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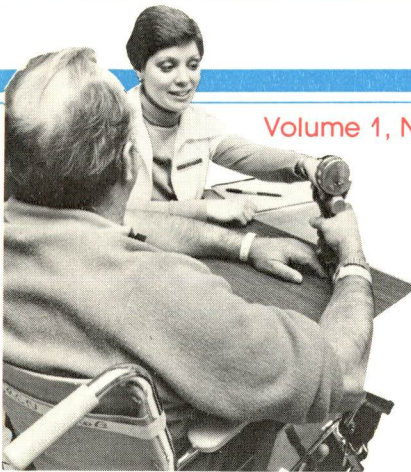
John Hylie

# Innovations

## Innovations In Rehabilitation

Volume 1, Number 2 March 1979

Arkansas Rehabilitation Research and Training Center



### Pain Rehabilitation Program

*Agency:*  
State of Illinois Division of Vocational Rehabilitation

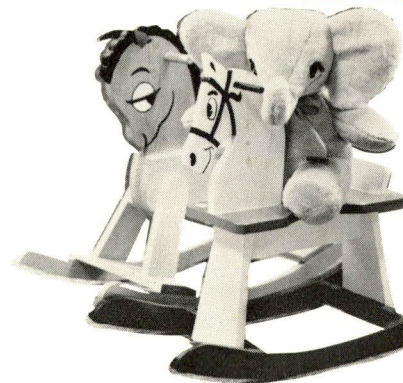
*Purpose:*  
To establish and operate a multidisciplinary evaluation and treatment program for persons who suffer from chronic pain which has not responded adequately to normal treatment. . . . [Page 3](#)



### Prevocational Training for Institutionalized Handicapped Persons

*Agency:*  
Missouri Department of Elementary and Secondary Education, Division of Vocational Rehabilitation

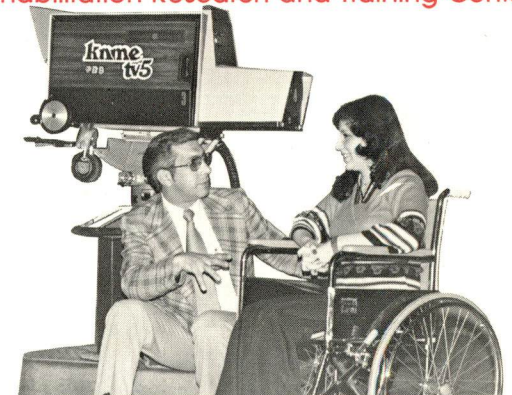
*Purpose:*  
To assist in program expansion by providing an intensive life skills training program for previously institutionalized handicapped persons. . . . [Page 7](#)



### Village Craftsman, Inc.

*Agency:*  
Wisconsin Department of Health and Social Services, Division of Vocational Rehabilitation

*Purpose:*  
To develop a self-supporting retail outlet designed to market craft items produced by handicapped persons. . . . [Page 11](#)



### Public Awareness

*Agency:*  
New Mexico Department of Education, Division of Vocational Rehabilitation

*Purpose:*  
To provide information via the television medium to increase the public's awareness of the problems, needs and employment potential of the handicapped and to explain the services available through the State Rehabilitation Agency. . . . [Page 17](#)

# Volume One, Number Two Profile

Welcome to the second issue of *Innovations in Rehabilitation*. For those of you who missed the first edition, *Innovations* presents articles which focus on the creative or unique features of projects funded through the Rehabilitation Services Administration's Innovation and Expansion (I&E) Grant Program. Our goal is to present new approaches used in the field of rehabilitation with the hope that these methods will be employed by rehabilitation practitioners. We urge persons wishing to obtain more detailed information about these projects to contact the sponsoring agencies.

Vol. 1, No. 2 highlights four varied projects which have

developed significant innovations in their service delivery methods:

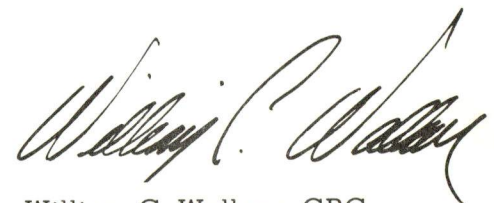
The Pain Rehabilitation Program at Marianjoy Rehabilitation Hospital in Wheaton, Illinois recently completed operation as an I&E Project and now supports itself as an organizational unit of the hospital. This evaluation and treatment clinic has shown notable success in the treatment of chronic, intractable pain through a team approach and in the development of an innovative system of measuring the progress of each patient.

The Life Skills Foundation for the Retarded in St. Louis, Missouri has developed an effective expansion project to serve previously institutionalized retarded persons. This program's success has been attributed to its behavior modification system and flexible approach in answering the needs of its clients.

