Resident Manager	responsible for day-to-day operation of residential system including attendant service, meals, and transportation
Care Attendants	provide daily physical assistance required by residents; provide transportation services
Secretary	provides general secretarial-clerical assistance to entire staff

Research Assistant-
Documentarian

responsible for data collection, recording and organizing research information under supervision of Research Director

Active Handicapped
Persons in the
Community

active persons who can serve as useful models will be hired on a part-time basis as needed to assist with training modules and to accompany participants on field trips in the community

Schedule 21: Consumable Supplies

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

Schedule 22: Travel

one half of the travel funds to be used by staff members to interview prospective residents living within reasonable distance of Houston and to gather pre-admission longitudinal data on participants in their former environments; one half of the travel funds to be used for client travel (field trips)

Schedule 24: Other Expenses

computer time to be used for data analysis

29. OTHER SUPPORT

INSTRUCTIONS: A. LIST ALL SRS SPONSORED PROGRAMS RELATING TO THE MAJOR PROGRAM EMPHASIS OF THIS APPLICATION (SEE ITEM 6, PAGE 1) AT THE APPLICANT INSTITUTION INCLUDING THOSE NOW BEING CONSIDERED BY SRS. ALSO TO BE INCLUDED UNDER ITEM A ARE CURRENT OR PENDING CONTRACTS, RESEARCH GRANTS AND FELLOWSHIP AWARDS WHICH ARE RELATED TO THIS PROGRAM. USE CONTINUATION PAGES IF NECESSARY, AND FOLLOW THE SAME FORMAT.

B. IN ITEM B, LIST ALL OTHER SOURCES OF SUPPORT RELATED TO THIS PROJECT WHETHER FEDERAL, STATE OR OTHER.

A. SOCIAL AND REHABILITATION SERVICE SUPPORT

PROJECT NUMBER (if designated)	SPONSORING AGENCY	TITLE OF PROJECT OR PROGRAM	TOTAL AMOUNT	TOTAL PERIOD OF SUPPORT WITH DATES
(1) ACTIVE OR APPROVED				
16-P-56813/ 6-13	SRS	Rehabilitation Medicine Research & Training Center	\$1,300,000	10-1-74/ 9-30-75
12-P-55487	SRS	A Cooperative Self-Support System for Severely Dis- abled Young Adults	212,000	6-1-72/ 5-31-75
13-P-55866	SRS	Model Rehabilitation Spinal Cord Injury System	1,250,000	9-1-72/ 8-31-77
23-P-55823	SRS	A Cooperative Rehabilitation Engineering Center	600,000	4-1-75/ 3-31-76
(2) APPLICATIONS PENDING DECISION				

B. ALL OTHER SUPPORT

PROJECT NUMBER (if designated)	SOURCE OF FUNDS	TITLE OF PROJECT OR PROGRAM	TOTAL AMOUNT	TOTAL PERIOD OF SUPPORT WITH DATES
(1) ACTIVE OR APPROVED				
			\$	
(2) APPLICATIONS PENDING DECISION				

30. BIOGRAPHICAL SKETCH

(GIVE THE FOLLOWING INFORMATION FOR EACH PROFESSIONAL STAFF MEMBER, BEGINNING WITH THE PROGRAM DIRECTOR.)
(FOR CONTINUATION AND RENEWAL APPLICATIONS, SEE INSTRUCTIONS)

A. NAME (<i>Last, First, Initial</i>) Cole, Jean A.	B. TITLE Ph.D.	C. BIRTHDATE (<i>Mo., Day, Year</i>) [REDACTED] (C)
D. PLACE OF BIRTH (<i>City, State, Country</i>) [REDACTED] (C)	E. PRESENT NATIONALITY (<i>If non-U.S. citizen, indicate visa symbol</i>) U.S.	F. SOCIAL SECURITY NO. [REDACTED] (C)

G. RELATIONSHIP TO PROPOSED PROGRAM
Project Director

H. EDUCATION (*Begin with baccalaureate training and include postdoctoral*)

ORGANIZATION AND LOCATION (1)	DEGREE (2)	YEAR CONFERRED (3)	DISCIPLINE (4)
SEE ATTACHED CURRICULUM VITAE			

I. PROFESSIONAL EMPLOYMENT (*Start with present position*)

SEE ATTACHED CURRICULUM VITAE

J. PROFESSIONAL EXPERIENCE (*List significant experience relevant to program*)

SEE ATTACHED CURRICULUM VITAE

30. BIOGRAPHICAL SKETCH

(GIVE THE FOLLOWING INFORMATION FOR EACH PROFESSIONAL STAFF MEMBER, BEGINNING WITH THE PROGRAM DIRECTOR.)
(FOR CONTINUATION AND RENEWAL APPLICATIONS, SEE INSTRUCTIONS)

A. NAME (Last, First, Initial) Holden, Barbara L.	B. TITLE M.S.W. - Licensed Clinical Social Worker	C. BIRTHDATE (Mo., Day, Year) [REDACTED] (C)
D. PLACE OF BIRTH (City, State, Country) [REDACTED] (C)	E. PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	F. SOCIAL SECURITY NO. [REDACTED] (C)

G. RELATIONSHIP TO PROPOSED PROGRAM
Program Director

H. EDUCATION (Begin with baccalaureate training and include postdoctoral)

ORGANIZATION AND LOCATION (1)	DEGREE (2)	YEAR CONFERRED (3)	DISCIPLINE (4)
SEE ATTACHED CURRICULUM VITAE			

I. PROFESSIONAL EMPLOYMENT (Start with present position)

SEE ATTACHED CURRICULUM VITAE

J. PROFESSIONAL EXPERIENCE (List significant experience relevant to program)

SEE ATTACHED CURRICULUM VITAE

30. BIOGRAPHICAL SKETCH

(GIVE THE FOLLOWING INFORMATION FOR EACH PROFESSIONAL STAFF MEMBER, BEGINNING WITH THE PROGRAM DIRECTOR.)
(FOR CONTINUATION AND RENEWAL APPLICATIONS, SEE INSTRUCTIONS)

A. NAME (Last, First, Initial) Frieden, Lex M.	B. TITLE Ph.D. Candidate	C. BIRTHDATE (Mo., Day, Year) [REDACTED] (C)	
D. PLACE OF BIRTH (City, State, Country) [REDACTED] (C)	E. PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	F. SOCIAL SECURITY NO.	
G. RELATIONSHIP TO PROPOSED PROGRAM Research Director			
H. EDUCATION (Begin with baccalaureate training and include postdoctoral)			
ORGANIZATION AND LOCATION (1)	DEGREE (2)	YEAR CONFERRED (3)	DISCIPLINE (4)
SEE ATTACHED CURRICULUM VITAE			
I. PROFESSIONAL EMPLOYMENT (Start with present position) SEE ATTACHED CURRICULUM VITAE			
J. PROFESSIONAL EXPERIENCE (List significant experience relevant to program) SEE ATTACHED CURRICULUM VITAE			

31. RELATIONSHIP TO STATE PROGRAMS

A. Is the agency or institution submitting this application operated, supported, or supervised by an official State agency? YES NO

IF "YES," - 1. WHAT IS THE STATE AGENCY? _____
2. WHAT IS THE APPLICANT'S RELATIONSHIP TO IT? _____
3. IS THE STATE AGENCY AWARE THAT THIS APPLICATION FOR FEDERAL FUNDS IS BEING MADE? YES NO

COMMENTS:

State Rehabilitation Agencies in the Region do purchase a wide range of specialized medical, psycho-social, and vocational services for severely handicapped clients from the applicant organization on a fee-for-service basis.

