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National  
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# REHABILITATION

Journal of

JANUARY/FEBRUARY 1976



# NRA's Spirit of '76

August W. Gehrke

*President*

*National Rehabilitation Association*

I should like to discuss with you some thoughts as to the long-range objectives toward which the National Rehabilitation Association will be making strides in 1976.

## GOAL No. 1 — STRENGTHENING THE ROLE OF THE NRA BOARD AND ITS WORKING GROUPS, THE COMMISSIONS.

Under the leadership of Lowell Green, the six new Board commissions, which supplanted the former proliferated committee structure, made rapid progress. To achieve closer communication with the Board, I appointed commission chairpersons who are Board members, with the exception of the chairperson of the Membership Commission. At a very significant meeting of the six commission chairpersons, held November 14, specific goals and activities for each commission were outlined and discussed.

We hope that commission members will review and discuss issues back home with the chapters, divisions, and councils. In this way, the commissions can bring recommendations to the Board which reflect the ideas and feelings of the entire membership. The Board will then take concrete action, forwarding appropriate matters to the Delegate Assembly. I believe we can do much to strengthen the entire organization by improving the coordination and communication among the Board, commissions, and members in these ways.

## GOAL No. 2 — EFFECTING A GREATER DEGREE OF COORDINATION AMONG, AND PROGRAM ASSISTANCE TO, THE CHAPTERS, REGIONS, AND DIVISIONS.

We need to facilitate better communication between the regions and chapters. We need to better define the roles of the regions. We need to provide more helpful assistance to the divisions and improve the coordination between division activities and those of the chapters, regions, and national office.

## GOAL No. 3—EXPANDING PUBLIC INFORMATION ABOUT NRA AND ITS ACTIVITIES.

I believe that we need to take dynamic leadership in letting the world know the mission and the purposes of the National Rehabilitation Association, about its various components, and about the role it is playing in the states and throughout the nation in behalf of handicapped persons. Not only must this publicity be in our own published material, but also this kind of information must be kept before the public via newspapers and other media, and through various other organizations. I believe that the history of NRA, as being developed by E. B. Whitten, is another vehicle by which we can tell the story of the needs of handicapped persons and how NRA assists in meeting those needs.

## GOAL No. 4—FIGHTING FOR, AND EMPHASIZING, THE RIGHTS OF HANDICAPPED PERSONS.

Every handicapped individual has a right to work at the maximum of his capacity regardless of the severity of his disability. This, of course, requires a subsidy for long-term sheltered employment, which requires further review and support of the wage supplement legislation being introduced by Senator Humphrey of Minnesota and Representative Nolan of Minnesota. It also requires our being deeply involved in all aspects of a better life for handicapped persons regardless of what the disabilities may be. We must cooperate very closely with other organizations and agencies to achieve these objectives.

This goal means much emphasis in the areas of housing, transportation, and architectural barriers. But most of all, let us not forget attitude. There are so many subtleties in this area on which all of us need to work.

## GOAL No. 5—FINDING GREATER EVIDENCE OF THE VALUE AND SIGNIFICANCE OF NRA MEMBERSHIP.

If people see that NRA is a viable force in our communities, states,

and in the nation; if they understand its basic advocacy role for persons with handicaps; and if they view it as helpful to the development of professionalism within rehabilitation, I know that we will significantly increase our membership. But we must be visible, which refers back to my previous goal. In the past few months, I have talked with many, many people who have indicated that they feel their membership, today, is more meaningful than it has ever been. The forceful steps NRA is now taking in terms of fighting for programs for handicapped persons, including opposition to unworkable plans for the reorganization of programs in many states, have had a positive impact in demonstrating the significance of NRA membership.

If each and every one of us would bring in just one member, just think of the growth we would have, and how much more potent and powerful we could be in terms of progressively fighting for programs that would help the disabled persons in our midst. I hope that everyone will roll up his/her sleeves and find at least one additional member. I know we can do it.

## GOAL No. 6 — GETTING IT TOGETHER.

I was gratified for the response I received from so many people in submitting suggested names for the commissions. With only twelve members on each commission, it was impossible to include all of the excellent people suggested.

I am confident that with the many organizational changes that have been made, and that will be made, and with the current interest and enthusiasm of the membership, NRA will soar in effectiveness. An additional bonus is the enthusiasm and great leadership of our new Executive Director, Diane Roupe. Keeping all these things in mind, I am confident that at the next national conference in Hollywood, Florida, we shall all be able to look back and know that we had a significant part in "getting it together as NRA's Spirit of '76."



# JOURNAL OF REHABILITATION

January-February, 1976

Vol. 42, No. 1

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**Editorial Assistant** Jan Wasilewski

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The JOURNAL OF REHABILITATION is the official publication of the National Rehabilitation Association, a private nonprofit corporation dedicated to the rehabilitation and well-being of handicapped persons. Organized in 1925, the Association welcomes to its membership professional workers in all phases of rehabilitation—state and federal rehabilitation employees; physicians; nurses; psychologists; occupational, physical, and speech therapists; social workers; hospital and rehabilitation facility personnel; specialists for the blind, the deaf, the crippled—and others who desire to express in this way their interest in the problems of handicapped people.

Membership dues are \$20.00 a year; associate membership, \$12.50; student membership, \$7.50. Also offered are sustaining and life memberships, and memberships for organizations. All include a subscription to the official magazine and to the NEWSLETTER, published in alternate months. Single copies of the JOURNAL, \$2.00.

## FEATURES

- 2 NRA's Spirit of '76  
*August W. Gehrke*
- 16 Introduction to Conference
- 17 Jennings Randolph—Bell Greve Recipient  
*Jennings Randolph*
- 18 Rehabilitation—The Challenge—Past and Future  
*Charles McC Mathias, Jr.*
- 21 The State—Federal Program: A Point of View  
*C. Owen Pollard*
- 22 Veterans' Rehabilitation—Some Current Concerns  
*Irene Cooperman*
- 23 Rehabilitation Consumerism:  
Confrontation or Communication and Cooperation?  
*Andrew S. Adams*
- 37 Why Not a Halfway House for the Deaf?  
*H. Robert Granberry*

## DEPARTMENTS

- |                         |                            |
|-------------------------|----------------------------|
| 5 Letters to the Editor | 12 Employment Exchange     |
| 7 Rehabilitation News   | 14 NRA Board Members       |
| 9 Industry Introduces   | 30, 39 Division Presidents |
| 11 Books in Review      | 31 Division Reports        |

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JANUARY-FEBRUARY, 1976





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# letters to the editor

## Impressed with Remarks

As a vocational evaluator in a rehabilitation facility for the blind, I was impressed with the remarks made by Mr. Leny Trichel in the Nov.-Dec. issue.

For a number of years I have been involved with the vocational evaluation of clients, including the mentally retarded, amputees, and the visually handicapped, in a facility setting. In a majority of cases, the clients, after completing their evaluation at the facility return to their homes without jobs or job prospects. Why? Being rehabilitation personnel we know that 1) they might not be able to meet competitive labor entry level requirements, (2) there may not be positions available in the local "activities" center, (3) they may not, in some cases, be interested in working, or (4) the rehabilitation counselor may not know how to go about finding his client a job in his community, and if he does find an available position, how to approach the necessary people.

Far too many times I have witnessed counselors stressing the client's "blindness" or "mental retardation" and not his or her ability to produce efficiently in a particular work situation. Maybe, in part, this is due to the lack of knowledge of business and industry by the counselor. If so, this can be remedied by practical, realistic work experience as part of our educational curriculum as Mr. Trichel suggested. Whether we talk about "production and profits" or "placing the handicapped," remember we are talking in reality about the same thing—a fellow human being working as a productive member of our society. As I see it, if we allow one person, who wants to work and who is capable of working, to sit home because of our shortcomings or lack of knowledge, then we have miserably failed that individual. Every person who wants a chance certainly deserves one!

Claude Peacock  
Vocational Evaluation Specialist  
Nashville, Tennessee

## Extended Communications

I enjoy reading your publication—it offers the hope of extended communications in a field that has been historically fragmented. Keep up the good work!

Dr. George J. Govenal  
Executive Director  
New Brunswick, N.J.

## Most Interesting

We of Reclamation Inc. found Mr. Woodward's article "The mind: its own place," in the Sept./Oct. Journal, most interesting! The purpose of Reclamation Inc. is to help eliminate the stigma of mental illness through the demonstration of responsibility. The ex-offender carries a stigma quite similar to that of the former mental patient. We believe that the best method of reducing the stigma is to show more successful patients or inmates to society. In the story of Bob Smith (actual case, but name changed), a good "demonstration of responsibility" was shown. Why was the name changed? Was it "to protect the innocent?" Did the real Bob Smith object? Or could the readers simply not be trusted with the full truth? Whatever the reason, stigma was probably at the root of it. May we congratulate Bob Smith on his good "comeback."

The "Guides for Better Living" program sounds wonderful. Do you suppose it could be adapted for use by groups of former mental patients such as Reclamation Inc.? Who would you suggest that we contact for further information?

Thank you very much for publishing the article and for your other assistance.

Don. H. Culwell, President  
Reclamation, Inc.  
San Antonio, Texas

## What's In a Word?

Why use the word "Handicapped" in relation to the disabled or in reference to any or all disabled persons? The National Rehabilitation Association might well lead the way in delegating this word *Handicap* to the jargon and lingo of the race track. Actually, there are a great many more so-called normal persons who are handicapped by ineptness and inertia than are the numbers of our own citizens who happen to be disabled in some manner.

This disagreeable word seems always to connote "behind the eight ball," and the great majority of our disabled citizens hardly deserve any inference that they differ from

(Continued on page 13)

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# CHARLES C THOMAS • PUBLISHER

**PATIENT CARE AND REHABILITATION OF COMMUNICATION-IMPAIRED ADULTS** by **Ralph R. Leutenegger**, *Univ. of Wisconsin, Milwaukee*. Problems encountered daily in dealing with the communication-impaired individual are discussed in this book. The book is unique in its consideration of the importance of the patient's communication impairments in his custodial or rehabilitation plans and procedures. Detailed treatment programs are suggested for the hard-of-hearing, poststroke cases, the multiple sclerotic, laryngectomees, and persons diagnosed as having Parkinson's disease. The author extracts information from the vast available literature on ways to help the ill and aging to better cope within their own homes and institutions. '75, 196 pp., 4 il., 2 tables, \$12.50

**UNDERSTANDING AND LIVING WITH BRAIN DAMAGE** by **Patrick E. Logue**, *Duke Univ. Medical Center, Durham, North Carolina*. This book explains in easily understood terms the practical effects of neurological conditions on the individual and on his family and assists in the adjustment they must make. The chapter headings correspond with some of the more common neurological conditions in adults and children. The same basic format is used in each chapter. First the condition is described in easily understood terms. Second, the possible behavioral consequences of the condition is discussed with emphasis on their practical relevance to the individual, personally and vocationally. A check-list table of contents will help the reader to mark those chapters dealing with special conditions. '75, 116 pp., cloth-\$8.50, paper-\$5.75

**SERVICES OF THE REHABILITATION FACILITY** edited by **Richard E. Hardy**, *Virginia Commonwealth Univ., Richmond*, and **John G. Cull**, *Virginia Commonwealth Univ., Fishersville*. (18 Contributors) This outstanding book will serve as a basic text in training rehabilitation facility administrators as well as a reference work for professional rehabilitation practitioners. Topics include work evaluation, uses and abuses of psychological assessment in rehabilitation facilities, evaluation for disability determination units, vocational counseling in rehabilitation facilities, techniques of group counseling in the rehabilitation facility, work adjustment, physical therapy, extended employment in the facility, and community residential facilities for the handicapped. '75, 216 pp., 4 il., \$14.75

**EXERCISE AND CORONARY HEART DISEASE: Role in Prevention, Diagnosis, Treatment** by **Gerald F. Fletcher** and **John D. Cantwell**, both of *Georgia Baptist Hospital, Atlanta*. For all personnel in the health field who are concerned with the use of exercise in the prevention, diagnosis, treatment and rehabilitation of patients with coronary heart disease, here is a well-illustrated guideline particularly for the busy practicing physician interested in the management and rehabilitation of coronary patients. Presented are a concise review of exercise stress testing and exercise prescription and a critical analysis of sedentary living as a coronary risk factor. '75, 260 pp., 118 il., 25 tables, \$15.00

**DEVELOPMENTAL INTERVENTION WITH YOUNG PHYSICALLY HANDICAPPED CHILDREN** by **Philip L. Safford**, *Kent State Univ., Kent, Ohio*, and **Dena B. Arbitman**, *Cleveland Society for Crippled Children, Cleveland, Ohio*. Foreword by **William B. Townsend**. This comprehensive text analyzes an interdisciplinary early intervention project for children between the ages of eighteen months and three years with serious physical handicaps and associated disabilities including mental retardation, language problems and special socio-emotional needs. In discussing the Heman Early Education Development Project, the authors consider early intervention as related to cognitive and personal social development theories. '75, 336 pp., 15 il., 5 tables, \$21.50

**NOT MADE OF STONE: The Sexual Problems of Handicapped People** by **K. Heslinga** in association with **A.M.C.M. Schellen** and **A. Verkuyl**. People have finally come to realize and admit that handicapped people have sexual feelings and that these feelings should receive as much attention as those of the nonhandicapped. This book meets the need for such a study on the sexual problems of the handicapped. Problems of those with motor disabilities hold a central place in this book; however, data is also included about conditional handicaps. This book is intended for physicians, medical specialists, nurses, welfare staffs, educators in schools and centers for the handicapped, social workers, district nurses, physiotherapists and psychologists. Those who are in training for these types of work will find this book worthwhile, as will parents of the handicapped. '74, 208 pp. (5 3/4 x 8 3/4), 120 il. (11 in color), 2 tables, \$15.75, paper

**VOICE THERAPY AND VOICE IMPROVEMENT: A Simple and Practical Approach Through Correct Muscle Usage** by **Walter Schumacher**, *San Francisco, California*. This book presents in simple form a practical approach to voice therapy and improvement, making clear the correct usage of the muscles of the vocal instrument when speaking and singing. Concerned principally with the muscles of the cheeks, nose, lips, lower jaw, tongue, soft palate and waist, this monograph demonstrates how to exercise the vocal equipment correctly in order to keep it in good physical condition and how to use the involved muscles correctly. '74, 144 pp., 45 il. (1 in color), \$7.50

**THERAPEUTIC RE-CREATION: Ideas and Experiences** edited by **Frank M. Robinson, Jr.**, *Boston Bouve College, Northeastern Univ., Boston, Massachusetts*. Foreword by **Catherine L. Allen**. (20 Contributors) This book contains nineteen original articles written by graduate students in recreation who are working as full-time professionals. Ideas, attitudes and feelings expressed are based on first-hand job experience. It is a book of refreshing ideas, new experiences and practical approaches and concerns in therapeutic recreation services. The content of the various articles reflects background knowledge leading to how it is done rather than how it could or should be accomplished. '74, 200 pp., 20 il., 3 tables, cloth-\$11.50, paper-\$6.95

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## FROM WORKSHOP TO JOB PLACEMENT

Digital Equipment Corporation of Westfield, Massachusetts became involved with the West Springfield School District Special Services Department through the placement of sub-contract work with the Work Opportunity Center, a sheltered workshop for developmentally disabled students. Characteristically, these students were individuals whose measured intelligence levels were well below average.

The quality of work done by the students at W.O.C. led to the idea of placing job-ready students as full-time employees of Digital. Since March 1974 there have been four students from the Work Opportunity Center and three students from the Human Development Program placed in full-time competitive employment.

It has been the philosophy of the West Springfield School District that placement in competitive employment be reserved for those disabled students who have demonstrated emotional stability, appropriate work and social skills, and a high level of motivation. Once individuals are identified as being job-ready, a survey of a company is made to try to match individual abilities with specific work tasks. In a particular case, the position to be filled was that of an incoming inspection job. This job is reasonably repetitive; consisting of taking a transistor, plugging it into a socket, and pressing a button to test it.

The ability of developmentally disabled individuals to do repetitive tasks results from a combination of training in hand skills and concentrated work to reach appropriate work habits, social habits and levels of motivation. Frequently, disabled persons, provided with proper training, find challenging many jobs that might prove tiresome to persons of average or above average measured intelligence levels.

Digital Equipment Corporation reports that disabled employees have demonstrated their ability to perform work in excess of those of us who are not disabled. Typical rates for transistor testing are in the neighborhood of 200-300 transistors an hour per person. Since disabled workers have been placed in incoming inspection positions, output rate schedules have demonstrated continuous rates in excess of 400-500 per hour over the last 12 months. In addition to hourly output, Digital's disabled employees have excellent attendance records and are very cooperative.

The relationship between DEC and its developmentally disabled employees has been beneficial and successful for both sides. Production rates are high and absenteeism is low. Through lessons learned in the employing of disabled workers, Digital Equipment Corporation, in cooperation with West Springfield Public Schools, has established a recommended criterion for the hiring of disabled employees. First, the avail-

able position must be specifically defined. It is also necessary that the institution or organization sponsoring the disabled person obtain a commitment from the management of the industry attesting to the industry's willingness to hire developmentally disabled persons and assuring relative job stability once the position is filled. Once the disabled individual is hired, it is recommended that the management foster an advocate within the working group in order to orient the new disabled employee. Efforts must then be made to develop the integration of employees into a unified working unit. Finally, the establishment of full communication between the disabled employee and the supervisor is essential.

## BLOOD FACTOR FIGURES IN LONGEVITY

University of Cincinnati Medical Center researchers are seeking families with a history of long life to confirm findings that an elevation of one type of cholesterol carrier in the blood may be associated with longevity.

Major protein carriers of cholesterol in the blood are known as prebeta, beta, and alpha—or very low density (VLDL), low density (LDL), and high density lipoproteins (HDL). When an individual has high levels of cholesterol and another fat known as triglyceride associated with beta and prebeta carriers, he is at high risk for developing atherosclerosis (hardening of the arteries) and heart attack.

In man, beta and prebeta are the predominant cholesterol carriers which relate to the development of heart disease, while alpha is predominant in non-primates. In some humans, however, alpha (HDL) is found to be a major cholesterol carrier.

Recent studies by Dr. Charles J. Glueck and Dr. Peter S. Gartside of the University of Cincinnati Medical Center and Dr. Robert Elston of the University of North Carolina show that high alpha runs in families and may be associated with longevity. Dr. Glueck is an established investigator with the American Heart Association as well as director of the Lipid Research Laboratory at the University of Cincinnati.

Dr. Glueck explains that 18 families with elevated HDL have already been identified in nearby Ohio and Kentucky. On the average, family members with high HDL live 15 years longer than normal life expectancy.

Now UC is looking for families where several members have lived for 80 years or more and where death and disability from heart attack is rare before family members reach 70. Such families are asked to write to Dr. Glueck c/o the General Clinical Research Center at the UC Medical Center's Cincinnati General Hospital, Cincinnati, Ohio 45267.



# Hanger

## PROSTHETICS

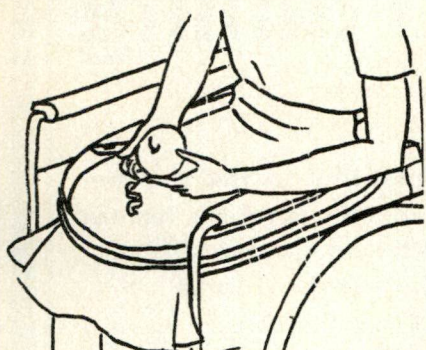
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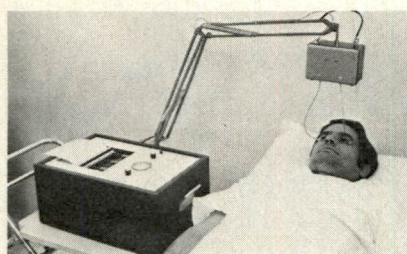


The clip on lap tray, manufactured by Vocational Guidance and Rehabilitation Services, is a portable table that can be placed on one's lap—within the wheelchair. A plastic ring that

circles the waist and holds the tray in place. The tray can be used both in the kitchen for peeling vegetables or preparing fruits and as a writing table.

The edge is raised 1½ inches to prevent objects from rolling off. It is made of waterproof Naugehyde and can be ordered in several colors. The cost is \$13.95.

For additional information: Vocational Guidance and Rehabilitation Services, 2239 East 55th Street, Cleveland, Ohio 44103 (216) 431-7800.



A new, researched and institutionally tested diagnostic instrument, developed to provide noninvasive cerebrovascular diagnosis of patients with possible carotid artery stenosis or occlusion, has been introduced.

Designed as the GEE/O.P.G.™ (Ocular Pneumo Plethysmograph), the new instrument provides a rapid detection technique by which it is possible to simultaneously record, bilaterally, either ocular pneumo plethysmography (OPG) or suction ophthalmodynamography (ODG).

The GEE/O.P.G.™ instrument provides a positive method by which patients can be selected for angiogram and/or surgery. This instrument holds promise of improving the management of patients with carotid or vertebral artery lesions.

The entire procedure takes about 5 minutes with no discomfort to the patient, and may be applied in the doctor's office, hospital or Vascular Laboratory.

For additional information, contact Soltys Associates, 1741 North Ivar Avenue, Suite 106, Los Angeles, California 90028 (213) 465-5605.

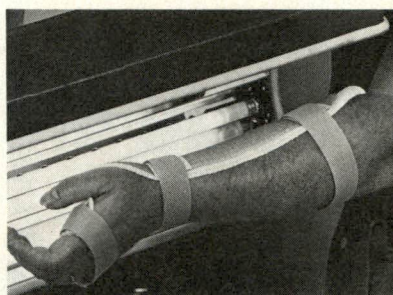
Following over a year of development by Telesensory Systems, Inc., a hand-held talking calculator will soon be introduced for \$395, the lowest priced cal-

culator for the blind. The first prototypes will be available in November with production runs beginning in February of next year.

TSI's talking calculator will have four basic arithmetic functions, memory, automatic constant, percent square root, algebraic logic, and additional, unique features. It will "say" the number or function being activated when any key is depressed. A "speak key" will be pressed to announce computational results and provide a means of checking entries on display or in memory. This key can be used repeatedly without initiating additional computations.

The small speaker providing voice output will be built-in and an earphone will be included for more private listening. The calculator's synthetic speech will be produced by a unique custom-designed integrated circuit. Thus, the speech output will require no tapes or mechanical parts susceptible to wear.

Contact Telesensory Systems, Inc., 1889 Page Mill Road, Palo Alto, California 94304, (415) 493-2626 for further details.



A new moldable splint that can be applied and cured in minutes has been developed by Merck Sharp & Dohme Orthopedics Co., Inc., Costa Mesa, California.

Available in kit form, the splint system is designed to provide the orthopedist and occupational and physical therapist with lightweight, porous splints that are durable, strong and conformable to the limbs to which they are applied. The new system is expected to prove invaluable in emergency, short-term, and medium-to-long-term splint usage.

Merck introduced its LIGHTCAST II Casting System in 1972, producing an orthopedic cast 50 percent lighter and three times stronger than traditional plaster of Paris casts.

The LIGHTCAST II Splint Kit contains components for three splints, each consisting of a pre-cut length of splint material, a pre-cut length of cushioning material, and three pre-cut lengths of strap attachments for 15-inch splints, or five pre-cut lengths for 30-inch splints. The splints are available in four sizes: 4- by 15 inches, 4- by 30 inches, 6- by 15 inches, or 6- by 30 inches.

For more information contact Clem Hallquist at (215) 699-5311.



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# books in review

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**Wheelchair Vagabond** by John G. Nelson. Project Press, 710 Wilshire Blvd., Santa Monica, Ca. 90406. \$4.95 paperbound. \$7.95 casebound. 148 pages.

Mr. Nelson, a multiple sclerosis victim, has based this book on his own experiences. **Wheelchair Vagabond** is both a "guide and a goad for the handicapped traveler." It gives directions, complete with lists and delightful illustrations by the author, on how to plan for a trip, how to fit out a vehicle for traveling while handicapped, how to plan a "drive-and-rest" route, how to look over a new place and get to know the people in it, how to enjoy hobbies while traveling, whom to take with you. It is full of details—when water boils at different altitudes, how to make a trip log, how to get a wheelchair through narrow spaces, how to make powdered milk tastier, how to save gas, how to carry medication.

Always encouraging, Mr. Nelson advises caution and careful planning while inspiring the reader to take advantage of traveling as much as he can.

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**The Phoenix Child** by Henry Viscari, Jr. Paul S. Eriksson, Inc., 119 West 57th St., New York, N.Y. 10019. 224 pages. Cloth \$7.95.

The abandoned handicapped child is the subject of a new book, **The Phoenix Child**, by Henry Viscardi, Jr., president and founder of the Human Resources Center, the private, nonprofit educational, research and training complex in Albertson, New York. Subtitled **A Story of Love**, it is Dr. Viscardi's eighth book published by Paul S. Eriksson, Inc., New York.

**The Phoenix Child** is the personalized account of an unusual experiment to rescue some of America's abandoned handicapped children. It shows what can be done to save them and in broad terms it nudges society to face up to the

problems of providing a good education and a real world for such youngsters.

This true story is told by a person who knows and feels most deeply all its ramifications—Henry Viscardi, Jr., himself handicapped from birth.

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**Sexual Options for Paraplegics and Quadriplegics** by Thomas O. Mooney, Theodore M. Cole, M.D., and Richard A. Chilgren, M.D. Little Brown and Co., Medical Division, 34 Beacon St., Boston, Mass. 02106. Paperback \$7.95. Clothbound \$12.95.

Written by a spinal cord injured person and two physicians experienced in human sexuality research and rehabilitation, **Sexual Options for Paraplegics and Quadriplegics** contains explicit information on sexual adjustment for spinal cord injured persons.

Selected from many topics usually questioned, it covers: 1) A spinal cord injury need not preclude a satisfactory sexual relationship; 2) Thinking about yourself as a sexual person will affect and change how other people think of you; 3) Obstacles such as wearing catheters or ileostomy bags can be overcome; 4) A spinal cord injury does not lower your body's ability to manufacture normal sex hormones; 5) Sexual options presented in this book can be used without creating new problems or aggravating existing medical conditions of your particular disability.

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**Guide To France for the Physically Handicapped** by The French Committee for Assistance to the Handicapped (A bilingual book written in English and French.) Commite National Francais de Liaison pour la Readaption des Handicapes (Dept. S), 38 Blvd. Raspail, 75007 Paris, France. \$8.00 plus 75c postage.

Disabled reader-travelers would

greatly benefit from a new publication offered by the nonprofit French Committee for Assistance to the Handicapped.

The committee has published a comprehensive guide which gives full information in English as to the architecturally accessible airports, hotels, museums and other places of interest to travelers in France.

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**A Directory of Preceptorship Programs in the Health Professions** by the National Health Council (NHC). Manpower Distribution Project, National Health Council, 1740 Broadway, New York, N.Y. 10019. \$1.00 per copy.

The directory lists and describes 243 professionally supervised training opportunities located in health care settings and available through health professional schools nationwide.

The 92-page directory was compiled by the NHC's Manpower Distribution Project, which seeks to identify the best methods of influencing health professional students to practice in underserved areas following completion of training.

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**Out of Work.** New Readers Press, Division of Laubach Literacy International, Box 131, Syracuse, N.Y. 13210. 56 pages. \$1.50. All orders under \$5.00 must be prepaid. Reading level: 4.2.

**Out of Work**, the latest of New Readers Press' Career Education books, is a timely review of all aspects of unemployment. Rarely has so much information on this topic been gathered in one source.

**Out of Work** offers help to those caught in the economic changes of our times. It examines job-finding techniques and discusses vocational schools, apprenticeship, and other job training programs. It explains debt counseling and tells how to get unemployment insurance, welfare, and help from unions.



# NRA board members



NRA Board Members (seated left to right): Carl E. Hansen, Judy Heumann, Cornelius Williams, August W. Gehrke (NRA President), Lowell E. Green (NRA Past President), Vernon Hawkins; (second row, left to right): Ozzie Sykes, Yoji Ozaki, Milton Cohen, Bill Gardner, Betty Hedgeman, Frances Curtiss, Gwen Countryman, Henry Williams, Mary Smith, Henry Couvillon; (third row): Arnold Sax, Bob Roberts, Shelton McLelland, J. B. McElwee, George Hickman. Not pictured are: E. Russell Baxter, George Hudson, Norman Kelly, Michael Oliverio, Ed Rose, Evelyne Villines, and Bonnie Watson.

## August W. Gehrke—NRA president.

Mr. Gehrke, assistant commissioner of Education in charge of Vocational Rehabilitation for the State of Minnesota, is widely known in the field of rehabilitation. Mr. Gehrke serves on the Developmental Disability Council, the Board of Directors of Nevin N. Husted Foundation for Handicapped Children, the Governor's Human Services Council, and is an ex-officio member of the Minnesota Governor's Commission for the Handicapped. As a member of the Council of State Administrators for Vocational Rehabilitation, he has served on its executive committee and as liaison to the American Heart Association and the President's Committee on Employment of the Handicapped. Mr. Gehrke has been cited with numerous awards and in 1965 served for six weeks as vocational rehabilitation consultant to the Institute of Tuberculosis of Serbia, Belgrade, Yugoslavia. He is a life member of NRA and has served as national board member-at-large, regional secretary of Great Lakes Region and a member of Consumer and Administrative Policy Commission. He has also served as president of the Minnesota Rehabilitation Association and its ASPD Division. Currently Mr. Gehrke is on the executive committee of CSAVR.

## Cornelius L. Williams—NRA president-elect.

Mr. Williams is a district supervisor with the West Virginia Division of Vocational Rehabilitation in Huntington. The Agency pioneered in the field of establishing rehabilitation centers on the grounds of state mental hospitals. Mr. Williams serves as a member of the Governor's Committee on Employment of the Handicapped, the Governor's Task Force on Mental Health Planning, and the Regional Council on Mental Retardation. A charter member of NRCA, he assisted in organizing the first membership campaign in the state for that association. Mr. Williams served on the steering committee that organized the NRA Advisory Council of Chapter Presidents. He is a life member of NRA and has served as treasurer for two years. He has also served as a member of the Administrative Policy Committee, the Minority Relations Committee, and the Minority Recruitment Committee.

## new board members

**Carl E. Hansen—NRA treasurer.** Dr. Hansen has been a rehabilitation counselor in the states of California

and Colorado and is currently a rehabilitation counselor educator serving as director of Rehabilitation Training at the University of Texas at Austin. Dr. Hansen received his doctorate in rehabilitation counseling from the University of Northern Colorado. A great deal of Dr. Hansen's contribution to the field of rehabilitation has been in literature as he has published over 30 articles dealing with rehabilitation. Dr. Hansen has served as president of NRCA and is currently the co-editor of the *Journal of Applied Rehabilitation Counseling*. He has served as vice-president of the Texas Rehabilitation Association and has assumed a number of committee assignments within the state chapter during the last seven years that he has been a Texas resident. Dr. Hansen voluntarily serves on numerous boards and advisory committees in the Austin area.

## Mary S. Smith—Great Lakes Region Representative, Board of Directors.

Mrs. Smith has been employed with the Ohio Bureau of Vocational Rehabilitation (BVR) since 1958. She is currently employed as the area supervisor for the Northwest Ohio area. She has also been employed by the Ohio BVR as a rehabilitation counselor, supervisor, and assistant area supervisor. Mrs. Smith has served on various committees of the Ohio Rehabilitation Association and was secretary of this group in 1965. She is also past president of the Ohio Rehabilitation Counseling Association and served as president of the National Rehabilitation Counseling Association in 1971-1972.

## Betty S. Hedgeman—division-elected—National Association of Rehabilitation Counselors, Board of Directors.

Dr. Hedgeman is currently employed as executive director of the Greater New York Chapter, Epilepsy Foundation of America. Previously she was program director and coordinator of



Rehabilitation and Social Services for that agency. She has been a rehabilitation counselor with DVR and a supervisor in rehabilitation service of a hospital. She received her Ph.D. from New York University. Active in NRA, Dr. Hedgeman is past-president of the Metropolitan New York Chapter of NRA and a past president of the New York Metropolitan Rehabilitation Counseling Association.

**Edward F. Rose—division-elected—Administrative and Supervisory Practices Division, Board of Directors.** Mr. Rose was appointed deputy executive director of the President's Committee on Employment of the Handicapped in November, 1973. He is responsible for the committee's Washington staff and its programs with private and public organizations designed to further employment opportunities for handicapped persons. Prior to his appointment, Mr. Rose was director of the Public Employment Programs of the U.S. Civil Service Commission. His responsibilities entailed implementation of policy, procedures and programs for the employment and advancement of handicapped workers and veterans in the federal government. Prior to entering the U.S. Civil Service Commission in 1965, Mr. Rose was director of the George Mason Center for Retarded Children in Arlington, Virginia.

**Arnold B. Sax—division-elected—Vocational Evaluation and Work Adjustment Association Board of Directors.** Dr. Sax is currently employed as director of the Materials Development Center of Stout Vocational Rehabilitation Institute at the University of Wisconsin-Stout in Menomonie, Wisconsin. He was previously employed as a vocational evaluation supervisor at the Texas Institute for Rehabilitation and Research. Dr. Sax has served in numerous consultantships, special appointments, and advisory boards. He served as a consultant to the Management Analysis Center in Washington, D.C. and is presently a consultant to the National Center for the Handicapped of National Goodwill in Washington, D.C. Dr. Sax is a past president of VEWAA

and a present board member of the Wisconsin Rehabilitation Association.

**Henry S. Couvillon—Delegate Assembly-Elected, Board of Directors.** Mr. Couvillon is employed as a vocational coordinator in the Social Security Disability Program in Baton Rouge, Louisiana. He has been working in the program for eleven years. Prior to entering the field of rehabilitation, Mr. Couvillon was employed for eight years as a teacher and athletic coach at a local high school. As a member of the National Association of Disability Examiners for ten years, Mr. Couvillon has served in various capacities in the state chapters. He has served as board member of the Louisiana Rehabilitation Association for five years and has recently been elected as its president-elect.