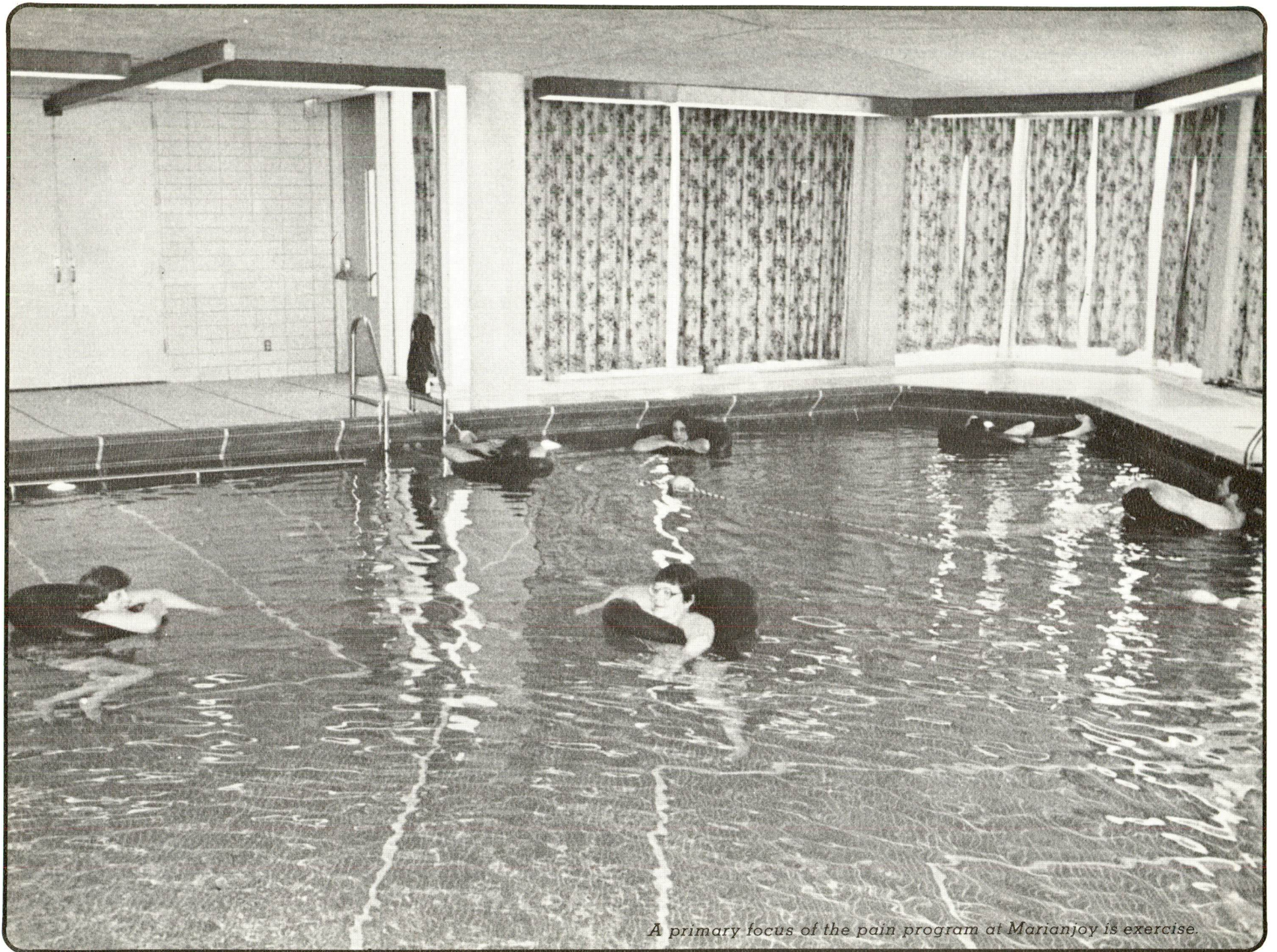
The Village Craftsman Project in Janesville, Wisconsin is presented because it has developed an innovative retail marketing outlet for handcrafted products produced by homebound handicapped persons. Through the use of sound and efficient management practices, this project has shown that an outlet of this type can be successful. Its operation may answer your questions regarding the feasibility of such a venture.

New Mexico's Public Awareness I&E Project has resulted in the only prime-time weekly television series of its type in the nation whose sole intent is to address the concerns of handicapped citizens. "Crossroads and Courage" has proven to be an effective yet inexpensive method of information outreach.

I take this opportunity to thank the agencies and project staff members for their assistance in the formulation of these articles and welcome your comments. ❧



William C. Wallace, CRC  
Program Supervisor  
Innovative Programs  
in Rehabilitation



*A primary focus of the pain program at Marianjoy is exercise.*

# The. Marianjoy Chronic Pain Rehabilitation Program

*Project:*  
**Pain Rehabilitation  
Program**

*Agency:*  
State of Illinois Division of  
Vocational Rehabilitation

*Purpose:*  
To establish and operate a  
multidisciplinary evaluation and  
treatment program for persons  
who suffer from chronic pain  
which has not responded  
adequately to normal treatment.

*Location:*  
Marianjoy Rehabilitation Hospital  
Wheaton, Illinois

*"Chronic pain is more than a  
symptom; it is a major disability  
which interferes with all areas  
of life."*

*Roger N. Pesch, M.D.  
Medical Director  
Marianjoy Rehabilitation Hospital*

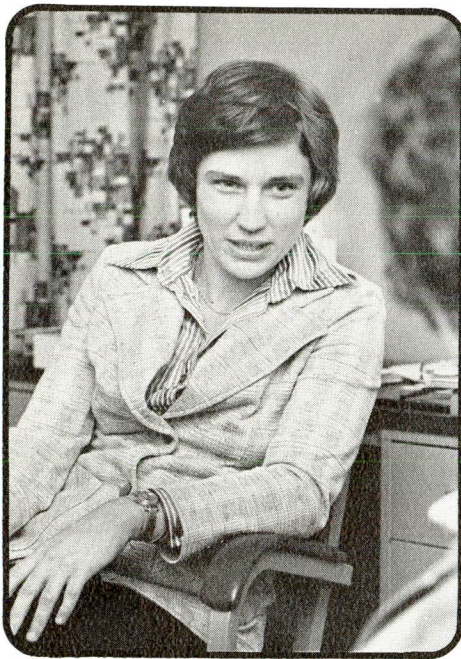
*Contact:*  
James S. Jeffers  
Director  
Illinois Board of Vocational  
Rehabilitation  
Division of Vocational  
Rehabilitation  
General Administration  
623 East Adams Street  
Springfield, Illinois 62706  
(217) 782-2093  
  
Roger N. Pesch, M.D.  
Medical Director  
Marianjoy Rehabilitation Hospital  
P.O. Box 795  
Wheaton, Illinois 60187  
(312) 653-7600

In July 1975, Marianjoy Rehabilitation Hospital incorporated into their organization a specialized evaluation and treatment program for persons suffering from chronic, intractable pain who had not responded to normal treatment methods. Knowing that the experience of pain is influenced by physical, emotional, environmental and numerous other factors and circumstances, the program staff employs a "whole person" concept in the treatment process which utilizes a variety of methods and procedures to help these persons overcome pain. Funded in part by a three-year Innovation and Expansion (I&E) Grant from the Illinois Division of Vocational Rehabilitation, the program has had notable success in the treatment of chronic pain syndromes.

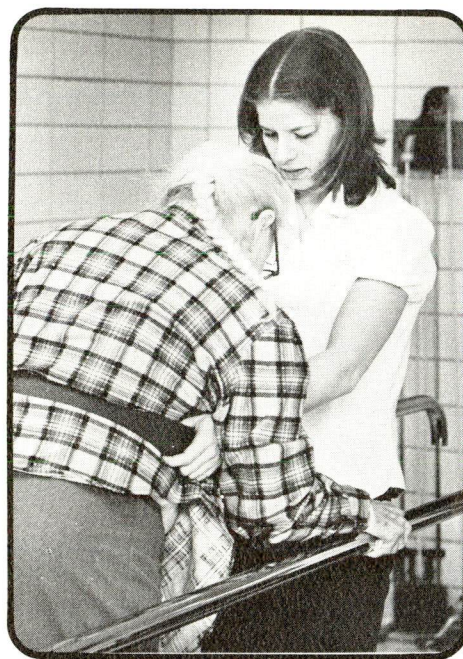
## **Program Description**

Marianjoy's pain program is housed in a special ten-bed unit which has eating, lounge and recreational areas. During the three year period of operation as an I&E project, this program has served 275 persons. Of these, 65% suffered from low-back pain syndromes, and the remaining 35% suffered from a wide variety of disabilities. The average age of this population was 42. The program is now a self-supporting unit of the hospital, with patients being sponsored by insurance companies and various public and private agencies.