B. Is there a State agency (other than the one named in A above) whose program is functioning in the same area or in an area related to your proposal? YES NO

IF "YES," - 1. WHAT IS THE STATE AGENCY? _____
2. IS THIS AGENCY AWARE OF THE PROPOSED PROJECT? YES NO

COMMENTS:

This transitional program has been discussed with representatives of the Texas Rehabilitation Commission. A letter expressing their endorsement is attached.

C. What will be the relationship of this project to current or proposed official State or local programs and plans?
State agencies have announced plans to meet the federal mandate for increasing and improving services to severely handicapped clients. The transitional program will serve as a useful complement to currently existing services in independent living, education and training, and vocational evaluation and placement.

D. If applicable, did the appropriate Clearinghouses make any comments concerning this application? YES NO

Not Applicable

If "YES", please attach comments

FOR CONTINUATION AND RENEWAL APPLICATION USE ONLY	PERIOD COVERED BY THIS REPORT	
32. SUMMARY PROGRESS REPORT	FROM	THROUGH
PROGRAM DIRECTOR (<i>Last, First, Initial</i>)		
NAME OF ORGANIZATION		
TITLE OF PROJECT (<i>Repeat title shown in Item 3 on Page 1</i>)		
<p>DESCRIBE ACCOMPLISHMENTS SINCE LAST SUMMARY PROGRESS REPORT. FOLLOWING THE FORMAT OF INITIAL APPLICATION, DETAIL PROGRESS TOWARD ORIGINAL OBJECTIVES.</p> <p style="text-align: center;">NOT APPLICABLE</p>		

Prepared for the Science Information Exchange. Not for publication or publication reference.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL AND REHABILITATION SERVICE

PROJECT NO. (Leave Blank)

33. PROJECT SUMMARY

SUBMITTED TO: SOCIAL AND REHABILITATION SERVICE, WASHINGTON, D.C. 20201

TITLE OF PROJECT

Transitional Living: A Model for the Severely Physically Handicapped

GIVE NAMES AND OFFICIAL TITLES OF THE PROJECT DIRECTOR, AND ALL OTHER PROFESSIONAL PERSONNEL

Jean A. Cole, Ph.D. Project Director
Barbara L. Holden, M.S.W. Program Director
Lex M. Frieden, Ph.D., Candidate Research Director

NAME AND ADDRESS OF APPLICANT AGENCY OR ORGANIZATION

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

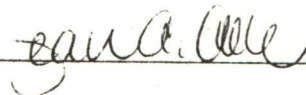
SUMMARY OF PROPOSED WORK — (200 words or less—omit confidential data)

In the Science Information Exchange, summaries of work in progress are exchanged with government and private agencies supporting research in the sciences and are forwarded to investigators who request such information. Your summary is to be used for these purposes.

The proposed project will provide a live-in transitional experience of four to six months' duration designed to foster the integration of severely physically handicapped persons into the community. Goals of community integration may include the establishment of independent living, educational and vocational involvement, and social participation in the mainstream of society. Transitional programming will include on-going assessment and counseling, training modules, structured contacts with active handicapped persons in the community, and a trial living period in a practice apartment. Research will be conducted using a longitudinal design to document changes in the lifestyles of residents. Comparative studies will focus on the lifestyles of similar persons who do not enter a transitional program. Data on the evolution and operation of the program will be gathered, and a model transitional program will be developed for replication.

AGENCY OR ORGANIZATION Texas Institute for
Rehabilitation & Research

SIGNATURE OF PROJECT DIRECTOR



DO NOT USE THIS SPACE

34. PROJECT GRANT COST SHARING PROPOSAL
(RETURN TWO COPIES)

1. NAME OF DHEW GRANTING AGENCY Rehabilitation Services Administration	2. DHEW AGENCY GRANT NUMBER
3. ADDRESS OF APPLICANT ORGANIZATION Texas Institute for Rehabilitation & Research 1333 Moursund Houston, Texas 77025	4. PROJECT PERIOD (a) FROM <u>6-1-75</u> THROUGH <u>5-31-80</u>

5. TITLE OF PROJECT:

Transitional Living: A Model for the Severely Physically Handicapped

6. The Texas Institute for Rehabilitation and Research (Name of Applicant Organization) proposes to share in the cost of this project during the project period specified above (or any subsequent revision of that project period) to the minimum extent of 5.0 percent of the total allowable costs of the project.^(b) It is understood that if the project period consists of more than one budget period, this minimum percentage will apply to the project period as a whole, but not necessarily to each budget period; however, at least some sharing of costs will take place in each budget period.

7. SIGNATURE AND TITLE OF AUTHORIZED GRANTEE OFFICIAL

Nicholas C. Hott, Business Manager

Nicholas C. Hott

DATE

4-15-75

(a) The project period includes the initial budget period and the budget period(s) of any non-competing continuation grant(s).
(b) Total allowable costs of the project includes both costs charged to the Federal grant funds and costs contributed by the grantee organization, and will be determined in accordance with the cost principles designated by the granting agency.

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35. NARRATIVE DESCRIPTION OF PROPOSAL
(SEE INSTRUCTIONS)

SEE PAGES 17-38

TRANSITIONAL LIVING: A MODEL FOR THE
SEVERELY PHYSICALLY HANDICAPPED

17

NARRATIVE DESCRIPTION OF PROPOSAL

A. INTRODUCTION

1. Objective

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

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

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

Justification

The lack of transitional programming is an important gap in services that results in several acute problems to the field of rehabilitation.

Prolongation of Institutionalization:

There continues to be concern over the inappropriate utilization of bed space in the limited number of rehabilitation facilities that exist in the country. For the most part, poor utilization has been forced upon the facility since a good discharge plan that meets the patient's medical, psycho-social, vocational, mobility, and home care needs often cannot be developed when the earliest point of discharge has arrived. On analyzing the amount of time spent in developing workable discharge plans, particularly for persons with limited economic and personal resources, the results would be surprisingly costly. Frequently only the semblance of a good plan can be developed. Additionally, because of limited rehabilitation bed space, inappropriate utilization deprives other patients of the opportunities to receive rehabilitation services at an early and timely date. This dilemma can be solved, but the solution depends upon establishing a transitional experience which creates a less costly bridge between hospitalization and the return to the community environment. Such a bridge would free bed space, strengthen the cost effectiveness of rehabilitation, and offer a more economically planned means of testing adaptive capabilities and coping skills of the severely physically handicapped individual.

Cyclic Re-Admissions:

Experience has shown that persons with severe disability are usually required to assume the responsibilities for medical, social, and economic necessities simultaneously. The complexity of these demands can frequently lead to deterioration of their physical well-being. The severely physically handicapped individual is prone to a variety of medical problems--skin breakdown, urological complications, muscle atrophy, and the physiological results of inactivity. Furthermore, when the severely physically handicapped person is reintegrated into the family, many pressures outside of those required to meet the prescribed medical treatment can become paramount concerns to the family. Therefore, even though medical needs should be given a higher priority by the family they often become secondary. Consequently medical complications develop and re-admission to a hospital is imperative. This sets up a vicious cycle.