**John Baxter McElwee, Sr.—division-elected—National Association of Disability Examiners, Board of Directors.** Mr. McElwee is currently employed as director of the Disability Determinations Program of the Vocational Rehabilitation (VR) Department of Louisiana. He was previously employed by the Louisiana VR as area supervisor of the Shreveport office. Mr. McElwee has served on numerous committees of NRA and NADE. He was recipient of the 1973 John Gordon Memorial Award as Outstanding Supervisor of the Year. Mr. McElwee served as president of NADE in 1970 and has been appointed to serve on the NRA Program Activities Commission for 1976.

**Bonnie B. Watson—division-elected—Administrative and Supervisory Practices Division, Board of Directors.** Mrs. Watson is employed as regional director for Region V of the Nebraska Division of Rehabilitation Services. She had been previously employed as supervisor for the Lincoln District Rehabilitation Office. Mrs. Watson is vice-president of the NRA Great Plains Region and serves on the Council of Division Presidents of NRCA. She is a board member of ASPD and served on its executive board for two years. Mrs. Watson has been active in the Rehabilitation Association of Nebraska, serving as an ex-

ecutive board member for three years. She served as president of both the Nebraska chapter of ASPD and the Great Plains Region of NRCA.

**George F. Hickman—Great Plains Region Representative, Board of Directors.** Mr. Hickman is currently employed as district supervisor of the South District Office of the Utah Division of Rehabilitation Services. He developed the first public offender rehabilitation program in Utah and initiated a methadone maintenance program for heroin addicts. Mr. Hickman has served as a president and board member of the Utah Rehabilitation Association, the Utah Rehabilitation Counseling Association, the Utah Administrative and Supervisory Practices Division, and the Great Plains Region. In 1973 Mr. Hickman was the recipient of Distinguished Service Awards from both the Utah Rehabilitation Association and the National Rehabilitation Counseling Association. He received the Elkins Counselor-of-the-Year Award in 1969.

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# NRA Conference Highlights

## Cincinnati, Ohio October 12-15 1975

### *50th Anniversary Saluting the Past Dedicating the Future*

The National Rehabilitation Association (NRA) met in Cincinnati, Ohio to hold its 46th annual conference and celebrate its 50th Anniversary—saluting the past, dedicating the future.

Over the years the Conference has provided an arena and a forum for the transmitting of ideas and experiences. It has stimulated the advance of rehabilitation by extending to a variety of people in all human service professions an opportunity to present theories and discuss practices.

The 46th Conference was no exception. It was highlighted by both political figures, and professionals representing the sciences. Selected presentations will be featured in the following pages.

NRA President, Lowell Green presided at the First General Session. In keeping with the 50th Anniversary theme, the opening speaker was R. C. Thompson, past president of NRA, reflecting on the past—"NRA From the Past to the Future."

President Green introduced the recently appointed NRA Executive Director, Diane Roupe. Mrs. Roupe presented the Honorable Jennings Randolph whose address has been printed.

Mrs. Roupe also spoke to the Delegate Assembly concerning the reorganization of the Florida Government and outlined appropriate steps for NRA to follow in order to ensure that an identifiable vocational rehabilitation services delivery system is maintained. The Delegate Assembly then passed a resolution establishing support for legal action if necessary.

The general sessions convened the con-

ference each day and provided presentations of broad general interest. Olive Banister, rehabilitation project director at the Cancer Center, Inc. in Cleveland, Ohio and Stanley Thomas, Assistant Secretary for Human Development, HEW, Washington, D.C., Second General Session; Jerome Rosow, manager of Public Affairs Planning, Exxon Corporation, New York, N.Y., Third General Session; and the Honorable Charles McC. Mathias, Jr., U.S. Senate, Fourth General Session, discussed topics covering professional, economic and governmental problems facing rehabilitation.

All conference meetings were well-attended this year. The open paper sessions, which cover innovative ideas and research reports, were exceptionally well-attended and drew positive comments.

An overview of the Rehabilitation Act and the affirmative action clause generated the usual interest. It was presented from the point of view of governmental enforcement, the employer, and the consumer. Joe Owens, executive director, Council of State Administrators of Vocational Rehabilitation, Washington, D.C.; James H. Sears, special assistant, community affairs, E. I. DuPont DeNemours and Company, Wilmington, Delaware; David Brigham, deputy director, Handicapped Workers Task Force, Washington, D.C.; and Dick Sheppard, President's Committee on Employment of the Handicapped, participated.

In the special interest session on preventive therapies, Robert Rothan, D.D.S. and his wife, Ann, held some inquirers long after the session was over. An unexpected meeting over the patenting of a new instrument, the ovulometer, prevented Dr. Carl Schleicher from heading the panel.

Each year at the conference, the National Rehabilitation Association honors outstanding individuals by presenting awards in the name of the NRA Board of Directors. President Green made the presentations; the recipients at the 50th Anniversary Conference were: The President's Award: Henry Viscardi, Ph.D., New York, N.Y.; The National Citation: Maurice Warshaw, Ph.D., Salt Lake

City, Utah; The Meritorious Service Award: L. B. Hartley, Jefferson City, Missouri; The W. F. Faulkes Award: James S. Peters, II, Ph.D., Hartford, Connecticut; The E. B. Whitten Silver Medallion Award: Edward H. Noakes, Bethesda, Maryland; the Bell Greve Award: The Honorable Jennings Randolph, Elkins, West Virginia.

In the name of the Boards of Directors of NRA Divisions, the following Division awards were presented: The National Rehabilitation Counseling Association Special Meritorious Service Award: Bill Elkins, Dallas, Texas; The National Association of Disability Examiners Charles O. Blalock Award: Herbert L. Brown, Nashville, Tennessee; The Vocational Evaluation and Work Adjustment Association Paul R. Hoffman Award: Bernard Rosenberg, New York, N.Y.; The Job Placement Division Margaret E. Fairbairn Award: Carolyn Ream, Las Vegas, Nevada; The Administrative and Supervisory Practices Division Mary E. Switzer Award: Olive K. Banister, Cleveland, Ohio; The National Association of Rehabilitation Secretaries Service Award: Irene "Willie" Lohmann, Robbinsdale, Minnesota.

No conference is complete without a pervading social atmosphere and entertainment. The president's reception and the banquet represented such occasions. A male chorus, the entertainment at the banquet, was excellent in its own right and as a vehicle for an outstanding interpretation for deaf people—a second performance.

At the banquet, Lowell Green relinquished his duties as NRA President and turned over the gavel to incoming president, August W. Gehrke, assistant commissioner of education in charge of Vocational Rehabilitation for the State of Minnesota.

The NRA chapter in Ohio, the Ohio Rehabilitation Association was host to the Conference and responded ably under the direction of its president and co-chairperson, Ronn Perrin and co-chairperson, Bill Timmerman. The chapter members, wearing host arm bands and acting as guides and sources of information, maintained a hospitality suite throughout the conference.



# Bell Greve Award Recipient

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*Remarks of the Honorable Jennings Randolph, United States Senate, State of West Virginia, upon receiving the Bell Greve Award at the annual conference in Cincinnati, Ohio, October 12, 1975.*

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I am pleased and honored to accept the Bell Greve award from your distinguished organization.

I make special note of the fact that this year marks the Golden Anniversary of the founding of the National Rehabilitation Association. You are to be congratulated on your longevity, and unlike most of us, you seem to be growing stronger with the passage of time. I understand that there is someone here who has been associated with NRA for a substantial number of those fifty years—my friend E. B. Whitten.

"E.B." is a man of great knowledge of the rehabilitation field, and one who is widely recognized as an expert. Another giant of rehabilitation was Bell Greve—the woman for whom the award was named.

Most of you probably know very little about Bell Greve. Among other facts, I must point out, she was director of the Community Chest of Charleston, in my home State of West Virginia. Aside from that, however, her good works spanned the continents. She worked as director of a child health center in Czechoslovakia. She helped care for thousands of orphaned children in Armenia. She was an advisor on the rehabilitation of Greek war veterans and set up an UNRRA rehabilitation program there. She was Secretary General of the International Society for the Welfare of Cripples.

During her relatively short but constructive life of 63 years, Bell Greve also managed to head the Division of Charities of the Ohio Department of Welfare, the Cleveland Association for the Crippled and Disabled, the Cuyahoga County Welfare Department, and the Cleveland

Office of the Federal Department of Health, Education, and Welfare.

Bell Greve died in 1957, having served those in need in a full and illustrious life. I am honored to receive this award in her memory.

You have listened to the gracious statement of introduction which recounted my long-standing interest in handicapped people.

I am Chairman of the Senate Subcommittee on the Handicapped. I believe in the intrinsic value of human life and the fulfillment of human aspirations. I am committed to doing all I can to bring about a social, economic, and physical environment in this Nation that will enable each handicapped person to achieve his or her maximum personal potential.

This is a goal that is extremely difficult to achieve. Only half of our handicapped children are receiving the special educational services that all should have. Only 330,000 of the persons entering the Federal-State Vocational Rehabilitation program each year are rehabilitated and of those, many have been alcohol and drug abusers, felons, and culturally disadvantaged. Relatively few of those rehabilitated are physically and mentally handicapped. Fewer still can be characterized as severely handicapped.

My colleagues in the House and Senate and I are working toward the goal of which I spoke. Conferees this past week have been working out a measure which will ultimately insure a free appropriate public education for

(Continued on page 41)

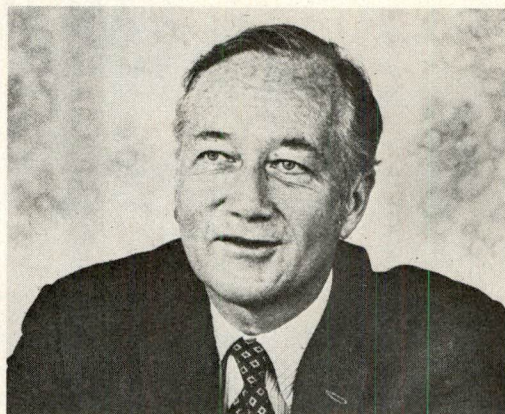


# Rehabilitation—The Challenge—Past and Future

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*Presentation by the Honorable Charles McC. Mathias, Jr., United States Senate, State of Maryland, at the annual conference of the National Rehabilitation Association in Cincinnati, Ohio, Wednesday, October 15, 1975.*

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It is important for all Americans to note that this is the 50th Anniversary Year of the National Rehabilitation Association, and recognize the leadership role this Association has had in the creation, implementation, and expansion of the rehabilitation movement in the United States.

Throughout the past 50 years, millions of handicapped Americans have been able to benefit from vocational rehabilitation services because of the leadership, advocacy, and legislative initiatives of the National Rehabilitation Association.

Yet, in spite of this record of accomplishment, I believe the next 50 years will present an even greater challenge for the rehabilitation movement for much remains to be done if *all* handicapped Americans are to indeed enjoy all the good things America has to offer. The fact several million American citizens still do not share the fruit of the productivity of our economy, because of physical or mental handicaps, leaves a large task ahead which will demand even greater leadership from the National Rehabilitation Association in the years ahead.

As a member of the United States Senate, and as a private citizen, I fully recognize that citizens with disabilities have not enjoyed fully the fruits of our society. Alternately, they may have been stereotyped by disability label, forced to form separate and unequal subcultures, or they have been thrust into our mainstream institutions without adequate preparation.

Neither alternative is proper. All citizens, including those with disabilities, enjoy the rights and privileges of our Constitution. Definitive guarantees, however, are needed by citizens with disabilities, so that adequate access to basic freedoms can be assured.

Much of the "handicap" faced by citizens with disabilities is man-made, both physically and psychologically.

I believe it is proper for members of the National Rehabilitation Association, then, to strive to remove barriers, both physical and psychological, so that citizens with dis-

abilities can lead fuller and more meaningful lives. In doing this, the National Rehabilitation Association must recognize that first and foremost, citizens with disabilities are citizens; persons with rights and obligations.

Citizens with disabilities do not wish to be set apart from the mainstream America by virtue of their disability, nor do they wish to avoid their responsibilities. I hope that you as members of the National Rehabilitation Association will work hard to remove the obstacles to the pursuit of a full life guaranteed in our constitution to all our citizens, be they handicapped or be they whole.

I hope that you as members of the National Rehabilitation Association will work actively to achieve for all citizens with disabilities the basic rights to which all American citizens are entitled. In doing so, you can assure that obstacles to a full and meaningful life for all citizens with disabilities can be removed.

I will remind you that there are several basic human rights which every citizen should enjoy. These basic rights include:

1. Every citizen with a disability should have the right to receive medical care for the protection of his or her well-being, and such additional special medical assistance as is required because of his or her disability.
2. Every citizen with a disability should have the right to receive an education to the fullest extent to which he or she is capable, paid for and provided through regular channels of American education. They should have available special educational help as needed by virtue of their disability.
3. Every citizen with a disability ought to be able to receive training for vocational and avocational pursuits as are dictated by his or her interests and talents.
4. Every citizen with a disability should have the right to work at any job for which he or she has the qualifications and interests, including sheltered and



other subsidized forms of employment, if such is appropriate to their needs.

5. Every citizen with a disability should have access to barrier-free public facilities, including polling places, public buildings, general mass-transit systems, supplemental mass-transit systems, social and recreational facilities, shopping facilities and entertainment opportunities.

I would now like to turn for a few moments to some legislative concerns regarding the Rehabilitation Act of 1973 (Public Law 93-112) and the Rehabilitation Amendments of 1974.

I am very pleased with the 54-year-old program of vocational rehabilitation and positive economic effect that it has had on our country.

The Rehabilitation Act of 1973 and the 1974 amendments have created an environment in which we can assure the disabled of this country that with effective implementation of this legislation, the handicapped can be provided with the training and opportunities necessary to engage in gainful employment and become productive members of our society. However, I do share some of your concerns about the ability of the State-Federal Rehabilitation programs to meet the current demands for vocational rehabilitation of the severely handicapped in our states.

It is because of these concerns that I urged my colleagues to provide appropriations for basic state grants in the full amount authorized, namely \$720 million, for fiscal year 1976. I am pleased that they agreed with my recommendation. I fully realize that it is indeed difficult, in these times of extremely high inflation and pervasive economic uncertainty, to ask for more money before the Congress, but the realities of the new mandate that priority be given to the rehabilitation of the severely handicapped must be taken into consideration. We must provide the means whereby we can assist first those who, in many cases, heretofore, were relegated to what can be only described as custodial stagnation if we are to meet the mandates of current rehabilitation legislation. Its costs, however, are great.

But they must be met. It is frustrating for us to see the most severely handicapped go without help that could make them, if not as productive as those without their handicaps, certainly sufficiently productive—(Here I am speaking solely in an economic sense), to make it worth *their* while, as well as the taxpayers.

However, I believe one must not speak, only in economic terms. Vocational rehabilitation is not only an economic necessity. It is a humane necessity if we are to guarantee that handicapped persons can be employed and can stand tall, knowing that they are again self-sufficient and are repaying in taxes what their rehabilitation cost.

I am readily aware that even under optimum conditions and support thus far, the number of disabled individuals being reached by the vocational rehabilitation program has been but a small portion of the total population of handicapped individuals who could be benefited by such services. During his tenure as acting commissioner of the Rehabilitation Services Administration, Corbett Reedy estimated that only one-third of those who could benefit from vocational rehabilitation were being served. Again in the past year, many state rehabilitation agencies have found it necessary to slow down or defer service programs, especially for new applicants. This is the inevitable result of the increased emphasis on rehabilitation of the severely disabled, a group for whom vocational rehabilitation requires more time and more effort. We *must* provide the means to continue this effort!

There are two specific sections in the current rehabilitation legislation in which I have a special interest.

The first is that of Innovation and Expansion Grants. The increased emphasis on the rehabilitation of the severely handicapped does entail an increased burden upon the State Rehabilitation agencies, its personnel and its facilities. It is because of this increased burden that the Innovation and Expansion Grant Program, which has always been significant, takes on an even greater importance. As you know, the Congress appropriated \$23 million for Innovation and Expansion Grants for fiscal year 1976. I realize



that this amount was in conflict with the Administration; since the Administration recommended nothing whatsoever for Innovation and Expansion Grants in rehabilitation.

I must say, that it is indeed puzzling that the Administration should choose to invest no funding for this useful and consequential program when the President stated, in signing the Rehabilitation Act, that "Its funding levels, which are adequate, do not abrogate the fiscal disciplines essential for a non-inflationary balanced budget." If the Administration is indeed serious about realizing the potential of the Rehabilitation Act, it could evidence that intent by supporting the funding levels, which the President himself referred to as both "adequate" and "non-inflationary."

Adequate funding for Innovation and Expansion Grants are important in that they allow for experimentation by the State Rehabilitation agencies to find new methods and ways of serving the severely handicapped. The Innovation and Expansion Grant Program is designed to better "leading edge" in giving direction to future services and programs to handicapped individuals. It deserves to be fully funded.

The other specific area in which I have a great personal interest in the rehabilitation program, is that of *research*. Suffice it to say that while we all live in a more practical world, one of applying methods and procedures developed elsewhere, we must be mindful of the extent to which we are all dependent upon our colleagues in the field of research for the great strides that have been made in rehabilitation. I believe that for the research program in rehabilitation to have a measurable impact, we needed the full \$32 million authorization for the fiscal year 1976. Unfortunately, my colleagues felt they could only provide \$24 million. But that amount will greatly help, for without adequate research, we cannot continue to make the strides that will be necessary to rehabilitate our severely disabled citizens.

I would like to briefly touch on one more concern. As I mentioned previously, for more than fifty years, the State Vocational Rehabilitation agencies in the various states have been providing rehabilitation services and rehabilitating thousands of handicapped persons, thus making it possible for these people to reach their vocational goal. The unique State-Federal partnership that exists between the State Vocational Rehabilitation agency and the Federal Government has been extremely successful throughout its history and a model that numerous other agencies have attempted to emulate.

However, it now appears that we have now reached a point in time and a situation that not only is threatening the successful, traditional vocational rehabilitation program as we know it, but one that has the potential of endangering the entire rehabilitation movement in the United States. A recent law enacted by the Florida State Legislature has reorganized the Florida State Department of Health and Rehabilitative Services. The law organizes the department into an "allied services" posture, completely destroying lines of authority, minimizes fiscal control, and provides

for no real accountability system. The new organization has the potential of making a "generalist" out of the rehabilitation counselor thus completely destroying the profession of rehabilitation counseling and eliminating the professional rehabilitation counselor who has been the key in the vocational rehabilitation process. This new law allows funds to be diverted from one program to another thus creating the possibility that rehabilitation funds could be diverted to other purposes than providing services to handicapped people in the State of Florida.

The new Florida law reorganizing the Department of Health and Rehabilitative Services may well be in conflict with the federal rehabilitation law. In fact, the Governor of Florida has recognized the conflicts between the two laws and has requested the U.S. Secretary of Health, Education and Welfare to waive federal law requirements.

This alarming situation should be of great concern to the Congress who has made clear its position with respect to the proper delivery of services to handicapped citizens by State Vocational Rehabilitation agencies. The Congress has fully recognized the importance and value of cooperating with various agencies in the private and public sector to help assure that adequate, quality services are provided to disabled persons. However, the Congress in the Rehabilitation Act of 1973, clearly spelled out that there are certain conditions it considers absolutely essential in any State Vocational Rehabilitation program.

The new law in the State of Florida that reorganizes the Department of Health and Rehabilitative Services may well violate, to some degree, each of the stipulated basic provisions of the Rehabilitation Act of 1973. If this is the case, it also appears that the scope and quality of services to disabled people in the State of Florida will be significantly diminished. Congress should act immediately, through additional oversight hearings to determine if the Florida reorganization plan has national implications to the detriment of other State Vocational Rehabilitation agencies, and to the provision of rehabilitation programs to handicapped people.

In spite of the organizational problems, funding problems, and the ever present need to continue to improve the service delivery system, I hope that the members of the National Rehabilitation Association will never lose sight of the fact that the essence of rehabilitation must retain its focus upon the individual, his dignity, his uniqueness, his inviolable right to function at a level consistent with his capacity.

The continued success of the rehabilitation movement is directly related to how well you continue to understand and respect the individuality and uniqueness of the person. Accommodation and adjustment should remain the mechanisms of rehabilitation; counseling the essential tool of rehabilitation; and the maximal realization of individual potential must remain its goal. But the essence of rehabilitation, its most distinguishing characteristic, is its recognition and respect for the dignity of man. The legislative future of vocational rehabilitation, as well as the movement itself, must never lose sight of this goal.



# The State-Federal Program: a Point of View

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*Presentation by C. Owen Pollard, president, CSAVR, and director, Bureau of Rehabilitation Services, Department of Health and Welfare, Augusta, Maine, given at the annual conference of the National Rehabilitation Association in Cincinnati, Ohio on Wednesday, October 15, 1975.*

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Seldom do I have the luxury of looking objectively at where we are or where we are going on the State/Federal Rehabilitation program. My own day by day activities on the state and national level as president of CSAVR seem to consist to a large extent of minor and major skirmishes related to sustaining the health and survival of program and services here and now. Perhaps the sum and total of my activities are an indication of what may be happening to rehabilitation and the significance of what these events mean to services to handicapped people.

A short time ago I was the guest at a workshop sponsored by the national office of the United Cerebral Palsy organization. The workshop was designed to acquaint public and private providers with some of the specific rehabilitation problems of people handicapped by cerebral palsy. I had only to sit and listen, and as I did I was struck with the fearful enormity of what was happening to the only categorical program remaining to serve handicapped people.

Simplistically, what I see happening or not happening as it relates to vocational rehabilitation can be included under three major headings: 1) organizational 2) legal and 3) moral.

Let's look at what is happening *organizationally*. Somehow effectiveness and efficiency have become synonymous with "integration" and amalgamation. All human services have increasingly been lumped together in large unwieldy umbrella agencies, and we constantly hear about the virtues of revenue sharing, block grants to states, state and local option and the obsolescence and evil of categorical approaches to human problems. A number of states that have entered into this conglomerate approach to human services already have their doubts that this approach enhances the effectiveness of service. Indeed, there seems to be growing evidence that the quality and effectiveness of service to particular groups is in fact diminished.

What does this mean for handicapped people? It can mean the end or the beginning of the end of the only categorical program solely concerned for their needs. It can mean that many programs for handicapped people, if

they continue to exist at all, are assured nothing more than the bits and pieces of the resources they can chip off in competition with all other human services. It can mean the complete submersion of the needs of handicapped people.

Some people say no one should get too concerned about organizational structure and issues. Each state should have the freedom to organize and deliver services as they deem appropriate. The private sector should not attempt to interfere with federal and state prerogative. I heard this process once described as allowing each state to go to hell in its own way. This attitude has only one pitfall—it will assure that the one public categorical program assuring certain rights and services to disabled people will probably also go to hell the same way. This is a totally irresponsible theory.

Let's look at the *legality* of what is happening. The Vocational Rehabilitation Act was designed and enacted to assure very specific services to handicapped people. To knowingly permit the violation of this law amounts to no less than a willing conspiracy. Participating in a willing conspiracy on whatever level—Congressional, federal or state, places the participant in exactly the same arena as the automobile thief. It represents an absolute break of trust—a crime against people—in this instance, handicapped people. Have we not had enough evidence recently of corruption, collusion, conspiracy and fraud? Any attempt to subtly or openly disregard a law or to cleverly circumvent its intent or substance is corruption, conspiracy, and fraud.

Let's look at the *morality* of what is happening. When the Rehabilitation Act of 1973 was written, the present economic disaster was not expected. No one can argue that it is just and right for severely handicapped people to have more and better services, but what has happened? We have raised the expectations of people—of disabled people. We have promulgated a concept of entitlement or at least raised the hope of receiving needed services, and at the same time, we have had a leveling and diminishing

*(Continued on page 36)*



# VETERANS' ADMINISTRATION: Some Current Concerns

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*Presentation by Irene Cooperman, assistant deputy director for counseling and rehabilitation, Veterans' Administration, Washington, D.C., given at the annual conference of the National Rehabilitation Association in Cincinnati, Ohio on Wednesday, October 15, 1975.*

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I am very glad to have the opportunity to discuss veterans' rehabilitation. It seems to me that there has for too long been an undue degree of separatism between those of us whose work responsibilities are concerned with veterans' rehabilitation and those who work with other disabled persons. Such separatism in considering rehabilitation problems and needs does not, it seems to me, redound to the advantage of the clients we seek to serve. While recognizing those factors that are unique in the veterans' situation, we should not overlook the basic commonalities arising from the fact of disability and its consequences. Most of the problems of handicapped persons that you have heard emphasized throughout the various meetings of this convention are shared by handicapped veterans: architectural barriers block the veteran as well as the non-veteran; lack of access to public transportation makes it just as difficult for the veteran to get to school, to the job, to a museum or the theatre; difficulty in finding a job because of employers' misconceptions, prejudices, and fears is a fact of life for the disabled individual, regardless of veteran's status.

It is important to note, too, that disabled veterans and other disabled persons do not, so far as rehabilitation services are concerned, constitute completely separate populations. It is not a case of 'never the twain shall meet.' The benefits of the VA vocational rehabilitation program are available only to those veterans whose disability is service-connected and of compensable degree. Of a total of 29.2 million veterans in June 1974, 2.2 million were receiving compensation for service-connected disability. How many are disabled by nonservice-connected injuries and illnesses we do not know. We do know, however, that there are some half million veterans of WWII and subsequent periods who are *totally* disabled from causes not traceable to military service and who receive VA pensions on that basis. Since pension payments for veterans under 65 years of age continue only so long as incapacity continues, there exists for this group, just as for nonveterans in an analogous situation, a serious, built-in lack of incentive towards rehabilitation.

So far as vocational rehabilitation is concerned, the boundary between the veteran and nonveteran disabled population is further blurred by the fact that under the law even those veterans who are eligible for VA vocational rehabilitation, i.e., service-disabled veterans—have this eligi-

bility only for a limited period, generally for nine years after discharge. Certain extensions are permitted by law, but these extensions, too, are time limited, and for large numbers of service-disabled veterans the possibility of extension no longer exists. In the case of WWII and most KC veterans, for example, VA vocational rehabilitation benefits terminated June 30, 1975, and all veterans to whom this termination applied and who were in training on June 30, 1975 had to look to other resources, primarily the State-Federal Rehabilitation program, for the support needed to complete their rehabilitation. Similarly, any service-disabled veteran whose need for vocational rehabilitation emerges after his eligibility for VA benefits has expired will have to turn elsewhere for rehabilitation assistance. Legislation is now pending in the Congress which would eliminate termination dates for those veterans who are *seriously* disabled as a result of service-connected conditions. If this were enacted, such veterans would have VA rehabilitation benefits available on an open-ended basis, depending only on his need and capacity for rehabilitation. While this would fill a gap in the present structure of benefits, one might, from the viewpoint solely of rehabilitation philosophy, question the validity of the concept of a fixed number of years of eligibility for vocational rehabilitation. Parenthetically, it is interesting to note that veterans have a longer period in which to take advantage of their educational benefits under the GI Bill than service-disabled veterans have to use their rehabilitation training benefits (ten years versus nine years).

In view of the population crossovers and interrelationships, both the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974 contain strong injunctions about the need for coordination between the VA rehabilitation program for eligible service-disabled veterans and the State-Federal program for other citizens. We are currently engaged in a revision and updating of the longstanding agreement between the Veterans Administration and the Rehabilitation Services Administration in the Department of Health, Education and Welfare which will serve to strengthen the coordination of VA and State Rehabilitation agency services for both service-disabled and nonservice disabled veterans. The VA is also working closely with the RSA as a member of a standing committee concerned with the coordination of services to disabled veterans.

(Continued on page 39)



# Rehabilitation Consumerism Confrontation or Communication and Cooperation?

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*Address by Commissioner Andrew S. Adams, Rehabilitation Services Administration at the Annual Meeting of the National Rehabilitation Association in Cincinnati, Ohio, on Tuesday, October 14, 1975.*

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The prominent role of NRA in the system of delivering rehabilitation services—historically, now, and in the future—commands my respect and the appreciation of all. I could spend hours discussing the current RSA developments and the ambitions we have for the future of rehabilitation services. On other occasions I anticipate we will be considering the strong part NRA will surely play in these developments. I want to make a few general comments and then dig into the concern of this session.

First of all, I bring you greetings from our new Secretary. I have had meetings with Dr. Mathews, and he has already shown firm support for our programs. I also want to mention our Assistant Secretary for Human Development. Stan Thomas has demonstrated strong support for the rehabilitation of the disabled, as he has for the aged, the native Americans, the run-a-way youth, and the disadvantaged children.

While this forum is not the occasion for an update on all the new developments in RSA, I do want to briefly report to you the latest figures in carrying out the mandates of the Rehabilitation Act of 1973 and Amendments of 1974. Nationwide, we continue to provide more resources to severely handicapped Americans. With your determination and resourcefulness, this past year we rehabilitated 325,000 disabled people—of which 119,000 were seriously disabled. This is a significant jump from the year before. I remain confident that, despite the economy and our limited resources, the results of rehabilitation will continue to be greater. With your continued support, the physically and mentally disabled in our great country will live and work taller and taller.

This session has the specific purpose of focusing on one important and timely concern which affects all of us. The title assigned in the program reads: "Rehabilitation Con-

sumerism: Confrontation or Communication and Cooperation."

I am here because I have a very strong interest—both professionally and personally—in the successful implementation of consumerism in rehabilitation services. It represents one of the highest priorities among the current issues. And I am here because the subject is of immediate concern and warrants the strong direct attention of the Commissioner of RSA. And you know, your Commissioner represents both the consumer and the provider.

Consumerism is not an issue about which we can achieve effective resolutions by being "for" or "against" in the abstract. In the field of rehabilitation, consumerism is a range of specific processes and events in which the relationship between service providers (the professionals) and disabled persons (the consumers) may be one of confrontation or of communication and cooperation. This is as true of the individual relationship between a VR counselor and an individual in need of services as it is of the relationships between groups representing various consumers and institutions administering various services. And it is a potential or immediate concern in every rehabilitation organization—whether the membership includes balanced combinations of consumers and professionals or predominant membership of one category.

From my vantage point, I see numerous examples of confrontation and of communication and cooperation between providers and consumers of rehabilitation services. While I generally hope for a movement toward more and more situations where the resolutions are achieved through communication and cooperation, there are appropriate times for confrontation as an initial process to stimulate dialogue and represent interests.





NRA Past Presidents. (Left to right): James Burrell, Dill Beckman, Howard Benshoof, R.C. Thompson, Lowell Green, E.B. Porter, Richard Burk, E.B. Whitten, (retired NRA Executive Director), Warren Thompson, John S. Prickett, L.B. Hartley.

# NRA

## 1975



Diane Roupe, NRA Executive Director, August Gehrke, NRA President-elect.



Ohio, Rehabilitation Association (ORA), NRA host chapter. (Left to right): Dirk Pastoor, guest room reservations, Doris Rankin, conference coordinator, Bernard Rosenthal, program representative to National Office, Ronn Perrin, ORA President and co-chairperson of the host chapter, Sally Berlage, chairman of banquet and president's reception.

Wheelchair basketball exhibition in Fountain Square.



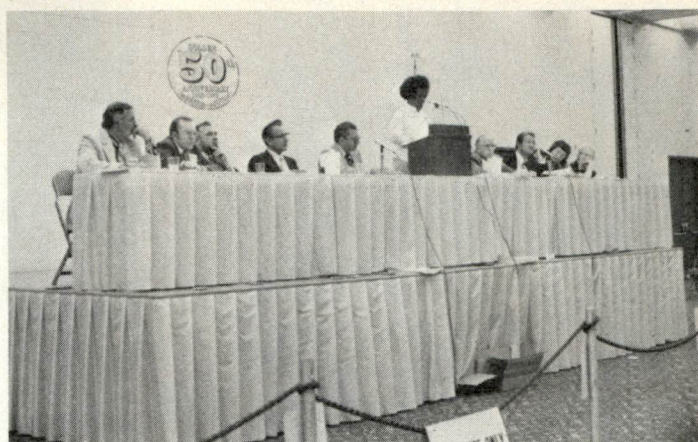
Vans exhibited at Conference





# Conference

Cincinnati, Ohio



A point of order is discussed at the Delegate Assembly.



(Left to right) Keynote speakers: Stanley Thomas, Assistant Secretary for Human Development, HEW, Washington, D.C.; Olive Banister, retired executive director, Vocational Guidance and Rehabilitation Services, Cleveland Ohio; Dean Taylor, NRA Conference program chairperson.



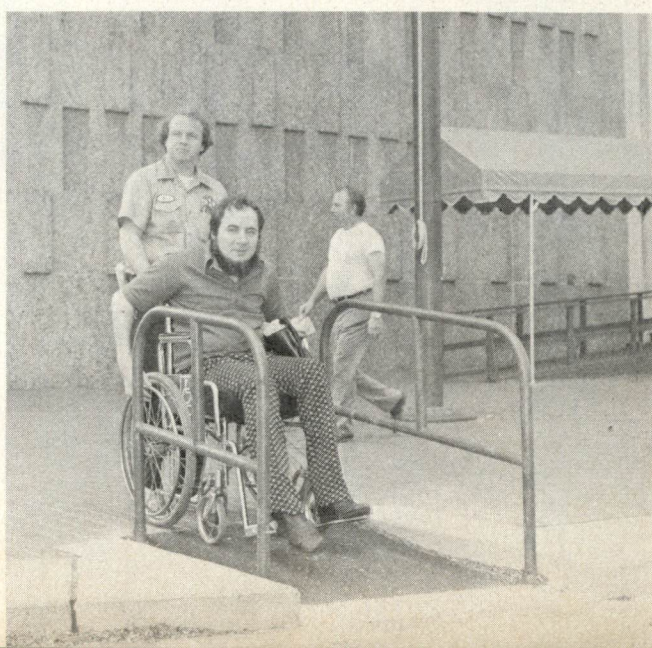
Senator Jennings Randolph receives the Bell Greve award from NRA President Lowell Green.