The Marianjoy pain program



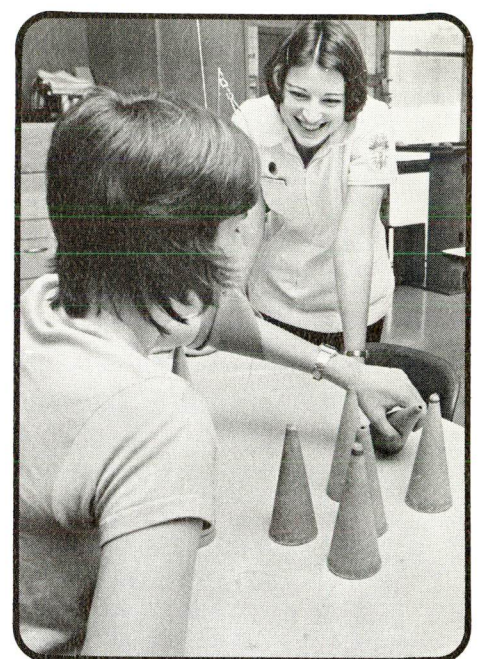
*Individual counseling at the pain clinic is designed to help the patient deal with a variety of problems.*



*Physical Therapy plays a major role in many individual treatment programs.*



*The Occupational Therapy Department employs selected activities designed to help patients better adjust and manage their pain syndromes.*



operates through a multi-disciplinary team approach with members consisting of physicians and supportive staff from a wide range of specialties. Physicians provide expertise in physical medicine, internal medicine, neurology, radiology, psychiatry, orthopedics, anesthesia and surgery. Supportive team members include clinical psychologists, chaplains, pharmacologists, social workers, nurses, physical and occupational therapists, vocational counselors and a placement specialist. The individual patient completes the treatment team. Team members function utilizing a four-phase system design.

### **Program Format**

**Referral** - Referrals are accepted only from medical professionals and public or private agencies for persons who suffer chronic, poorly controlled pain. As a prerequisite for admission, the patient and/or referral source are asked to supply a complete medical history, which is required not only to determine if the referred person is an appropriate candidate for the program but to insure that duplication of past tests and procedures are kept to a minimum.

At least two weeks prior to admission, all program applicants are provided a tour of the hospital and the opportunity

to meet the staff and to become acquainted with the facility. At this time orientation to the evaluation phase of the program is presented and the basic psychological testing is done. The clients also complete the Pain Assessment Questionnaire consisting of pain, medical and social history, pain measurements, and baseline activity data.

**Evaluation** - This phase of the program begins with admission to the hospital. Some evaluations have been done on an out-patient basis though it is not generally recommended. An extensive physical examination is completed by an internist, and the client is assigned a

physiatrist as attending physician.

During the seven to ten day evaluation, studies are completed by the various medical disciplines, social service, the physical and occupational therapy services, psychology and nursing, and thus a baseline assessment of the condition of the patient is made.

Upon completion of this phase, clinic staff, along with the patient and family, meet to review findings and make recommendations. Following this conference, the managing physician forwards an evaluation report to the referring physician and/or agency which

outlines recommendations concerning further treatment.

**Treatment** - Using the data collected during the diagnostic phase of the program, a specific, detailed treatment plan is constructed for each patient continuing in the Pain Rehabilitation Program. Modalities used alone or in combination during this two to four week treatment phase may include physical therapy, occupational therapy, biofeedback, hypnosis, diet alteration, osteopuncture, behavior modification and others. The primary focus of the treatment plan, whether on an inpatient or outpatient basis, is on exercises and patient education. No single treatment mode has been found to be most effective, and various combinations of modalities are generally tried empirically. In some cases it appears that the multidimensional approach itself in some way serves to break the pain cycle.

Family involvement with the patient during this treatment period is described as critical by Dr. Joseph Rook, the team's behavioral psychologist: "We don't want them to undo after discharge what we have accomplished here." Family members are invited to attend staff conferences and encouraged to participate for a day in the patient's treatment program at the hospital.

**Follow-up Phase** - The final phase of the program has a two-fold purpose and is based on the belief of the staff that the patient's program does not end

when the patient is discharged. First, this phase allows the staff to determine the individual's progress and make recommendations to promote better adjustment to home and vocational situations. Secondly, follow-up is designed to assess the overall effectiveness of the methods used by the clinic. Contacts usually include immediate follow-up for six weeks upon discharge and later visits at one, three and six months post-discharge, and as needed.

### **Innovative Patient Progress Measurement**

At the beginning of the treatment phase, an outline of eight "Levels of Independence," which addresses specific aspects of independent function, is designed for each patient. Levels range from near total dependence to complete independence:

1. **Dependency** - Dependent in ADL; mobility limited to home or hospital.
2. **Partial care** - Participates in self care and other A.D.L.; may use assistive devices for mobility.
3. **Full self care** - Independent in self care; may have assistance with homemaking and other A.D.L.; basically home-bound.
4. **Mobility outside home** - Does activities outside the home on a regular basis; some driving independence.
5. **Unpaid family worker** - Independent in A.D.L. including homemaking; adequate mobility outside the home.



*Upon completion of the patient's Evaluation Phase of the program, the clinic staff, along with the patient and family, meet to review finds and make recommendations.*

6. **Sheltered employment** - Attends a workshop-type situation on a regular basis or is a student.
7. **Part time competitive employment** - Less than 40 hours work week.
8. **Full time employment** - 40 hours or more work week; includes homemaker if this role involves complete home and family care and activities outside the home.

Patients are asked to monitor and chart such activities as rest periods, therapy and exercise each day during the treatment and follow-up phases. Dr. Pesch explains the value of these recordings: "When the patient writes down and sees in black and white that he can function, the person realizes he isn't as bad off as he may have thought." This system has encouraged individual progress by keeping the steps toward rehabilitation

simple and within reach, while at the same time seemingly reducing the patient's feelings of futility. In the first two years of the project, 67.3% of the participants in the program advanced by at least one step on the Levels of Independence scale.

### **Conclusion**

The Marianjoy Chronic Pain Rehabilitation Program was developed through the integration of the hospital's interdisciplinary approach to rehabilitation with the specialized treatment of intractable pain. The results of the four phase program demonstrate that effective rehabilitation of the person with chronic pain is possible through a complete assessment of the syndrome the patient experiences and the "whole person" approach to treatment. ❧



The young child  
 is learning  
 to count.