It has also been documented that in many family situations, the reintegration of the severely physically handicapped individual into the home must be a carefully planned process with maximum emphasis upon education and communication. Once again, a transitional experience is needed for many persons and their families to establish

the necessary physical care, mobility, and emotional supports. A program of preparation that extends beyond the formal institution is the goal of a transitional experience. This experience would have a significant impact on the problems of medical recidivism.

Physical and Psycho-Social Isolation:

It is clear that a severely physically handicapped person must totally reorient and reestablish his life pattern after disability. Even with maximum personal capabilities, the process is difficult and includes many obstacles. The exceptional person is usually successful in negotiating a new life style, but the more typical person easily becomes isolated and confined to a closed environment by his disability. The potential for productivity and personal happiness, if such persons were given opportunities, remains unexploited. Our system of rehabilitation services should be able to offer persons an environment where they can extend their basic abilities, build upon new learning experiences, and establish reasonable goals that are supported by carefully segmented planning and individual learning. When an individual possesses potentials for self-direction and vocational productivity, appropriate assistance is crucial in order to avoid stifling his capabilities and motivation.

2. Background

Three years of experience in a previous R&D residential project (SRS R&D 13-P-55487/6-01) have provided valuable background information to project personnel on the process of reintegration of severely physically handicapped persons into the community. Forty severely disabled young adults including the 14 present residents have lived in the Cooperative Living project since it opened in January of 1972. This project provided a first independent living experience for all residents, and for many it offered their first opportunity to begin involvement in education, vocational training, or employment. Twenty-three of the twenty-six persons who have moved away from Cooperative Living have gone on to more independent living situations in apartment clusters or in various individual arrangements. Ten persons have secured full-time employment, and many others have worked part-time. Four persons have married, and three have plans to marry.

Almost all of the Cooperative Living residents made important gains in independence during their stay in the project. The program removed many constraints that existed in residents' former living environments, but contained no elements of structured transitional programming. Gains in independence thus occurred largely as a result of residents' own individual efforts over a relatively long period of time. (As of the end of 1974, mean length of stay in the project was 19 months.) The proposed project will build upon

the valuable background experience of the Cooperative Living project, explicitly incorporating into a planned and structured transitional program many of the features fostering independence that operated implicitly in the earlier program. This structured transition will offer a number of advantages: (a) the acquisition of important skills can be made in much less time (an expected mean of months in contrast to 19 months), (b) the new program will be able to serve a number of persons with marginal potential for independence who would have been unable to benefit from the earlier program that demanded greater personal resources, (c) the new program will provide more information and experience than residents of Cooperative Living gained in spite of their longer stay in the project because of important added project resources, (d) the proposed project will permit the development and careful comparative evaluation of alternative transitional learning experiences. In essence, detailed studies can be made of controlled and directed transitional processes that in the Cooperative Living project were left largely to chance. This will have important implications for replicability.

Results of the research on residents of Cooperative Living have been reported in two summary progress reports, and a final grant report is currently in preparation. (This project will end in May of 1975.) In addition to extensive information on residents of Cooperative Living, comparative information has also been gathered on severely physically handicapped young adults living in a dormitory at the University of Houston, in a number of nursing homes, and in three apartment clusters offering shared supportive services. Two of these apartment clusters developed as outgrowths of the Cooperative Living project.

Data on active handicapped persons in Houston is also supplemented by information on residential projects in other parts of the country. As examples of published reports dealing with housing, see Armstrong, 1965; Bartels, 1970; Brattgard, 1972; Fay, 1973; Fenton, 1972; Fishman, 1971; Laurie, 1973; Lillick, 1969; Miller and Gwynne, 1972; Pastalan, 1969; Remmes, 1972; Stock and Cole, 1975. Personnel of the proposed project have had personal contact with representatives of the Center for Independent Living at Berkeley, the Creative Living project in Columbus, Ohio, and the Center for Independent Living in Boston.

Experience in the area of independent housing has provided a valuable awareness of many factors that are important for attaining independence. The experience of personnel from the vocational unit at TIRR has likewise provided valuable insight into the techniques and skills required to support successful educational and vocational involvement (Poor, 1975). A sizeable body of literature exists on factors that contribute to vocational success; see for example Gelfand, 1960; McPhee and Magleby, 1960; Sheltzer, 1959.

Important information on the process of community integration will be gained in a study currently being conducted by the proposed Project

Director and Research Director. This research focuses on critical incidents experienced by catastrophically disabled persons from the time of injury through their reintegration into the community. Examples of such incidents are one's first meal in public or first time to have a bowel or bladder accident away from home. The research is intended to indicate the time frame in which such incidents typically occur and the importance attached to them by respondents. Preliminary interviews based on a checklist of 80 incidents have provided valuable information about the process of adapting to a new social role and about reintegration into the family unit, a network of friends, an employment or educational context, and into the larger society. A copy of the checklist of critical incidents can be found in the appendix. Results of this study will have direct impact on the content of the proposed transitional project.

In addition to its usefulness in providing background information about the process of becoming independent, the three years of experience in the Cooperative Living project will be of further benefit to the proposed transitional program. In the former project a system for providing attendant assistance, meals, and transportation on a shared basis was devised, alternative managerial structures were tested, operating costs were monitored over time, and arrangements for coordinating multi-agency sources of financial support were developed. Comparative information on similar areas is also available from two residential projects in apartment clusters that developed as outgrowths of the Cooperative Living project. Having this background experience will permit project personnel to establish a financially sound residential program with supportive services for the proposed transitional project with a minimum of planning and effort. This will free valuable time and energy for concentration on the main tasks at hand, the development and evaluation of transitional programming.

Because transitional programming is a new area of emphasis in rehabilitation, there is very little background material that directly pertains to the task of devising transitional learning experiences for the physically handicapped. In some respects the proposed project is similar to those halfway houses that provide training to bridge the gap between some form of institutionalization and full integration into the community (Rausch and Rausch, 1968). Some patterns of operation from halfway houses of this type may be relevant to the proposed project such as the program of trial work experiences used by a Houston halfway house for juvenile offenders (Alaya, 1975). It is important to recognize, however, that the proposed transitional project differs in several important respects from halfway houses. It is directed toward the overall development of persons who often have far more comprehensive sets of needs than are found among most halfway house residents. This project will be geared toward active participant responsibility for setting goals and scheduling learning programs, and it will be strongly oriented toward individually-directed growth.

In seeking a model for transitional learning experiences in the proposed project, another pattern seems to be more useful than that of the halfway house. This is the role-learning system used for integrating persons into professional occupational statuses such as those of doctor, architect, or certified public accountant in our society. The role-learning model is based on a transitional sequence beginning with formal learning and passing through a period of internship to full certification of competence. Basic elements of this pattern are (a) formal training, (b) modeling by persons who have already attained the desired status, (c) guided practice in actual work situations, and (d) independent assumption of a role. Discussion of how this pattern of role-learning can be adapted for transitional programming is found in Section C on Methods.