Conféerees waiting for scheduled tour.



JANUARY-FEBRUARY, 1976

Convention Center ramped to insure wheelchair access.







Registration at the Convention Center, Cincinnati, Ohio.



(Left to right): President Lowell Green, Mrs. Green, Senator Randolph (W.Va.) Mrs. Gehrke, August Gehrke, NRA President-elect.

President's Reception.



Senator Charles McC. Mathias, Jr. is interviewed by local television.





(Continued from page 25)

- E) Increased opportunity at all times for self-determination, whenever humanly possible.
- F) Carefully explained referral when another program or service is indicated, with appropriate assistance.
- G) Intensive understanding of client expectations and programs or service expectations.
- H) Careful distinction between rights and privileges as they relate to services under the law or statutes.
- I) Promptness, efficiency, and organization of needed services.
- J) Consumer involvement in developing the case plan.
- K) Clarity and availability of client information obtained.
- L) Appropriate sharing of data on client progress or problems.

- M) Case evaluation translated into client self-evaluation.
- N) Job satisfaction.
- O) Leadership role of counselor to prevent or resolve problems.
- P) Extended client interest beyond legal agency requirements.

However consumerism emerges in each particular context, it is something which deserves our strong interest.

In RSA I have placed top priority on developing a "Consumer Involvement System" that provides for maximum involvement and cooperation of consumers and their organizations. I strongly urge that this be emphasized at the State and local levels. I am positive that a well thought-out and planned CIS can capitalize on confrontation, open communications, and foster cooperation so that consumers and providers can be "singing out of the same hymn book."

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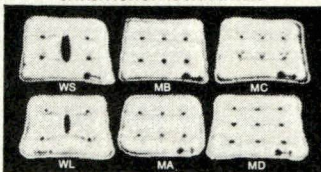
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## division presidents

**Anne D. Crumpton, president, National Rehabilitation Counseling Association, NRA.** Currently, Mrs. Crumpton is employed as project director of the Knoxville Area Comprehensive Rehabilitation Consortium of the Tennessee Division of Vocational Rehabilitation, where she also serves on the board of directors. She is a member of the Commission on Rehabilitation Counseling Certification and a board member, Voluntary State Rehabilitation Counseling Association. She is a past secretary/treasurer of NRCA and a past Southeast Regional representative to NRCA board of directors. Mrs. Crumpton is presently secretary of the NRA Council of Division Presidents.

**Lewis D. Buckingham, president, National Association of Disability Examiners, NRA.** Mr. Buckingham is currently retired and residing in Florida. He is a certified disability examiner and vocational specialist and has worked in the District of Columbia State Agency for twelve years as an examiner and unit supervisor. He has served three years as the Mid-Atlantic region member of the NADE board and one term as its secretary-treasurer.

**Fred C. Board, president, Job Placement Division, NRA.** In 1956 Mr. Board assumed the directorship of Just One Break Inc. in New York City. He has assisted in the formation of similar organizations in the United States and Canada. Mr. Board has been a member of the President's Committee on Employment of the Handicapped since 1959. He has served as a consultant and lecturer at several universities and as project director of two three-year studies for the Vocational Rehabilitation Administration of HEW concerning job placement for handicapped persons. He is current project director of a five-year privately funded study dealing with job placement of physically disabled persons.

**Richard B. Erickson, president, Vocational Evaluation and Work**

**Adjustment Association, NRA.** Mr. Erickson is currently employed as the supervisor of the Vocational Evaluation and Training Section at the Institute of Physical Medicine and Rehabilitation in Peoria, Illinois. Prior to this position, Mr. Erickson was director of the Linn County Health Center in Cedar Rapids, Iowa where he developed a workshop program for vocationally limited individuals. Mr. Erickson is a member of a task force formed at New York University Medical Center to establish vocational indicators. He is also a vocational consultant for the Social Security Administration Bureau of Hearing and Appeals. Mr. Erickson has served as board member of the Illinois Rehabilitation Association and has been both regional representative and chapter president of VEWAA.

**Marvin O. Spears, president, Administrative and Supervisory Practices Division, NRA.** Mr. Spears is currently employed as director of operations of the Minnesota Division of Vocational Rehabilitation. He has been an involved member of the Institute for Rehabilitation Issues, an ongoing series of special study committees in rehabilitation. Mr. Spears has been an active member of the Minnesota Rehabilitation Association, having served as a board member and past president. He has been active in the affairs of NRA, having served as a member and chairman of the NRA Policy Committee. He has served as a board member, treasurer and vice-president of ASPD.

**Milton Cohen, president, National Congress on the Rehabilitation of Homebound and Institutionalized Persons, NRA.** Mr. Cohen is currently employed as the executive director of the Federation of the Handicapped in New York City. He is chairman of the By-Laws Committee of the International Association of Rehabilitation Facilities, and has served as chairman of the State

*(Continued on page 39)*



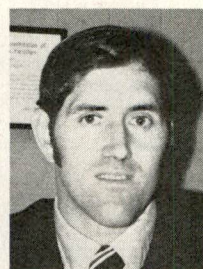
Crumpton



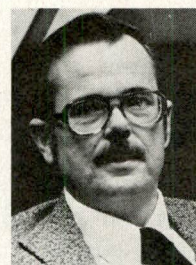
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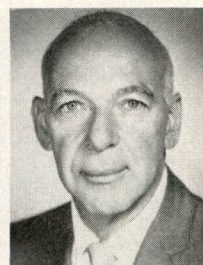
Board



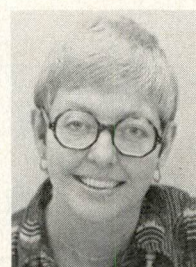
Erickson



Spears



Cohen



Davis



# DIVISION REPORTS

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## **The Administrative and Supervisory Practices Division**

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The Administrative and Supervisory Practices Division of the National Rehabilitation Association has devoted its activities toward communication. The Division has promoted an active program of service to its membership through regional programs. This approach was developed to serve the many members who are unable to attend the National Conference. By using the regional system, the Division expanded the opportunities for communication between the division members. Six of the seven regional National Rehabilitation Association meetings had ASPD Division presentation in the program. One of the outstanding programs developed during the year was that of the Great Plains Region. They developed a management workshop which ran concurrently with the Great Plains Regional National Rehabilitation Association Meeting. The workshop and NRA meeting extended over a five-day period. The Regional unit tapped the resources of a professional management and training organization to assist in providing this program. This innovative joint professional training approach demonstrates how combined professional and regional meetings can provide a maximum benefit for communication between managers of rehabilitation services.

### **Operational Program Grants**

The NRA Division has continued to expand its program of Operational Program Grants to local and regional units. The Operational Grants have been made available to all units to assist them in carrying out the operational activities. Funds are available from the national organization to pay for such operational costs as communications and clerical expenses for ASPD Units and are secured through the Program Grants Committee. Program grants have also been provided to encourage and assist local units in planning and initiating professional programs which will maintain and/or increase the body of knowledge held by managerial practitioners within the unit.

### **Membership Increase**

During the past year the Administrative and Supervisory Practices Division has had a substantial increase in its membership. Its membership has increased by approximately twenty percent due to the efforts of our national membership chairman, George Filar. Membership increased from 1,010 in 1974 to 1,202 in 1975. Along with this increase in membership, the division has recognized five additional units. These units are Arkansas, Kentucky, Nebraska, Great Plains Region,

and West Virginia.

The Administrative and Supervisory Practices Division has utilized its organizational structure to encourage the informal development and meeting of managers who specialize in specific areas within the field of rehabilitation. These areas include training, field operations, and research evaluation. Support has been provided to key members of the Association in encouraging use of the ASPD organization as a medium for sharing experiences and concerns.

The Administrative and Supervisory Practices Division has further worked to meet the needs of its membership through provision of a strong national program which was held in Cincinnati at the National Rehabilitation Association Meeting. Topics discussed at the annual meeting were the legal responsibilities of managers, quality and control, a new role for the supervisor, and the training needs of the supervisors.

The final area of involvement for ASPD for the year ending was the Awards Program. The Mary E. Switzer Administrative and Supervisory Practices Award was presented to Olive Bannister for her outstanding contribution to the field of rehabilitation. Presidential citations were provided to Harold Shay, P. J. Trevethan, and Craig Mills, the former director of the Florida Division of Vocational Rehabilitation.

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## **The Job Placement Division**

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During the fiscal year 1974 and 1975, the operation of the Job Placement Division (JPD) was hampered somewhat by the illness of President Tony Swegard. However, through the efforts of some of the membership, we are able to review our accomplishments. We published three JPD Digests mainly through the efforts of John Fargher who acted as interim editor. Membership brochures were printed and distributed by President Tony Swegard. The 1973 and 1974 Lou Ortale Lectures were distributed to the membership through the efforts of the staff of the President's Committee on Employment of the Handicapped. Also distributed were the 1974 certificates of membership.

Carolyn Ream, Executive Secretary of the Governor's Committee on Employment of the Handicapped of the State of Nevada, was selected to receive the Maggie Fairborn Award as a result of outstanding work in the placement of severely handicapped persons. Ms. Ream has had extensive experience as a coordinator for the Employment Service of Nevada and has also worked in the placement of severely handicapped



people with the division of the Vocational Rehabilitation of Nevada.

### **Growth and Development**

The membership chairman, Bobbie Housman, reported that we had a final total of 995 members in fiscal year 1974-75. While this number represents fewer members than last year, it is more reflective of real interest, as complimentary memberships were discontinued. The present figure is an increase in membership from two years ago.

During the year a new chapter was formed in Texas at the annual meeting of the Texas Rehabilitation Association in San Antonio. Besides the regular meetings held at the National Conference, the Board of Directors met during the conference held in Washington, D.C. in April by the President's Committee on the Employment of the Handicapped. As a result of the general membership meeting held in Cincinnati, the new officers are: Fred Board of Just One Break, Inc., New York City, President; Tommy Bodine, Commission for the Blind, Austin, Texas, President Elect; Bobbie Housman, Human Resources Center, Long Island, New York, Vice President; Enise Nelson, Civil Service Commission, Washington, D.C., Secretary-Treasurer; Board Members at Large, Gene Shipley, South Carolina Employment Commission; John Hamilton, Opportunity Workshop, Minneapolis, Minnesota; Representative to the NRA Board of Directors, Ed Rose, President's Committee on Employment of the Handicapped, Washington, D.C.; Membership Chairman, Bob Meyer, Iowa Division of Vocational Rehabilitation. The major decision made by the membership was a commitment to more and better efforts being made toward the election of officers by mail ballot. It was felt by the membership at the meeting that this can be done through the JPD Digest.

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## **The Vocational Evaluation and Work Adjustment Association**

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The goals of VEWA for 1975 were:

- (1) develop tentative guidelines for work evaluation service programs;
- (2) initiate work on competency-based certification for evaluation and adjustment specialists;
- (3) complete study of the VEWA Constitution and Bylaws;
- (4) revise the VEWA Code of Ethics;
- (5) complete study of VEWA voting procedures at the National Conference and act on recommended revisions;
- (6) begin developing a glossary of terms frequently used in the vocational evaluation and adjustment services field, and
- (7) initiate a feasibility study of an employment clearinghouse for VEWA members.

The accomplishments of the 1975 year began im-

mediately after the Las Vegas meeting when VEWA submitted its work adjustment standards to the Commission on Accreditation of Rehabilitation Facilities (CARF). These work adjustment standards were accepted by CARF and became effective in March, 1975. The work adjustment standards were also adopted by the National Accreditation Council. VEWA, through its standards ad hoc committee, worked closely throughout 1975 with CARF towards the development of recommended work evaluation standards for inclusion in that institution's standards manual. VEWA's efforts culminated at the Cincinnati NRA Conference with CARF now in possession of these recommended standards. The standards committee will continue to refine both work evaluation and work adjustment standards throughout 1976.

### **Funding Sources Sought**

The initial rationale and goals for the competency-based certification for evaluation and adjustment personnel were decided upon. It was estimated that this project would take between three to five years. Funding sources are being sought for the work necessary to identify the competencies and establish measurement techniques for the certification procedures.

A number of revisions of the constitution and bylaws were passed at Cincinnati. It was resolved that the Constitution and Bylaws Committee revise the constitution and bylaws so as to combine the two separate documents into one entitled *The Bylaws*. The corporate charter of the association will be the basic law of the organization. This revision is to be accomplished in 1976.

The VEWA Code of Ethics was revised in 1975, and the short form was published in the VEWA Newsletter. The short form of the Code of Ethics will be printed on parchment type paper and mailed to all 1976 members. The long form will be reprinted in the Association's Bulletin in 1976.

### **One Member - One Vote**

As VEWA conducts its business at the annual meeting which is attended predominately by membership from the geographic region in which the meeting is held, it was felt that this situation violates the principle of one member—one vote. To rectify this situation, the initial rationale for a delegate assembly was studied and decided upon this year. The Constitution and Bylaws Committee was given the responsibility for developing the procedures necessary for the creation of a delegate assembly in 1976.

The VEWA Glossary Committee completed the development of a glossary of terms frequently used in evaluation and adjustment. The committee will continue with its efforts to further define terms in the VEWA Glossary.

VEWA was unsuccessful this year in developing an employment clearinghouse for its membership. Further efforts will be made to develop an employment clearinghouse with the other divisions of NRA.

Other VEWA achievements in 1975 included:

- (1) Two new VEWA state units were chartered. Those states receiving unit charters at Cincinnati were



Missouri and New York. The number of VEWA state units is now twenty-eight.

### Three-Year Project Completed

(2) The three-year VEWA Research Project was completed in 1975. The results of the project were printed in three publications (two special issues of the bulletin and a replacement for the September bulletin) and mailed to 1975 members. The project dealt with such issues as: Tools of the Evaluator, Vocational Evaluation Services in the Human Services Delivery System, Standards for Vocational Evaluation, Glossary of Terms Used in Vocational Evaluation, Evaluator Team Approach to Vocational Evaluation, The Evaluator and the Relation of Vocational Evaluation to Organizations and Educational Institutions.

(3) VEWA membership in 1975 reached a total of 2,577, with eighteen states achieving over 100 percent of their goal. This is over a 200-member increase from 1974. Ohio VEWA was presented the VEWA Membership Banner.

(4) The VEWA Operational Procedure Manual was completely revised and expanded. This manual provides the information necessary for orderly transition of the VEWA Executive Council.

(5) A mini-grant award was presented to Auburn University to assist in development of a work evaluation simulation project, and

(6) Bernard Rosenberg was the second recipient of the "Paul R. Hoffman Award" for outstanding achievement in work evaluation and adjustment.

VEWA officers for 1976 are: President, Richard Erickson, Peoria, Illinois; President-Elect, Jack Sink, Athens, Georgia; Immediate Past President, Arnold Sax, Menomonee, Wisconsin; Treasurer, Katherine Williams, Washington, D.C.; Secretary, Victoria Mason, Dallas, Texas. Jack Genskow, Decatur, Illinois, was re-elected as Regional Representative of the Great Lakes Region, and Donn Brolin, Columbia, Missouri, was elected as Great Plains Regional Representative. Arnold Sax was elected as VEWA NRA Board representative.

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## The National Association of Disability Examiners

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Like the other Divisions NADE lost a few old members but gained them back in new members plus a few more. Unlike the other Divisions we had a slight increase instead of a decrease, with 2,155 being the official count as of June 30, 1975.

The NADE Executive Board was called in for a mid-year session in April to resolve NADE's position on the "federalization" issue. This position as developed by the board was presented to the House Ways and Means Sub-Committee on Social Security in October in formal testimony given by the president of NADE. The sub-

stance of the position is that, if and when, the Disability Determination Services are "federalized" NADE wants specific and equitable guarantees in the carrying over of the careers and benefits for Disability Examiners to Civil Service status. This would include pay, seniority, retirement, annual and sick leave, and other benefits on an equitable basis with Civil Service employees at the same professional level and seniority.



NADE Officers and Executive Board for 1976-76.

### New Units Organized

NADE gained five new organized units during the year for a total of 40—the ultimate goal being 53. Work is progressing on formation of NADE regional organizations in those regions not already organized. During the year, an Ad Hoc committee appointed by Chairman Dill Beckman of the Social Security Relationships Committee of CSAVR worked out a proposal for up-dating and up-grading Disability Examiner job classifications and job descriptions. This proposal has been accepted by NADE and the CSAVR Committee. Basically, the proposal provides for a three-step career ladder and moves a step closer to national standardization and national equity in pay and benefits for DE's. It now needs the required follow-up for implementation on a national scale.



NADE President C.P. Phillips presents the John Gordon Award to Morris Sorrenson, coordinator of the Utah Disability Determination Section. This award was presented at the 1975 National Conference in Cincinnati.



### **NADE Theme Announced**

NADE's new president, Lewis Buckingham, is off to a good start for 1976. His theme is "Effective Communication Equals Involvement." Like the other Divisions of NRA, NADE keeps trying to overcome the communications problems inherent in a coast-to-coast geographical spread with only one regional and one national conference per year where issues come into focus—sometimes explosively. However, the conflicting views are usually resolved, and all part friends in the abiding spirit that our goal is better service to handicapped people.

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### **The National Rehabilitation Counseling Association**

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It is said that the growth and development of an organization is evident in its changes. The past year NRCA assumed the responsibility for developing the policies and procedures to attain and maintain a leadership role in the rehabilitation counseling community.

A review of the current organizational structure was made and appropriate recommendations presented to the membership for change. These included the function of four councils (Policy and Program, Organizational Operations, Professional Development, and Membership Services). The National Board was changed to include regional presidents and presidents-elect, thus assuring more effective communications from region to national. The same changes are being recommended on the regional, state, and local levels.

#### **Membership Increase Noted**

Our membership rose to 9500, partially due, no doubt, to the Certification Process of the Commission on Rehabilitation Counselor Certification. NRCA has been a sponsor of the process and is continuing to work toward development and maintenance of professional standards through certification maintenance.

Much of our activity was also directed toward state licensing and standard for entry into the profession, in addition to other legislative matters affecting the profession of rehabilitation.

Most notable in the area of governmental relations activities was the involvement of NRCA in the Florida Reorganization problem. At the request of the Florida Rehabilitation Counseling Association, NRCA assisted in initial action within the state to halt the reorganization of vocational rehabilitation. Later, NRCA was instrumental in bringing this matter to the attention of the NRA Board of Directors, and a national campaign has been developed to protect the integrity of both the Vocational Rehabilitation Program and the profession of rehabilitation counseling.

During the past year, NRCA has begun to develop the concept of continuing education programs for rehabilitation counselors under sponsorship of the As-

sociation. Both the Northeast and Mid-Atlantic NRCA Regions have started implementing plans in this area.

Newly chartered branches in NRCA during 1975 included Connecticut, Mid-Hudson, New York, and five new student branches; University of Georgia, Memphis State University, University of Northern Colorado, Illinois Institute of Technology and the University of Pittsburgh.

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### **The National Association of Rehabilitation Secretaries**

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In September 1974, NARS held a training seminar for the secretaries to the State Administrators for the General and Blind agencies; also included were secretaries to the RSA Associate Regional Commissioners. This seminar was funded through an RSA training grant, and a total of seventy-seven secretaries participated. Early this year the materials from this seminar were compiled by the Arkansas Unit of NARS, and a formal presentation was published and distributed to all participants and to staff development of each state. This eighty-three page manual includes: Congress and the 1973 Rehabilitation Act; Titles of the 1973 Rehabilitation Act and an Overview of the Regulations; State/Federal Relationships; Program Guidelines (Description of the New VR Manual); Financial Management; Program Management, State Plans, Monitoring and Evaluation; Program Development; Sheltered Workshops; Rehabilitation Facilities; Services for the Blind; Services for the Deaf; Social Security—Vocational Rehabilitation Related Programs; Rehabilitation Training and Research; Related Organizations; The Secretary as a Facilitator. The manual was published so that many rehabilitation secretaries not attending the seminar could use the valuable information to gain an increased understanding of the 1973 Rehabilitation Act, its implications for services to the handicapped people and its effect on agency operations. Each participant was charged with the responsibility to arrange training in their respective state and to work with the staff development officer in using this information.

#### **Communications with Deaf Project**

Communications with the Deaf, NARS' special project which began in 1974 continued this year, with the goal of every secretary being able to fingerspell. Our goal for 1976 is to become certified. Donna Davis, special projects chairman, hopes to have a member of the Registry of Interpreters for the Deaf to visit state meetings and assist members in the advancement of communications and future certification.

NARS assisted two Regions (Region V & X) with specialized secretarial training programs this year. The Region X workshop was formalized and directed by Brent Snow, assistant director of the Rehabilitation Counselor Training Program at the University of Idaho and Richard Taylor, training supervisor, DVR, Boise, Idaho. The first session was held September 3 and 4,



1975 in Anchorage, Alaska. Gary Onus, Alaska Staff Development, assisted with the program in Anchorage along with NARS President, Betty Ann Walker. The training was well-received by those attending and covered a variety of subjects from the 1973 Rehabilitation Act to a panel discussion by rehabilitation counselors. Participants were from Alaska, Oregon, and Washington. The workshops are to continue with the next to be held in Idaho. Region V is in the process of developing a training program for secretaries. Mike Flynn, Center of Continuing Education, Multi Resource Center of Minneapolis, Minnesota is spearheading the program. NARS is especially proud of its contribution to these training programs and hopes that other states and regions initiate similar programs.

#### **Four New Units Organized**

Four new Units were organized during 1975, Maine, Mississippi, West Virginia and Pennsylvania. Several states are now in the process of organizing. Davy Jackson, membership chairman and Syble Deshotel, program development chairman worked with the states in becoming organized and deserve much credit for their efforts.

The NARS 1975 Outstanding Service Award was presented to Irene Lohmann of Minnesota. Irene has been employed by the Minnesota Society for Crippled Children and Adults for nearly twenty years. She is a dedicated rehabilitation worker and her credits are many.

Membership cards were printed and distributed to NARS members this year. The response to the cards was so enthusiastic that the Board has voted to continue them for at least one more year.

The 1976 NARS officers and board members are: President, Donna Davis, Chicago; President-Elect, Norma Jo (Jody) King, Oklahoma; Secretary, Ava Crawford, Arkansas; Treasurer, Helen Glass, New Mexico; Board Members—Marcella Jesse, South Dakota; Mima June Blackburn, Oklahoma; Isla Betts, Kansas; Kitty Steede, Tennessee; Jo Ann Polston, Arkansas; Gertrude Wilson, Florida; NRA Board Representative, Gwen Countryman, Arkansas, Past President, Betty Ann Walker, Florida, and Membership Chairman, Ione Wilcox, Minnesota.

NARS projects for the coming year will be to continue our fingerspelling project with the goal of certification, develop additional training programs for members and produce an officer's procedure manual.

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### **The National Congress on the Rehabilitation of Homebound and Persons Institutionalized**

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The National Congress on the Rehabilitation of Homebound and Institutionalized Persons (NCRHIP) has just completed its first operational year in the National Rehabilitation Association Divisional structure and as a fledgling organization, it is gradually emerging from its organizational preoccupation to an emphasis

on programs. After receiving provisional approval by the NRA Board of Directors in 1975, the Division engaged in developmental activities that culminated in its attaining a relatively stable status and a sizable initial membership. These steps included:

- 1) The recruitment of a Division board consisting of distinguished rehabilitation leaders interested in the special rehabilitation problems of homebound and institutionalized persons.

- 2) The development of Divisional by-laws.

- 3) The election of a slate of officers.

- 4) An initial statement of Divisional objectives, included: the provision of informational services for professional workers; advocacy of programs for homebound and institutionalized persons; the initiation and expansion of agency programs; the facilitation of communication among NRA members concerned with homebound and institutionalized clients; and the encouragement of research and development in this field.

Although the National Congress recognizes that all other NRA Divisions necessarily intersect with it in terms of interest in homebound and the institutionalized people, the need was felt for a visible unit in the NRA structure which concerns itself exclusively with severely handicapped persons.

The need for a targeted NRA group of this type is underscored by the diffusion that currently marks professional work with homebound and the institutionalized people and the relatively low priority ordinarily assigned to this client group in the context of broader rehabilitation populations, interests, and issues. In brief, the National Congress has already made strides in achieving the objective of making homebound and institutionalized persons more visible, not only in the NRA family, but in many sections of the United States. It has had extra organizational impact, as well. Even those who do not fully support an NRA Division established along "disability or client status" lines, have become more aware of this client group and the NRA voices being raised on their behalf.

With some of its organizational efforts nearing completion, and with a beginning Divisional Service Program launched, the National Congress is moving ahead on three major fronts:

#### **Membership Recruitment**

An initial thrust in developing a Divisional membership was provided by the NRA central office staff members whose intervention helped the National Congress to design, print, and distribute membership brochures, obtain publication of notices in the *Journal of Rehabilitation* about the Congress, and establish contacts between the National Congress and influential rehabilitation leaders. As a consequence of this effort, the National Congress entered the 1975 NRA meetings in Cincinnati with more than 145 official members and a number of supporters who, although they had not yet applied for membership, felt an affiliation with the objectives and programs of the Division.

In its desire to make membership available to all rehabilitation workers, both currently in and out of NRA, the Division's board is interested in developing a regional and state-by-state membership network through



which local volunteer membership chairpersons will foster interest in Divisional membership. Naturally, present NRA members are invited to join the Division. Emphasis is also being placed upon rehabilitation-related practitioners and administrators who currently are not members of NRA but whose interest in the Divisional program conceivably could result in their joining NRA. At this time, work is moving forward at the initiative of the Division's board to select local and state personnel to represent the Division in its membership recruitment drive.

#### **State and Local Units**

Through the good offices of a dynamic group of NRA members and other rehabilitators in Ohio, the Division formally accepted the promising Ohio group as its first state unit during the NRA Conference in Cincinnati. Serving the whole State, the Ohio unit has not only organized itself into a viable group, but it is moving ahead with significant and functional programs that are certain to result in improved Homebound and Institutionalized Rehabilitation Programming. Interest in Divisional affiliation has also been expressed on a tentative level by a group in Illinois, and formative planning is moving ahead in other States, as well. By the Fall of 1976, NCRHIP should have one or more additional applications presented to it for possible affiliation, in accordance with NRA procedures that govern affiliation of local and state units with various Divisions. NRA members are encouraged to contact the National Congress with ideas and suggestions for additional state and local units that, in the longrun, promise to be some of the most effective channels through which the Division will implement its programs on behalf of homebound and institutionalized persons.

#### **Progress in Divisional Programs**

Almost from the beginning, active program components were established by the National Congress. For example, with encouragement from the NRA office staff, the Division prepared three issues of a Divisional Newsletter which are distributed to interested NRA and National Congress members. These Newsletters contain practical ideas for extending and improving rehabilitation services for homebound and institutionalized persons in addition to keeping readers up-to-date about Divisional activities. In addition, the National Congress conducted one professional meeting at the NRA Conference in Cincinnati. This meeting introduced participants to the National Center for the Rehabilitation of Homebound Persons at Federation of the Handicapped and involved them in planning various aspects of the Center's program. Beyond this, the Division has guided NRA members seeking more information about homebound and institutionalized rehabilitation programs to sources of such information, including the Library of the National Center, prototype programs, recent grant recipients, and leaders in the field of the rehabilitation of homebound and institutionalized persons.

In response to a number of inquiries, officers of the National Congress have conferred in person or via telephone with people in the field who feel a need for consultation and advice concerning this client group.

An important aspect of the Division's program is that

of arranging for representation in its area of concern at state and local NRA meetings. Some of the Division's leaders, serving as advocates of homebound and the institutionalized persons, have already persuaded NRA units in their areas to plan professional sessions dealing with the special problems of such clients. Indeed, reports received indicate that a few of these Divisional leaders have gone even further and are organizing planning groups that will have a direct impact upon the quality of services available in their areas for homebound and institutionalized persons.

Members of the National Congress are understandably eager to accelerate the rate of Divisional progress in developing programs. Homebound and institutionalized persons are among the most neglected of all rehabilitation clients, and committed NRA members are impatient to foster a turnaround in this situation. Assisted at every turn by the NRA Board, the NRA central office staff, and the volunteer efforts of the Division's board members, the National Congress may be expected to take its place in time beside the other and better established NRA Divisions.

A good start has been made. New Divisional leadership is emerging. Interest in homebound and institutionalized persons is mounting. Future reports coming out of the Division should reflect greater accomplishments and as a consequence of these accomplishments, improved rehabilitation programming for homebound and institutionalized persons in all parts of the United States.

#### **Pollard**

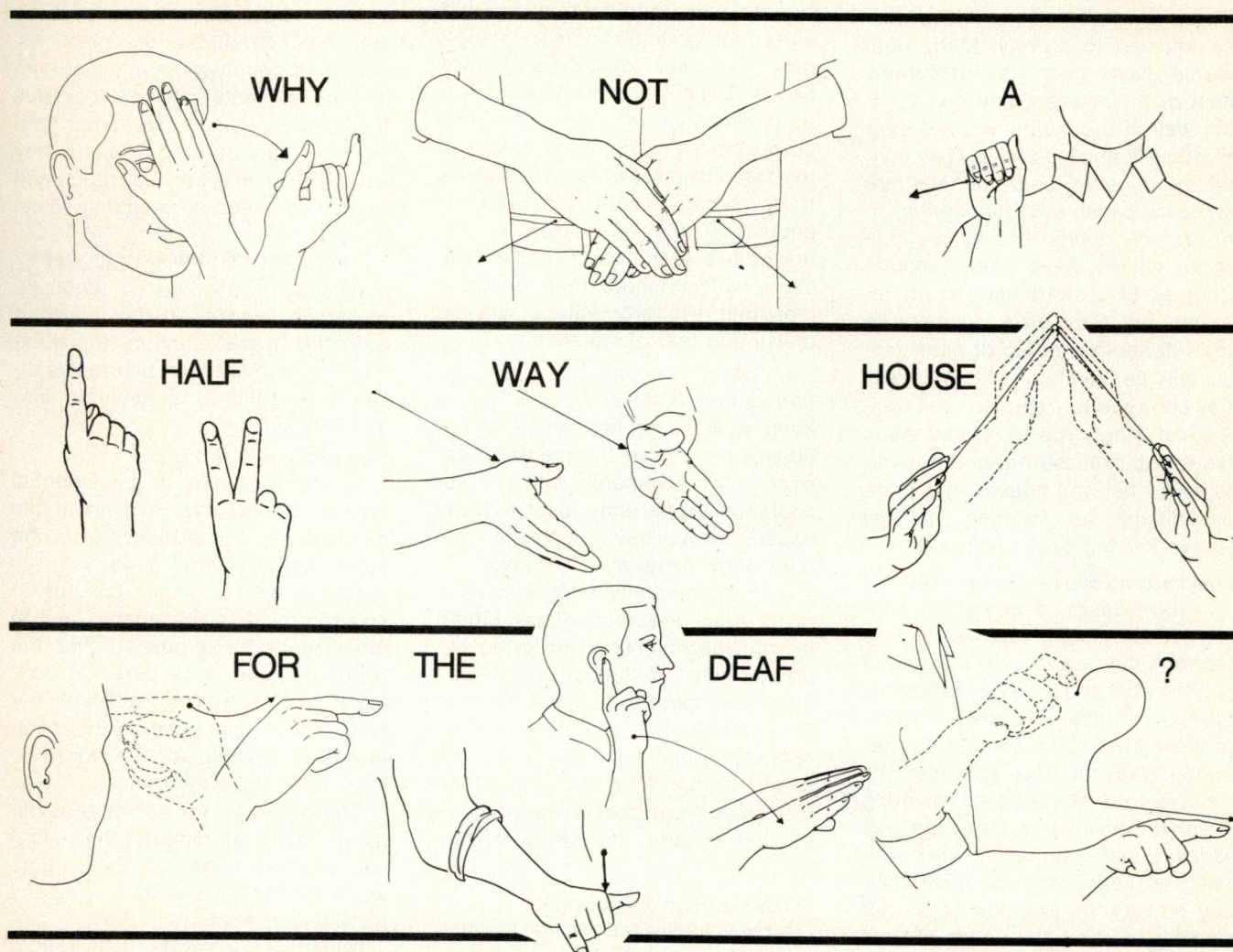
*(Continued from page 21)*

of funds. We have authorized services and then not provided them. Can it be moral to create the expectations of an already vulnerable group and then fail to fulfill these expectations?

Either the resources must be raised or the law changed. Somehow we have misled handicapped people into believing that there has been an expansion of the legal base for serving people without vocational rehabilitation potential, and even more reprehensibly, we have assigned no one the responsibility and resources to meet the essential rehabilitation needs of this large group of disabled people who may not have a vocational potential.

Someone suggested that my remarks might be enhanced if they were presented by Vincent Price, dressed in black with a vulture on his shoulder. I believe there is indeed a vulture perched on the shoulder of rehabilitation. Hopefully, on the other shoulder is an eagle that embodies a track record of coordination, advocacy, cooperation, and a process and a profession that has resulted in significant achievements in enhancing the quality of life of many handicapped people. I urge us to be well aware of the immorality, illegality and destructive potential embodied by the vulture and to work constructively together to strengthen our eagle.





## H. ROBERT GRANBERRY

### First Place

1975 NRA Graduate  
Literary Awards Contest

Articles were selected by the Graduate Rehabilitation Literary Awards committee members of the National Rehabilitation Association.