# Accelerated Services for the Previously Institutionalized Handicapped

*Project:*

**Prevocational Training  
for Institutionalized  
Handicapped Persons**

*Agency:*

Missouri Department of Elementary and Secondary Education  
Division of Vocational Rehabilitation

*Purpose:*

To assist in program expansion by providing an intensive life skills training program for previously institutionalized handicapped persons.

*Location:*

Life Skills Center  
St. Louis, Missouri

*Contact:*

William H. Keith  
State Director  
Division of Vocational Rehabilitation  
Missouri Department of Elementary and Secondary Education  
3523 North Ten Mile Drive  
Jefferson City, Missouri 65101  
(314) 751-3251

William V. Welsh  
Executive Director  
Life Skills Foundation for the Retarded  
Life Skills Center  
609 North and South Boulevard  
University City, Missouri 63130  
(314) 863-3913

In 1975, the Life Skills Foundation for the Retarded made a study of the institutionalized handicapped persons that they had served and found a success rate far below that of their regular target population (retarded persons living in the community). Believing that these persons could be successfully rehabilitated and knowing a large population of these persons were awaiting service, the Foundation chose to intensify and expand the Life Skills Training Program offered at the Life Skills Center in St. Louis, Missouri. The target population served by this

expansion included mentally retarded, emotionally disturbed, mentally ill and multiply handicapped people who were or had previously been placed in institutional settings.

Based on this study, an Innovation and Expansion Grant Proposal for this expansion was presented to the Missouri Division of Vocational Rehabilitation by the Life Skills Foundation and funds were subsequently made available to it for this purpose. The project began operation in December 1975 with clientele referred from the St. Louis State School, St. Louis State Hospital and other local institutions, as well as the

vocational rehabilitation area offices.

## The Life Skills Training Program

The Life Skills Training Program is a prevocational training system aimed at developing basic competencies of mentally retarded persons. There are five separate phases in the program:

**Intake Interview** - In the initial interview with each client, focus is made on evaluation of specific skills in order to place the client into one of four homogeneous training groups. Areas of initial assessment include verbal interaction skills, use of public transportation and social skills.

**Evaluation** - This four-week period is designed to measure the client's performance by testing and observation. Upon completion, the staff is able to state precisely the behaviors the client needs to acquire along with criteria for measuring improvement. Accomplishment of these goals are then set within time frames.

**Training** - The core of the Life Skills Program is training. A wide variety of instruction is offered in basic areas including production line training (simulated and subcontract work tasks), "bus training" (use of public transportation), basic money handling, use of the telephone, and name writing and recognition. Other specialized training programs such as telling time, alphabetizing, personal check writing, sign recognition and



*In the Job Readiness Phase of the Life Skills Program clients spend the entire work day in the Center's sheltered workshop.*

use of laundromats are also available.

Each client's curriculum is highly personalized and each program is based on behavior modification techniques. Clients are awarded points contingent upon adequate performance in certain areas, and these points, which are recorded on a pay slip carried by the client, are later exchanged for a variety of commodities and privileges including breaks, snacks, use of juke box, and so forth. Special items, which include radios and watches that the students select while in training, are also offered in exchange for points. Toward the end of a client's training, reinforcers which appear more frequently in the "real world"

such as money and recognition are often used in lieu of points.

**Placement and Follow-up** - Once a client has completed the program, he/she is placed in a sheltered or competitive work setting depending upon performance. The placement follow-up phase includes a broad range of services which may include interview training, on-the-job training, and bus training to and from the client's employment location.

The staff, expanded to serve this group of institutionally handicapped clients, includes three additional Life Skills instructors (twelve in all), one part-time supervisor and one part-time typist. Each instructor is assigned a case load of three

to six clients and is held accountable for the progress of clients in his/her group, as well as for all reports on these students. Placement services are provided with no increase to the placement staff.

## Innovative Approaches Used by the Life Skills Program

Each professional staff member not only supervises instruction but supervises the subcontract work in the sheltered workshop operated at the Center. Of the six-hour training day, every staff person works a two-hour shift in the workshop leaving four hours to organize the day so that each client has at least two hours of

tutoring per day. Clients follow this schedule until they reach the employment readiness phase of training (the last phase) at which time they spend the entire work day in the workshop. Scheduling in this manner not only develops a more versatile staff but allows the complete staff an opportunity to evaluate a client's performance with a diversity of tasks in several different settings.

Another effective method used by the Life Skills Program involves the coordination of a unique follow-up system. As part of this effort, the Center Placement Staff works with the agency or business to assist in setting up special reinforcement programming on the job in areas where the client may experience problems. This type of follow-up and structuring is essential, especially in the case of clients who engage in inappropriate or disruptive behavior while at the Center.

## Conclusion

With the advent of this expansion project in 1975, the Life Skills Center has offered the multi-disabled handicapped an alternative to institutionalization. Through the use of several innovative methods, many formerly unserved persons now enjoy a more meaningful and productive life. Carol Harris, the director, vividly states, "This I&E grant has made possible tremendous changes in our effectiveness by assisting us with this intensification and expansion of our program."



## The Life Skills Center

The Life Skills Foundation for the Retarded (formerly the Jewish Foundation for Retarded Children) began operation in 1964 as a nonprofit service foundation for the retarded citizens of the St. Louis, Missouri area. It is supported by fees, grants, membership dues, and other sources and serves an average of 750 retarded persons per year. Services are offered to clients in three major areas:

1. **Residential Programs** - Provides community-based group homes where clients can be placed in their own apartments and receive assistance and support as required.
2. **Training Programs** - Several programs including The Life Skills Program and a sheltered workshop are provided through the Center.
3. **Social Program** - Emphasizes the social aspects of living by teaching and reinforcing appropriate social behavior in

a wide variety of real settings and situations.

The Life Skills Center was established in 1969 by the Foundation to provide skills training in independent community functioning for young retarded adults (age 16-40) who had completed special education curricula in the public schools. For these students, the mastery of "Life Skills" is a vital step from a school setting towards independent community living.

The stated purpose of the Life Skills Center is to provide a variety of work environments for training the mentally retarded.