3. Rationale

The proposed project is based on several underlying premises. Perhaps the most basic is that transitional programming must be flexible enough to respect and value the individuality of participants. Persons will have the responsibility of setting their own immediate and long-term goals and of selecting program areas they wish to pursue. Work in some fundamental program areas such as financial management, social skills, and educational and vocational opportunities will be expected of everyone who participates in the program. But beyond this the individual can plan his own transitional program, choosing from a range of optional modules such as family groups, leisure time, homemaking skills, or consumer affairs. It will also be possible for participants to develop their own training modules with staff support.

A related premise is that the transitional program should be geared to prepare persons for a wide diversity of long-term outcomes. In the area of housing, participants may decide to enter a nursing home, a family home, one of the three apartment clusters with shared services available in Houston, or an individual apartment or house. The program should also be geared for a wide range of educational, vocational training, and employment options and a diversity of opportunities for socialization. Houston is a particularly appropriate context for a program that urges participants to consider a diversity of options, for it has a wide range of opportunities to offer.

Another basic premise is that the transitional program should be structured to enable participants to deal with stresses gradually in a manageable sequence. It can provide an atmosphere where mistakes or problems in dealing with new responsibilities are not disastrous failures but rather can become important elements in an adaptive process. This pattern of gradually assuming responsibility can segment stresses so that the individual does not have to succeed at everything simultaneously.

The great potential importance of peer modeling is another premise of the project which is based to a large extent on the observed impact of modeling in the Cooperative Living project. By watching other persons, individuals can learn techniques for performing physical tasks, ways of managing various kinds of social interaction, ways to overcome mobility problems, or means of dealing with crisis situations. Modeling is also important as a source of motivation. The transitional project will utilize this tool in many ways with persons both inside and outside the project serving as models.

An additional premise is that an individual's functional status and consequent need for physical assistance can vary immensely in different environments. The analysis and upgrading of physical capabilities within a particular environmental context will be emphasized as an important skill to be learned in the program. The goal will be to prompt individuals to rearrange and alter their own environments in ways that will permit the greatest possible use of remaining physical capabilities.

A final basic premise is that teaching adaptability should be a fundamental goal of the transitional program. In working toward integration into the community it will be easy for project participants to focus too narrowly on the particular set of residential, educational, and vocational opportunities available in Houston. It is important to recognize that a greater degree of independence is possible when the individual learns to seek out and identify opportunities in any community and to deal with unanticipated problems and set backs that he will encounter in any context.

B. SPECIFIC AIMS

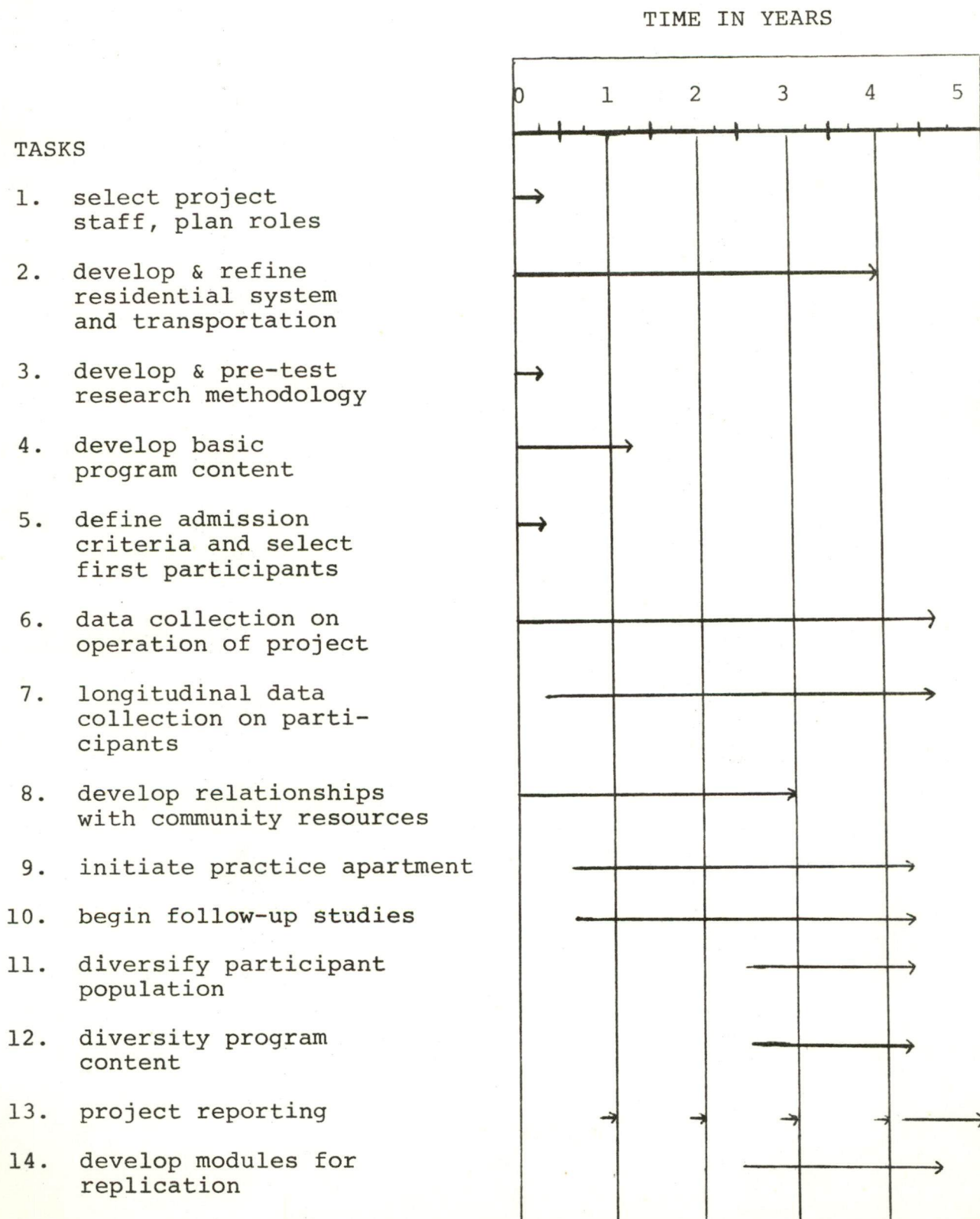
Specific aims of the first grant period are

- (1) to define a unique system of services required to meet the basic needs (physical, psycho-social, vocational, medical) of severely physically handicapped persons engaging in a transitional experience
- (2) to refine criteria for selection of persons entering a transitional program
- (3) to develop basic transitional program content including on-going assessment and consultation and basic training modules

- (5) to develop research design and pre-test research methodology
- (6) to develop a practice apartment that will allow individuals to gain experience in independent living in a protected environment
- (7) to place new emphasis on establishing functional training programs that prepare the individual to upgrade his functional abilities in non-institutional environments

Additional aims to be approached in later grant periods are included in the following Gantt chart.