In recent years professionals working with various disability groups have shown an increasing interest in developing "after-care" facilities to assist their clients in making the transition from institution to community life. The halfway house is one type of transitional facility which "has been previously used for alcoholic people, public offenders, and juvenile delinquents."<sup>8</sup> It has more recently been used to help mentally retarded persons and former mental patients. Most halfway houses serve one specific disability group, but some serve a varied population of clients, with "various illnesses, including alcoholism, drug addiction, mental retardation, and emotional and mental disturbances."<sup>11</sup>

Regardless of the type of disability, residents of halfway houses fall into the following categories:<sup>2</sup>

1) Clients with a history of long-term institutionalization. "Many of these had developed rigid behavior patterns and strong dependency needs. . . . [They] often view return to the community with fear, distrust, and helplessness."

2) Clients who have been institutionalized only briefly but have little to return to in the community. "Such individuals have no families, friends, employment or money."

3) Clients who have never been admitted to an institution but "are at a critical stage of maladjustment due to some crisis." In most cases the client must be temporarily removed from an intolerable situation



in order to preclude the need for more drastic treatment later.

#### **MULTIPLE DISABILITIES**

A deaf person may also be retarded, addicted to alcohol or drugs, mentally ill, or otherwise maladjusted to society. Many deaf people have been in institutions most of their lives. They can function well in the institution, but their progress is at a standstill. They cannot be released because they are not quite capable of functioning in the harsh reality of the outside world. Others have made enough progress in a short time to be released, but they have nowhere to go. Still another group of deaf people will be institutionalized unless they can receive treatment and care at some other type of rehabilitation center. All of these are good candidates for halfway houses, but there are almost no existing halfway houses serving deaf people.

#### **EXISTING FACILITY PROBLEMS**

In most cases, deaf people cannot utilize existing halfway houses because they cannot communicate with the staff and/or other residents. Fountain House, a halfway house in New York City serving former mental patients, has extended its services to deaf clients by teaching the staff manual sign language and adding a staff member to work with deaf residents,<sup>1</sup> but for most halfway houses the addition of a staff member to serve the needs of deaf clients would be financially impractical. From a survey of existing halfway houses serving other disability groups, we should be able to discover implications for establishing similar facilities to rehabilitate multiply-handicapped deaf people.

#### **WHAT IS A HALFWAY HOUSE?**

The halfway house is intended to bridge the gap between institutional and community living. As used in this paper, halfway houses are small residential facilities which usually exhibit the following characteristics which are adapted from Wechsler<sup>2</sup> and Keller and Alper:<sup>3</sup> they are organizationally related to institutions; they involve a group situation to promote interaction and resocialization; they provide vocational assistance to residents, who usually work outside the house in sheltered or competitive employment; they encourage recreational and other contacts with the outside

world; and the basic aim is to provide a transitional experience.

#### **COMMUNITY RELATIONS CAN BE DIFFICULT**

Many halfway houses have experienced difficult initial relations with surrounding communities. "People may favor the idea of a halfway house, but, like a fire department, no one wants it next door."<sup>5</sup> Neighborhoods are particularly hostile to the establishment of halfway houses for former drug addicts and mental patients. The main reason for opposition is fear: fear that the residents will endanger their children, fear that property values will go down, and fear of violence.

In order to minimize such friction, some halfway houses try to keep a cloak of anonymity. Other houses have used the media to appeal to the community and win acceptance. Apparently most halfway houses do not have much difficulty after they have quietly moved in, and the community finds that most of its fears are groundless. Fitting in with the neighborhood is an important part of the halfway house idea, and several facilities seem to take pride in their continuing anonymity: "A small sign displaying the name, 'Rutland Corner House,' on the inside front door is the only exception to the anonymity of the setting."<sup>4</sup>

#### **URBAN LOCATIONS BEST**

Most halfway houses have found urban sites to have several advantages. Urban locations offer better opportunities for connecting with the community; recreation, medical, and occupational facilities are located nearby, and public transportation is usually available.

Many different architectural structures are occupied by halfway houses, including large old homes, ex-hotels, and apartment buildings. Furnishings are usually designed to give a homelike atmosphere, and may include a television, radio, a ping-pong table, and cards and games. Residents are encouraged to pursue other leisure activities and amusements in the community.

#### **POSSIBLE INCOME SOURCES**

Raush and Raush<sup>5</sup> found that "most houses (60%) were initiated with mostly personal financial resources. . . . [including] money borrowed from friends, and from financial organizations, and contributions

from various sources." But these houses which were begun with personal means often received "substantial support through referrals" from the Veterans Administration.

Other possible income sources are local charitable organizations, state and county governments, families of residents, and the residents themselves. Since residents are working and earning wages, they usually are assessed a room and board fee based on a sliding scale.

#### **Functions of Halfway Houses**

Wechsler<sup>2</sup> divides the functions of halfway houses in the following way: the house function, transition function, socialization and resocialization, vocational assistance, and ancillary services.

#### **THE HOUSE FUNCTION**

A halfway house is a residential facility. Clients live in a home-like atmosphere, which differs from the institution in several ways.

The house is small enough in size to provide a reasonable limit to the size of the group so that the residents have more personal contacts with each other and with the staff; this personal interaction makes it possible for the house to function in the way it does.

The provision for social anonymity is also important; the client can escape some of the stigma which would otherwise accompany his return to society.

Because the residents live in a house, they learn to do the chores and duties that will be required when they establish their own residences. The house also provides a place to hold group meetings and a place for former residents to come back and visit occasionally.

#### **TRANSITION FUNCTION**

The halfway house is designed to

*(Continued on page 43)*

H. Robert Granberry has just completed the Vocational Rehabilitation Counselor Education Program at The University of Texas at Austin. Mr. Granberry is currently employed with the Hearing Impairment Project at Lee College, Baytown, Texas. The project is sponsored by the Texas Rehabilitation Commission.

Prior to beginning his graduate studies, Mr. Granberry served as an interpreter for deaf people at Lee College.



(Continued from page 30)

Advisory Committee to the New York State Office of Vocational Rehabilitation. Mr. Cohen has also served as an international consultant to the Social and Rehabilitation Service. He was the first president of the Metropolitan New York chapter of NRA.

**Donna Davis—NARS Division President—1975-1976.** Ms. Davis is secretary to Chicago Jewish Vocational Service's (CJVS) *Project with Industry*. Prior to this she was secretary to the CJVS Vocational Adjustment Center (VAC) and administrative assistant to the Intensive Evaluation Unit at the VAC. Ms. Davis' career in rehabilitation began in 1966 as a research clerk at the Association of Rehabilitation Centers in Evanston, Illinois. She went on to act as secretary to a five-year program at CJVS working with deaf persons. She served as the agency interpreter for staff and clients and is a member of the National Registry of Interpreters for the Deaf. Ms. Davis is active in the Illinois Rehabilitation Association (IRA) and the Northeast Branch Chapter of

IRA, serving as membership chairman for the Northeast Chapter for the past two years. She was the first recipient of the Simon B. Friedman Award for Excellence in Rehabilitation. Ms. Davis was president of the Illinois Association of Rehabilitation NARS membership. ■

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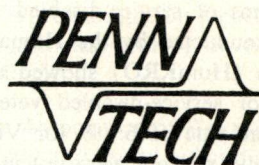
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### Vets

(Continued from page 22)

While, as I have said, the vocational rehabilitation benefits of an individual veteran are time-limited, the VA vocational rehabilitation program is not. Congress is now considering a proposal to end the GI Bill; so far as I know, no termination of the veterans vocational rehabilitation program is contemplated. In fact, the program was considerably expanded recently by a change in the law which greatly liberalized the previously applicable criteria of vocational rehabilitation eligibility for Vietnam era veterans rated less than 30% disabled. Some 220,000 veterans in this category who have remaining entitlement have been notified by VA of their potential eligibility. A substantial increase in applications is expected from this group, an increase which may well reverse the downturn in size of the VA vocational rehabilitation program that began in FY 1973.

Another area which now emerges as a joint concern is that of rehabilitation of the seriously disabled individual. The Rehabilitation Act of 1973 mandates that priority be given to serving the most seriously disabled. The VA since the beginnings of its rehabilitation efforts at the time of WWII has given special attention to the needs of this group. As an outcome of these efforts, blinded, paraplegic and other seriously disabled veterans have been successfully trained for and employed in jobs covering a wide range of occupations. This has helped to dispel the dan-

gerous myth of specific kinds of jobs for specific categories of disabled persons.

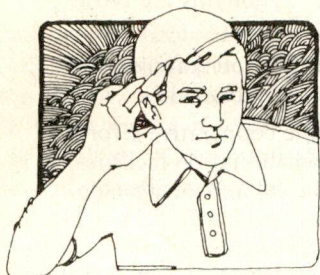
This early emphasis on the more seriously disabled has continued during the Vietnam era, not only because of the way the VA defines its rehabilitation mission but because, as stated earlier, those with lesser disabilities were for the most part excluded by law until recently and also because of a process of self-selection on the part of veterans. A special study made recently of the training benefits used by service-disabled Vietnam era veterans showed that while the overall percentages of disabled veterans who trained under either the GI Bill or the vocational rehabilitation program declined with increased severity of disability (from 59% for the 30% to 60% disabled group, to 53% for the 70% to 90% disabled and to 44% for the 100% disabled group), veterans in the most seriously impaired groups (70-90% and 100% disabled) who did take training were more likely to use vocational rehabilitation benefits than GI Bill benefits.

How appropriate this self-selection was, on what factors the decision was based, and how well training under the GI Bill has met the needs of those disabled veterans who chose to pursue that route, we do not know. Follow-up studies now being planned should help to answer those questions and, hopefully, help us to differentiate more accurately those disabled individuals who are in need of the more specialized services that constitute rehabilitation from those whose primary need is for training. Until data are



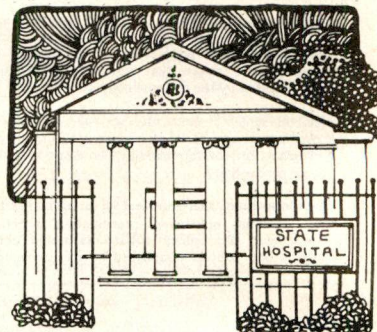
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 Manhasset Orthotics-Prosthetics, Ltd.....446 Plandome Rd., Manhasset, New York  
 Limbset™ for The Above Knee Amputee.....30-75 14th St., L.I.C., New York 11102  
 Missouri Valley Brace Co.....3219 Leavenworth St., Omaha, Nebraska  
 Carolina Brace Manufacturing.....916 S. Kings Drive, P.O. Box 4562, Charlotte, North Carolina  
 J. E. Hanger of North Carolina, Inc.....1501 Poole Rd., Raleigh, North Carolina  
 J. E. Hanger, Inc.....312 E. McMillan St., Cincinnati, Ohio  
 J. E. Hanger Co.....541 W. Town St., Columbus, Ohio  
 Allied Limb & Brace Co.—Plaze O. Crow.....5924 E. 31st St., Tulsa, Oklahoma  
 J. E. Hanger, Inc.....527 N. W. 9th St., Oklahoma City, Oklahoma  
 Lawton Brace & Limb Co., Inc.....2724 Gore Blvd., Lawton, Oklahoma  
 Lester J. Sabolich Artificial Appliance Co.....1017 N.W. 10th St., Oklahoma City, Oklahoma  
 Snyder Artificial Limb & Brace Co.....1523 South Harvard, Tulsa, Oklahoma  
 Tulsa Artificial Limb & Brace Co.....315 East Ninth Street, Tulsa, Oklahoma  
 J. E. Hanger Company.....34th Street & Liberty Ave., Pittsburgh, Pennsylvania  
 J. E. Hanger of Philadelphia, Inc.....334 N. Thirteenth St., Philadelphia, Pennsylvania  
 Modern Limb & Brace Co.....3310 Germantown Ave., Philadelphia, Pennsylvania  
 Gaines Correct Shoes.....Bennie Dillon Bldg., Nashville, Tennessee  
 Knoxville Orthopedic Appliance Co.....1833 Forest Ave. at 19th St., Knoxville, Tennessee  
 Raiford's Shoes.....1022 Madison Ave., Memphis, Tennessee  
 Southeastern Brace and Limb Co., Inc.....315 Dodds Ave., Chattanooga, Tennessee  
 Tri State Limb & Brace Co., Inc.....807 Poplar Ave., Memphis, Tennessee  
 J. E. Hanger, Inc. of Texas.....2103 North Haskell Ave., Dallas, Texas  
 Hedgcock Artificial Limb, Inc.....2827 Commerce St., Dallas, Texas  
 Lubbock Artificial Limb Company.....3813 24th St., Lubbock, Texas  
 Meyers Brace & Limb Company.....1710-B Ninth St., Wichita Falls, Texas  
 Texas Artificial Limb Co.....1316 Polk Ave., Houston, Texas  
 Fitwell Artificial Limb Co.....125 W. Third S., Salt Lake City, Utah  
 J. E. Hanger, Inc. of Virginia.....11 S. Second St., Richmond, Virginia  
 J. E. Hanger, Inc. of Virginia.....3118 Williamson Rd., Roanoke, Virginia  
 Thomas G. Powell, Inc.....414 West Broad St., Richmond, Virginia  
 Roanoke Orthopedic Appliance Co.....1105 Piedmont St., S.E., Roanoke, Virginia

## Deaf

(Continued from page 38)

provide a bridge from the institution back to society. Some of the problems which helped to prompt professional interest in aftercare facilities and halfway houses in particular are given in a report from the New Jersey Rehabilitation Commission:<sup>7</sup>

Problems related to bridging the gap between the time of the patient's discharge from the hospital and the time of his placement on the job include his

1) Inability to withstand the stress of returning to a new social environment and employment, although ready to leave the hospital and no longer in need of intensive treatment and

2) Loss of productive capacity and work tolerance.

3) Loss or deterioration of vocational skills.

4) Loss of contacts with the community to the extent that many social skills must be reacquired.

5) Social isolation because there is no place for many patients to go from the hospital.

6) Family pressures if unable to assume home responsibilities.

The halfway house seeks to bridge all of the gaps listed above and to give training in use of money, diet, grooming habits, and hygiene. Because it is transitional in nature, the acceptance and departure of residents is worthy of consideration.

## ACCEPTANCE OF A NEW RESIDENT

Clients who meet the criteria of a particular halfway house are usually interviewed before leaving an institution. Frequently the client's rehabilitation counselor helps make arrangements. When the client arrives, he will be interviewed by the various staff members on the rehabilitation team. In the first couple of days, he should become familiar with the new surroundings and with the rules (written and unwritten) by which the house operates. At this time it would also be valuable, in my opinion to establish what goals and changes the client will make in order to graduate from the house. There should also be several short-range goals which the client will work to achieve in order to earn more privileges and status within

(Continued on next page)



the house as he works toward graduation.

#### DEPARTURE OF RESIDENTS

Some programs seem to operate on a timetable rather than assessment of an individual's progress. The time for a resident to depart should not be measured in months, but in terms of goals achieved. Counselors should consider what behavioral changes the client has made which will facilitate his re-entry into society.

Sometimes the client initiates his departure when he feels he is ready to leave; in other cases, the staff has to push the client out of the nest. It is important that the counselor and client agree that the client is ready to move out, but much more research is needed in this area to determine the best methods for initiating client departure. The formulation of specific behavioral objectives at the time of acceptance should prove to be helpful in determining when the client is ready to leave.

#### SOCIALIZATION AND RESOCIALIZATION

Most halfway houses use some type of group meeting or group therapy to help the residents in unlearning patterns of the subculture of the institution and in learning to get along with others. In the daily life of the house there are many opportunities for residents to learn more effective techniques of relating to authority figures and peers. In the group, the strengths and weaknesses of individuals can be balanced by their working as a team.

#### INDIVIDUAL VOCATIONAL ASSISTANCE

Sheltered workshops, vocational schools, or competitive employment may provide the vocational experiences the client needs. Some residents, however, are not ready for employment and need pre-vocational training. The house may provide classes to develop healthy attitudes about work. When the client is motivated to want to work, he may need different types of vocational training and education. Some clients need training in marketable skills, while others need to learn how to market skills they already have. The client should show progress in his work as he makes progress in his adjustment to other areas of his life.

|                                      |                                                 |
|--------------------------------------|-------------------------------------------------|
| Clarksburg Artificial Limb Co., Inc. | Rt. 3, Box 462, Clarksburg, West Virginia       |
| I. P. Boggs Company                  | 1119 Seventh Avenue, Huntington, West Virginia  |
| J. E. Hanger, Inc. of West Virginia  | 412 Elizabeth Street, Charleston, West Virginia |
| Mountain State Artificial Limb Co.   | 1536 Penn Ave., Fairmont, West Virginia         |
| Princeton Brace and Limb Co.         | 329 Mercer St., Princeton, West Virginia        |
| Stark Artificial Limb Company        | 115 S. Penn St., Wheeling, West Virginia        |

#### Auto, Diesel and Aeronautics Schools

|                                     |                                           |
|-------------------------------------|-------------------------------------------|
| Lincoln Technical Institute         | 7800 Central Ave., Washington, D.C.       |
| Lincoln Technical Institute         | 1201 Stadium Drive, Indianapolis, Indiana |
| Lincoln Technical Institute         | 1326 Walnut St., Des Moines, Iowa         |
| Lincoln Technical Institute         | 3200 Wilkens Ave., Baltimore, Maryland    |
| Bailey Technical School             | 3750 Lindell Blvd., St. Louis, Missouri   |
| Stevenson Auto & Electrical School  | 2008 Main, Kansas City, Missouri          |
| United Technical Institute, Inc.    | 1301 St. Louis, Springfield, Missouri     |
| Billings Automotive Training Center | 1300 6th Av. N., Billings, Montana        |
| Spartan School of Aeronautics       | 8820 East Pine St., Tulsa, Oklahoma       |
| Ryder Technical Institute           | 227 Irving Blvd., Dallas, Texas           |

#### Barber and Beauty Schools and Supplies

|                                              |                                                 |
|----------------------------------------------|-------------------------------------------------|
| Eatons Barber & Beauty Training Center       | 411 West Capital Ave., Little Rock, Arkansas    |
| Jones Beauty Shop                            | Conway, Arkansas                                |
| Indiana Barber College                       | 5536 E. Washington St., Indianapolis, Indiana   |
| Collins School of Cosmetology                | 111 West Chester Ave., Middlesboro, Kentucky    |
| Flint Institute of Barbering                 | 3214 Flushing Rd., Flint, Michigan              |
| American Beauty College                      | 2200 - 25th Ave., Gulfport, Mississippi         |
| Foster's Cosmetology and Barber College      | 723 Walnut Street, Ripley, Mississippi          |
| Kenneth Shuler's School of Men's Hairstyling | 1730 Broad River Road, Columbia, South Carolina |
| Knoxville Barber & Hair Styling College      | 1211 N. Central Ave., Knoxville, Tennessee      |
| Nashville Barber College                     | 209 Broadway, Nashville, Tennessee              |
| Knoxville Barber & Hair Styling College      | 1211 North Central Ave., Knoxville, Tennessee   |
| Tri City Barber College                      | 113 S. Central, Knoxville, Tennessee            |
| Wendell's Knoxville School of Beauty         | 405-409 Union Ave., Knoxville, Tennessee        |
| Hamblen Beauty School                        | 133 West Main St., Morristown, Tennessee        |
| Mrs. Carter's School of Beauty               | 804 Seventh St., Wichita Falls, Texas           |
| Roanoke Barber School                        | 309 First St., S.E., Roanoke, Virginia          |
| Wheeling Barber College, Inc.                | 1107 Main St., Wheeling, West Virginia          |
| West Virginia State School of Cosmetology    | 624 Ninth Street, Huntington, West Virginia     |

#### Commercial Colleges and Schools

|                                     |                                                               |
|-------------------------------------|---------------------------------------------------------------|
| Alverson Draughon Business College  | P.O. Box 10971, Birmingham, Alabama                           |
| Capitol City Business Colleges      | • Three Schools in Arkansas                                   |
|                                     | Little Rock • Pine Bluff • Russellville                       |
| Capital City Business College       | 800 Louisiana St., Little Rock, Arkansas                      |
| Draughon School of Business         | 216 West 6th Street, Little Rock, Arkansas                    |
| Penny's School of Floral Design     | 3420 W. Magnolia Blvd., Burbank, California                   |
| Goldey Beacom Junior College        | 10th & Jefferson Streets, Wilmington, Delaware                |
| American Marine Institute, Inc.     | 1445 Skytrooper Rd., Daytona Beach, Florida                   |
| American Motorcycle Institute, Inc. | 1445 Skytrooper Rd., Daytona Beach, Florida                   |
| The Sawyer Secretarial School       | 3630 W. Kennedy Blvd., Tampa, Florida                         |
| Boise Secretarial Center            | 114½ North 9th St., Boise, Idaho                              |
| Indiana Business College            | 802 North Meridian St., Indianapolis, Indiana                 |
| Draughon's Business College         | 218 North Fifth St., Paducah, Kentucky                        |
| Kentucky Business College           | 624 East Main St., Lexington, Kentucky                        |
| Owensboro Business College          | Box 1524, Owensboro, Kentucky                                 |
| Soule Business College              | 1410 Jackson Ave., New Orleans, Louisiana                     |
| Ayers School of Business            | Townhouse, Shreveport, Louisiana                              |
| Strayer College                     | 600 Equitable Bldg. 10 N. Calvert Street, Baltimore, Maryland |
| Cleary College                      | 2170 Washtenaw Ave., Ypsilanti, Michigan                      |



|                                                             |                                                       |
|-------------------------------------------------------------|-------------------------------------------------------|
| Meridian Jr. College.....                                   | 5500 19 North, Meridian, Mississippi                  |
| Missouri Auction School.....                                | 1600-32 Genesee, Kansas City, Missouri                |
| Miss Vanderschmidt's Secretarial School.....                | 4625 Lindell Blvd., St. Louis, Missouri               |
| Sanford-Brown Business College.....                         | 4100 Ashby Road, St. Ann, Missouri                    |
| Blackwood Business College.....                             | 1015 N. Walker St., Oklahoma City, Oklahoma           |
| Draughon's School of Business.....                          | 713 North Broadway, Oklahoma City, Oklahoma           |
| Eastern Oklahoma State College.....                         | Wilburton, Oklahoma                                   |
| Okl. School of Business, Accountancy, Law & Finance.....    | 124 E. 9th St., Tulsa, Oklahoma                       |
| Adelphia Business School.....                               | Admore and Philadelphia, Pennsylvania                 |
| McCann School of Business.....                              | Corner Maine and Pine St., Mahanoy City, Pennsylvania |
| Duff's Business Institute.....                              | 110 Ninth St., Pittsburgh, Pennsylvania               |
| Reading Business Institute, Inc.....                        | 10th & Penn Streets, Reading, Pennsylvania            |
| Thompson School of Business & Technology.....               | 1253 W. Market St., York, Pennsylvania                |
| Bristol Commercial College.....                             | 8½ Fifth St., Bristol, Tennessee                      |
| Cooper Institute of Business.....                           | 720 No. 5th Avenue, Knoxville, Tennessee              |
| Draughon's Business College.....                            | 6204 Baum Drive, Knoxville, Tennessee                 |
| Draughon's Business College.....                            | 131 - 8th Ave. North, Nashville, Tennessee            |
| Edmondson College.....                                      | 401 Chestnut Street, Chattanooga, Tennessee           |
| Knoxville Business College.....                             | 209 W. Church Ave., Knoxville, Tennessee              |
| Commercial College of Midland & Odessa.....                 | 2115 E. 8th St., Odessa, Texas                        |
| Southwest Business College—Court Reporting—Secretarial..... | 718½ Broadway, Plainview, Texas                       |
| Kinman Business University.....                             | 110 South Howard St., Spokane, Washington             |
| Huntington School of Business.....                          | 1007 5th Ave., Huntington, West Virginia              |

#### Drafting Schools and Supplies, see also Technical Colleges

|                                          |                                           |
|------------------------------------------|-------------------------------------------|
| Denver Institute of Technology.....      | 2250 South Tejon St., Englewood, Colorado |
| Hickok-Griswold Technical Institute..... | 2341 Carnegie Ave., Cleveland, Ohio       |
| Raymond J. Horn School of Drafting.....  | 659 Semmes, Memphis, Tennessee            |

#### Drug Companies and Pharmacies

|                                   |                                                    |
|-----------------------------------|----------------------------------------------------|
| Price Drug Company.....           | P.O. Box 572, Montgomery, Alabama                  |
| McGehee Brothers Drug Store.....  | 136 Dexter Avenue, Montgomery, Alabama             |
| Cate-Gentry Pharmacy, Inc.....    | 2623 Chapman Hwy., Knoxville, Tennessee            |
| Medical Arts Drug Co., Inc.....   | Corner of Main & Locust Sts., Knoxville, Tennessee |
| Blount Professional Pharmacy..... | 211 Blount Avenue, S.W., Knoxville, Tennessee      |

#### Electrical, Electronics, and Radio Schools, see also Technical Institutes

|                                                                    |                                             |
|--------------------------------------------------------------------|---------------------------------------------|
| Draughon School of Radio & Television.....                         | 216 West 6th St., Little Rock, Arkansas     |
| United Electronics Institute.....                                  | 3947 Park Drive, Louisville, Kentucky       |
| Northwestern Electronics Inst.....                                 | 3800 Minnehaha Ave., Minneapolis, Minnesota |
| Stevenson Auto & Electrical School.....                            | 2008 Main, Kansas City, Missouri            |
| Hickok-Griswold Technical Institute.....                           | 2341 Carnegie Ave., Cleveland, Ohio         |
| Tulsa Electrician College, Paul Green, Adm.....                    | 110 So. Main, Broken Arrow, Oklahoma        |
| Penn Technical Institute.....                                      | 5440 Penn Ave., Pittsburgh, Pennsylvania    |
| Electronic Computer Programming Institute of Chattanooga, Inc..... | 3805 Brainerd Road, Chattanooga, Tennessee  |
| Elkins Institute of Radio & Electronics.....                       | 2727 Inwood Road, Dallas, Texas             |

#### Hearing Aids

|                                |                                          |
|--------------------------------|------------------------------------------|
| Mobile Hearing Aid Center..... | 58 South Conception St., Mobile, Alabama |
| Beltone Hearing Service.....   | 516 Wood, Texarkana, Arkansas            |

JANUARY-FEBRUARY, 1976

#### ANCILLARY SERVICES NEEDED

Clients may need other services such as medication, psychotherapy, or other special needs. While he is living in the halfway house, he should begin to utilize community facilities that provide these services since he is no longer within the self-contained institution.

#### IMPLICATIONS FOR DEAF PEOPLE

If the halfway house program is to provide maximum benefits for deaf people, it must be oriented to their special needs. "All special staff directly involved with delivery of client services must be able to communicate adequately . . . if meaningful services are to be provided." <sup>6</sup> To me, this means that the staff must be skilled in manual communication—and preferably in Ameslan,\* since most deaf people use it rather than signed English. It will be difficult to find qualified professionals who also possess the necessary skills in sign language, but this is the *sine qua non* in providing experiences meaningful to most deaf clients.

The house should be modeled on the environment of a home. Deaf people have already spent too much of their lives in dormitories and institutions. The staff should attempt to help the residents with many casual learning experiences which may not have been accessible in their own homes and in the institutions.

#### IMMEDIATE EMPLOYMENT DESIRABLE

The client will probably need pre-vocational training and personal and social adjustment classes. If feasible, the client should begin some type of employment experience almost immediately. This working experience will help him to discover for himself what areas related to work need the most improvement. This employment experience should probably be in some type of sheltered work situation where the client can learn from his mistakes.

#### PERSONAL FINANCES TRAINING NEEDED

Training in management of personal finances is desperately needed by many deaf clients. They should be assessed for a portion of

\* Ameslan—(American Sign Language)—The language used by typical deaf people among themselves; it is not a manual expression of English, but has its own vocabulary, syntax, and grammatical form.



their living expenses while living at the house. The assessments should be based on the wages that the client is earning, and the amount subtracted from the requisitions for monies from state rehabilitation agencies.

The environment should always be conducive and reinforcing of improvements in behavior. It should be total milieu therapy; deaf people are even more dependent on what they actually see and do than hearing people are.

#### GROUP THERAPY AND INDIVIDUAL COUNSELING

Group therapy and individual counseling should be an integral part of living in the halfway house. I believe that a behavioristic approach to therapy will be especially effective with deaf people since it requires less verbalization and abstraction. In order to use these techniques, it will be necessary to make accurate evaluations of what behavior should be modified in each individual client. It is also important that the rewards be given consistently in order to provide systematic reinforcement of desirable behavior. This is one of the primary advantages of a halfway house—the opportunity for a system of rewards on a daily basis.

#### STATUS AWARDS AID RESIDENTS

There should be stages of achievement and status for the deaf client to attain along the way to his graduation from the house. This use of stages of adjustment and concomitant rewards has been used more frequently in dealing with drug addicts than in other therapy situations. In a book about Synanon, Yablonsky<sup>10</sup> says, "Within the context of this system the newcomer can (perhaps for the first time) see a realistic possibility for legitimate achievement and prestige. Synanon provides a rational and attainable opportunity structure for the success-oriented individual." The deaf person entering the halfway house should be able to see some stages of development which he really believes he can accomplish. Perhaps he will not be able to see the end goals as being realistically possible, but as he progresses from one stage to the next, his faith in his ability to adjust to independent living will grow as his self-confidence grows.

|                                                             |                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|
| NU-EAR Hearing Aid Service.....                             | 3626 Henderson Blvd., Tampa, Florida                                              |
| Beltone Hearing Aid Service.....                            | 224 Eighth St., Augusta, Georgia                                                  |
| Beltone Hearing Aid Service.....                            | 108 North Market, Ottumwa, Iowa                                                   |
| Upper Peninsula Hearing Aid Service—Arthur Van Kleeck.....  | 318 Sheldon Ave., Houghton, Michigan                                              |
| Beltone Hearing Service.....                                | 204 22nd Ave., Meridian, Mississippi                                              |
| Beltone Hearing Aid Service—Harry Young, Mgr.....           | State Fair Shopping Center, Sedalia, Missouri                                     |
| Audiophone Incorporated.....                                | 610 Locust St., St. Louis, Missouri                                               |
| Robinson Hearing Aid Co., Inc.....                          | 806 Olive St., St. Louis, Missouri                                                |
| Asheville Hearing Aid Center, Inc.....                      | 2 Patton Ave., Asheville, North Carolina                                          |
| Beltone Hearing Aid Service.....                            | Fayetteville, Durham, Raleigh, Goldsboro, North Carolina                          |
| Beltone Hearing Service—W. Harvey Caton, Jr.....            | 2205 Delaney, Wilmington, North Carolina                                          |
| Beltone Hearing Service.....                                | Dayton, Piqua, & Greenville, Ohio                                                 |
| Beltone Hearing Aid Center.....                             | 114 West 11th St., Erie, Pennsylvania                                             |
| Associated Auditory Instruments, Inc. (tel. FI 2-8383)..... | 6796 Market Street, Upper Darby, Pennsylvania                                     |
| Beltone Hearing Aid Service.....                            | 1200 11th Ave., Altoona, Pennsylvania                                             |
| Bennett Hearing Aid Center.....                             | 1417 E. Third St., Williamsport, Pennsylvania                                     |
| Qualitone-Telex-Zenith, Cornelius H.A. Center.....          | 326 Louisa St., Williamsport, Pennsylvania                                        |
| Maico Hearing Aid Center.....                               | 715 South Gay St., Knoxville, Tennessee                                           |
| Royal Hearing Aid Center, Dahlberg Aids.....                | Route #7, Crossville, Tennessee                                                   |
| Royal Hearing Aid Center.....                               | 1547 West Clinch, Knoxville, Tennessee                                            |
| Alamo Hearing Aid Service.....                              | Lobby, Nix Professional Bldg., San Antonio, Texas                                 |
| Hearing Aid Services, Inc. ....                             | 10 South Loudoun St., Winchester, Virginia                                        |
| Waymack Hearing Aid Center, Inc.                            | Medical Arts Building, Suite 411, Second and Franklin Streets, Richmond, Virginia |
| Beltone of Charleston.....                                  | 202 Broad St., Charleston, West Virginia                                          |
| Professional Hearing Aid Center.....                        | 432 Empire Bank Bldg., Clarksburg, West Virginia                                  |
| Sonotone of Charleston.....                                 | 316 Atlas Bldg., Charleston, West Virginia                                        |
| Beltone Hearing Aid Center—Clark Allen.....                 | 2621 E. Clairemont Ave., Eau Claire, Wisconsin                                    |
| Beltone Hearing Aid Service, Inc.....                       | 9720 W. Bluemound Rd., Milwaukee, Wisconsin                                       |
| Beltone Hearing Aid Service of Racine.....                  | 5200 Washington Ave., Racine, Wisconsin                                           |

#### Medical Laboratory/Dental Technician Training

|                                              |                                                      |
|----------------------------------------------|------------------------------------------------------|
| Gradwohl School of Laboratory Technique..... | 3514 Lucas Avenue, Dept. Jr., St. Louis, Missouri    |
| Franklin School of Science & Arts.....       | 251 S. Twenty-second St., Philadelphia, Pennsylvania |
| American Laboratory Institute.....           | 318 Murfreesboro Rd., Nashville, Tennessee           |

#### Optical Goods

|                                          |                                                     |
|------------------------------------------|-----------------------------------------------------|
| McElhinney & Kirk.....                   | 103 West 8th Street, Wilmington, Delaware           |
| Mills-Anderson Opticians, Inc.....       | 839 Ninth St., N., St. Petersburg, Florida          |
| Allied Optical Co.....                   | 208 East Polk Street, Tampa, Florida                |
| Ballard Optical Co.....                  | 480 Peachtree St., N.E., Atlanta, Georgia           |
| Columbus Optical Dispensary.....         | P.O. Box 1122, Columbus, Georgia                    |
| Irby's Optical Dispensary—E.E. Irby..... | 1303 25th Ave., Meridian, Mississippi               |
| Plaza Optical Dispensary.....            | 501 7th Street, North, Columbus, Mississippi        |
| Ashmore Optical Co., Inc.....            | Lobby Medical Arts Bldg., Charleston, West Virginia |
| University Opticians.....                | 701 Locust Ave., Fairmont, West Virginia            |
| Ross-Burks Optical Co.....               | 924 5th Ave., Huntington, West Virginia             |