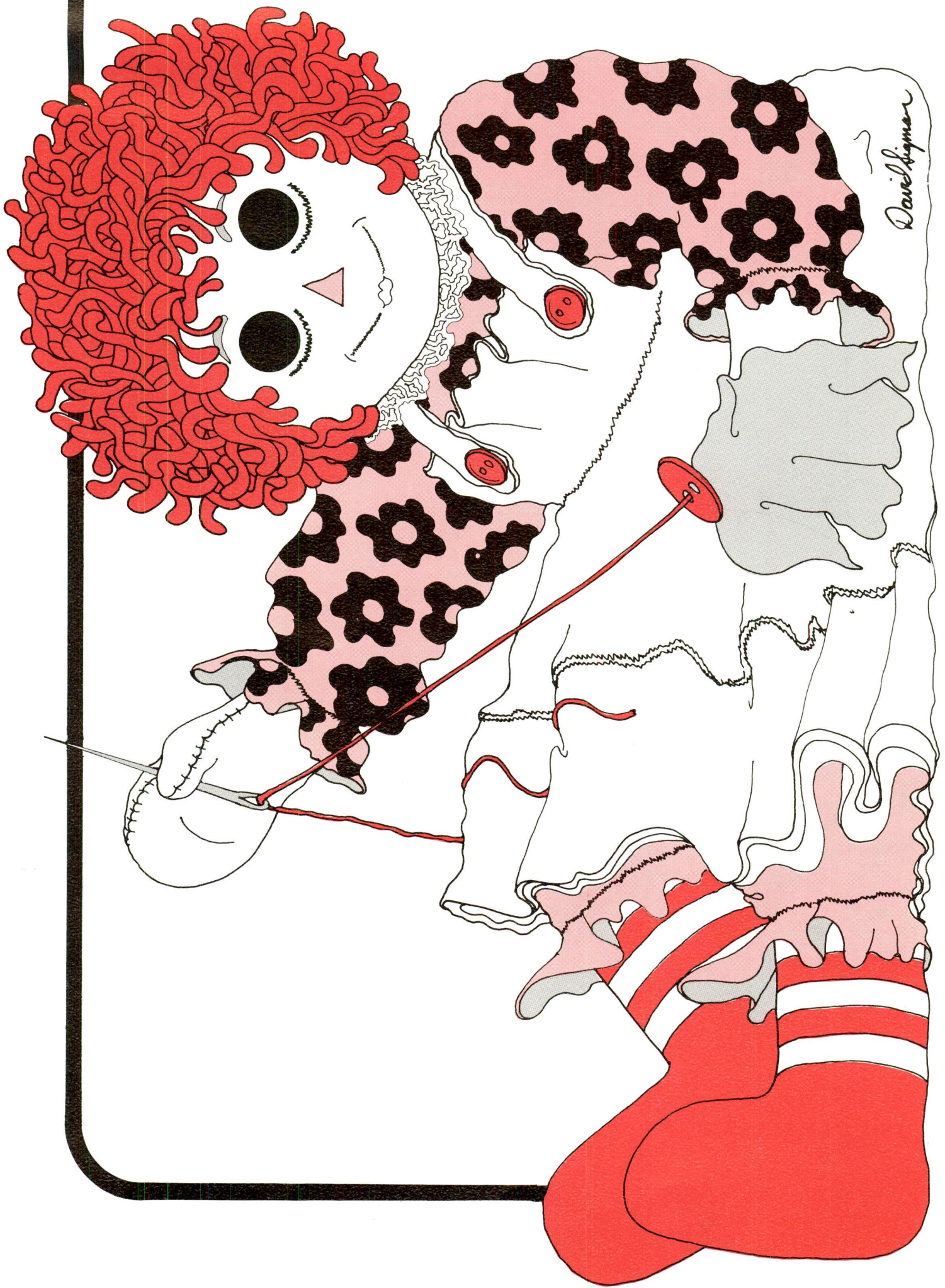
Thus far, three specific objectives have been met:

1. Establishment and operation of a prevocational developmental life skills training program (e.g. money management, telling time, work recognition, use of telephone, etc.)
2. Refinement of the Center

Training Program which provides direct training and guided experience in a sheltered workshop for clients preparing for employment.

3. Initiation of a work station in industry training program for clients preparing for competitive employment.

The Life Skills Center has grown from serving eight part-time clients to serving a capacity eighty-four full-time clients and now operates with a staff of twenty-five employees. The Center was accredited by the Commission of Accreditation of Rehabilitation Facilities (CARF) in 1974. While holding membership in the Association of Rehabilitation Facilities, the Foundation was instrumental in developing the Missouri Association of Rehabilitation Facilities and is a charter member of the St. Louis Metropolitan Council on Developmental Disabilities. ❧



# Village Craftsman: Handcrafted Profits

**Project:**  
**Village Craftsman, Inc.**

**Agency:**  
Wisconsin Department of Health  
and Social Services  
Division of Vocational  
Rehabilitation

**Purpose:**  
To develop a self-supporting retail  
outlet designed to market craft  
items produced by handicapped  
persons.

**Location:**  
121 West Milwaukee Street  
Janesville, Wisconsin

**Contact:**  
Mr. Wayne Olson  
Director  
Village Craftsman Project  
Division of Vocational  
Rehabilitation  
101 South Main Street  
Janesville, Wisconsin 53545  
(608) 755-2780

Elizabeth Forslund  
Manager  
Village Craftsman  
121 West Milwaukee Street  
Janesville, Wisconsin 53545  
(608) 756-3579

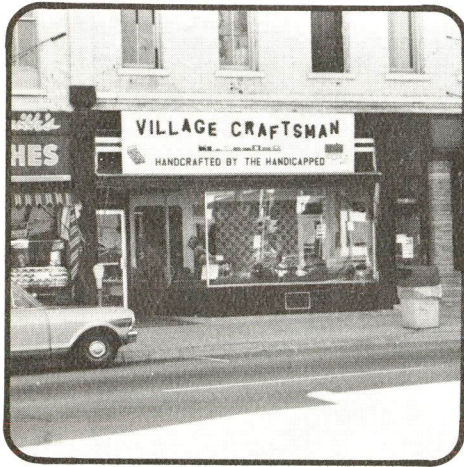
Nestled in the downtown shopping area of Janesville, Wisconsin (population 50,000) is what appears to be a typical retail store specializing in a variety of handcrafted items. Handling only merchandise manufactured by handicapped persons, the shop is designed to demonstrate that an outlet of this type can be self-supporting and produce a profit for its suppliers. Village Craftsman, Inc. is a pilot project sponsored in part by a three-year Innovation and Expansion Grant from the

Wisconsin Division of Vocational Rehabilitation. Knowledge gained through the operation of this outlet can provide answers to questions concerning the development and feasibility of similar operations.

## **Why Was Village Craftsman Developed?**

In mid 1975, with the assistance of the Wisconsin DVR, a group of handicapped persons who were participating in the DVR Agency's Homecraft

*The Village Craftsman store is located in downtown Janesville, Wisconsin. The sales outlet contains 2,200 square feet of space.*



Program along with several interested local citizens combined forces to organize the Village Craftsman Corporation. Until that time, this homebound group had limited marketing outlets for the handcrafted merchandise they produced. The majority of these outlets emphasized consignment sales which did not seem to encourage viable, aggressive promotional campaigns to increase sales. In an attempt to remedy these problems and

involve themselves more directly in decisions relating to the marketing of their products, Village Craftsman, Inc. was developed.