PROPOSED SCHEDULE OF PROJECT ACTIVITIES



C. METHODS OR PROCEDURES

The proposed live-in project will provide a program of transitional training and experience for 10 to 12 persons at a time with the program to last an estimated 4 months for each participant. Some persons may feel they are prepared to move on in less time, and others may stay as long as 6 months if circumstances warrant. As individuals enter the program they will formulate agreements with project personnel which specify their individual objectives and identify the program as a means of acquiring skills for moving on at the end of the transitional period to a longer-term living situation. This residence may be one of the three apartment clusters with shared supportive services available in Houston, or it may be an individual support arrangement. Setting goals, formulating contracts, and the assessment of progress will be important individual responsibilities throughout a person's stay in the program. Project personnel will serve as consultants in these areas.

Participants:

Participants in the transitional program will include severely physically handicapped persons completing rehabilitation programs at the Texas Institute for Rehabilitation and Research as well as handicapped individuals living in nursing homes or family homes where integration into the mainstream of society has been hindered. All participants must be medically stable and must meet the criteria defining persons as individuals with most severe handicaps (IMSH). The Institute and the Texas Rehabilitation Commission will be important sources of referrals. Initially the participants will be single persons with spinal cord injuries who are between the ages of 16 and 35, though the population will be systematically diversified as the project progresses. There are several advantages in beginning with a homogeneous group of single young adults. The dormitory-style facility where the project will be initiated is most appropriate for such persons. In addition, key project personnel are most familiar with the characteristics of this group and are therefore better prepared to plan a core transitional program to meet their needs. This core programming will later be expanded and diversified to meet the needs of additional types of participants. Finally, beginning program development with clearly focused goals will permit better organization than a fragmented effort to meet the transitional needs of all disabled persons.

Beginning with the second project year, the population can be expanded to include middle-aged individuals who have pre-disability family relationships and previous vocational experience. In time the population will also include other disability groups such as persons with congenital or progressive handicapping conditions.

It is expected that a total of approximately 130 persons will participate in the transitional program during five years of operation. A similar number of other persons will be involved in comparative research.

Transitional Programming:

Elements of the transitional program will include

- (1) a basic residential support system that provides room, meals, attendant service, and transportation to participants
- (2) a series of short-term training modules of one to two weeks' duration in areas such as attendant management, financial management, consumer affairs, social skills, family interaction, functional skills, educational opportunities, vocational opportunities, housing arrangements, homemaking skills, self-care and medical management, and sexual experiences with other areas to be identified and developed during the course of the project
- (3) a program of on-going assessment and consultation with the project social worker, nurse, physical-occupational therapist, and vocational counselor in such areas as adjustment to disability, short-term and long-term goals and plans, physical capabilities, and medical status
- (4) structured contacts with selected severely handicapped persons living and working in the community who will guide individual's participation in various community activities and will serve as models of successful reintegration into society
- (5) field trips and recreational activities in the community to provide a variety of socialization and mobility experiences
- (6) living experience in a practice apartment where the individual can try out his acquired skills and identify areas for future work while back-up security is available
- (7) follow-up consultation after the participant has left the project and moved to a new living situation
- (8) supportive and complementary learning techniques to be used on a trial basis in an effort to continually refine and improve the program

Each of these elements is discussed below.

(1) Residential Support System

Proven techniques for providing basic residential services have been developed and refined in the previous three year R&D residential project. The transitional project will be housed initially in the Maximum Independence Unit (MIU) of the Texas Institute for Rehabilitation and Research, a modern dormitory-style building where the earlier

Cooperative Living project was housed. It is expected that at the end of the first year the program will be moved to an apartment setting. The Houston Housing Authority has provided rent assistance to residents of the Cooperative Living project for three years, and agency personnel have agreed to provide whatever assistance is possible in the transitional project as well. A letter to this effect is included in the appendix.

Basic supportive services will be provided on a shared basis and will include meals, non-professional attendant assistance 24 hours a day, and transportation. Because a reliable system of supportive services and management has already been developed, project personnel will be able to concentrate their efforts more intensively on transitional programming.

(2) Training Modules

A series of short-term training modules will be developed to provide information and experience in areas important for independent living, educational and vocational involvement, and social participation. An important goal in developing the training modules will be to construct them as self-contained units that can be disseminated and used individually or in various combinations for other disability groups in various learning settings. These units might take the form of written text materials, slides, tapes, or videotapes, and an instructor's manual suggesting supplementary activities such as group sessions or field trips that have been tested and proven useful in the transitional program. The evaluation and refinement of training modules will be an important aspect of the research design.

Initial modules will be developed in the following areas.

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	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 transitional program and increased independence
sexual experience	sexuality in the disabled, dating, role expectations

Additional modules will be devised as their need becomes apparent. Individual participants may also request to develop their own modules in areas of particular interest.

Each module will be planned to last one or two weeks. All participants will be expected to take part in the modules on financial management, self-care management, social skills, and educational or vocational opportunities. Other modules are optional and may be selected and scheduled by participants in conjunction with their on-going assessment goals. Each module will include presentation of some didactic material, group discussions, guided field trips into the community, and where possible an independent practice trip in the community to be made by the individual participant alone.

Modules will be developed by core staff members with reliance on community resource persons such as personnel from the University of Houston or the University Without Walls, staff members of the vocational unit at the Texas Institute for Rehabilitation and Research, representatives of state and federal agencies, and disabled persons who live in the community. In some cases, major portions of a module may be provided by outside resources such as the three-day sexuality workshop regularly sponsored by the Institute, the drivers' education program provided by the vocational unit, or educational programs developed by the University Without Walls.

(3) On-Going Assessment and Consultation

Before persons enter the project, they will do an initial assessment with the project social worker to review the individual's prior background and assess his current needs and goals. Aspects of the transitional program will be discussed and mutual expectations will be clarified. The participant will be introduced to the responsibility of maintaining his own on-going assessment record as a means of setting goals, planning activities to meet these goals including training modules and various types of consultation, and assessing his progress in various areas. The formulation of contracts will be an important tool for participants to use in setting goals and directing their efforts.

Consultation with the project social worker, nurse, occupational-physical therapist, and vocational counselor will be regularly available. Participants will be expected to take the initiative in requesting help from consultants in meeting goals they have set. Consulting personnel will also be involved in the development of training modules.

(4) Contacts with Handicapped Persons in the Community

Structured contacts with active and independent severely handicapped persons in the community will be a major aspect of the transitional program. Three years of experience in the Cooperative Living project have demonstrated clearly that peer modeling is an important factor in motivating handicapped individuals to initiate new activities and in teaching them practical know-how for reaching new goals. Particularly capable individuals who have moved into various independent living arrangements, who have initiated schooling, job training, part-time or full-time employment, and who are active in social and consumer affairs will be paid to let participants visit them at home and to serve as guides in taking participants on field trips. This will allow participants to observe the ways in which successful handicapped persons deal with everyday problems of mobility, meeting their physical needs, and managing social interaction in a variety of environments.

(5) Field Trips and Recreational Activities

Field trips will be a part of most training modules, and these will often be guided by handicapped persons who have been asked to serve as models in the transitional program. Specific trip plans will depend on the interests of participants. Visits will be made to agency offices, banks, university campuses, vocational training programs, employment locations, governmental hearings, and a variety of other locations. In addition, the project van will be available to take persons to numerous recreational activities such as ballgames, concerts, movies, shopping, eating out, or trips to the beach. 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.

(6) Individual Practice Activities

Individual rehearsal of new capabilities will be another basic element of the transitional program. This will occur at several levels. It can begin with role-playing situations within the project such as hiring an attendant or negotiating with a support agency. In addition, many training modules will include practice in the community as an important element.