## Rehabilitation Facilities and Services

|                                                          |                                                      |
|----------------------------------------------------------|------------------------------------------------------|
| Goodwill Industries of Arkansas.....                     | 1201 West 7th St., Little Rock, Arkansas             |
| F. B. Weinberg—Realistic Face & Body Restorations.....   | Medical Arts Bldg., Baltimore, Maryland              |
| Goodwill Industries Rehabilitation Center.....           | 2701 North Cherry St., Winston-Salem, North Carolina |
| Harmarville Rehabilitation Center, Inc.....              | Guys Run Road, Pittsburgh, Pennsylvania              |
| United Cerebral Palsy of Middle East Tennessee, Inc..... | Box 1735, Knoxville, Tennessee                       |
| Daniel Arthur Rehabilitation Center.....                 | Emory Valley Road, Oak Ridge, Tennessee              |
| Institute of Human Resources of Knoxville.....           | 2501 Magnolia Ave., Knoxville, Tennessee             |
| West Texas Rehabilitation Center.....                    | 4601 Hartford, Abilene, Texas                        |

## Surgical Supplies, Sickroom Equipment

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Meridian Orthopedic Appliances..... | 1909 6th St., Meridian, Mississippi |
| Mohlenburg Prosthetics, Inc.....    | 3900 La Branch, Houston, Texas      |

## Technical Colleges and Institutes

|                                                  |                                                |
|--------------------------------------------------|------------------------------------------------|
| ITT Technical Institute.....                     | 11 S. Lincoln Park Drive, Evansville, Indiana  |
| Bailey Technical School.....                     | 3750 Lindell Blvd., St. Louis, Missouri        |
| United Technical Institute, Inc.....             | 1301 St. Louis, Springfield, Missouri          |
| Southwest Technical Institute.....               | 412 Northwest 5th St., Oklahoma City, Oklahoma |
| National Camera Technical Training Division..... | 2000 West Union, Englewood, Colorado           |

## Training Courses, Vocational and Trade Schools

|                                                  |                                                    |
|--------------------------------------------------|----------------------------------------------------|
| National Camera Technical Training Division..... | 2000 West Union, Englewood, Colorado               |
| Peter Matz Machine Shop.....                     | 1951 N.W. 21st St., Pompano Beach, Florida         |
| Miami Barber College, Inc.....                   | 2242 W. Broward Blvd., Ft. Lauderdale, Florida     |
| American School of Heavy Equipment, Inc.....     | Box 276, Morristown, Indiana                       |
| Missouri Auction School, Inc.....                | 1600-32 Genessee St., Kansas City, Missouri        |
| National School of Meat Cutting.....             | 33-37 N. Superior St., Toledo, Ohio                |
| Health Care Training Institute.....              | 81 Madison Bldg., Suite 916, Memphis, Tennessee    |
| Electronic Computer Programming Institute.....   | 1515 Magnolia Ave., Knoxville, Tennessee           |
| United Insurance Adjuster School.....            | Weisbarber Road at Casey Dr., Knoxville, Tennessee |
| Wallpaper Trade School.....                      | 1017 West Virginia Ave., Parkersburg, W.Va.        |

## Welding Schools

|                                         |                                                                 |
|-----------------------------------------|-----------------------------------------------------------------|
| Colorado School of Welding.....         | 1357 West Alameda Ave., Denver, Colorado                        |
| Kansas City Welding Institute.....      | 1927 McGee, Kansas City, Missouri                               |
| St. Louis Welding Institute.....        | 3854 Washington Blvd., St. Louis, Missouri                      |
| Stevenson Auto & Electrical School..... | 2008 Main, Kansas City, Missouri                                |
| Steeles' Welding School, Inc.....       | 116 Walton Ave., Danville, Va. and 1218 N. Blvd., Richmond, Va. |

## Other Suppliers of Products and Services

|                                                        |                                                     |
|--------------------------------------------------------|-----------------------------------------------------|
| Blankinship-Porter Co., Inc.—Jeweler Suppliers.....    | 1829 1st Ave., North, Box 877 Birmingham, Alabama   |
| Typewriting Institute—Dvorak One-Hand Typewriters..... | 3109 W. Augusta Ave., Phoenix, Arizona              |
| Stevenson Auto & Electrical School.....                | 2008 Main, Kansas City, Missouri                    |
| Oklahoma Upholstery Supply, Inc.....                   | P.O. Box 50186, Tulsa, Oklahoma                     |
| Frank J. Malone & Son, Inc.....                        | 108 South 40th St., Philadelphia, Pennsylvania      |
| Pennsylvania Prison Society.....                       | Philadelphia, Pennsylvania                          |
| Mosehart-Schleeter Company.....                        | 4404 Directors Row, Houston, Texas                  |
| Motor Car Supply Co.....                               | 1203 Virginia St., East, Charleston, West Virginia  |
| Parsley Manufacturing Co., Inc.....                    | 1570 Washington St. East, Charleston, West Virginia |
| Valley Tech Workshop—Piano Tun. & Repair Train.....    | 1122 W. Wisc. Ave., Appleton, Wisconsin             |

Being able to look back and see how far he has come should inspire further self-confidence.

Finally, I believe that a halfway house for deaf people should help to channel the deaf clients to local agencies from which they can obtain help when they need it after leaving the protective environment of the house. The counselor should open the clients' eyes to programs of adult education and other opportunities for development.

I believe that halfway houses have demonstrated a satisfactory degree of success in the rehabilitation of many different groups of handicapped people. The advantages of a total environment geared to the rehabilitation of deaf persons are too great for counselors of deaf people to ignore. We should make careful studies of the techniques used in other halfway houses and make applications of those which seem to have the greatest promise for the rehabilitation of deaf persons. This will help to insure that halfway houses are not just another custodial institution but are rehabilitation facilities that will help deaf people reach their maximum potential.

## References

1. Badanes, J., "A Halfway House Program for Deaf Psychiatric Patients." *Journal of Rehabilitation of the Deaf*. 1973, 6(4), pp. 33-37.
2. Gill, W. S., and Wall, L. O., *Halfway House for San Antonio*. San Antonio: Mental Health Association of Bexar County, 1966.
3. Keller, O. J., and Alper, B. S., *Halfway Houses: Community-centered Correction and Treatment*. Lexington, Mass.: D. C. Heath, 1970.
4. Landy, D., and Greenblatt, M., *Halfway House: A Sociocultural and Clinical Study of Rutland Corner House, A Transitional Aftercare Residence for Female Psychiatric Patients*. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1965.
5. Raush, H. L., and Raush, C. L., *The Halfway House Movement: A Search for Sanity*. New York: Appleton-Century-Crofts, 1968.
6. Rice, B. D., Milligan, T., and Bolton, B., "Serving Multiply Handicapped Deaf Adults in a Comprehensive Rehabilitation Center." *Journal of Rehabilitation of the Deaf*. 1973, 7(1), pp. 5-10.
7. Seligman, G. N., Seligman, W., and Anderson, S., *Final report RD-1326-P: A Project to Demonstrate the Effectiveness of a Rehabilitation House-Day Center Program in the Vocational Rehabilitation of the Mentally III*. Trenton: New Jersey Rehabilitation Commission, 1971.
8. Wechsler, H., "Halfway Houses for Former Mental Patients: A Survey." *Journal of Social Issues*. 1960, 16(2), pp. 20-26.
9. Wechsler, H., "Transitional Residences for Former Mental Patients: A Survey of Halfway Houses and Related Rehabilitation Facilities." *Mental Hygiene*. 1961, 45, pp. 65-76.
10. Yablonsky, L., *The Tunnel Back: Synanon*. New York: Macmillan, 1965. pp. 176-177.
11. Program Evaluation Section, Texas Rehabilitation Commission. *Evaluation report of the vocational rehabilitation facility at Marbridge House of Odessa*. Unpublished manuscript, 1970.



# The "Learn and Earn" Program in Food and Drink Vending

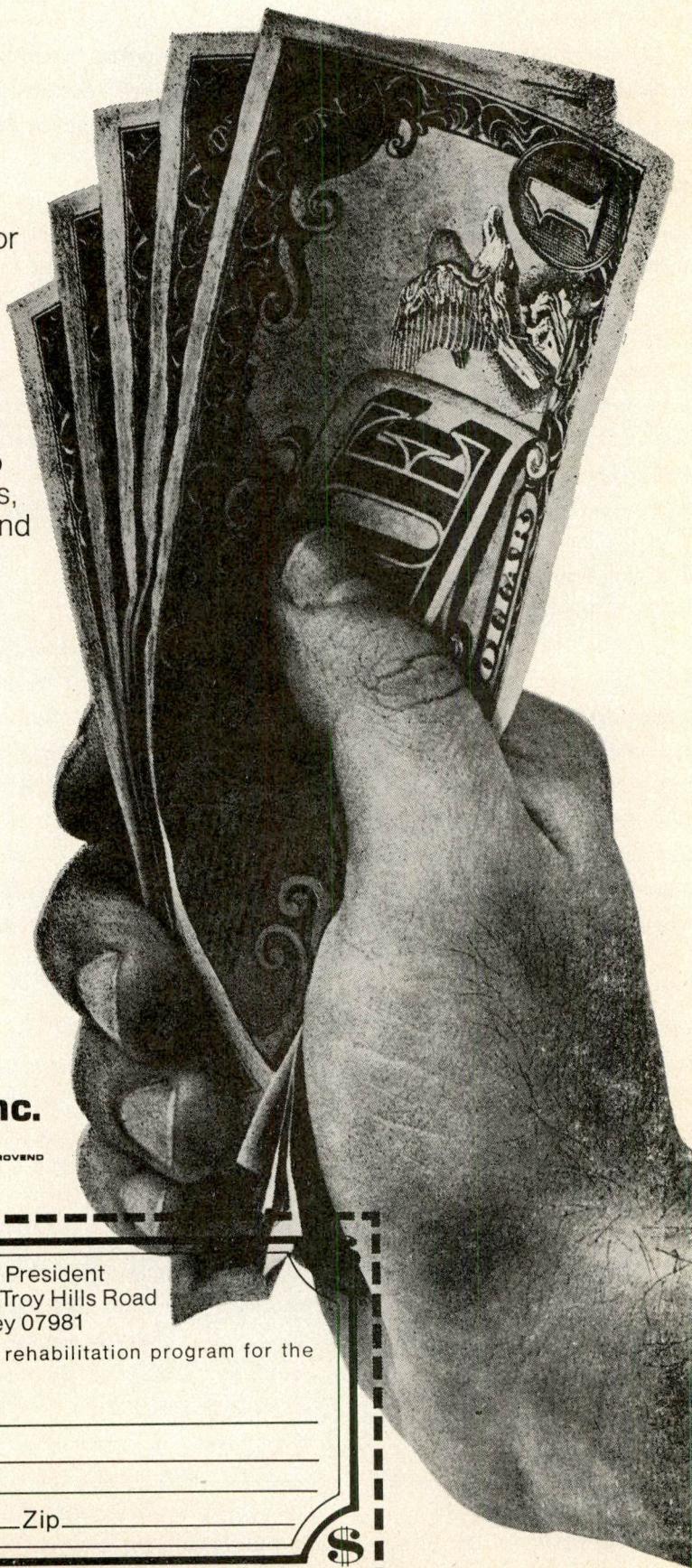
Here's a rehabilitation program that's been tried, proven out and really works for the handicapped.

We train your handicapped personnel, including the blind, to service and operate the Rowe line of automatic vending machines.

How well does it work? Most often, when manual vending stands are changed into Rowe vending operations, the gross sales, the average weekly employee earnings and the average administrative return all double! In addition, the number of stands usually increases to other new locations, providing even more income for more of the handicapped.

Rowe vending equipment utilizes your space better. Customer delays are eliminated. Sales hours aren't limited. Security is better. Errors in change and pilferage are eliminated. No wonder it's so successful in increasing the earnings of your handicapped people.

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# CALENDAR

March 3-5—Society for Behavioral Kinesiology; 3rd annual conference. Contact Elizabeth Littel, 8426 Braes Blvd., Houston, Texas.

March 7-11—Protestant Health and Welfare Assembly, Cincinnati, Ohio.

March 8-10—National Association of Health and Welfare Ministries of United Methodist Church: annual convention, Cincinnati, Ohio.

March 8-9—"The Economic Impact of Health Care Legislation": a national executive forum. L'enfant Plaza Hotel, Washington, D.C. Contact Marjorie Maws, Program Director, Arthur D. Little, Inc., Acorn Park, Cambridge, Mass. 02140.

March 10-13—United Service Organization. Philadelphia, Pennsylvania.

March 15-17—National Health Council: 56th annual meeting of delegates. Philadelphia, Pennsylvania.

March 26-27—National Student Speech and Hearing Association at Memphis State University: 6th annual Mid-South conference on communicative disorders. Hyatt Regency Hotel, Memphis, Tennessee. Contact Kathy Fulmer, Memphis Speech and Hearing Center, 807 Jefferson Ave., Memphis, Tenn. 38105.

March 29-31—Institute on Spiritual Care of the Elderly and Disabled. LaSalle Hotel, Chicago, Illinois. Contact Sister M. Laurice, Director, Health Services for the Aging, the Catholic Hospital Association, 1438 So. Grand Blvd., St. Louis, Mo. 63104.

April 9-10—National Council on Alcoholism: seventh annual medical-scientific conference, Shoreham Americana Hotel, Washington, D.C. Contact Frank A. Seixas, M.D. (212) 889-3160.

April 21-23—"First International Congress on Patient Counseling." Amsterdam, the Netherlands. Contact Excerpta Medica Foundation, P.O. Box 1126, Amsterdam, The Netherlands.

## DIRECTORY OF DISPLAY ADVERTISERS

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| American Motorcycle Institute .....                      | 10                |
| Beltone Electronic Corporation .....                     | 42                |
| California State University .....                        | 12                |
| Charles C. Thomas .....                                  | 6                 |
| Colorado School of Trades .....                          | 13                |
| Director, Rehabilitation Facilities Div. ....            | 12                |
| Everest and Jennings .....                               | Back Cover        |
| Executive Director—Mesa .....                            | 12                |
| Gallaudet Today .....                                    | 29                |
| Goodwill Industries of Houston .....                     | 39                |
| Hangar .....                                             | 8                 |
| Ken McRight .....                                        | 29                |
| Mosby .....                                              | 13                |
| MPD Schools .....                                        | 40                |
| National Camera .....                                    | 13                |
| National School of Meat Cutting .....                    | 13                |
| Nashville Auto Diesel .....                              | 29                |
| Northern Illinois University .....                       | 12                |
| Northwest Association of Rehabilitation Industries ..... | 41                |
| Penn Technical Institute .....                           | 39                |
| Rehab. Services, Inc. ....                               | 12                |
| Rowe International .....                                 | 48                |
| Seton Nameplate .....                                    | 29                |
| Singer Career Systems .....                              | 4                 |
| Sister Kenney Institute .....                            | 15                |
| Telesensory Systems .....                                | Inside Back Cover |
| Univ. of Wisconsin—Stout .....                           | 12                |
| Video Technical Institute .....                          | 40                |
| Williamsport Orthopedic and Artificial Limb Co. ....     | 29                |
| Wingate Sales Corporation .....                          | 29                |
| W. T. Hinnant Artificial Limb Co. ....                   | 29                |



# INDEX—VOLUME 41—1975

J/F = January-February; M/A = March-April, etc.

## EDITORIAL

- The New Era—A Challenge*—Lowell E. Green J/F:2  
*NRA—Historical Overview*—William W. Lamprell M/A:2  
*NRA is Working*—August W. Gehrke M/J:2  
*Never A Sunset*—Voyle C. Scurlock J/A:2  
*Institutional Concepts Bankrupt?*—Fletcher R. Hall S/O:2  
*"Works" of the National Rehabilitation Association*—Diane S. Rouse N/D:2

## INTERVIEWS

- Rehabilitation With a Future Orientation—An Interview with Carl Schleicher* M/A:12

## LEGISLATION

- Twenty-Five Years of Congressional Activity*—E. B. Whitten J/A:30  
*Publications—The Cutting Edge: On Being a Journal Contributor*—Carl E. Hansen J/A:33  
*Publications—The Cutting Edge: A Former Editor Looks Back*—Doris Margolis J/A:35  
*Publications—The Cutting Edge: The Journal—Changing and Changeless*—Betty Winkler Roberts J/A:35  
*NRA Chapters—A Grass Roots Movement*—Bill Gardner and Karl Reiser J/A:37  
*Divisions—Growth and Change* J/A:40

## METHODS

- Accountability and the Future of Rehabilitation*—Marc Cooper and Lionel Parker J/F:18  
*Multi-discipline Experience: A Fresh Approach to Aid the Multi-Handicapped Child*—William A. Hawke, M.D. and Aaron Auerbach J/F:22  
*Rehabilitation With a Future Orientation—An Interview with Carl Schleicher* M/A:12  
*A New Dimension in Medical Training*—Leona M. McGann and Margie Lutzker M/A:35  
*Acupuncture for Hearing Impairments Reviewed*—Thomas E. Borton M/J:34  
*Systematic Desensitization—A Workable Process*—Jerry L. Deffenbacher, Bee Sholes and Jerry Lamb M/J:39  
*Clothing Design Uses Style and Utility*—Jessie Warden and Krista Dedmon J/A:17  
*Homebound Rehabilitation: Preparing the Way*—Milton Cohen and Herbert Rusaleum S/O:31  
*Model for Placement—Job Laboratory Approach*—Kalisankar Mallik and Ruth Sablowsky N/D:14  
*Is Our Service Delivery Management System Credible?*—Raymond A. Ehrle and Janis S. Merki N/D:21  
*Partners in Placement*—Floyd J. Cogan, Daniel J. Kuna, and John Isch N/D:34

## PHILOSOPHY

- The Rehabilitation Counselor: A Student of Life*—William G. Emener J/F:16  
*Rehabilitation is Working*—Jack Hutchison M/A:32  
*Vocational Rehabilitation Counseling—A Second Class Profession?*—Cecile Mackota M/J:21  
*The Rehabilitation Clinician: An Emerging Role*—Frederick A. Whitehouse M/J:24  
*Is Our Service Delivery Management System Credible?*—Raymond A. Ehrle and Janis S. Merki N/D:21

## PLACEMENT

- Hallmark Helps Handicapped People*—Maurice King J/F:25  
*The Able Disabled*—James H. Sears M/A:19  
*Specific Training Aids Job Placement*—Jeffrey B. Lake J/A:20  
*Lighting the Road Back*—Richard L. Sherman S/O:41  
*Model for Placement—Job Laboratory Approach*—Kalisankar Mallik and Ruth Sablowsky N/D:14  
*Data Processing—A Vocation for Severely Handicapped Persons*—Kenneth H. Knorr and Norman C. Hammond N/D:26

## ADMINISTRATION

- Accountability and the Future of Rehabilitation*—Marc Cooper and Lionel Parker J/F:18  
*Affirmative Action—A New Impact*—Richard H. Deane M/A:23  
*NRA is Working*—August W. Gehrke M/J:2  
*An Act of Cooperation*—William M. Jenkins, Robert M. Anderson and Wilson L. Dietrich M/J:41  
*Past Presidents* J/A:25  
*Association Development—Two Themes Traced*—E. B. Whitten J/A:28  
*Dual Counselor—Teacher Role Accommodates Student/State Agency Needs*—James H. Miller and S. Wayne Mulkey S/O:15  
*Is Our Service Delivery Management System Credible?*—Raymond A. Ehrle and Janis S. Merki N/D:21  
*Confrontation Enhances Objectives in State Agency Unit*—H. Gordon Fitch N/D:31

## APPLIED CONSUMER EDUCATION

- Sexuality—A Human Condition*—Anne H. Berkman J/F:13  
*Data Processing—A Vocation for Severely Handicapped Persons*—Kenneth H. Knorr and Norman C. Hammond N/D:26

## ASSOCIATION AFFAIRS

- The New Era—A Challenge*—Lowell Green J/F:2  
*E. B. Whitten Retires* J/F:28  
*1975 NRA Officers* J/F:30

- NRA Awards—Las Vegas, Nevada Conference* J/F:38  
*Division Reports* J/F:33  
*NRA—Historical Overview*—William W. Lamprell M/A:2  
*NRA is Working*—August W. Gehrke M/J:2  
*Cincinnati—City on the Move—NRA Conference*—Daniel J. Ransohoff M/J:16  
*Never A Sunset*—Voyle C. Scurlock J/A:2  
*NRA Conference Facilities* J/A:22  
*NRA 50 Years of Progress* J/A:25  
*Through the Years* J/A:26  
*Association Development—Two Themes Traced*—E. B. Whitten J/A:28  
*Twenty-Five Years of Congressional Activity*—E. B. Whitten J/A:30  
*Publications—The Cutting Edge* J/A:33  
*On Being a Journal Contributor*—Carl E. Hansen J/A:33  
*A Former Editor Looks Back*—Doris Margolis J/A:35  
*The Journal—Changing and Changeless*—Betty Winkler Roberts J/A:35  
*NRA Chapters—A Grass Roots Movement*—Bill Gardner and Karl Reiser J/A:37  
*Divisions—Growth and Change* J/A:40  
*Diane S. Rouse Appointed NRA Executive Director* S/O:14  
*"Works" of the National Rehabilitation Association*—Diane S. Rouse N/D:2

## COMMUNITY AFFAIRS

- Hallmark Helps Handicapped People*—Maurice King J/F:25  
*A New Independence Hall*—William A. Luftburrow M/J:18  
*Kent State Scores*—Kate Downing M/J:13  
*Homebound Rehabilitation: Preparing the Way*—Milton Cohen and Herbert Rusaleum S/O:31  
*Lighting the Road Back*—Richard L. Sherman S/O:41  
*Confrontation Enhances Objectives in State Agency Unit*—H. Gordon Fitch N/D:31  
*Partners in Placement*—Floyd J. Cogan, Daniel J. Kuna and John Isch N/D:34

## COUNSELING

- The Rehabilitation Counselor: A Student of Life*—William G. Emener J/F:16  
*Vocational Rehabilitation Counseling—A Second Class Profession?*—H. Richard Lamb, M.D. and Cecile Mackota M/J:21  
*The Rehabilitation Clinician: An Emerging Role*—Frederick A. Whitehouse M/J:24  
*Rehabilitation Counseling in Transition—Some Findings*—Marvin B. Sussman, Marie R. Haug, Frank E. Hagan, Gay C. Kitson, Gwendolyn K. Williams M/J:27  
*Systematic Desensitization: A Workable Process*—Jerry L. Deffenbacher, Bee Sholes, and Jerry Lamb M/J:39

## RESEARCH AND FIELD STUDIES

- Rehabilitation With a Future Orientation—An Interview with Carl Schleicher* M/A:12  
*Legislators Speak Out On Information Needs*—Robert R. Kelso M/A:26  
*Rehabilitation Counseling in Transition—Some Findings*—Marie R. Haug, Frank E. Hagan, Gay C. Kitson, Gwendolyn K. Williams M/J:27  
*RRCEP Directors Discuss Continuing Education*—RRCEP Directors M/D:23

## SPECIFIC CONSUMER GROUPS

- The Able Disabled*—James H. Sears M/A:19  
*Kent State Scores*—Kate Downing M/J:13  
*A New Independence Hall*—William A. Luftburrow M/J:18  
*Acupuncture for Hearing Impairments Reviewed*—Thomas E. Borton M/J:34  
*No Prison For Her Spirit*—Josephine Riner as told to Ione Parfet M/J:37  
*The Burden of Communication—Where Does It Lie?*—Larry Chevallier J/A:15  
*Synergy Pays Off—Air Force Helps Fight Delinquency*—Charles M. Unkovic, William R. Brown and Carolyn G. Mierswa S/O:19  
*The Inmate Committee for Higher Education Brings Advanced Education to Soledad* S/O:26  
*State Rehabilitation Services for the Adult Offenders: A Survey*—Morton Zivan S/O:27

## EDUCATION

- How To Assess Project Proposals*—Nguyen Nhan and Lawrence E. Schlesinger M/A:29  
*An Act of Cooperation*—William M. Jenkins, Robert M. Anderson and Wilson L. Dietrich M/J:41  
*Specific Training Aids Job Placement*—Jeffrey B. Lake J/A:20  
*Dual Counselor—Teacher Role Accommodates Student/State Agency Needs*—James H. Miller and S. Wayne Mulkey S/O:15  
*The Inmate Committee for Higher Education Brings Advanced Education to Soledad* S/O:26  
*RRCEP Directors Discuss Continuing Education*—RRCEP Directors N/D:23

## MISCELLANEOUS

- How To Assess Project Proposals*—Nguyen Nhan and Lawrence E. Schlesinger M/A:29  
*No Prison For Her Spirit*—Josephine Riner as told to Ione Parfet M/J:37  
*Is Your Language Disabling?*—Gerald I. Manus S/O:35



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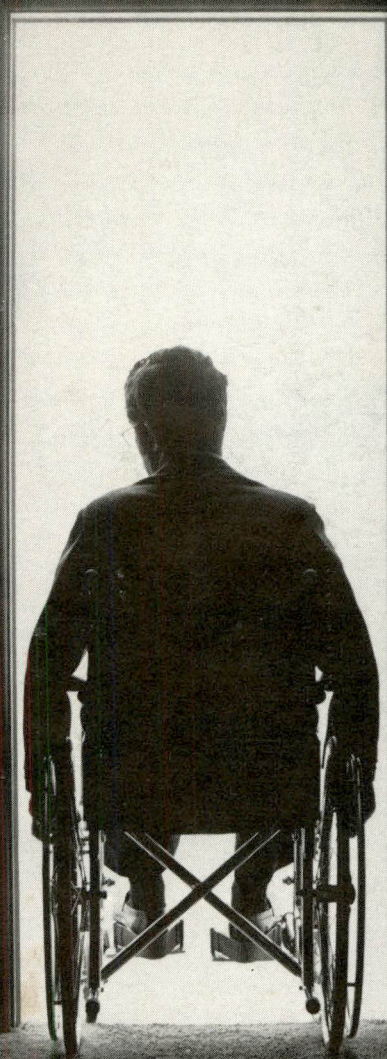
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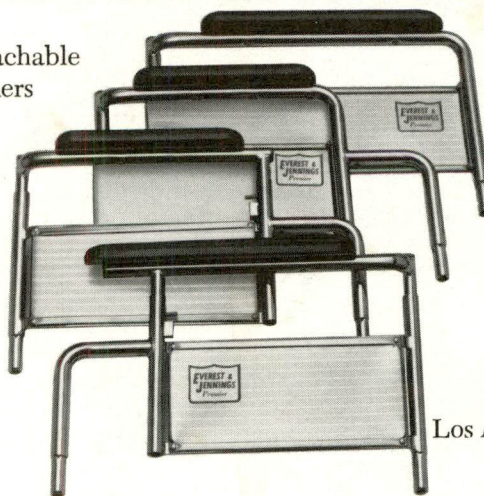




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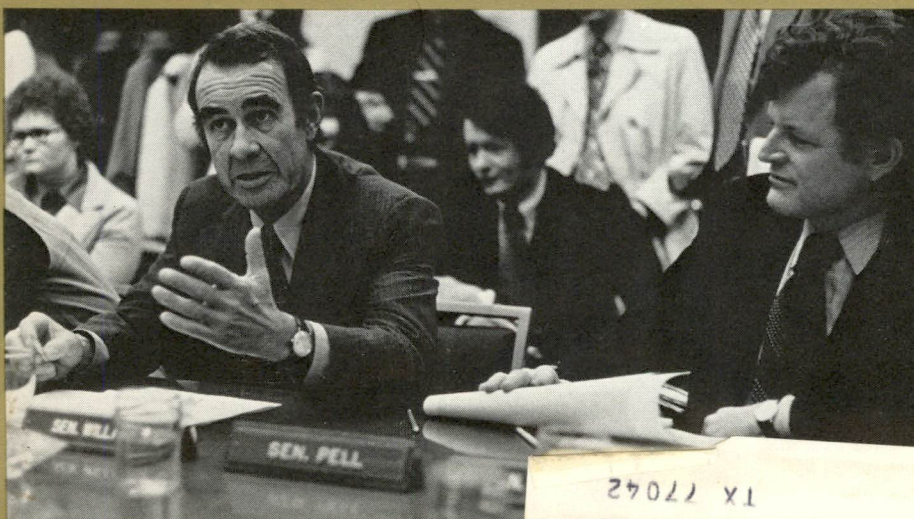
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Journal of

# REHABILITATION



## Vocational Rehabilitation— The New Law and Its Implications for the Future



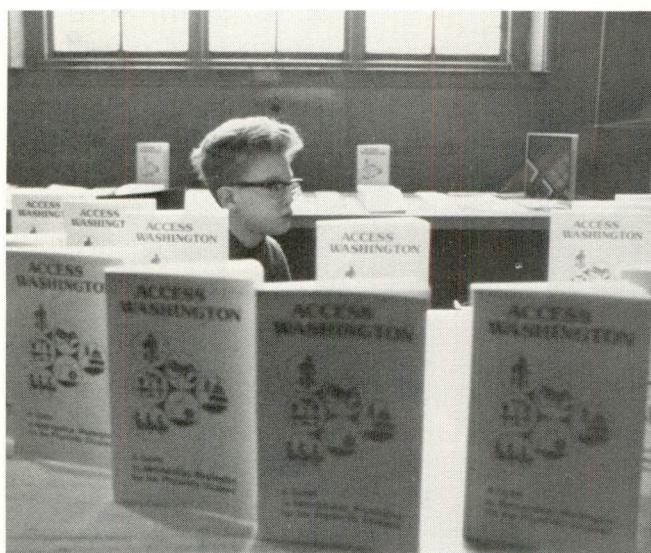
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## Bicentennial Service Booths for Handicapped People

Handicapped workers operate the information booths to aid Metropolitan Washington handicapped tourists. Foreground (l to r) Lamont Fowler and Greg Donaldson; Background (l to r) Lewis Thurston and John Bobo.



Walk up to the Handicapped Visitor's Services Booth operated by the Information Center for Handicapped Individuals, Inc., and John Bobo, or one of the other staff members, will greet you and ask how they may be of help.

Mr. Bobo will justifiably indicate with pride the range of information and services available to handicapped people. Arranged on shelves behind the front desks are rows of brochures, books, and booklets which answer the inquiries of handicapped people, and aid in meeting their special needs. Orientation maps and electronic readers aid blind persons; TTY service and amplified telephones aid those who are deaf and hard of hearing; wheelchairs and crutches as well as repair tools and services are also available. Information is provided for obtaining special transportation services, for making special tour arrangements, and for reaching attendants for those requiring such care.

The Handicapped Visitor's Services Booth is located at the Bicentennial Information Center (BIC) established in the Great Hall of the Commerce Building, 14th and E Streets, N.W., Washington, D.C. It is open seven days a week from 10 a.m. to 6 p.m. until mid-October.

The Information Center for Handicapped Individuals, Inc., a private, nonprofit organization headquartered at 1413 K St., N.W., Washington, D.C. 20005, operates the booth at BIC under contract with the National Capital Parks.

In 1969, the United States Office of Education funded the Information Center for Handicapped Children as a community outreach program. According to the organization's literature, the Center was designed to

identify available resources and services, educate the handicapped population and establish a link with the community. As the Center broadened its program to include the entire handicapped population, the board of directors changed the name of the organization to the Information Center for Handicapped Individuals, Inc.

A publication, available at BIC, entitled "Access Washington—A Guide to Metropolitan Washington for the Physically Disabled" gives broad coverage to accessibility information. This paperback book discusses what access handicapped people may expect to find at recreation facilities, restaurants, places of general interest, theaters, hotels and motels, hospitals, shopping centers, and libraries. "Access Washington" was compiled and published by the Information Center for Handicapped Individuals, Inc. under contract with the Department of Human Resources. Other funding sources were George Washington University, Rehabilitation Services Administration, HEW, and Title I, Higher Education Act of 1965, U.S. Office of Education.

On July 4, 1976, the Information Center for Handicapped Individuals opened a booth at Union Station under contract with the National Visitor Center. While this booth is also funded for only a few months, the executive director, Yetta W. Galiber, says that she plans to secure funds to continue its operation on a permanent basis. Mrs. Galiber said, "We hire handicapped people to manage the booths. This gives them employment as well as visibility. They have remained hidden too long."

Editor

JOURNAL OF REHABILITATION



# JOURNAL OF REHABILITATION

July–August, 1976

Vol. 42, No. 4

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The JOURNAL OF REHABILITATION is the official publication of the National Rehabilitation Association, a private nonprofit corporation dedicated to the rehabilitation and well-being of handicapped persons. Organized in 1925, the Association welcomes to its membership professional workers in all phases of rehabilitation—state and federal rehabilitation employees; physicians; nurses; psychologists; occupational, physical, and speech therapists; social workers; hospital and rehabilitation facility personnel; specialists for the blind, the deaf, the crippled—and others who desire to express in this way their interest in the problems of handicapped people.

Membership dues are \$20.00 a year; associate membership, \$12.50; student membership, \$7.50. Also offered are sustaining and life memberships, and memberships for organizations. All include a subscription to the official magazine and to the NEWSLETTER, published in alternate months. Single copies of the JOURNAL, \$2.00.