### **What is the Homecraft Program?**

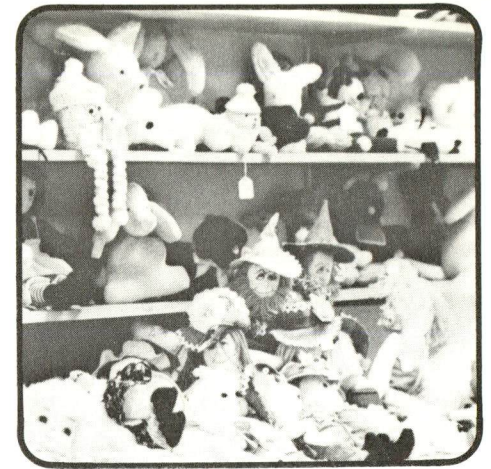
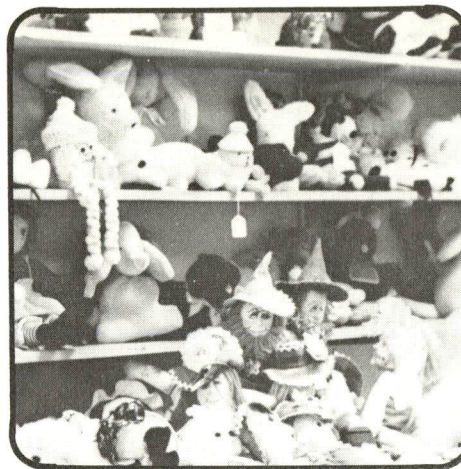
This craft instruction service program was designed by the Wisconsin Vocational Rehabilitation Agency and is open to any severely handicapped resident who can

not engage in full-time training or employment outside the home. Twenty-four staff instructors provide instruction in craft activities at home along with tutoring in record keeping, pricing and tagging. Homecraft staff provide initial raw materials and production equipment to the program's participants. Training in a variety of crafts is available through the Homecraft Program including woodworking, ceramics, weaving and leathercraft.

### **Corporate Organization**

Chartered in Wisconsin with the purpose of developing and operating a marketing outlet, Village Craftsman, Inc. is directed by an elected nine-member board who meet regularly. Innovation and Expansion Grant funds provided rent expense, equipment and seed capital for the acquisition of inventory and one part-time sales clerk. The services of the store manager and an additional clerk were acquired through a

*Cloth dolls and soft toys are popular sales items.*



Title I (CETA) contract with the County Manpower Office. After initial stock acquisition, Village Craftsman held a grand opening on October 1, 1975 at its present location.

### **Merchandise**

Half of the sales at Village Craftsman involve toys, with half of these being wooden. These range from large doll houses, barns, toy boxes, rocking horses and child-size play furniture to a

large selection of wooden cars, trucks, trains, doll house furniture and puzzles. The remainder of toys are handmade dolls and "soft toys" such as puppets and cloth dolls.

Forty percent of the store's sales stem from houseware items which are mostly wooden. Most of this merchandise is made up of plant stands, chopping boards, refinished furniture and room accessories including paintings and picture frames. Other popular items sold in the

housewares section include quilts, afghans and ceramic products.

Wearing apparel (predominantly infant and children's clothing) along with accessory items such as costume jewelry, mittens and aprons account for almost ten percent of the sales at Village Craftsman. A sizeable business is also done in seasonal items, especially at Christmas.

### **Advertising**

The corporation's advertising budget is equal to approximately five percent of the outlet's projected gross sales. This amounted to approximately \$1,800 in calendar year 1977. A variety of media are used to promote sales at the outlet:

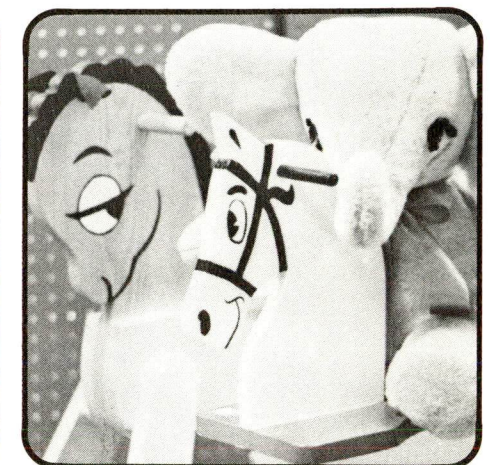
**Newspapers** - Emphasis has been on display ads placed in the TV section of the local newspaper and special Christmas editions.

**Radio** - Spot commercials for



*Seasonal merchandise is popular with shoppers at the Village Craftsman.*

*Nearly half of the toys sold through the outlet are wooden.*



the local AM station have been produced and recorded by the staff. Radio spots have proven especially effective in the introduction of new merchandise.

**Television** - The corporation has not purchased any television time because the local station is cable and does not operate on a regular network schedule. Staff and board members have appeared on (regional) TV "talk" programs.

**Direct Mail** - On several occasions a letter format along

with discount coupons on selected items were sent to 2,500 previous customers; response was good.

Other unpaid promotional activities have included distribution of printed material through several local newsletters and the Welcome Wagon. A display window adjacent to a major local restaurant has been donated for the store's use.

According to a survey done by the corporation and to volunteered responses, the most

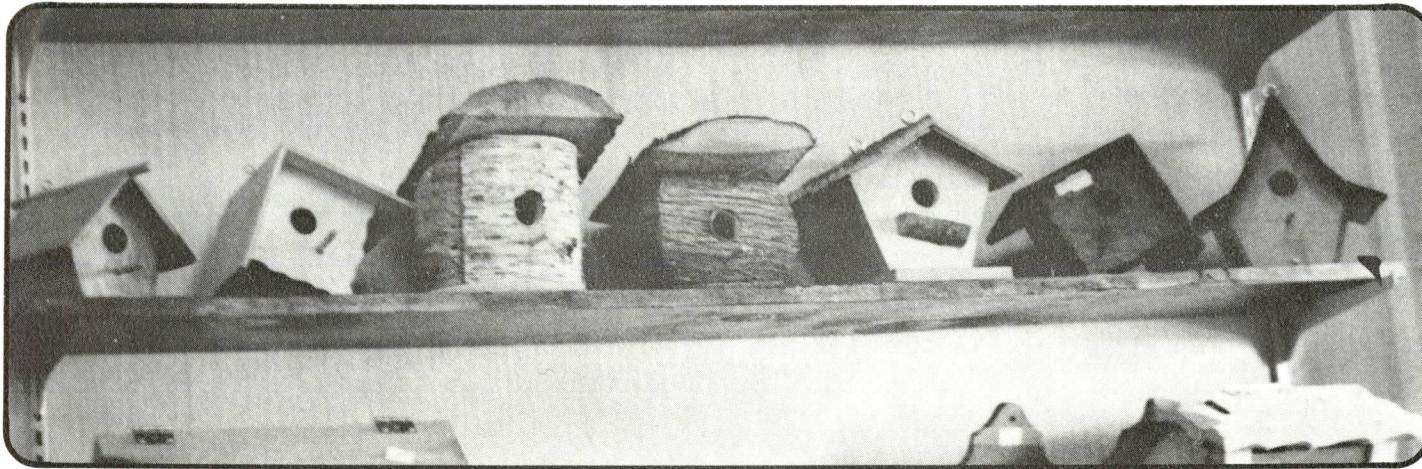
effective advertising vehicle has been the window displays, followed closely by radio, the direct mail campaign and word-of-mouth.