During the course of the transitional program, participants will leave the project residence for a trial living period in another environment or environments. One such setting will be a practice apartment to be maintained by the project (see Section E on Facilities). Each person will live in the apartment for a period of perhaps two weeks. He will be responsible for making arrangements for attendant care,

housekeeping, shopping, transportation, and for meeting his other needs. During this period he will be encouraged to remain independent of project support, but he will have the assurance that advice and assistance are available if needed.

Experience in the practice apartment may also be supplemented by other rehearsed living situations. For example, one handicapped person living in a house with a private attendant has expressed willingness to exchange residences for a day or two with participants in the transitional program. Practice living situations will enable participants to test their skills and identify areas that need additional work. They can also identify potential problems that may occur when they leave the program and explore solutions to these problems while assistance is available if needed.

In many cases, active involvement in educational or vocational activities will also be initiated during the participant's stay in the transitional program. As with housing, this involvement in the community will also have the advantages of a practice or rehearsal since advice and assistance from project personnel will be available if needed. There are many educational and vocational resources available in the community which individuals can utilize. One of these is the University Without Walls which emphasizes individualized educational programs and involvement in vocational internships to supplement academic learning. The University of Houston has a two-year college which is wheelchair accessible located in downtown Houston, and its main campus has an active program offering special assistance to handicapped students. In the area of vocational involvement, the vocational unit of the Texas Institute for Rehabilitation and Research has operational training programs in microfilming, information processing, and various benchwork skills and offers formal vocational evaluation, counseling, and work adjustment training. In addition, it maintains contact with a number of handicapped persons who have been placed in various types of employment in the community. The transitional project has been discussed with representatives of these resource organizations, and they have expressed willingness to cooperate with the project (see appendix).

The transitional project itself will not be responsible for securing long-term educational involvement or vocational placement for its participants. These services are available through other organizations. However, it will be the function of project personnel to develop working relationships with resource organizations, to assist participants in setting educational and vocational goals, and to assist them in learning to interact and negotiate with appropriate agencies.

(7) Follow-Up Consultation

Advice and assistance will be provided by members of the project staff to former participants after they have moved from the project into new living situations. An early follow-up assessment will be made as a part of the research activities of the project, and at that time consultation can be made available if requested. This consultation will assist persons in making the transition from the project itself, which may have become a comfortable and secure environment, into a living situation in the community. An important emphasis in this consultation will be to prompt individuals to deal with problems themselves using techniques and experience they have gained in the transitional program.

(8) Supportive and Complementary Techniques

During the course of the transitional program, various additional learning techniques will be instituted on a trial basis. Their effectiveness will be carefully monitored and those that are useful will be adopted as standard elements of the program. Possible techniques to be used in this manner include a buddy system, a token economy linked to the attendant service system to encourage physical independence, manipulation of the physical environment, and the provision of feedback information from the research to participants as part of their on-going self-assessment. Continuing innovation and evaluation will be important elements of the program.

Research Objectives and Methods:

Four basic types of research will be conducted on the project.

(1) An analysis and description of the program as a whole will be made from a general anthropological perspective. Areas of emphasis will include the evolution of the project, the role it plays in relationship to other facilities and agencies in the community, its operation as a social system, and its functioning as an agent of change. Studies of cost-effectiveness will also be made. Data for these purposes will include staff diaries, interviews (with staff members, participants, and other persons in the community), observation in the project, and various kinds of operating data such as financial records. This information will be useful in facilitating replication of the project and in tracing its development over time.

A log will be kept to chronicle each person's participation in the project. This record will include the goals set by the individual at various times, his project activities, and his evaluations of

learning experiences. This information will be useful in conjunction with longitudinal measures (section 2) to document the effects of the program on individual participants. Its major purpose will be to provide an on-going assessment of the needs and goal priorities of participants, a record of how project activities are utilized, and participant evaluation of the effectiveness of the project in meeting defined needs. This information will be useful to staff members in altering program content to serve a diverse range of participants.

(2) The effects of the transitional program on participants will be documented using a longitudinal research design. Measures of various aspects of a person's lifestyle will be made before participants enter the project, periodically during their stay, and after they move on to other living environments. Information will be gathered in areas such as medical status, functional status, amount of physical assistance used, housing arrangements, ways of providing supportive services, family relationships, sources of income, expenditures and cost of living, mobility range, social network, leisure activities, educational status, vocational status, and resident attitudes. Various methods of data collection will be used including interviews conducted by staff members, checklists to be completed by participants, diaries, and standardized measures of attitudes. During an individual's stay in the project, these measures will be made at short intervals to detect and monitor subtle changes in behavior and attitudes and to track these changes as precisely as possible.

(3) The effectiveness of the self-contained training modules will be measured using tests given to persons before and after their participation in each module. This information will be used in evaluating and refining the modules and in preparing them for dissemination. It will also contribute to an assessment of the effects of the program as a whole.

(4) Various types of comparative studies will be made contrasting the experience of former Institute patients who participate in the transitional program with that of patients who return directly to family homes, nursing homes, or other living arrangements. These studies will not be a part of the continual data collection in the project but will be conducted from time to time as separate investigations in various subject areas. Current comparative studies that may include samples of the population in the transitional project are a study of critical incidents from onset of disability through community integration (see appendix) and a quality-of-life study to measure satisfaction with lifestyle. Other similar studies will be initiated throughout the course of the transitional program. Such comparative research will help to identify and document the effects of the transitional experience.

The major research goal will be to assess the effects of a model of transitional programming. In addition, research data will also be used during the course of the project in the following ways:

- (a) to assist individual participants in making assessments of their own progress
- (b) to assist staff members in identifying the diverse needs and responses of various types of handicapped persons
- (c) to aid the staff in evaluating and improving the transitional program in general
- (d) to assist the staff in refining and packaging training modules for replication
- (e) to document the development and operation of the project to facilitate replication
- (f) to assess the cost-effectiveness of the project

D. SIGNIFICANCE

Many of the functional skills and the psychological and social coping abilities that serve well within a rehabilitation hospital are inadequate resources as severely physically handicapped persons leave this specialized protected environment and return to the larger society. Some persons manage to bridge this gap successfully between the institutional environment and the community, but these are usually persons with exceptional capabilities and resources. Current rehabilitation programs are lacking in methods and in defined approaches that will assist persons in making this transition. This gap in services has far-reaching consequences for the entire field of rehabilitation. For most handicapped persons, the demands of independent living and of educational or vocational productivity are more than can be managed simultaneously. Consequently many potentially productive persons never have a chance to become independent and they either retreat or are pushed into isolated environments. Of those who do try to achieve an active and productive lifestyle, many are unable to meet the demands that it requires.

The proposed project will develop and evaluate transitional programming designed to bridge this serious gap in rehabilitation services. Community integration can become a feasible goal for many persons if they are taught and allowed to practice the skills needed in the real world and if they are allowed to deal with stresses and assume responsibilities in a segmented sequence. This project serves as a prototype for a new rehabilitation method.