## FEATURES

- 2 Bicentennial Service Booths for Handicapped People
- 10 Handicapped Police Dispatcher In A Rural Setting  
*I. Ray Frost*
- 14 The Marketing Concept: A Survival Plan For Workshops For Severely Handicapped People  
*Edward A. Malone, Jr.*
- 20 Vocational Rehabilitation—the New Law and Its Implications For the Future  
*Martin L. LaVor*  
*Jack G. Duncan*
- 30 MVRs Follow-up Studies—Questions Answered  
*Robert D. Struthers*
- 36 Extended Travel and the Social Rehabilitation of Physically Disabled People  
*Morris M. Golub*  
*Mimi Ehrlich*
- 40 Psychiatric Rehabilitation—A Specific Encounter  
*Edward Wise*

## DEPARTMENTS

- |                         |                        |
|-------------------------|------------------------|
| 8 Around the World      | 4 Rehabilitation News  |
| 6 Industry Introduces   | 13 Employment Exchange |
| 46 Authors' Biographies | 49 Correction          |

The JOURNAL OF REHABILITATION is the only professional magazine concerned with the rehabilitation field in general. It is published bimonthly by the National Rehabilitation Association (1522 K St., N.W., Washington, D.C. 20005) January, March, May, July, September, November. The subscription price of \$2 a year to members is deducted from annual dues. Price to nonmembers in United States and possessions, \$10.00; Other Americas and Canada, and foreign countries, \$12.00. Second class postage paid at Washington, D.C. and additional mailing entry. Views expressed in Journal articles are those of the authors and do not necessarily coincide with official NRA policy. Acceptance of advertisements in the Journal does not imply NRA endorsement of the products or services advertised.

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JULY-AUGUST, 1976



## Space Program Spinoff



While three square meals a day are taken for granted by most Americans, getting even one balanced meal each day is a problem for some of the nation's elderly citizens.

Food technology and packaging techniques developed by the NASA Johnson Space Center, Houston, to feed Apollo and Skylab crews during space flight are being applied in a pilot program to help provide balanced meals to elderly people who live alone. Physicians, nutritionists and biomedical engineers at the Center are working together to design and develop a meal system to supplement the existing National Nutrition Programs for the Elderly.

The effort is part of the agency's Technology Utilization program in which space-developed technology is applied in the solution of earth-bound problems. Called Meal Systems for the Elderly, Primeaux says: "Its goal is to develop nutritious, shelf-stable, convenient and easily deliverable meals for the elderly."

The design, development, field

demonstration and evaluation phases of the program are expected to be completed by late 1976, according to Primeaux.

In addition to the JSC team developing the meal system technology, the University of Texas Lyndon B. Johnson School of Public Affairs, Austin, will assist in demonstrations and distribute meals. The Texas Research Institute of Mental Sciences, Houston, has surveyed attitudes, food preferences and has run taste tests among potential users.

The program is expected to cost \$240,000, of which NASA will fund \$125,000; Johnson School of Public Affairs, \$90,000; Texas Research Institute of Mental Sciences, \$8,000; and United Action for the Elderly, Inc. \$17,000.

## New PACE for Deaf

The U.S. Civil Service Commission has developed a new, modified version of the Professional and Administrative Career Examination (PACE) for applicants who are deaf and partially deaf. The PACE is the entry-level examination for a wide variety of professional, administrative and technical positions in the U.S. Government.

Eligible to take the examination are persons having a bachelor's degree or those who expect to complete one in the next nine months, as well as persons who have three years of professional experience. Deaf and hearing impaired applicants who pass this examination with a high score will be placed on the official Civil Service Commission register from which candidates are selected for entry-level jobs. Positions filled through the PACE examination are classified as GS-5 and GS-7, with salaries of \$8,925 and \$11,046 per year respectively.

For information about when and where the test is given in your area,

or in order to receive the Application Forms and Sample Question booklet, call 800-555-1212, toll free, to find out the number of the nearest Federal Job Information Center.

## Trust Fund Established

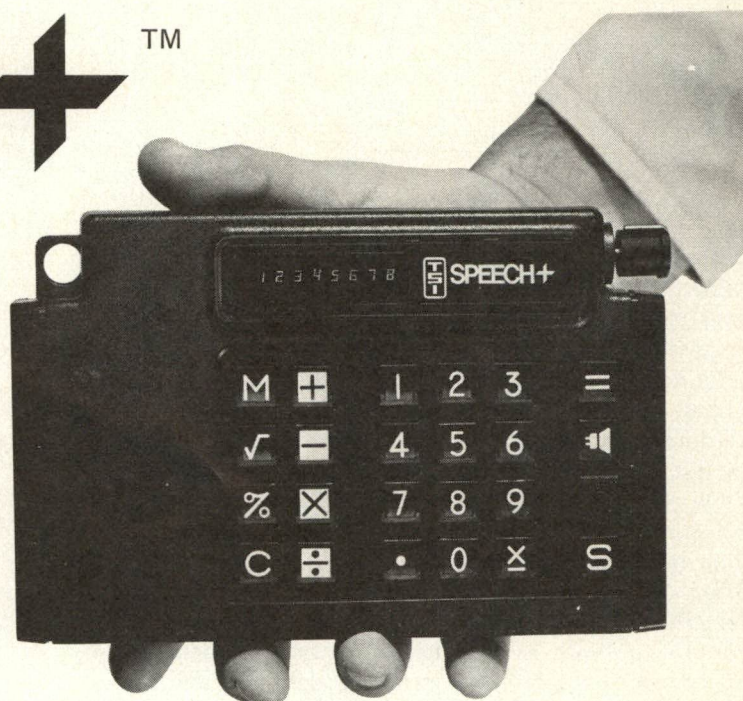
A three-year project to demonstrate innovative approaches to the delivery of ambulatory primary care has been funded by a two-million-dollar grant from the W. K. Kellogg Foundation, Battle Creek, MI, to the Hospital Research and Educational Trust, an affiliate of the American Hospital Association. Ambulatory primary care is concerned with general, rather than specialized, medical services provided to those other than hospital inpatients. A three-member steering committee appointed by the Trust will oversee administration of the program.

Twelve to fifteen sites in medically underserved communities throughout the United States, primarily in rural areas, will be selected by the Trust to demonstrate innovative approaches. Generally each site will receive between \$110,000 and \$150,000 over two to three years to establish an innovative program or to improve or to expand an existing program. The types of sites that might receive support from the project include community hospitals, group practices, satellite units of a health facility, public health units, government-sponsored programs, and other eligible community agencies. Innovative approaches at such sites might include the utilization of physician extenders, residents in a family medicine training program, dentists, and nutritionists. Other features may include incorporation of health education as an integral part of primary care, development of criteria and an audit program to measure the effectiveness of care, initiation of a home health service, and establishment of an ambulatory care center emergency service and ambulance system.



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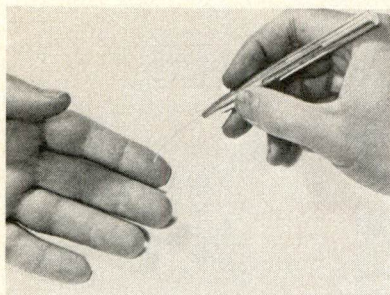


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# industry introduces



A new device which permits accurate measurement of cutaneous sensory perception in the treatment of neurological disorders is available from Rowan Products Company of California.

The hand-held instrument, known as the Rowan Aesthesiometer, is based on a patented concept of the National Aeronautics and Space Administration (NASA), designed to provide a more dependable measuring implement than the pin. Rowan Products have perfected this improved Aesthesiometer and are manufacturing it under an exclusive license from NASA.

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An improved "Achiever Seating System" is designed to meet a wide range of anatomical positioning and support requirements for neurologically affected children. It consists of a basic seat and a wide selection of functionally designed accessories.

The seat provides improved seating posture and comfortable body support. It has simple adjustments for forward, back, and recline positions. It fits into tiny-tot wheelchairs or can be used by itself or on its own "tip-proof" base.

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A new orthopedic cast, designed to safely and comfortably immobilize fractured limbs, is available from Hexcel of California.

Called Hexcelite, the fully-cured thermoplastic bandage tape softens when immersed in hot water (170°) for 3-5 minutes. It is clean, easily molded and requires no investment in special equipment for application or curing. Its extensive porosity allows maximum circulation of air to cut down on skin irritation and keep the area cool and dry.

The cast has a strength-to-weight ratio superior to plaster bandage casts. It will not break down if it gets wet and its increased durability reduces the risk of cast failure. It is removed with conventional cast saws and is available in 2", 3", 4", 6" widths and splints.

For further information, contact Hexcel, Medical Products Division, Dublin, CA 94566. (415) 828-4200.



A new roll-in shower for handicapped persons was recently introduced by the Braun Corporation. The one-piece molded fiberglass unit is designed to permit the user to roll his wheelchair through the large entrance. A graded lip assures accessibility while preventing seepage of water. The unit is 4½

feet square providing plenty of room for inside maneuverability. The finish is easy to clean, and the shower's seamless construction eliminates caulking, grouting and maintenance problems. The roll-in shower is available in a full range of decorator colors.

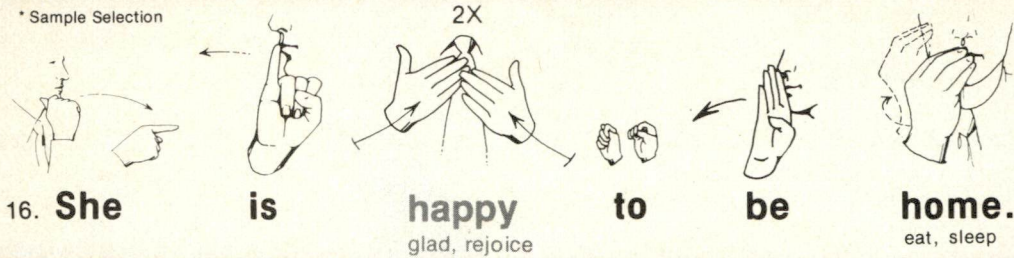
For further information contact The Braun Corporation, 1014 S. Monticello, Winamac, Indiana 46996.

A new inclined "track" with a center divider is designed for helping correct "scissors-gait" walking pattern and for advancing coordinative and equilibrium skills. The child-scaled "Peda-Guide Trainer" is useful for modifying faulty articulation of legs and feet resulting from motoric, muscular or neurological disabilities. For more information contact: TheraPlay Products, 29-24 40th Ave., Long Island City, N.Y. ■



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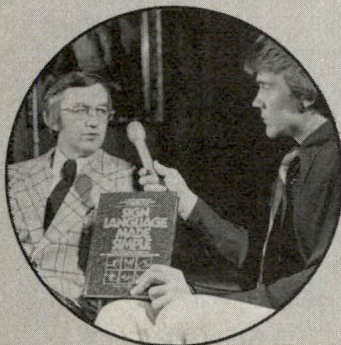
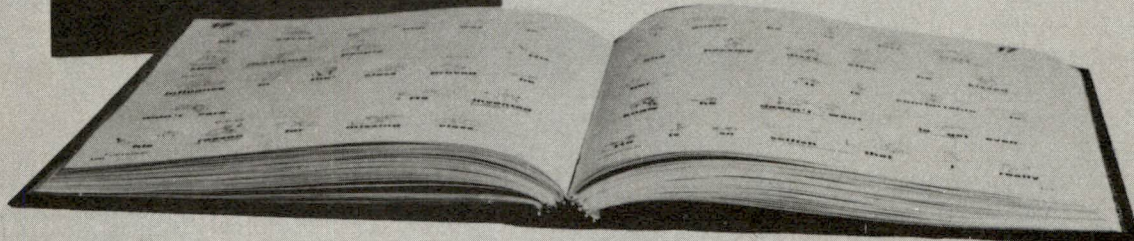


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Author, Edgar Lawrence, reviews his new book *Sign Language Made Simple* with KY3-TV newsman Patrick Van Horn.

Edgar D. Lawrence is an assistant professor of psychology and special education at Central Bible College, Springfield, Missouri, where he has been on the faculty since 1963 and where he received a bachelor of arts degree. He has a master's degree from California State University, where he also graduated from the National Leadership Training Program (N.L.T.P.) in the area of the deaf. He is a member of National Registry of Interpreters for the Deaf (R.I.D.) and Professional Rehabilitation Workers with Adult Deaf (P.R.W.A.D.). He was honored in Outstanding Educators of America (1975).

*"The unique feature of this publication is the fact that the learner is given things to say as opposed to simply developing a sign vocabulary. I believe that this will have a great deal of appeal to community groups and parents and will provide a good beginning for those who wish to pursue further sign language skills."* Philip E. Cronlund, Superintendent, State of New Jersey, Department of Education, Marie H. Katzenbach School for the Deaf, 320 Sullivan Way, West Trenton, New Jersey.

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## Eastern Healers Serve Psycho-social Needs

Traditional healer-patient relationships in under-developed countries tend to better serve patients' psychosocial needs than in Western medicine where specialists are apt to concentrate on the biology of causes and cures of disease. These views were voiced by several participants at a medical-anthropology conference held recently at Michigan State University (MSU) under sponsorship of the National Science Foundation and the MSU Department of Anthropology. Those attending included modern physicians who work in Africa, Asia, Latin America and among the Navajos.

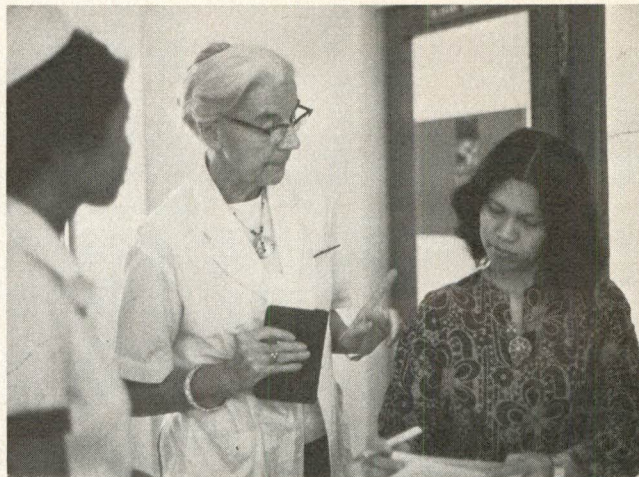
"It may not fit into the framework of our materialistic and physical concept," said Tollani Asuni, "but this does not mean that the concept of the spirit is a myth. It may not lend itself readily to our present method of scientific inquiry. It may shake to the roots some of our cherished notions. However, there are not adequate reasons for turning our backs on the concept of the spirit. This leads to the consideration of the components of human existence. It has always been appreciated that there is more to human life than just the physical body," said Dr. Asuni, who is medical director of the Aro Hospital for Nervous Diseases at Abeokuta, Nigeria.

Peter New of the University of Toronto suggested that the traditional healers in underdeveloped countries function in ways similar to such Western organizations and advisers as Alcoholics Anonymous, Gamblers Anonymous, Neurotics Anonymous, and clergy, police and bartenders.

"Most health planners are not yet ready," said Arthur Kleinman, a psychiatrist at Harvard University, "to design a system with native healers either in or out. Most governments tend to deny their existence." Dr. Kleinman, who has made a long study of indigenous healing practices in Taiwan, advocated that Western practitioners do more to bring their patients "into the act," with increased elicitation of patients' concerns, hopes and goals, and with provision of more information on medication and the need for patient compliance with the treatment.

Dr. Kleinman maintains that behavioral sciences should be taught throughout the clinical training years in medical schools, rather than as part of the pre-clinical training as is the case in many medical schools. "In most instances," he said, "medical education systematically blinds clinicians to the treatment of the patients' concerns beyond the biological, but questions of health and illness and clinical care should not be viewed from the medical arena only."

## Active Woman "Retires" to Peace Corps



Marianna B. Kyle (center) confers with two of her colleagues at the general hospital in Kuala Lumpur, Malaysia.

In 1974, Marianna B. Kyle, 65, retired after more than 30 years of social work. But Mrs. Kyle "wasn't ready to retire and be inactive and sedentary."

A few months after her "retirement," Mrs. Kyle, a widow from Bellevue, Washington, became a Peace Corps volunteer and traveled halfway around the world to continue her social work in Malaysia. She now is a psychiatric social worker at the general hospital in Kuala Lumpur, the capital of the Southeast Asian country.

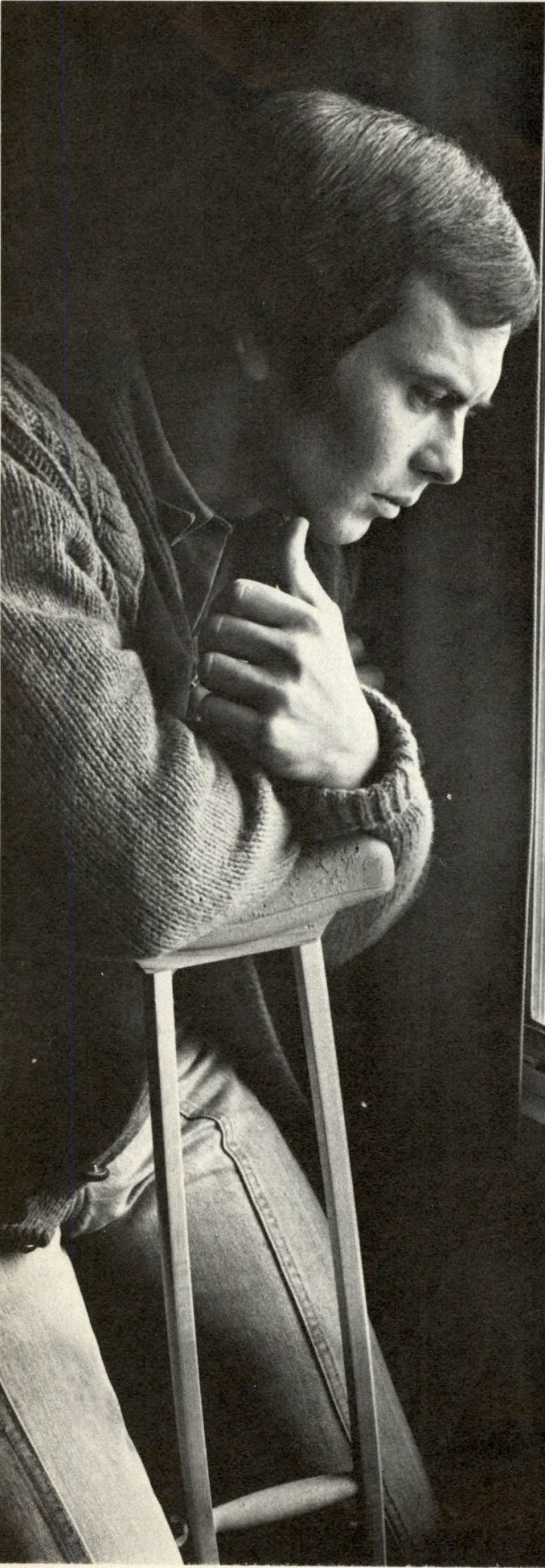
While Mrs. Kyle had experience with mental health hospitals, she never had been directly involved in a psychiatric setting as she is now. She is assigned to the Tunkuabdu Rahman Institute, the neurological institute of the general hospital which officially opened in March 1975. The hospital has neurology, neurosurgery and psychiatric divisions, and Mrs. Kyle works with patients in each of them. She spends much of her time in the acute care psychiatric unit, which has a male and female ward with 80 beds each, and in a ten-bed drug treatment ward.

From the patients and/or their relatives, Mrs. Kyle receives information for the medical and psychiatric staff on the patients' backgrounds, their inter-personal and inter-family relationships or conflicts, and abilities to cope with job responsibilities. She participates in staff case meetings where patients' problems are discussed with medical doctors and two psychiatrists. She also meets with groups of patients in both the male and female wards three mornings a week.

Besides her regular psychiatric social work, Mrs. Kyle gives lectures on social work to nursing and psychotherapy students at the hospital. She also teaches sociology to a group of post graduate nurses

*(Continued on page 39)*





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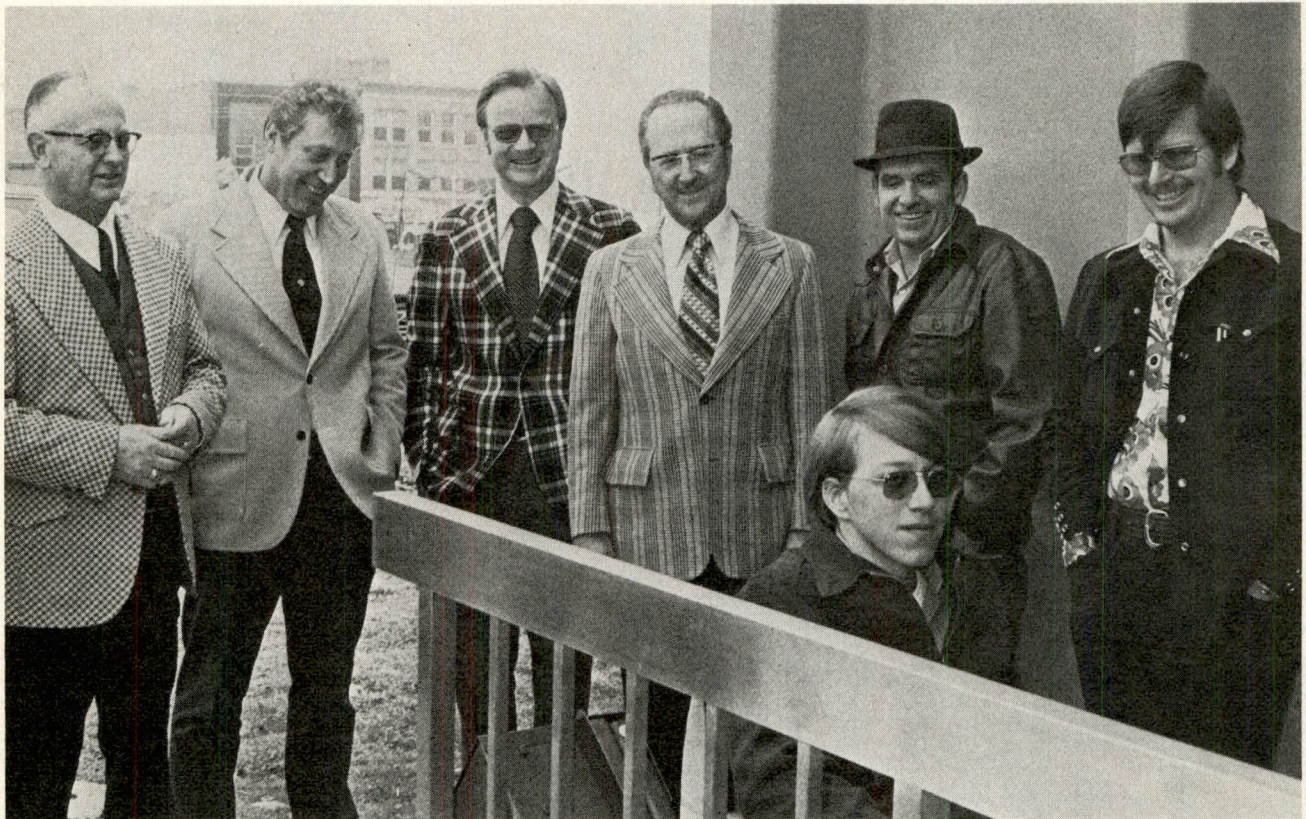
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# Handicapped Police Dispatchers in a Rural Setting

I. Ray Frost



Pictured (l to r) J. C. Haws, school district superintendent; Harvey Hirschi, director of Rehabilitation, State of Utah; Boyd Newman, telephone company manager; Gordon Felt, M.D.; Paul McKinnon, engineer; Sheriff Arthur Redding; Arthur Haggen (on left).

In October 1974, Box Elder County Sheriff Arthur Redding conceived a revolutionary dispatching system; revolutionary in the sense that he required that all applicants for the job be handicapped. Subsequently, five handicapped persons were hired as dispatchers: two were wheelchair mobile, and three were ambulatory.

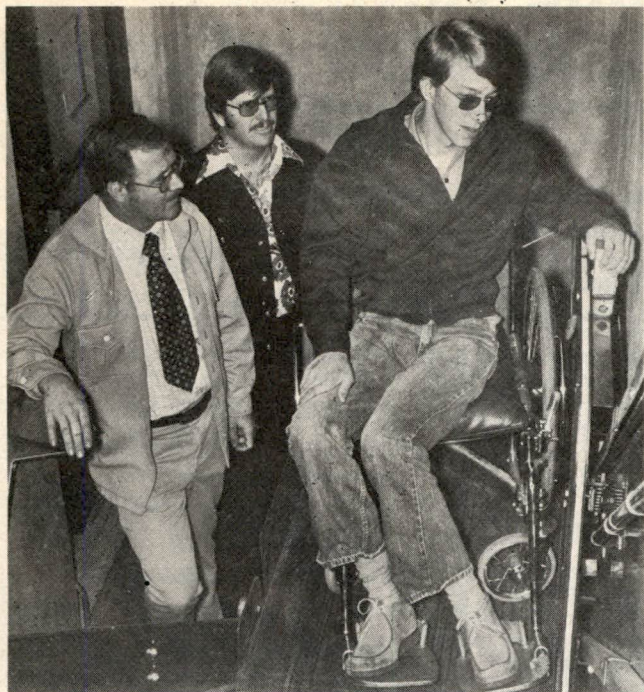
Having won his first term as sheriff earlier that same month, he might have been expected to "feel" his way into his new job. A new jail was just being completed, and there were pressing problems related to jailers, security of prisoners, and new officer assignments. Traditionally, dispatching in the county (both sheriff and city police) had been covered by personnel who also met physical requirements to be police officers. The philosophy being that in an emergency dispatchers could function as police officers.

Sheriff Redding saw at least two pitfalls to such thinking. First of all, in an emergency, sending out especially competent dispatches is crucial. Human life

may depend on the communication system. Only the highly trained and experienced dispatcher can adequately make the split second decisions necessary. It is at these times that telephones ring, and radio channels fill up with traffic. Priorities must be established and appropriate measures taken to assure the transmission of essential messages. Secondly, there appeared to be a constant shifting of dispatchers into the police officer ranks. New dispatchers had to be trained to replace those who had moved into police work. This constant shifting of personnel out of dispatching deprived the work of the thing it needed most—professionalism. Duty officers became irked when they were required to "fill in" until new dispatchers were trained. They were taken from active police work, which they did well, in order to perform a task for which they were not trained and had little interest.

Sheriff Redding insisted that at least some of the dispatchers be severely disabled, since he felt that





Pictured (l to r) I. Ray Frost, Division of Rehabilitation Services; Arthur Redding, sheriff; Arthur Haggen (on left), wheelchair radio dispatcher for the Box Elder County Sheriff's Department.

qualified people in wheelchairs could do the work as well as able-bodied persons. In addition, it would provide jobs which were not readily available to them. This philosophy guided the selection process. The selection was made in January 1975, and the dispatchers started work in February.

Prior to the hiring of the dispatchers, it was noted that the jail facility, even though it was new, really didn't accommodate handicapped people. All of the entrances were formidable barriers to wheelchairs. A wheelchair lift would definitely be needed to get the dispatchers up and down the stairwell. The building design presented some major problems in this regard, and the stairwell itself was steep (44°), with the doorway into the basement being at a 90° angle in a limited space. Before the lift could be installed, it was necessary for jailers and others to get the two people in wheelchairs up and down the stairs. Although this presented danger to the dispatchers and was difficult for the jailers, there was a good by-product—a comradery between the dispatchers and other personnel in the jail.

The Brigham office of the Utah Division of Vocational Rehabilitation provided the funds for the lift, and the local Rotary Club was selected as the conduit through which the funds came. The involvement of Rotary presented the needs of handicapped people to those who are in positions to make vital changes. Doctors, attorneys, school officials, politicians and others make up the membership of the club, and they have good visibility in the community.

The lift is now installed after many delays because of funding, engineering and similar problems, and the dispatchers are able to independently enter and leave the building. Professionalism is developing, and the dispatch function is taking on an identity of its own. Dispatching in Box Elder County is now viewed as a professional adjunct to law enforcement in the same vein as the crime laboratory and records department.

Now the sheriff's department is dispatching for police, sheriff, highway patrol, and fire and ambulance services. This department also dispatches for parks, recreation areas, and similar facilities in the county, with the exception of one city.

Rural areas usually lag in establishing specialized programs for handicapped people. The feeling is that large departments "can take a chance" on handicapped people because they have enough personnel to cover illnesses and other problems. One year of operation doesn't tell the whole story, but for the months of February 1975, through December 1975, the dispatchers lost only 64 hours out of a total 7,632 hours available. That means that in almost one year's time the five dispatchers missed an average of only a day and a half for sickness. During that time they have also received 35 hours of formal training each, and four of the dispatchers are taking classes from a nearby college.

Much could be said about social adjustment and problems encountered on the job, for there were some. The two spinal cord injured clients were both disabled through accidents, and prior to the accidents had vocational interests in physically oriented occupations. One had some experience in the work force following the injury while the other had been convalescing and in training for approximately two years. Several staffings were held to resolve the difficulties that faced all of the dispatchers. At one point the State Vocational Rehabilitation Agency purchased radio monitors to allow the dispatchers to listen to traffic during off duty hours and thereby get a feeling for the rhythm and character of dispatching. As codes were learned and formalized radio behaviors developed, the dispatchers assumed an air of confidence and professionalism.

Box Elder County is one of the largest counties in Utah geographically. It was felt by the dispatchers that in order to really understand a given officer's situation, they must be able to visualize the geographical setting. Therefore, during their off duty hours they rode with deputies through the rugged terrain of the western reaches of the county. They got a sense of the vastness separating some of the smaller towns. Only by knowing the relative location of mountain ranges and natural barriers could they estimate how long it would take to get assistance to a rancher, sportsman, or deputy.

Socially, all of the dispatchers have enjoyed full fellowship. During a recent staff party, one of the dispatchers danced with his wife from his wheelchair. He does a sophisticated wheelchair rendition of all of the latest "moves" in rock. All of the dispatchers are required to wear police uniforms and are given uniform allowances. This also helps to develop cohesiveness between the dispatchers and the other officers. Their only harassment comes from the county fire marshal for whom they also dispatch. During one jovial altercation the fire marshal disengaged his leg prosthesis and threatened to use it as a night stick.

Other law enforcement agencies in the State are now taking a hard look at Box Elder's dispatch system. It would be no surprise if it were adopted by a number of them.



# THE MARKETING CONCEPT:

## a survival plan for workshops for severely handicapped people

Edward A. Malone, Jr.



Inspection of medical equipment.

Each day—each week—over 1,500 workshops for severely handicapped people and perhaps more, face that gnawing, lump-in-the-throat, frustrating crunch—i.e. *insufficient work for their clients*.

The underemployment problem has been a nagging, critical problem for workshops from the start of the sheltered workshop movement.

A continuous lack of sufficient meaningful employment for clients is pervasive. It saps client morale, makes budgeting a farce, causes layoffs, creates a mission impossible situation, and finally, can eventually close doors because of reduced income.

If the crunch situation described above prevails for the majority of workshops for severely handicapped clients—and it does—then why hasn't something been done to resolve the problem?

Why, in the face of a continuing shortfall of adequate meaningful work, have so few workshops appointed a

staff member to work fulltime on the business of getting business?

In a field replete with professionals from a diversity of disciplines, why have so few workshops employed professional marketing personnel from industry?

Perhaps the answers to the *whys* we have posed might lead to an active movement that would reduce or eliminate the *crunch* created by the ups and downs in work that all too many workshops are facing today.

The "why" feedback this writer has gotten from hundreds of on-site visits to workshops over the past nine years is *that workshops which suffer from chronic work problems or "feast or famine" fall into the following categories:*

1. Those that recognize they have a critical problem but don't know how to solve it.
2. Those that don't realize they have a real problem except when work is not available.



3. Those that don't comprehend the axiom "No work—No workshop."

4. Those that know they have a problem but who keep hoping it will go away.

5. Those that recognize the need for staffing a marketing manager but whose budget is limited.

### THE MARKETING CONCEPT

Perhaps it would be helpful to clarify the word *marketing* as it relates to workshops for severely handicapped people.

Over thirty years ago U.S. industry turned from being production oriented to that of being consumer or customer oriented. Henry Ford's cliché "that you could have any color you wanted as long as it was black" typified the premarketing era.

In industry today, marketing implies relating to the final consumer by bringing all marketing related functions under the leadership of one director, i.e. market research, consumer research, promotion, public relations, publicity, advertising, new product development, profit and pricing, and sales. It means relating to all potential markets and being able to gear up to meet the specific needs of those various markets.

The marketing concept is best exemplified by the consumer products companies who tune into the needs of consumers. Through modern marketing we see new products such as Mr. Coffee, watches, mini-computers, citizen band radios, and mailgrams being successfully placed into nationwide distribution.

The field of rehabilitation can take a page from industry by forgetting the term *subcontract procurement* and accepting a much broader concept which is encompassed by the word "marketing."

As it relates to this field, marketing means bringing together all activities relating to the procurement of work from potential markets, as well as from prime manufacturing, into one position—that of *marketing director*.