### **Problems**

Village Craftsman has operated smoothly since its grand opening, and sales have steadily increased. One chronic problem, however, has been the low average markup on consignment sale items

compared to purchased merchandise. Low markup on these items is generally due to slow turnover and eventual sale at reduced prices. In an attempt to control the volume of consigned items and to increase average markup, the Board of Directors recently established a guideline which will reduce consignment merchandise to 25%. Consignment will still be used for some large-dollar slow moving items or to test new merchandise.

*Houseware items account for forty percent of total sales.*



### **What About the Future?**

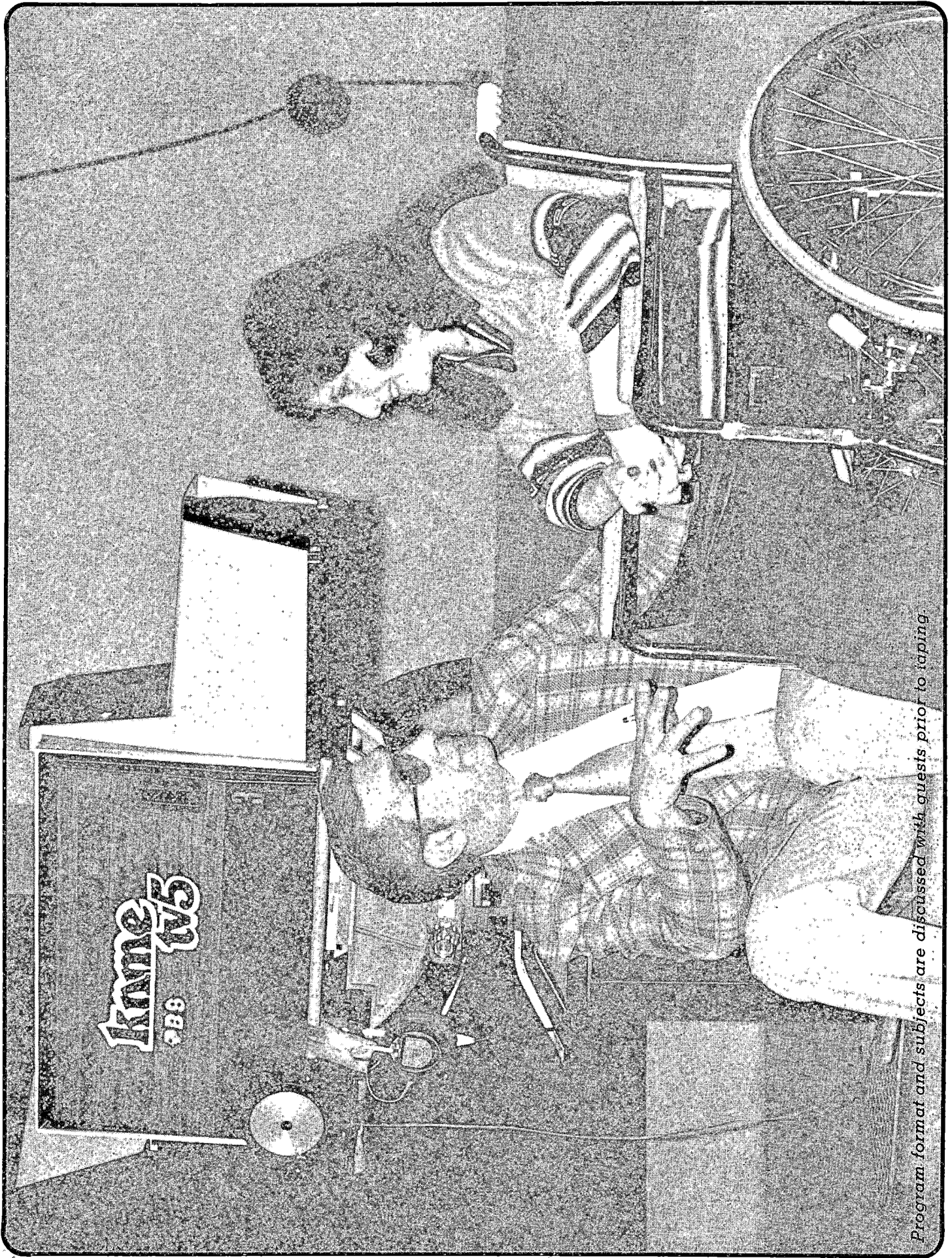
By the third and final year of the grant, funding had considerably diminished and covered only part of the rent and part of the salaries. The inventory purchased with grant funds had become self-sustaining and had also increased substantially beyond the initial level. The outlet had served 496 clients with gross sales of approximately \$100,000.

The future of the Village Craftsman appears bright.

Sales through December 1978 in the current fiscal year show a gain of about 30% over the previous year. The Corporation requires a minimal level of subsidization from the DVR Agency in the form of Case Service funds. The outlet is close to being self-supportive and may reach this goal next year.

Village Craftsman has proven that diversity of quality products and the use of efficient marketing practices can result in a viable, profitable

system for the sale of handcrafted items produced by homebound handicapped persons. ❧



Program format and subjects are discussed with guests prior to taping

# "Crossroads & Courage"

## Public Information Project

*"Good evening ladies and gentlemen, welcome to Crossroads and Courage. I'm Don Rea, your host, and for the next thirty minutes we will focus on the services available to handicapped citizens through the State Vocational Rehabilitation Agency. Tonight we are honored to have with us Dr. Robert Swanson, Director of the Department of Education's Division of Vocational Rehabilitation. Good evening Dr. Swanson, welcome to Crossroads and Courage."*

**Project:**  
**Public Awareness**

**Agency:**  
New Mexico Department of  
Education  
Division of Vocational  
Rehabilitation

**Purpose:**  
To provide information via the television medium to increase the public's awareness of the problems, needs and employment potential of the handicapped and to explain the services available through the State Rehabilitation Agency.