E. FACILITIES AVAILABLE

The proposed transitional project will be initiated in the Maximum Independence Unit of the Texas Institute for Rehabilitation and Research, a modern dormitory-style building located four miles from the medical center near downtown Houston. (A section of this building was used to house the previous Cooperative Living residential project.) Fourteen dormitory-style rooms on a common hallway will be used in this project. Each room has an accessible lavatory with hardware designed for persons with limited use of their hands. Bathrooms with commodes are shared between pairs of rooms, and a large roll-in shower room will be used by all residents. A buzzer and system of call lights are linked to a staff room for attendants. A dining room, recreation area, and atrium will be available to project participants, and laundry facilities and meals are provided in the building. Professional staff members will be provided office space.

As the first set of participants approaches completion of the transitional program, an apartment in the vicinity of the medical center will be rented by the project. Minor physical modifications will be made (widened doorways and ramped changes in level), but the physical facilities will be left largely as an individual would find them in the community. This apartment will be used as a setting where participants can rehearse an independent living situation while the back-up security of the project is still available.

A GMC step-van that was purchased by the Cooperative Living project will be used in the transitional program for taking participants on field trips and to a variety of activities in the community.

F. CHARACTERISTICS OF APPLICANT AND AFFILIATES

The Texas Institute for Rehabilitation and Research is a private, non-profit rehabilitation hospital. It serves as the Department of Rehabilitation of Baylor College of Medicine and is a federally funded Research and Training Center (RT-4). The Institute is host to a model Regional Spinal Cord Injury Center and serves persons with a variety of other physical handicaps as well.

The host Institute will provide support for the transitional project in a number of ways. These include various administrative services and the provision of meal service, housekeeping, and maintenance in the MIU building where the project will be housed. Various specialized services of the Institute will be used by project participants including clinics, the vocational unit, and the Sexual Attitude Re-assessment Workshops. Part-time professional staff members can be shared with other Institute programs. The hospital will serve as an important source of program referrals and as a source of other patients who will be asked to participate in comparative research.

Cooperative arrangements with resource organizations in the community will be important in the project. In this regard, Houston is a particularly suitable location for a transitional project because of the range of resources and opportunities available to persons who leave the transitional experience. There are three adaptive housing programs in the community that offer shared supportive services in apartment clusters. Various vocational training programs are available including those sponsored by the Institute in microfilming, benchwork, and information processing. Educational opportunities are accessible at the main and downtown campuses of the University of Houston. A cooperative educational arrangement has also been discussed with the University Without Walls, a member of the Union of Experimental Colleges and Universities. This organization has initiated efforts in the area of education for the physically handicapped. A letter is attached that expresses the interest of this organization in cooperating with the transitional project. Cooperative arrangements can also be developed with various schools in the community whereby students of social work, physical therapy, or nursing can gain useful experience by working in the project.

Governmental agencies at the local and state levels have expressed interest in working with the transitional program to provide federally mandated services to the severely handicapped. These include the Houston Housing Authority which has supported the Cooperative Living project with a rent assistance program. The proposed project has been discussed with representatives of the Texas Rehabilitation Commission, and this agency has expressed willingness to refer clients on a statewide basis and to provide financial sponsorship for eligible persons who can benefit from participation in the program. Letters from both of these agencies are attached in the appendix.

G. SUPPORT DATA AND OTHER INFORMATION

References, letters of endorsement, and information on a study of critical incidents can be found in the appendix.

H. DISSEMINATION OF RESULTS

The proposed project is intended to develop a model transitional living program so that replicability will be a continuing concern. The evolution of the project will be documented with this goal in mind. Specific training modules will be devised as self-contained units using various audio-visual methods and other techniques that can easily be used in a variety of learning contexts.

Information on the program will be disseminated through regular DHEW channels and will be a part of the numerous training activities conducted by RT-4. The Texas Rehabilitation Commission will serve as an important source of dissemination at the state level as it has in the earlier Cooperative Living project. Papers and presentations including a possible exhibit similar to the Cooperative Living exhibit (Cole and Stock, 1974) will also be used to disseminate information on the importance of transitional programming and on the project experience.

APPENDIX

References

Letters of Endorsement

Biographical Information

Data Collection Instrument
Study of Critical Incidents

REFERENCES

Alaya, Carlos

- 1975 Personal communication regarding Achievement Place Halfway House, Houston, Texas.

Armstrong, Keith

- 1965 Residential Care for Physically Incapacitated Young Adults. Toronto: Social Planning Council of Metropolitan Toronto.

Bartels, Elmer C.

- 1970 Housing Needs of the Handicapped. Bedford, Massachusetts: Massachusetts Association of Paraplegics, Inc.

Brattgard, S. O.

- 1972 "Housing and Community Planning for Disabled". Scandinavian Journal of Rehabilitation Medicine 4: 133-136.

Cole, Jean A. and David D. Stock

- 1974 Cooperative Living: A Residential Program for Severely Physically Disabled Young Adults. An exhibit prepared for American Congress of Rehabilitation Medicine.

Fay, Frederick

- 1973 "Housing Alternative for Individuals With Spinal Cord Injury". Unpublished Manuscript.

Fenton, Joseph

- 1972 Residential Needs of Severely Physically Handicapped Non-Retarded Children and Young Adults in New York State. Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.

Fishman, Paul

- 1972 Adaptive Housing for the Handicapped. Boston, Massachusetts: Tufts-New England Medical Center.

Gelfand, D. et al

- 1960 Factors Relating to Unsuccessful Vocational Adjustment of Cardiac Patients. Journal of Occupational Medicine 2: 62-70.

Laurie, Gini

- 1973 "Housing and Home Services for the Disabled in the U.S." Rehabilitation Gazette 16: 38-45.

Lillick, Lois C.

- 1969 Handicapped Persons Pilot Project: Residential Care Needs. Berkeley, California: Bureau of Chronic Diseases, California State Department of Health.

McPhee, W. M. and Magleby, F. L.

- 1960 Success & Failure in Vocational Rehabilitation Personnel & Guidance Journal 38: 497-499.

Miller, E. J. and G. V. Gwynne

- 1972 A Life Apart: A Pilot Study of Residential Institutions for the Physically Handicapped and the Chronic Sick. Philadelphia: J. B. Lippincott.

Pastalan, Leon A.

- 1969 Vistula Manor Demonstration Housing for the Physically Disabled. Toledo, Ohio: Toledo Metropolitan Housing Authority.

Poor, Charles R.

- 1975 Vocational Rehabilitation of Persons with Spinal Cord Injuries: An Objective Overview. Rehabilitation Counseling Bulletin, June 75.

Rausch, Harold L. and Charlotte L. Rausch

- 1968 The Halfway House Movement: A Search for Sanity. New York: Appleton Century Crofts.

Remmes, Harold S.

1972 "Accessible Housing for Boston's Disabled".
Rehabilitation Record 13: 24-26.

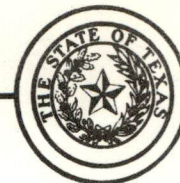
Scheltzer, Vera M. et al

1959 Minnesota Studies in Vocational Rehabilitation
VII: Factors Related to Employment Success.
Minneapolis: University Minnesota, Industrial
Relations Center.

Stock, David D. & Cole, Jean A.

1975 Adaptive Housing for the Severely Physically
Handicapped, Rehabilitation Counseling Bulletin,
June 1975.

Texas Rehabilitation Commission



COMMISSIONER FOR REHABILITATION Jess M. Irwin, Jr.