It means the marketing director is responsible for the following:

1. *Multi-Market knowledge and effort*
2. *Pricing and contracts*
3. *Customer contact and relations*
4. *Market research and product development*
5. *Project direction—i.e. Wagner O'Day*
6. *Marketing plans and sales objectives*
7. *Marketing budget*

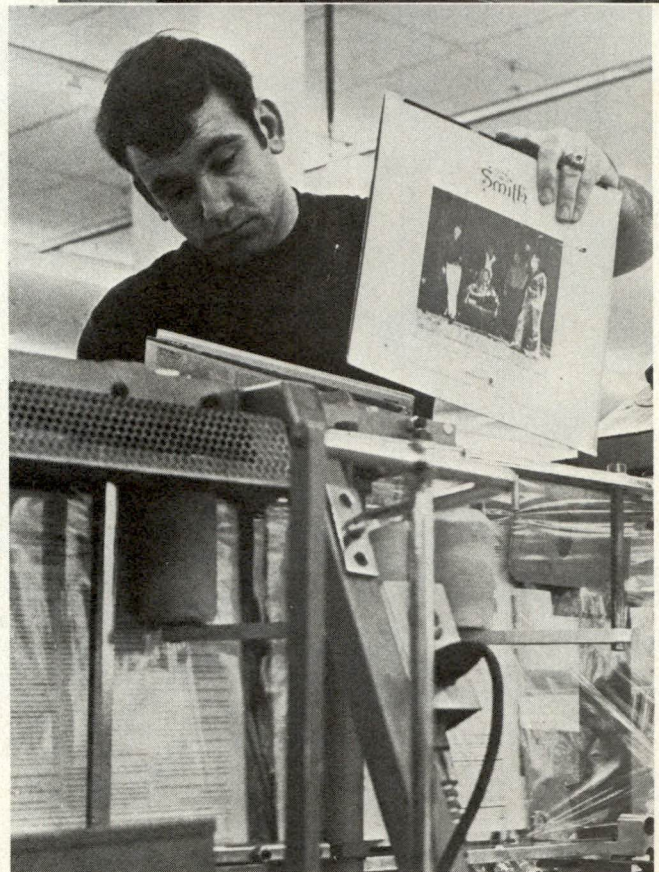
The term subcontract procurement describes only one sales area and should be declared obsolete since it is delimiting.

The market concept, once embraced, can open the doors to many new potential markets when the position is staffed with a professional who knows how to "play the game."

### ACCEPTANCE OF MARKETING ESSENTIAL

There are forces now at work in the marketplace which will prove very serious for those workshops that choose not to become marketing oriented. For example, *work will become* increasingly difficult for workshops to acquire over the next decade. The trend-lines are right there for all to see.

A client manufactures a harness for McDonnell Douglas' F4 Phantom Jet.



A client operates the semiautomatic shrink pack sealing machine.



Consider the following:

1. Industry is now increasingly hesitant about placing long-term subcontracts "outside."
2. The competition for marginal work (assembly and packaging) is increasing at an alarming rate.
3. More housewives are entering the labor market (45 percent at this point), and fewer high school graduates are going on to college, thus expanding the marginal labor pool.
4. The competition between workshops due to the shortage of work is on the increase.

In addition to the above long-term factors, we have two more that are causing major impact: (1) the process of deinstitutionalization is requiring the expansion of existing workshops in order to handle an increasing client population, while spawning the birth of new workshops. Otherwise, how can the needs of these clients be met without adopting aggressive marketing techniques; (2) according to Greenleigh,\* only 10 percent of clients are placed annually, which means that workshops will be changing their direction from being transitional to that of providing extended employment. Marketing must be emphasized to develop more jobs.

#### STAFFING THE POSITION OF MARKETING DIRECTOR

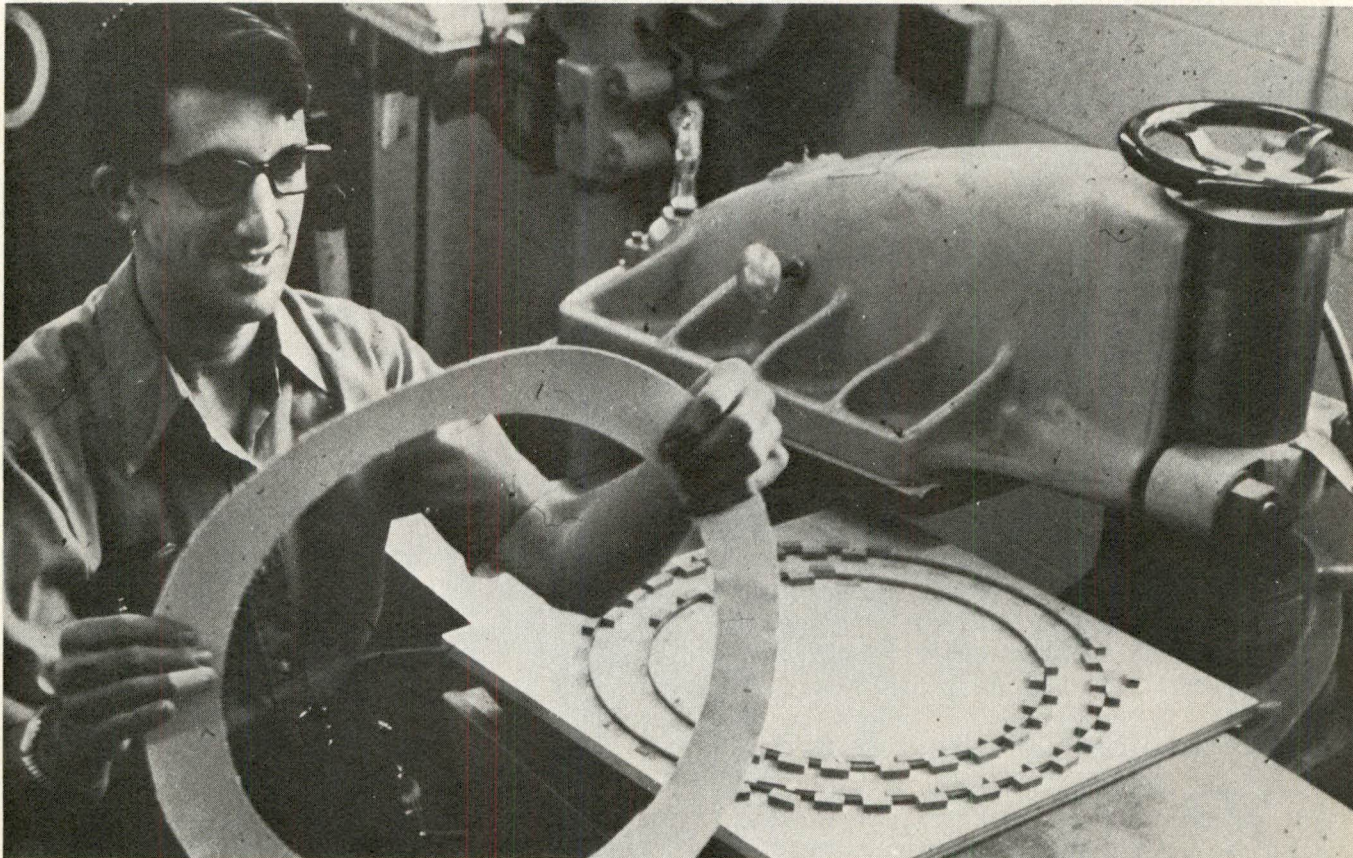
The key to developing a total marketing program is to first establish the position and then staff it. The Greenleigh study indicates that only one-third of all workshops included in their study had a full-time staff

member assigned to contract procurement. This would indicate that some giant steps must be made by many workshops in staffing for marketing—if, currently, so few workshops are staffed for only one segment of the market, e.g. subcontract procurement.

Staffing for marketing may prove difficult for small or medium small workshops. Executive directors of these shops must assume the role of marketing manager, but they do have several options open: (1) they can employ retired marketing persons within their budget range; (2) they can employ marketing consultants on an ongoing basis for a nominal retainer fee; (3) they can explore staffing grants with their state DVRs to fund the position of marketing.

Sheltered workshops that provide services for more than sixty clients normally require sales of at least \$1,000 annually per client and should seriously consider employing a full-time marketing manager with a demonstrated record of accomplishment.

A professional marketing person will have had multi-corporate level and multimarket exposure, and because of this experience can help a workshop take giant steps saleswise, instead of reinventing the wheel. The professional will study and know intimately all high potential markets, and he will know how to work within the systems of reaching these markets. Such a market manager can and should develop a two-year marketing plan which would have an attainable annual sales forecast, budget, components for action, and a



A handicapped client inspects a gasket punched out on one of three clicker machines at the Mohawk Valley Workshop, Utica, New York.



timetable for accomplishment. A professional marketing person will require a much higher salary, but the end results will make the actual cost lower.

### THE MARKETS

The Greenleigh study indicates that 80 percent of those workshops studied obtain 82 percent of their sales from industrial subcontracts. We have already discussed the competitive forces which are reducing the availability of work from this sector.

There are many markets separate from subcontracts with industry which offer substantial potential for the marketing of workshop commodities and services. These other markets would include the following:

1. Federal—National Industries for the Severely Handicapped (NISH) and open competitive bidding
2. State—State-use and open competitive bidding
3. Supermarket industry—Prime manufacturing
4. Direct mail—prime manufacturing
5. Industry—new product production.

An explanation of all the above markets would be difficult within the space of this article; however, several deserve special highlight.

#### Javits, Wagner O'Day Program—NISH

The (federal) Javits-Wagner O'Day program through National Industries for the Severely Handicapped (NISH) provides a captive market of high potential for those workshops with the capabilities, resources and tenacity to work through the system.

The NISH organization is blessed with a small (budget reasons) but very competent staff. This outstanding group is currently working with over 400 certified workshops to place commodities and services on the procurement list.

This program, in time, will provide a multimillion-dollar market for aggressive marketing oriented workshops. The only limits on the growth of this market will be the size of NISH staff and the identification of suitable commodities and services. Within five years it will need annual sales in excess of \$100,000,000.

#### Mini-Wagner O'Day Programs at State Level

Through the pioneering and persistent efforts of National Industries for the Blind and their associated workshops, states such as New York, Alabama, and Florida have effective State-use laws which provide a "set aside" program for commodities produced by workshops for the blind in those states.

Two years ago the New York State law was amended to include workshops for the severely handicapped, and through the efforts of New York State workshop leaders, New York Industries for the Handicapped was established. Substantial "set asides" are already being developed in New York State for workshops that have capabilities to meet state procurement needs.

Much needs to be done in other states to emulate the progressive activity of New York in terms of opening this high potential "captive" market.

#### Becoming the New Product Production Center for Industry

A unique opportunity is open to workshops that staff for marketing. There are many small and medium-sized industrial firms who would turn to capable work-

shops for new product production if they knew of workshop production capabilities. Similarly, there are many newly formed companies who would rather turn production of their products over to capable workshop facilities if they only knew of their existence. Here, as well as with the federal and state markets, we are talking about client-oriented, long-term work as opposed to short-term subcontracts.

### CONCLUSION

There are presently several hundred marketing oriented workshops for severely handicapped people which have substantial long-term contracts and full employment. At the top of these workshops, we find executive directors who not only live, breathe, and understand marketing but who place a very high priority on the importance of obtaining sufficient meaningful work. The time has arrived for workshops for severely handicapped people to both understand and harness the power of marketing. The time has come for workshops to be as professional in meeting their marketing needs as they are in meeting their rehabilitation needs. The mission of rehabilitation can best be accomplished when there is a sufficiency of meaningful work. Staffing for marketing offers that opportunity.

#### Note:

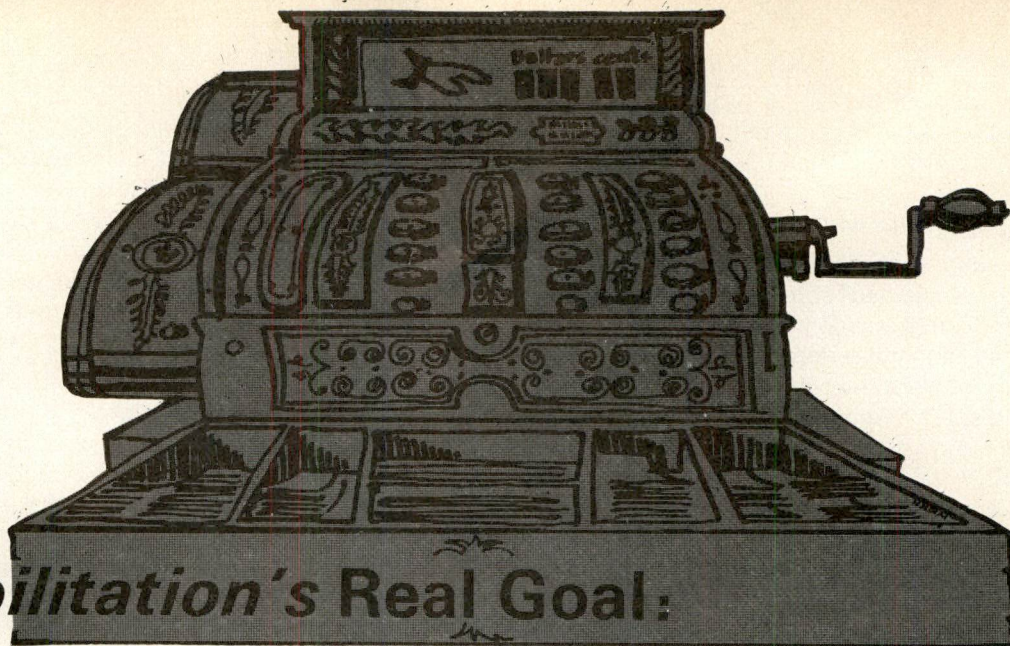
\*In its amendment to the Rehabilitation Act (1973), the Congress mandated that the Secretary of H.E.W. see to the conduct of "an original study of the role of sheltered workshops in the rehabilitation and employment of handicapped individuals, including a study of wage payments in sheltered workshops." A contract was awarded to Greenleigh Associates, Inc. to conduct the study which was completed in 1975.

Four workers in the "assembly line" at the Flame of Hope Workshop in New York construct candle cartons from flats and insert the cutlites by hand. Peak output of this workshop is 500 packages per week.



The setting of the Mid-Hudson Workshop for the Disabled.





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I would like to have complete information about Rowe's rehabilitation program for the handicapped.

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Title \_\_\_\_\_

Organization \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



# Hearing problem or not, she'll have a job.

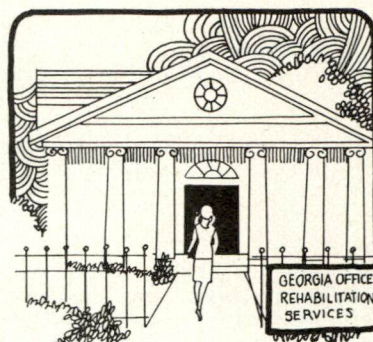
(A TRUE STORY OF HEARING REHABILITATION)



Picture this: A young girl, just out of high school. With no job skills and a hearing problem which is not altogether solved by the hearing aid she wears.

That was Wanda Tomazin's situation when she walked into the Savannah, Georgia, Office of Rehabilitation Services.

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Beltone's newest and most powerful behind-the-ear aid, the Etude-8—which Wanda says brings in sounds "louder and clearer" than her old model. So she gets more out of her job training. And more fun out of family get-togethers.



MORAL: When we work with you, nice things happen for the hearing-handicapped. Which is why we invite you to call a Beltone Dealer if he can help on a case you know about.

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# Vocational Rehabilitation— the new law and its implications for the future

Martin L. LaVor  
Jack G. Duncan

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The photographs appearing in this article were taken by Martin LaVor, House Committee Staff Member, at a Joint Conference Committee meeting of the House and Senate Subcommittees which have jurisdiction over rehabilitation legislation. This Conference Committee was the first to be opened to the public under the new reform rules of the Congress. The conferees were trying to arrive at the final version of what was to become the Rehabilitation Act Extension of 1976, P.L. 94-230.

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The conferees assemble. On the left side of the table are Senator Robert Stafford (R-Vt), Senator Jennings Randolph (D-W. Va), Patria Forsythe, staff director of the Senate Subcommittee on the Handicapped, and Senator Edward Kennedy (D-Mass). On the right side are Congressman John Brademas (D-Ind) and Congressman Albert Quie (R-Minn).

On March 15, 1976, the "Rehabilitation Extension Act of 1976" became P.L. 94-230. The new law extended the existing Act for two years without making any changes other than those changes regarding the amounts authorized to be appropriated by the Congress.

What was significant about this legislation was not what Congress did, but what it did not do. It can be said that a conscious decision was made by both Houses of Congress not to change existing law by adding any additional amendments, either minimal or substantial. The "Act of 1976" was designed solely to extend only the programs' authorizations for two years. This decision was made primarily to assure the continuation of various programs authorized under the Rehabilitation Act and to enable states to plan their future budgets. Also, it would allow additional time to evaluate the numerous changes that had been made to the Act in 1973. More importantly, however, the simple extension would enable each House (if it determined that changes or modifications of the existing law were necessary) to go to the floor of their respective bodies and consider "specific" issues, and not be in the position of being asked, "How much does this bill cost?" or "How much is the bill over the President's budget?"







Senator Harrison Williams (D-N.J.) argues his position as Senator Edward Kennedy (D-Mass) looks on.

With P.L. 94-230 now law, and the money authorizations extended for two years, if either House determines it necessary or desirable to make changes in the present law, then members will be able to engage in debate based upon the merits and substance (or lack thereof) of the specific changes proposed. The issues would not become confused or complicated by concentration on budgetary or fiscal questions which normally happens when any legislation is considered.

The new law provides the following authorizations for Fiscal Years 1977 and 1978:

As can be noted from the table, there is an increase of \$20 million in the authorization in each fiscal year for the basic Title I program for Fiscal Year '77 and Fiscal Year '78.

The Congress determined that in spite of the tight budgetary conditions affecting the country, program growth should be continued; and although these increases represent only a 2.8 percent growth the first year and 2.6 percent the second, it is important that the concept of growth be maintained. The forward movement has been considered especially important

### VOCATIONAL REHABILITATION

#### Funding Fact Sheet In Millions of Dollars

| Function of Act                                               | Section   | Authori-<br>zation<br>FY75 | Appro-<br>priation<br>FY75 | Authori-<br>zation<br>FY76 | Appro-<br>priation<br>FY76 | Authori-<br>zation<br>FY77 | Authori-<br>zation<br>FY78 |
|---------------------------------------------------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Basic State Services                                          | 100(b)(1) | 680.0                      | 680.0                      | 720.0                      | 720.0                      | 740.0                      | 760.0                      |
| Innovation & Expansion                                        | 100(b)(2) | 39.0                       | 23.0                       | 42.0                       | 18.0                       | 25.0                       | 25.0                       |
| Research                                                      | 201(a)(1) | 25.0                       | 20                         | 32.0                       | 24.0                       | 30.0                       | 30.0                       |
| Training                                                      | 201(a)(2) | 27.7                       | 22.2                       | 32.0                       | 22.2                       | 26.0                       | 30.0                       |
| Facilities Construction                                       | 301(a)    | s/s                        | 1.8                        | s/s                        | 0.0                        | s/s                        | s/s                        |
| Vocational Training                                           | 302(a)    | s/s                        | 7.87                       | s/s                        | 8.0                        | s/s                        | s/s                        |
| Mortgage Insurance                                            | 303       | s/s                        | 0.0                        | s/s                        | 0.0                        | s/s                        | s/s                        |
| Special Projects                                              | 304(a)(1) | 17.0                       | 16.92                      | 20.0                       | 4.9                        | s/s                        | s/s                        |
| National Center for Deaf/Blind Youth<br>and Adults            | 305(a)    | s/s                        | 2.0                        | s/s                        | 2.1                        | s/s                        | s/s                        |
| Administration and Evaluation                                 | 403       | s/s                        | 1.0                        | s/s                        | 1.0                        | s/s                        | s/s                        |
| Secretarial Responsibility                                    | 405(d)    | .5                         | .2                         | .6                         | .2                         | .6                         | .6                         |
| Architectural and Transportation<br>Barriers Compliance Board | 502(h)    | 1.0                        | .3                         | 1.5                        | .3                         | 1.5                        | 1.5                        |
| Total                                                         |           | 790.2                      | 775.2                      | 848.1                      | 800.7                      | 823.1                      | 847.1                      |

s/s—such sums as may be necessary



in light of the Administration's no program growth policy.

### Questions, Problems and Issues Facing the Vocational Rehabilitation Program

There are a number of significant questions that have been raised regarding the Rehabilitation Act which demand hard answers. The answers will, indeed, be difficult to find.

#### Severely Handicapped \*

One of the major problem areas being identified by State VR agencies throughout the country is the question of *what the term "severely handicapped" means*. Another part of this question concerns how they determine these individuals with "the most severe handicaps" who must receive priority service as required by law.

There is no doubt that confusion exists. This, unfortunately, is due primarily to the fact that the term "severely handicapped" was not adequately defined in the 1973 Act, P.L. 93-112.

State agencies in trying to carry out the mandate are finding the problem compounded by the fact that, in spite of the Congressional directive for a priority service, there are also to be *no* quotas set in the vocational rehabilitation program by Rehabilitation Services Administration (RSA) or state agencies or counselors. However, RSA has set "formal objectives" and "goals" regarding the number of severely handicapped people to be rehabilitated each year. Therefore, as the states are trying to determine how to carry out the law, their agencies are being forced to match unrealistic quotas. This is happening despite clear Congressional intent that each state *move* to serve severely handicapped people *within its own*

*capabilities*. RSA, in response to an inquiry from a Congressional Committee regarding this matter, explained their position in the following way:

Starting from a base in FY 1973 when an estimated 30% of all rehabilitations were of the severely handicapped, RSA has set increasingly higher goals. Moreover, steady progress in achieving these goals has been and is being accomplished.

Considering that the term "severely handicapped" is so misunderstood, it is therefore difficult to understand what population is being counted.

In addition to the confusion regarding the definition and RSA's goal setting, the picture is further complicated by charges being made to the Congress by some "consumer" organizations who claim that "the mandate that the most severely handicapped individuals receive priority services is not being implemented." Congressman Albert H. Quie (R-Minn.) summed up what appears to be the general attitude of Members of Congress regarding these charges in a response to a recent letter when he said

I have heard this charge made over the last two years, but I have not seen any documented evidence to substantiate it. While I am sure there are instances where severely handicapped individuals are not receiving services, I have seen no hard evidence to indicate whether it is widespread, whether it exists within every state or whether there are deliberate attempts by Vocational Rehabilitation agencies to not follow the mandate in the law. . . . All we have heard are unspecified charges and categorical denials.

#### SUMMARY

1. The "severely handicapped" population has not been clearly identified.

\* There are differences in the interpretation and use of the words disability and handicap. It happens that in most federal legislation the term "handicapped" has been used in place of or interchangeably with the term "disabled."



Congressman John Brademas (D-Ind) on the left thanks Senator Robert Stafford (R-Vt) at the conclusion of the conference.



2. The law does not appear to be definitive regarding what is required for "severely handicapped" people.

3. RSA's targets or quotas are putting great pressure on states to produce new numbers in order to comply with a confusing directive created by the 1973 Act.

4. It is being alleged that little is being done to implement the requirements of the law regarding this population.

So that a better understanding and perspective of the problem can be gained, a review of how the language regarding severely handicapped people became law in the first place is necessary.

#### HOUSE—1972

In 1972 when the House was considering its version of the '72 extension of the Vocational Rehabilitation Act, it considered the problem of the universe of persons eligible to receive rehabilitation services. The House became aware over a period of years (especially since the transfer of the Rehabilitation Services Administration into the Social Rehabilitation Service) that a heavy emphasis was being placed upon serving those with "behavioral disorders." It also became apparent that rehabilitation services were to be the vehicle or instrument for reform of the welfare system.

The House recognized that millions of physically and mentally handicapped persons under the more "traditional" definition were not being served while those with other disabilities which could best be described as "behavioral" were being served in increasing numbers. In order to remedy what was considered a corruption of the purpose of the Act, the House amended the definition of "handicapped individuals" and made an effort to require that the

more "traditional" definition of the term *handicapped* be given a priority of service. While trying to arrive at a clear definition of those who were in fact considered in the "traditional" categories, references began to be made to the "most severe" or the "severely handicapped."

This attempt to redirect the program from the "behavioral disorder" category in order to encourage service to those with physical and mental handicaps in the more traditional vein, led to the mandate that a first priority of service must be given to those "severely handicapped." But, the House had a problem of clearly stating in law what this meant. It was obvious that the Members wanted a redirection and a more balanced program. The House, recognizing that the suggestion of a "priority" might be interpreted as excluding some condition not considered as severe as another, mandated that anyone receiving services at the time of enactment of the new legislation should continue to be served.

The House added a new Title III to its bill. That title established a *new* grant program which would have provided comprehensive services to "severely handicapped people." It was designed to serve individuals who did *not* have the potential to return to work but might benefit from rehabilitation services in order to "live independently."

"Severely handicapped" (in that bill) was defined as "an individual under a disability so serious as to limit substantially his ability to function . . . and who with the aid of comprehensive rehabilitation services can reasonably be expected to improve substantially his ability to live independently and function normally in his family and community."

The *new* program was to receive funds from a *new* and separate authorization and would not have been



Congressman John Brademas (D-Ind) confers with Congressman Albert Quie (R-Minn) and Congressman Carl Perkins (D-Ky) on a crucial matter during the conference, as Jack Duncan, subcommittee counsel, looks on.



ing to the equity of VR funds distribution, there exists no easy way to represent them in quantifiable terms.

As part of the study, an analysis was made on four alternative allocation formulas. They were as follows:

1. The current (Hill-Burton) formula.
2. The Hill-Burton formula, with the square removed from the ability-to-pay factor, and with minimum provisions removed.
3. Standard Formula 1: The formula that allocates funds to states in direct proportion to their estimated target population.
4. Standard Formula 2: The formula that allocates funds to states in direct proportion to their estimated target: population, modified by a moderate ability-to-pay factor.

The following table from the report illustrates what would happen if any one of these formulas were to be adopted. The table dramatically illustrates the *political* problems in changing from the existing formula to any other, because a majority of the states will lose money if any of these approaches are adopted.

The questions facing the Congress are as follows:

1. Should the formula be changed?
2. If it should, how will states be protected from going below the amount of dollars they presently receive?
3. If so many states would lose money if the formula is changed, why should Members of Congress vote for change?

### State Agency

Over the past few years, several states (Florida most recently) have attempted to reorganize the departments within their states into comprehensive or "umbrella" type units which become single human services agencies. States claim this is being done because "it will streamline the delivery of rehabilitation as well as other services to residents" of the respective states. In doing so, however, the states are finding that their actions are inconsistent and do not comply with federal law, regulations, or the intent of Congress as set down in Section 101(a)(2).

The Act requires that for each fiscal year in which a state desires to participate in the program authorized under Title I of the Act, that state shall submit an annual plan for vocational rehabilitation services which shall proceed as follows:

- 101 (a) (1) (A) designate a State agency as the sole State agency to administer the plan or to supervise its administration by a local agency
- 101 (a) (2) (A) that the State agency designated pursuant to paragraph (1) (or each State agency if two are so designated) shall include a vocational rehabilitation bureau, division, or other organizational unit which (i) is primarily concerned with vocational rehabilitation, or vocational and other rehabilitation, of handicapped individuals, and is responsible for the vocational rehabilitation program of such State agency, (ii) has a full-time director, and (iii) has a staff employed on such rehabilitation work of such organizational unit all or substantially all of whom are employed full time on such work; and
  - (B) (i) that such unit shall be located at an organizational level and shall have an organizational status within such State agency comparable to that of other major organizational units of such agency, or (ii) in the case of an agency described in clause (1) (B) (ii), either that such unit shall be so located and have such

status, or that the director of such unit shall be the executive officer of such State agency; except that, in the case of a State which has designated only one State agency pursuant to clause (1) of this subsection, such State may, if it so desires, assign responsibility for the part of the plan under which vocational rehabilitation services are provided for the blind to one organizational unit of such agency, and assign responsibility for the rest of the plan to another organizational unit of such agency, with the provisions of this clause applying separately to each of such units; . . .

Although Florida had been advised that its proposed state law would be inconsistent with federal law and regulations, the state persisted in its view that it had a right to organize its own delivery system. Federal officials pointed out that this was not simply a state program—that, in fact, the state only contributed 20 cents of every dollar which was provided for the rehabilitation program. Florida, in order to leave itself some flexibility, provided, in its new reorganization of law, that the state law could be reconciled with federal law whenever it was necessary.

Florida, immediately upon passage of its new law, recognized that it was not in compliance and, therefore, requested a waiver of the requirements of the Rehabilitation Act. Congressman Brademas, speaking on behalf of the subcommittee, became aware of this request for a waiver of federal law and wrote to outgoing Secretary Weinberger on June 24, 1975, and again to the new Secretary of HEW, Secretary Mathews, on October 7, 1975, that

The Act permits extensive flexibility for program cooperation between vocational rehabilitation and other service programs, but it calls for preserving the integrity of the vocational rehabilitation unit and does not permit it to be fragmented and placed under the program and administrative control of other organizations.

It is the Committee's belief that the program at both the state and Federal level, must be responsible for its own program development, for its own budget, for its own staffing, including ability to hire and fire, as well as maintaining a viable, visible and high advocacy position at the state level. While we could argue the merits and demerits of such plans as that submitted and while we may debate various delivery mechanisms, it is my firm belief that if we have learned anything from the Watergate period, it is that the law and the intent of Congress must be complied with.

The fact that persons may disagree with the law is no excuse for ignoring or disobeying it. The proper forum is through the legislative process at which time honorable and differing views may be heard and considered. At the end of the process, the democratic system will give us the majority opinion and the law.

The Administration apparently agreed that the waiver could not be granted and requested new authority from the Congress to waive the requirements of the Rehabilitation Act. On February 26, 1976, Senator Robert Stafford (R-Vt) introduced "*at the request of the Administration*," S. 3034 which would provide to the Secretary of HEW the authority to waive those sections of the law which mandate the state agency make-up. He introduced the bill "so that there would be discussion on this issue."