**Location:**  
KNME Television  
1130 University Boulevard, NE  
Albuquerque, New Mexico 87102

**Contact:**  
Robert A. Swanson, Ed.D.  
Deputy Superintendent for  
Rehabilitation  
State of New Mexico Department  
of Education  
Division of Vocational  
Rehabilitation  
P.O. Box 1830  
Santa Fe, New Mexico 87503  
(505) 842-3305

Don Rea  
State of New Mexico Department  
of Education  
Division of Vocational  
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Television talk programs of this type are not new; numerous shows are produced and aired each year delivering information about governmental agencies. Yet, rarely are these programs shown during prime-time hours. Most are limited to a single attempt by the agency to increase the public's awareness of its existence, and they usually produce no noticeable impact on the amount of services the agency delivers.

"Crossroads and Courage," sponsored in part by an Innovation and Expansion (I&E) Grant through the New Mexico Division of Vocational Rehabilitation, is the only weekly series of its type being telecast in the nation. Its advent has produced a significant impact on the operation of the DVR Agency.

### Development

Although a continuous effort had been made to increase the general public's awareness of the New Mexico Division of Vocational Rehabilitation, a pervasive lack of knowledge of the operation of the rehabilitation service system remained. The New Mexico Agency chose to develop this one year I&E Project to increase public awareness of the needs and vocational potential of people with handicaps and ultimately increase the quality and quantity of client referrals and placements.

In early 1977, a cooperative agreement was established with station KNME Television, a



set and script in an effort to make presenters more comfortable and help insure a free flowing, professional exchange of information.

Programs were recorded on video tape and are available for special showing to civic groups who request presentations on the DVR Agency and related service providers. These tapes are also available for use at in-service conferences and orientation programs offered to new employees of the DVR Agency.

### Impact

Based on a 1977 survey conducted by KNME, the station estimated that approximately 14.5% or 114,000 viewers (about 10% of the state's population) tuned to its programs daily during prime viewing hours (6:00 to 10:00 p.m.). The Nielsen Corporation, in November 1977, indicated that the "Crossroads and Courage" audience share was 75,000 households, or 112,000 viewers (37,500 men and 84,500 women over 18 years of age). The Nielsen ratings of February 1978 remained approximately the same, indicating that the program maintained a fairly stable viewing audience.

Prior to the presentation of the first "Crossroads and Courage" program, a notation including the program as a referral source was added to the agency's initial contact referral form. A review of these forms after the project's first year

member of the Public Broadcasting System (PBS). The contract provided for the production and presentation of 36 half hour programs featuring the DVR story (past and present) and the services available to the vocationally handicapped from this state agency. In addition, several programs featured an explanation of services available through other public and private agencies and an update on legislation which affects the status and rights of handicapped persons.

"Crossroads and Courage" was produced by Mr. Don Rea and directed by Mr. David Ellis. The first program aired at 7:00 p.m. CDT, September 8, 1977 and each week thereafter for thirty-six weeks.

### Programming

Topics during the initial nine-month series of programs ranged from an introductory program about the DVR Agency to a Christmas Special featuring the New Mexico School for the Deaf's choir. A number of programs on the service systems operated by the DVR Agency including the New Mexico Rehabilitation Center, the Penal Rehabilitation Program, the Client Assistance Project (CAP) and the Architectural Barriers Removal/Advisory Service have been aired. In addition, services offered by other public and private service agencies were presented in programs featuring Disability Determinations, Paralyzed Veterans of America

(PVA), the State Association for Retarded Citizens and others. Paramount among the presentations dealing with legal concerns was a program revealing the implications of Public Law (P.L.) 94-142. Several special interest subjects were offered including a presentation on the Special Olympics.

Formats and set decor used in the production of "Crossroads and Courage" varied, but the panel format seemed to lend itself well to most presentations. Furthermore, the technical level of material used in the programs was generally directed to the non-professional. A rehearsal was held before each program to acquaint participants with the

revealed that twelve percent of new applicants for services from the General Agency and Blind Services Division learned of the agency's existence through these programs.

### Future

With the initial success of the project in accomplishing its objectives, the New Mexico Agency decided to continue sponsorship of "Crossroads and Courage." The primary goals of the project remain the same; though four new strategies have been added in an effort to increase the program's impact:

1. Utilization of an interpreter for the deaf on all programs.
2. Establishment of cooperative agreements with other PBS television stations in the region for airing of taped programs in an effort to increase the viewing population.
3. Expansion of pre-program publicity.
4. Increased usage of the station's recently acquired portable video equipment to widen the range of subjects available for programming.

The use of nationally recognized individuals in the field of rehabilitation is also being considered; however, budget limitations may hamper this effort.

### Conclusion

With the passage of the Rehabilitation Act of 1973 and the subsequent enactment of its

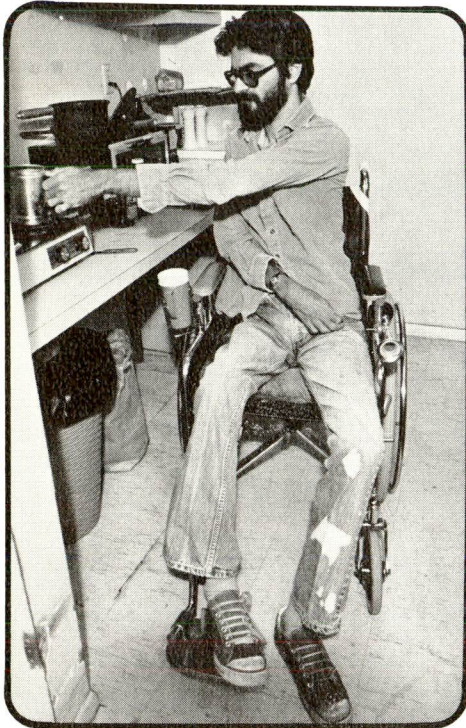
regulations, the New Mexico Division of Vocational Rehabilitation addressed the need to provide the public with information about services it and other public and private agencies provide to the handicapped citizens of the state. The agency's innovative solution was to produce a professional, well planned prime-time series of television programs designed not only to provide information but to encourage use of its services by consumers as well as employers. "Crossroads and Courage" has proven to be an effective yet inexpensive method of outreach for the agency. ❧

*Don Rea interviews Ms. Loretta Ramirez on a program titled "Architectural Barriers - A Dilemma for Handicapped Individuals."*



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