Central Office
1600 West 38th Street
Austin, Texas

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April 16, 1975

Jean A. Cole, Ph.D.
Project Director
Texas Institute for Rehabilitation
and Research
1333 Moursund Avenue
Houston, Texas 77025

Dear Dr. Cole:

I have reviewed your preliminary draft concerning the establishment of a transitional residential program for the severely physically disabled in Houston. As you are aware, the Texas Rehabilitation Commission has supported the concepts embodied in this program for quite some time, and have been substantially involved in the "Cooperative Self-Support Program" operated by the Institute. As a result, based upon the information in your preliminary draft, the Texas Rehabilitation Commission will be happy to provide whatever support we can, within the limitations of policy, finances, etc., toward the establishment of such a program. Our specific involvement in sponsoring clients, etc., will, of course, depend upon the program's meeting our facility standards in terms of the services offered.

I wish you well in your efforts to improve services for the severely mobility impaired.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Ted M. Thayer".

Ted M. Thayer
Program Specialist

TMT:bb

cc: Doyle Wheeler
John Fenoglio
Ray Vaughn
Larry Nelson

HOUSING AUTHORITY OF THE CITY OF HOUSTON

ALLEN PARKWAY AT VALENTINE • POST OFFICE BOX 2971

HOUSTON 1, TEXAS

April 16, 1975

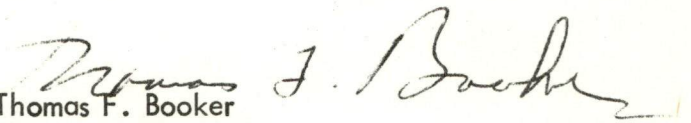
Dr. Jean Cole, Project Director
Transitional Living for Severely Handicapped
Texas Institute for Rehabilitation and Research
1333 Moursund
Houston, Texas 77025

Dear Dr. Cole:

The Housing Authority of the City of Houston supports the idea of transitional living facilities for severely handicapped, as does the Housing and Community Development Act of 1974.

Our organization will want to participate in every way possible under the law, and as permitted by resources made available to us.

Sincerely,


Thomas F. Booker
Executive Director

et

cc: Mr. Schurman



UNIVERSITY WITHOUT WALLS

3602 Navigation
Houston, Texas 77003
(713) 222-8364

April 17, 1975

To Whom It May Concern:

This letter is written to endorse the TIRR Transitional Living Project. It has been a great opportunity to work with a group of handicapped students and observe their growing process as they make the transition from a convalescent living environment to an alternative living environment. The growth and change these individuals are undergoing is amazingly incredible and more evident daily. Having this opportunity I can fully endorse a transitional living program that would afford a disabled individual the time to organize his/her life and facilitate his/her re-entry into mainstream society.

The University Without Walls is an alternative form of higher education which offers a B.A. through the Union for Experimenting Colleges & Universities in Yellow Springs, Ohio.

U.W.W. could complement a transitional living project by providing individuals with an opportunity to pursue an independent study, self-paced, individually designed undergraduate learning program. This program can be carried out wherever the student is, by bringing the faculty to the student.

The U.W.W. program would consist of the following four basic components:

1. An assessment period utilized for individually designing programs.
2. Support seminars in Basic Skills, Personal Development and Problems of the Physically Handicapped.
3. Use of audio visual materials utilized in the learning situation.
4. Involvement in the community or learning and working in the "real world".

A Transitional Living Project has great merit for physically disabled individuals. U.W.W.'s participation in such a program is a valuable opportunity. I hope that you will give this proposal your fullest consideration.

Sincerely,

Theodore Grossman

Dr. Theodore Grossman,
Director

TG:kj

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(George Bush Library)

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Subseries:
WHORM Cat.:
File Location: Transitional Living Grant [1975]

Date Closed: 8/17/2016	OA/ID Number: 52088-008
FOIA/SYS Case #: 2016-2624-S	Appeal Case #:
Re-review Case #:	Appeal Disposition:
P-2/P-5 Review Case #:	Disposition Date:
AR Case #:	MR Case #:
AR Disposition:	MR Disposition:
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CURRICULUM VITA AND BIBLIOGRAPHIC OUTLINE

BAYLOR COLLEGE OF MEDICINE

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Jean Amspoker Cole

Texas Institute for Rehabilitation
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EDUCATION

Secondary

Emmetsburg High School
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Undergraduate

Rice University, Houston, Texas
B.A. in History, magna cum laude, 5-67

Graduate

Rice University, Houston, Texas
Ph.D. in Behavioral Science (anthro-
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PROFESSIONAL EXPERIENCE AND BACKGROUND

Counselor, Sheridan Army Education Center, 9-68 to 6-70

Anthropological fieldwork on social relationships and patterns
of interaction in Augsburg, Germany, 9-71 to 6-72

Research Director, Residential Project, Texas Institute for
Rehabilitation and Research, 9-73 to present

Lecturer in anthropology, University of Houston, 1-75 to present

LOCAL CONSULTANT POSITIONS

Board of Directors, Creative Handicaps, Inc., 11-73 to 1-75

Advisory Board, University Without Walls, 1-75 to present

PROFESSIONAL ORGANIZATIONS

American Anthropological Association

Society for Medical Anthropology

American Congress of Rehabilitation Medicine

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School of Social Work
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Continuing Education Program
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University of Southern California
1973

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NASW-ACSW

Society for Clinical Social Work

Licensed Clinical Social Worker, State of California

Field Instructor - Family Service Association of Orange
County, Tustin, California 8/73 until 5/74

Senior Medical Social Worker - Rancho Los Amigos Hospital
Los Angeles County Department of Hospitals, Downey, Calif.
7/70 until 5/74

Social Worker - War on Poverty, Head Start Program - Board
of Education, Memphis, Tennessee 6/71 until 9/71

Social Worker - Tennessee Department of Mental Health
Western State Psychiatric Hospital, Western State Hospital,
Tennessee 9/65 until 8/68

Curriculum Vita: Barbara L. Holden

UNPUBLISHED PAPERS

The Identity Crisis of the Spinal Cord Injured Adolescent, Journal of Rehabilitation

A Conjoint Approach to Social and Vocational Planning for a Quadriplegic Person, Journal of Rehabilitation

Federal Grant Final Report, Social Work Chapter, 1972.
Rancho Los Amigos Hospital, Downey, California

Social Work with Spinal Injury Patients and Their Families, on file - U.S.C. School of Social Work Library and Rancho Los Amigos Hospital Social Work Library.

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Tulsa, Oklahoma Spring, 1972

University of Houston
Houston, Texas Fall, 1972
Dissertation & Thesis in
progress: A Longitudinal
Study of Personal Independence
in the Daily Living Activities
of Quadriplegics

PROFESSIONAL EXPERIENCE AND BACKGROUND

Research Assistant, Baylor College of Medicine
Summer of 1973 & 1974

Research Assistant, Interaction, Fall 1974

Instructor, University of Houston, Spring 1974

Resident Manager, Texas Institute for Rehabilitation
and Research Annex, Summer 1974

PUBLICATIONS

A Tale of Two Lives, Rehabilitation Literature,
January, 1973

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

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

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

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

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

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

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