On March 15, 1976, the RSA Commissioner notified the Governor of Florida of the DHEW intention to disapprove of the proposed Florida state plan for rehabilitation services for FY 76, "on the basis that



**TABLE I.**  
**COMPARISON OF ALTERNATIVE ALLOCATIONS FORMULA ALLOTMENTS**

| State                | Population<br>(000) | Per Capita<br>Income | Hill-Burton<br>Federal<br>Allotment<br>(millions) | Hill-Burton<br>minimum<br>Federal<br>Allotment<br>(millions) | Hill-Burton<br>no minimum<br>no squaring<br>Federal<br>Allotment<br>(millions) | Alternative<br>Form No. 1<br>Federal<br>Allotment<br>(millions) | Alternative<br>Form No. 2<br>Federal<br>Allotment<br>(millions) |
|----------------------|---------------------|----------------------|---------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| Alabama              | 3,539               | \$2,876              | \$17.26                                           | \$17.36                                                      | \$14.17                                                                        | \$12.88                                                         | \$13.68                                                         |
| Alaska               | 330                 | 4,561                | 2.00                                              | 0.71                                                         | 0.87                                                                           | 0.95                                                            | 0.91                                                            |
| Arizona              | 2,058               | 3,617                | 7.23                                              | 7.32                                                         | 7.01                                                                           | 6.48                                                            | 6.52                                                            |
| Arkansas             | 2,037               | 2,853                | 10.03                                             | 10.08                                                        | 8.19                                                                           | 7.53                                                            | 8.02                                                            |
| California           | 20,601              | 4,433                | 47.54                                             | 47.81                                                        | 56.73                                                                          | 64.19                                                           | 62.07                                                           |
| Colorado             | 2,437               | 3,834                | 7.76                                              | 7.80                                                         | 7.88                                                                           | 7.63                                                            | 7.58                                                            |
| Connecticut          | 3,076               | 4,806                | 5.64                                              | 5.67                                                         | 7.55                                                                           | 9.10                                                            | 8.67                                                            |
| Delaware             | 576                 | 4,410                | 2.00                                              | 1.35                                                         | 1.60                                                                           | 1.78                                                            | 1.73                                                            |
| District of Columbia | 746                 | 1,966                | 5.09                                              | 5.12                                                         | 3.53                                                                           | 3.17                                                            | 3.76                                                            |
| Florida              | 7,678               | 3,663                | 26.56                                             | 26.71                                                        | 25.89                                                                          | 24.39                                                           | 24.49                                                           |
| Georgia              | 4,786               | 3,369                | 18.96                                             | 19.06                                                        | 17.27                                                                          | 16.59                                                           | 16.96                                                           |
| Hawaii               | 8,320               | 4,464                | 2.00                                              | 1.90                                                         | 2.27                                                                           | 2.37                                                            | 2.29                                                            |
| Idaho                | 770                 | 3,237                | 3.23                                              | 3.25                                                         | 2.86                                                                           | 2.39                                                            | 2.46                                                            |
| Illinois             | 11,236              | 4,513                | 24.73                                             | 24.87                                                        | 30.22                                                                          | 34.28                                                           | 33.04                                                           |
| Indiana              | 5,316               | 3,843                | 16.85                                             | 16.94                                                        | 17.16                                                                          | 16.04                                                           | 15.94                                                           |
| Iowa                 | 2,904               | 3,720                | 9.78                                              | 9.83                                                         | 9.66                                                                           | 8.81                                                            | 8.82                                                            |
| Kansas               | 2,279               | 3,916                | 6.96                                              | 7.00                                                         | 7.22                                                                           | 7.04                                                            | 6.97                                                            |
| Kentucky             | 3,342               | 3,095                | 14.90                                             | 14.98                                                        | 12.79                                                                          | 11.78                                                           | 12.29                                                           |
| Louisiana            | 3,764               | 3,057                | 17.05                                             | 17.15                                                        | 14.52                                                                          | 13.70                                                           | 14.33                                                           |
| Maine                | 1,028               | 3,209                | 4.37                                              | 4.39                                                         | 3.84                                                                           | 3.17                                                            | 3.28                                                            |
| Maryland             | 4,070               | 4,267                | 10.32                                             | 10.38                                                        | 11.75                                                                          | 12.48                                                           | 12.15                                                           |
| Massachusetts        | 5,818               | 4,321                | 14.32                                             | 14.40                                                        | 16.54                                                                          | 17.38                                                           | 16.88                                                           |
| Michigan             | 9,044               | 4,213                | 23.63                                             | 23.77                                                        | 26.50                                                                          | 27.24                                                           | 26.59                                                           |
| Minnesota            | 3,897               | 3,827                | 12.45                                             | 12.52                                                        | 12.63                                                                          | 11.69                                                           | 11.63                                                           |
| Mississippi          | 2,281               | 2,585                | 12.46                                             | 12.53                                                        | 9.66                                                                           | 8.99                                                            | 9.82                                                            |
| Missouri             | 4,757               | 3,710                | 16.09                                             | 16.18                                                        | 15.86                                                                          | 15.12                                                           | 15.14                                                           |
| Montana              | 721                 | 3,414                | 2.80                                              | 2.81                                                         | 2.58                                                                           | 2.26                                                            | 2.30                                                            |
| Nebraska             | 1,542               | 3,805                | 4.98                                              | 5.01                                                         | 5.02                                                                           | 4.74                                                            | 4.72                                                            |
| Nevada               | 548                 | 4,546                | 2.00                                              | 1.19                                                         | 1.46                                                                           | 1.67                                                            | 1.61                                                            |
| New Hampshire        | 791                 | 3,611                | 2.80                                              | 2.82                                                         | 2.70                                                                           | 2.33                                                            | 2.35                                                            |
| New Jersey           | 7,361               | 4,559                | 15.76                                             | 15.85                                                        | 19.53                                                                          | 22.04                                                           | 21.20                                                           |
| New Mexico           | 1,106               | 3,101                | 4.92                                              | 4.95                                                         | 4.23                                                                           | 3.84                                                            | 4.00                                                            |
| New York             | 18,265              | 4,734                | 35.08                                             | 35.28                                                        | 45.88                                                                          | 57.23                                                           | 54.71                                                           |
| North Carolina       | 5,273               | 3,210                | 22.39                                             | 22.52                                                        | 19.70                                                                          | 18.33                                                           | 18.95                                                           |
| North Dakota         | 640                 | 3,204                | 2.72                                              | 2.74                                                         | 2.39                                                                           | 2.00                                                            | 2.07                                                            |
| Ohio                 | 10,731              | 3,993                | 31.52                                             | 31.70                                                        | 33.34                                                                          | 32.73                                                           | 32.28                                                           |
| Oklahoma             | 2,663               | 3,312                | 10.82                                             | 10.88                                                        | 9.73                                                                           | 8.95                                                            | 9.19                                                            |
| Oregon               | 2,225               | 3,735                | 7.44                                              | 7.48                                                         | 7.37                                                                           | 6.98                                                            | 6.98                                                            |
| Pennsylvania         | 11,902              | 3,926                | 36.18                                             | 36.39                                                        | 37.62                                                                          | 37.01                                                           | 36.62                                                           |
| Rhode Island         | 973                 | 3,916                | 2.97                                              | 2.99                                                         | 3.08                                                                           | 2.93                                                            | 2.90                                                            |
| South Carolina       | 2,726               | 2,931                | 13.00                                             | 13.08                                                        | 10.79                                                                          | 9.71                                                            | 10.26                                                           |
| South Dakota         | 685                 | 3,197                | 2.92                                              | 2.94                                                         | 2.57                                                                           | 2.24                                                            | 2.32                                                            |
| Tennessee            | 4,126               | 3,086                | 18.46                                             | 18.57                                                        | 15.82                                                                          | 14.70                                                           | 15.34                                                           |
| Texas                | 11,794              | 3,540                | 43.22                                             | 43.47                                                        | 40.93                                                                          | 39.57                                                           | 40.02                                                           |
| Utah                 | 1,157               | 3,213                | 4.91                                              | 4.93                                                         | 4.32                                                                           | 3.47                                                            | 3.58                                                            |
| Vermont              | 464                 | 3,449                | 2.00                                              | 1.78                                                         | 1.64                                                                           | 1.43                                                            | 1.45                                                            |
| Virginia             | 4,811               | 3,633                | 16.88                                             | 16.98                                                        | 16.34                                                                          | 15.61                                                           | 15.69                                                           |
| Washington           | 3,429               | 4,013                | 9.97                                              | 10.03                                                        | 10.60                                                                          | 10.40                                                           | 10.25                                                           |
| West Virginia        | 1,794               | 3,016                | 8.26                                              | 8.31                                                         | 6.98                                                                           | 6.40                                                            | 6.72                                                            |
| Wisconsin            | 4,569               | 3,706                | 15.48                                             | 15.57                                                        | 15.25                                                                          | 13.61                                                           | 13.63                                                           |
| Wyoming              | 353                 | 3,661                | 2.00                                              | 1.23                                                         | 1.19                                                                           | 1.09                                                            | 1.10                                                            |
| American Samoa       | 30                  | 1,966                | .20                                               | .21                                                          | .14                                                                            | .10                                                             | .12                                                             |
| Guam                 | 93                  | 1,966                | .63                                               | .64                                                          | .44                                                                            | .28                                                             | .33                                                             |
| Puerto Rico          | 2,829               | 1,966                | 19.29                                             | 19.40                                                        | 13.39                                                                          | 10.57                                                           | 12.55                                                           |
| Trust Territory      | 96                  | 1,966                | .65                                               | .66                                                          | .45                                                                            | .32                                                             | .38                                                             |
| Virgin Islands       | 73                  | 1,966                | .50                                               | .50                                                          | .35                                                                            | .29                                                             | .35                                                             |



# MVRS Follow-up Studies — Questions Answered

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The federal program evaluation standards assure that State Rehabilitation agencies will be conducting more follow-up studies of clients than they have done in the past. The Michigan Vocational Rehabilitation Service (MVRS) has conducted a number of follow-up studies of agency clients and has received many inquiries about its experiences. Often the information which might be most useful to persons planning new studies is not included in formal reports of results. The following comments answer some of the questions that are most often asked and may also suggest some issues which might not occur to a person doing a follow-up study for the first time.

**Q: How many follow-up studies has Michigan VRS done?**

**A:** Michigan VRS has conducted six agency-wide follow-up studies of rehabilitants in general and four studies of rehabilitants who were receiving public assistance when accepted for services. In addition, at least one follow-up study has been done for each of the following groups of rehabilitants: (1) the mentally ill, (2) the mentally retarded, (3) Workmen's Compensation recipients, (4) recipients of Social Security Disability Insurance, and (5) youth clients seeking permanent jobs for the first time. In addition, MVRS has done follow-up studies involving persons not accepted for VR services (status 08 closures), persons accepted for services but not rehabilitated (status 28-30 closures), and recipients of Social Security Disability Insurance who were not rehabilitated (status 28-30 closures).

**Q: What is the general method that you have used to conduct your studies?**

**A:** We select a sample for the study population and make mail and telephone contacts. Our studies have been conducted from the State office. Closed case folders are sent in from the district offices. Among other reasons, we began this procedure because we have a leased line telephone network for the entire State. Most of the telephoning is done in the evening when lines are available.

**Q: What time have you used from closure to follow-up?**

**A:** All of the studies listed above have been conducted two years after case closure. Actually, the time range has been 18 to 30 months after closure as the studies have all been done from late November to early January for a fiscal year two years before. We believe it is preferable to run a continuing follow-up which gives the same time interval from closure to follow-up for all cases. However, we designed our first study to meet a requirement from our state legislature and have continued the same process to give comparability, and for administrative convenience.

**Q: How do you determine sample size?**

**A:** We consult *Arkin's Handbook of Sampling for Auditing and Accounting*,<sup>1</sup> which gives precision levels and confidence intervals for different sample sizes. In our first studies we chose a number which provided enough responses to estimate percentage employed within 5 percent, with a 95 percent confidence interval. We have since reduced sample sizes to deal with more client groups.

**Q: What steps do you use to locate possible respondents?**

**A:** We have settled on the following routine:

1. Mail out a questionnaire with a letter of transmittal and a postage-paid business reply envelope.
2. Follow in 7 to 10 days with a card reminder to complete the questionnaire.
3. Follow in 7 to 10 days with a duplicate of the first mailing in which the card reminder has been inserted.
4. If no response is received, attempt to contact by telephone. Interviewers are instructed to make three attempts to locate phone respondents, but often more attempts are made. We work quite hard to get a good response rate even though it runs up the cost of the project.



**Q: What kind of response rates do you get?**

**A:** Response rates depend on the group, the amount of time and effort expended, time after case closure, and probably on some other factors such as general economic conditions. Table 1 shows that MVRS response rates for rehabilitants in general have ranged from 64 percent to 75 percent, and for public assistance rehabilitants, they have ranged from 60 to 65 percent. The lowest response rate we have obtained was for persons whose cases were closed in referral or applicant status (non-accepted status 08 closures). The response rate was 55 percent even though almost 30 percent of the cases were originally closed for the reason "could not locate." The highest response rate was for our homebound craft program in which returns were received from 89 percent.

**Q: Why don't you have field staff gather follow-up information?**

**A:** Our initial reasons for not involving field staff were the following:

1. It would take time away from service delivery.
2. Field staff felt burdened with reporting data, and we anticipated resistance to gathering information for evaluation studies.
3. We were concerned that we might get biased results if counselors followed up on their own cases.
4. We were concerned about getting unreliable results due to differences in amount of effort to locate clients and differences in asking questions.
5. We thought it would be costly to train field staff in gathering data.

In short, we thought we could have a more efficient and better controlled study with less disruption of client services by doing it from the State Office. To date we have held to this line of thinking despite its disadvantages.

**Q: What are the disadvantages with this method?**

**A:** Field staff have not benefitted greatly from our process. We understand that some states are now having district office supervisors do follow-up of clients. Presumably this would provide a better

means of having follow-up experiences reflected in improved service delivery.

**Q: How long is your questionnaire?**

**A:** There have been 15 items, some of which have several parts, which are intended primarily to obtain a description of current employment status, employment and earnings in the previous 12 months, and receipt of public assistance and other forms of public income. There is a single item regarding satisfaction with services and another relating to need for further services.

**Q: How much work has to be done in processing questionnaires after they are received?**

**A:** We review each mail questionnaire to see that it is marked clearly for card punchers who will prepare data for computer processing. Where necessary, we contact the respondent by telephone to obtain missing information or verify unclear information. We include on each questionnaire a place for the respondent to enter his current address and telephone number so we can contact him. In addition, we have the closed case folder at hand. Often this provides important information to help in locating clients and in interpreting their responses.

**Q: What type of results have you received from your studies?**

**A:** Table 1 summarizes six studies involving rehabilitants in general, and Table 2 summarizes four studies involving rehabilitants who were receiving public assistance when accepted for services.

In general, we have found that about 64 percent of rehabilitants are employed 18-30 months after case closure. The employment retention for persons employed when their cases were closed (excluding homemakers) averages 70 percent for the six years. For persons receiving public assistance when accepted for services, the rates have been 49 percent and 55 percent. About 60 percent of the employed respondents were in the same job at follow-up as when they were rehabilitated.

The tables show the Michigan unemployment rate at the time the follow-up studies were conducted, because there is a negative relationship between unemployment rate and percent retaining employ-



# MVRS

ment. One would expect rehabilitants to be affected by general economic conditions, and apparently they are. For the six years, there is a correlation of  $-.94$  ( $p < .01$ ) for percentage of unemployment in the State and percentage of rehabilitants retaining employment two years after rehabilitation. The relationship is not as conclusive for the public assistance studies ( $r = -.48$ , n.s. for four years).

With one exception, earnings for employed rehabilitants have risen in each year for both rehabilitants in general and for public assistance rehabilitants. The increases parallel general increases in wages due to inflation during the period.

The percentage of rehabilitants describing themselves "somewhat dissatisfied" or "very dissatisfied" with services has been quite consistent from year to year and averages 14 percent for both groups. However, the most recent study during a high unemployment year showed a larger percentage (19 percent) for rehabilitants in general.

The percentage of respondents indicating a desire for additional services has been sizable, averaging 33 percent for rehabilitants in general and 40 percent for those receiving public assistance. Some of the persons marking the item for additional services desire services not provided by the VR agency, and many desire jobs which pay more money. The services most often requested are job placement and training. We have found that each case must be reviewed on an individual basis, and respondents are referred to their local service offices for that purpose:

## Q: What follow-up results have you attained for non-rehabilitants?

### A: The two-year-later percent employed was as follows:

|                                               |     |
|-----------------------------------------------|-----|
| Rehabilitants (FY 1970)                       | 58% |
| Accepted but not rehabilitated (status 28-30) | 17% |
| Referred but not accepted (status 08)         | 33% |
| Closed not in need                            | 59% |
| Closed not available                          | 40% |
| Closed not feasible                           | 3%  |

The persons described as "not in need" had been closed nonaccepted (status 08) in the categories *No Disabling Condition* or *No Vocational Handicap*. Persons described as "not available" were closed for the reasons: *Could not be Located*; *Refused*

*Services*; *Failed to Cooperate*; or *Transferred to Another Agency*. Persons described as "not feasible" were those closed *Too Severely Handicapped* or *Institutionalized*.

## Q: Do you know the differences between persons who respond and the persons who do not respond?

A: Each year we have studied the client characteristics for which we have information on the RSA Form R-300. The characteristics have been compared for our total population of rehabilitants, the sample selected for the study, and the persons who actually returned their questionnaires. We have compared the three groups in age, race, sex, receipt of public assistance, highest grade completed, marital status, and work status at acceptance. In most of our studies, the correspondence between characteristics of the sample and respondents has been very close. However, statistically significant underreporting was found in at least one study for persons with 0-8 years of education, males, blacks, persons aged 0-19, and persons from the Detroit area.

Recently, we compared Social Security Administration group earnings records for respondents and nonrespondents from our rehabilitants of FY 1970. Records were obtained for three years after rehabilitation. It was not possible to make direct comparisons between the follow-up results (which were obtained at a point in time) and the SSA full year earnings totals. However, the following information was obtained:

1. Based on SSA records, there was no difference between respondents and nonrespondents in percentage of persons having no income in a year's time. The findings were consistent for calendar years 1971, 1972, and 1973.
2. SSA records show earnings only up to the maximum taxable for Social Security purposes. It was estimated that the SSA records understated annual earnings for persons in the follow-up study by approximately 15 percent. The estimate was made by totaling the earnings above the maximum which were reported by some respondents.
3. Annual earnings for rehabilitants as estimated from MVRS follow-up studies appeared to overstate actual earnings by about 10 percent. It was estimated that MVRS overstated earnings for respondents by about four percent and for non-



respondents by about 20 percent. Even though about the same percentage of respondents and nonrespondents had no earnings in a year's time, the earnings of respondents were higher than those of nonrespondents. A higher proportion of nonrespondents were in low income groups.

**Q: What has been the cost of your follow-up studies?**

**A:** Cost may vary widely depending on how much information is to be gathered, how hard it is to be sought, and what is included in the cost of doing the study. In our first follow-up study, we calculated the cost for time and materials at approximately \$9,300 for 432 responses, or over \$21 per response. The time included designing the study, developing the questionnaire, and reporting results as well as gathering the data. In a more recent year, we used existing questionnaires and obtained approximately 640 responses for \$5,600, or about \$8.75 per response. As noted above, the cost would be lowered by eliminating phone contacts as they are very time consuming.

**Q: How do your results compare with those of other follow-up studies?**

**A:** We are reluctant to compare the results of follow-up studies unless methods are known to be identical. Bailey<sup>2</sup> reviewed a number of state agency follow-up studies done prior to 1960. He found that they gave response rates and employment retention rates of 80-90 percent. However, we now serve a different clientele due to changes in federal regulations. We also attempt to serve a much larger number of people and a larger percentage of the total population. We feel there are many variables influencing results. Until we know more about these factors, we take the position that comparisons of follow-up results should be interpreted very cautiously.

**Q: What has been the primary value of your follow-up studies?**

**A:** They have provided a general description of the effectiveness of the agency in providing benefits which are retained. Replicating the projects several times has given us confidence that reasonably con-

sistent information can be obtained from year to year with our method. Some knowledge about the importance of overall labor market conditions in follow-up results has been gained. We have some basis for discussing the relative employment retention of different client groups such as rehabilitants in general and public assistance rehabilitants, as well as persons whose cases were closed before acceptance for services or without rehabilitation.

In addition, the studies have enabled MVRS to provide information for persons outside the agency, including State officials, legislators, budget analysts, and the public. The figures have been used to estimate projected earnings and savings in public assistance for a number of years after rehabilitation. The fact that the agency has addressed such questions has made a good impression.

**Q: Of what use have the follow-up studies been in improving services?**

**A:** Follow-up information may influence service delivery at different levels. There have, of course, been many individual cases in which need for further service was found by the follow-up study, and services were provided. However, our studies were geared primarily to give an overall agency indicator of effectiveness. As such, the information was most useful to persons making decisions relative to the total agency. The sampling was not extensive enough to enable management decisions for units such as district field offices within the agency. For smaller offices, only a few cases were utilized each year. At the counselor level, the major value of the information has been to remind counselors of the long-range implications of their work and that the agency is concerned about the issue.

**Q: Aren't there some other things that you should obtain from follow-up studies?**

**A:** We feel there are several types of follow-up studies. We have done a particular type which was intended to give a general description of employment retention as a measure of agency impact. We have recently developed additional forms which focus on the benefits which the client perceives he has obtained from VR and his perception of the quality of services which he received, including such things as counselor attitudes and activities. We believe



## TWO-YEAR FOLLOW-UP STUDY RESULTS. REHABILITANTS OF MICHIGAN VRS, FISCAL YEARS 1968-1973

| Year of Closure | Number Respondents | Response Rate (%) | Percent Employed at Follow-Up | Percent Retaining Employment | Michigan Unemployment Rate at Follow-Up (%) | Percent of Employed with Closure Job | Average Weekly Earnings (Employed) | Percent Dissatisfied with Services | Percent Desiring Additional Services |
|-----------------|--------------------|-------------------|-------------------------------|------------------------------|---------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| 1968            | 432                | 74                | 74                            | 80                           | 3.9                                         | 48                                   | \$107                              | 12                                 | 27                                   |
| 1969            | 376                | 71                | 61                            | 70                           | 7.8                                         | 62                                   | 114                                | 14                                 | 30                                   |
| 1970            | 273                | 66                | 58                            | 64                           | 7.8                                         | 60                                   | 126                                | 13                                 | 29                                   |
| 1971            | 223                | 69                | 63                            | 70                           | 6.6                                         | 64                                   | 115                                | 13                                 | 38                                   |
| 1972            | 246                | 64                | 72                            | 77                           | 6.2                                         | 52                                   | 138                                | 12                                 | 35                                   |
| 1973            | 199                | 70                | 54                            | 57                           | 11.2                                        | 57                                   | 156                                | 19                                 | 38                                   |
| Mean            | 292                | 69.0              | 63.7                          | 69.7                         | 7.2                                         | 57.2                                 | 126                                | 13.8                               | 32.8                                 |
| S.D.            | 92                 | 3.6               | 7.9                           | 8.4                          | 2.4                                         | 6.1                                  | 18                                 | 2.6                                | 4.8                                  |

## TWO-YEAR FOLLOW-UP STUDY RESULTS. REHABILITANTS RECEIVING PUBLIC ASSISTANCE AT ACCEPTANCE, MICHIGAN VRS, FISCAL YEARS 1969-1972

| Year of Closure | Number Respondents | Response Rate (%) | Percent Employed at Follow-Up | Percent Retaining Employment | Michigan Unemployment Rate at Follow-Up (%) | Percent of Employed with Closure Job | Average Weekly Earnings (Employed) | Percent Rec'g. PA | Percent Dissatisfied with Services | Percent Desiring Additional Services |
|-----------------|--------------------|-------------------|-------------------------------|------------------------------|---------------------------------------------|--------------------------------------|------------------------------------|-------------------|------------------------------------|--------------------------------------|
| 1969            | 232                | 61                | 49                            | 54                           | 7.8                                         | 67                                   | \$100                              | 41                | 14                                 | 37                                   |
| 1970            | 95                 | 65                | 46                            | 54                           | 7.8                                         | 61                                   | 104                                | 48                | 17                                 | 37                                   |
| 1971            | 187                | 60                | 46                            | 51                           | 6.6                                         | 64                                   | 111                                | 42                | 11                                 | 39                                   |
| 1972            | 215                | 60                | 55                            | 62                           | 6.2                                         | 57                                   | 127                                | 38                | 13                                 | 46                                   |
| Mean            | 182                | 61.5              | 49.0                          | 55.2                         | 7.1                                         | 62.2                                 | 110                                | 42.2              | 13.8                               | 39.7                                 |
| S.D.            | 61                 | 2.4               | 4.2                           | 4.7                          | .8                                          | 4.3                                  | 12                                 | 4.2               | 2.5                                | 4.3                                  |

this type of information should be gathered at a period closer to the end of the rehabilitation process—perhaps 60 to 90 days. We do not think the information we obtain about the delivery of services is of optimal value when obtained two years after case closure.

### Q: What are the limitations of follow-up information for agency use?

A: Information is quite expensive; it reflects services provided in the past; and it is not complete. Even after extensive effort, data are incomplete due to nonresponses. The more accuracy required and the smaller the units for which information is desired, the greater the cost.

We think precision is a critical matter because the basic purpose of evaluative follow-up studies is presumably to quantify. Everyone knows that some rehabilitants will lose their jobs due to further disability. Others will retire or get married and become homemakers. Changes in status or in service needs may occur in a variety of ways and for a variety of reasons. Before program decisions can be based upon such information, it is necessary to know how many cases are involved.

### Q: What are the major considerations in conducting a follow-up study for the first time?

A: The usual questions involve identifying and locating respondents and designing questionnaires. These matters are, of course, important, but the answers are dictated by the question, "What is the purpose of this study, and how are the results to be used?"

As suggested above, we feel there is a distinction between projects which are intended primarily to describe overall agency effectiveness to measure quality of the VR process, or to assure that clients' service needs have been met. They are not mutually exclusive, but the cost of trying to achieve them all in one study may be very high. There is also a distinction between whether the information is to be utilized primarily at the federal, state, local or counselor level. When the primary purposes of the project and the resources in time, money, and technical capacity have been assessed, the form of the project will be quite clearly defined.

### References

- Arkin, Herbert. *Handbook of sampling for Auditing and Accounting*. McGraw-Hill, 1963.
- Bailey, John D. *A Survey of Rehabilitation Follow-Up Studies*. Research Unit Training, Research and Standards Section, Pennsylvania Bureau of Vocational Rehabilitation, 1965.



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## REHABILITATION MEDICINE AND PSYCHIATRY

*edited by Jack Meislin, Albert Einstein College of Medicine, Bronx, New York. Foreword by Walter E. Barton. (29 Contributors)* The symbiotic and synergistic relationship between psychiatry and rehabilitation medicine are explored in this volume. After defining the terms and identifying the goals of rehabilitation, the authors describe process and methodology. Applications are covered in the sections on mental and geriatric patients and mentally retarded individuals, and in the sections on the various treatment systems. Also discussed are recreational therapies, drugs, poetry, communication skills, and work incentives. Behavior modification, reality orientation and numerous other techniques are described. '76, 564 pp., 1 il., 12 tables, \$24.75

**ORTHOPEDIC MEDICINE: A New Approach to Vertebral Manipulations (2nd Ptg.)** by Robert Maigne, *Hotel Dieu Hospital, Paris, France. Translated and edited by W. T. Liberson.* A system of vertebral manipulations are integrated by the author into the general field of contemporary medicine. Techniques and maneuvers of relaxation, mobilization and manipulation are described and illustrated by superb photographs and didactic diagrams. A large portion of the book is devoted to methods of examining patients with painful spine or upper and lower extremities. Chapters concerning functional anatomy and pathophysiology of the spine and related structures have been included as well as a lucid description of the most frequent clinical conditions seen by practitioners. '76, 456 pp., 519 il., \$22.75

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**DEVELOPMENTAL INTERVENTION WITH YOUNG PHYSICALLY HANDICAPPED CHILDREN** by Philip L. Safford, *Kent State Univ., Kent, Ohio, and Dena Arbitman, Cleveland Society for Crippled Children, Cleveland, Ohio. Foreword by William B. Townsend.* Major areas discussed in this text include the nature of handicapping conditions; the interrelation of cognitive, motor and psychosocial development in early childhood; the integration of therapy and teaching goals and techniques; techniques and theoretical rationale for a group educational program; involvement of parents as a primary program component; communication across professional lines in a coordinated interdisciplinary team approach; and strategies for observing and recording behavior and for evaluating progress. '75, 336 pp., 15 il., 5 tables, \$21.50

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## SWIMMING FOR CHILDREN WITH PHYSICAL AND SENSORY IMPAIRMENTS

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## SERVICES OF THE REHABILITATION FACILITY

*edited by Richard E. Hardy, Virginia Commonwealth Univ., Richmond, and John G. Cull, Virginia Commonwealth Univ., Fishersville. (18 Contributors)* Comprehensive in its coverage, this book begins by discussing rehabilitation workshops, the uses and abuses of psychological assessment, psychologists in rehabilitation facilities, evaluations for disability determination units and vocational counseling approaches in rehabilitation facilities. Final chapters cover techniques of group counseling, work adjustment, occupational and physical therapy, rehabilitation services and extended employment in the facility, and community residential facilities for the handicapped. '75, 216 pp., 4 il., \$14.75

## PATIENT CARE AND REHABILITATION OF COMMUNICATION-IMPAIRED ADULTS

by Ralph R. Leutenegger, *Univ. of Wisconsin, Milwaukee.* This book, which deals with caring for the chronically ill and aging, will greatly advance the cause of patient-centered, rather than discipline-centered, patterns of patient care. It discusses the rehabilitation team which includes the patient and members of his/her family as team participants, and focuses on the four professions which are most likely to deal directly with the patient on a daily basis in a rehabilitation or maintenance capacity — nursing, physical therapy, occupational therapy, and speech pathology and audiology. '75, 196 pp., 4 il., 2 tables, \$12.50

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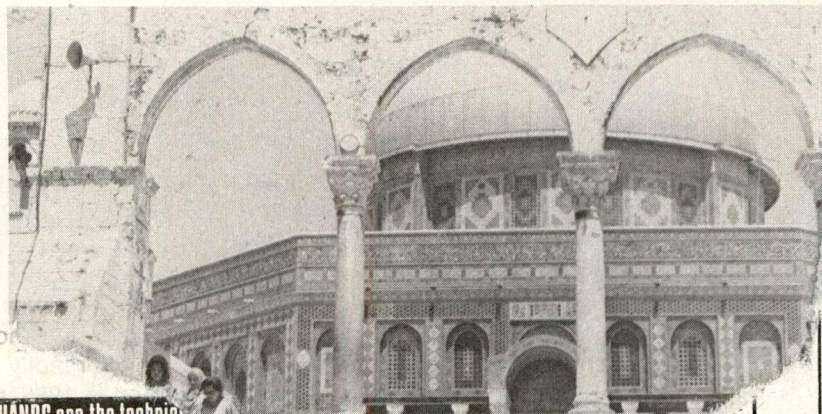
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JULY-AUGUST, 1976



# Extended Travel and the Social Role of Physically Disabled People

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## Rehabilitation Act

(Continued from page 28)

3. Where are they located?
4. Are they geographically distributed to meet all the needs?
5. How many more are needed?
6. How can shortages of personnel, if they exist, be remedied?

### Rights of Disabled People

The 1973 Amendments in many respects can best be characterized as a bill of rights for the disabled: affirmative action, non-discrimination, architectural barriers, written program plans and participation in their development. As of May, 1976, no regulations have been issued regarding the non-discrimination provisions, and affirmative action programs have not been enforced by HEW. The real issue involved in all of these provisions is the capacity of the Federal government to enforce its own laws. Unlike grants-in-aid, a civil rights law not only provides a right or benefit to someone, it imposes a responsibility on someone else and enforcing that duty is not easy. If voluntary action could achieve this goal, the law would not have been required in the first place. Enforcement is necessary when voluntary compliance is not achieved. In this area tough issues must be faced. Some of the major questions facing the Congress are the following:

1. What is a handicap?
2. Who are the handicapped?
3. What is discrimination?
4. Is financial hardship a basis for discriminating against someone?
5. What is the overall strategy for implementation of the law and when will it be put into effect?

### Conclusion

The questions being raised about the 56-year-old vocational rehabilitation program are significant and difficult. They will not be easily answered because they represent varying political and philosophical pressures which are compounded by pushes and pulls and diverse interests which are often in conflict.

No prediction can be made at this time as to how, if, or when the Congress will address them. ■

## Travel

(Continued from page 37)

from hospitals since that is where handicapped people often live. The local people are surprised that the members of the traveling group generally work and are self-supporting. They are often impressed by the warmth and high spirits that are usually generated on these extended trips.

The use of extended trips has many advantages not realized in other programs. We have found our experiences to be both safe and popular and recommend that such trips be used with the aim of improving social functioning wherever groups of physically disabled adults are served.

## Around

(Continued from page 8)

in a refresher course and instructs a group of psychotherapists in psychology.

Mrs. Kyle, who will complete two years of Peace Corps service in November 1976, is one of about 240 Peace Corps volunteers and trainees serving in education, agriculture, health, business and public management, urban development and public works programs in Malaysia. Around the world, more than 6,400 Peace Corps volunteers and trainees serve in 68 developing countries.

## Moscow School Synthesizes Treatment and Education

As many as 450 children attend the Moscow School supervised by the Central Institute of Traumatology and Orthopedics of the Ministry of Public Health of the USSR. The school is a unique attempt both in the Soviet Union and perhaps in the world, to organize treatment and simultaneous instruction for children suffering from scoliosis, a lateral curvature of the spine.

During the ten years of the school's existence, more than 1,500 children have fully recovered. The maintenance of the school costs twice as much as that of the ordinary school in USSR, but all expenses for treatment and instruction are paid for by the state. Children of different ages and degrees of scoliosis live and study at the school, where they are given treatment, education, and personal attention. Their families visit every Sunday, and on holidays the children may go home.

The school's equipment takes into consideration the curative process, at the basis of which lies the principle of relieving pressure of the spine. This means that instead of sitting at the traditional desks, patients lie in class on special medical benches. Plaster of Paris cradles are built for the children to sleep in, and corsets are made for those fifty per cent of the students who must wear them. Massage and heat treatment, orthodontia and dentist work, as well as x-rays are all performed by the staff of the school. In short, all the facilities to conduct a complex program of prophylactic treatment for scoliosis is available on the premises.

An experimental synthesis of medical treatment and educational processes for children with scoliosis has been developed, therefore students are given grades for such courses as corrective gymnastics or swimming. These marks are discussed at the teachers' council meetings as seriously as those grades given in mathematics. To prevent overworking the children, rational lesson schedules have been drawn up for every class, taking into account that these particular pupils tire easily. High intellectual demands are made on pupils so that they may later enter a higher educational institution.

In most patients' cases, the spinal curvature is stopped as a result of the treatment, and the patients can return to ordinary schools after two or three years. Contact is maintained with former pupils so that medical observations can be continued and counseling provided in choosing the right profession.

Novosti Press Agency.



# Psychiatric Rehabilitation— A Specific Encounter

Edward Wise

A number of developments within the last twenty-five years have transformed the back ward patient into the after-care patient. These developments include the phenothiazines, the "open ward" approach pioneered by Bell, Rees and Macmillan in Great Britain, the "therapeutic community" of Maxwell Jones, the day hospital, and the community mental health movement in the United States, featuring continuity from one treatment phase to another, and for a time, benefiting from strong federal support.

Evidence has accumulated to demonstrate the effectiveness of these social-psychiatric methods. Danials and Rubin<sup>5</sup> and Meyers and Clark<sup>16</sup> have shown the effectiveness of the therapeutic milieu in the treatment of schizophrenia, as did a study by Guy, et al.<sup>9</sup> utilizing milieu therapy in combination with medication. Also Craft<sup>3</sup> and Hertz, et al.<sup>10</sup> have demonstrated the effectiveness of partial care programs; however, as O'Leary<sup>17</sup> points out, the combined use of therapeutic community principles and philosophy within a partial care setting is a relatively recent occurrence. Jones<sup>12</sup> states that the essence of the therapeutic milieu lies

not with the 24-hour-a-day immersion of the patient, but with the structuring of communication, values and role relationships to bring about a therapeutic culture. The therapeutic community approach, while founded on the concept of role expansion,<sup>12,2</sup> nevertheless fails to provide a concrete, recognizable function that patients can relate to in a way that is not dependency-perpetuating and fixed in status.

Hospital psychiatry in the days of "moral treatment" understood the importance of work in an overall treatment regime. Even later when state hospitals grew to be huge, self-contained city-states, many patients benefited from performing the various jobs around the grounds because, for example, the purposefulness of weeding the vegetable garden was clear to the patient.<sup>2</sup> Work was rediscovered as a rehabilitative tool in the form of sheltered workshops, with more than 480 operating in the United States by 1965, serving mentally ill as well as other populations. These workshops generally subcontract with industry to perform the monotonous tasks that are too uneconomical to retain for themselves. Workshops are concerned about frustration tolerance,

work-related attitudes and ability to follow directions, but what became of the sense of purpose and participation that the vegetable gardener felt on the old hospital grounds? These and other after-care facilities such as halfway houses still fail to permit the participant to occupy any but the mental patient role, with its concomitant low status.<sup>6</sup> Furthermore, Kirk and Therrien<sup>13</sup> have suggested that professional bias concerning this population group has resulted in little innovation in psychiatric rehabilitation.

## SOCIAL BREAKDOWN SYNDROME

Operationally, the after-care patient presents two related conditions: (1) primary ego damage or deficit, and (2) a related complex described by Gruenberg<sup>8</sup> as the social breakdown syndrome. If the former is an adaptive response to a deviant parental environment, then the latter, using the mental patient role, is the environment's adaptation to a deviant individual.

In discussing normal development, Cumming and Cumming<sup>4</sup> describe the interaction of ego and environment as follows:

The development of the ego is commonly regarded as occurring through a series of crises. These crises appear



to occur whenever the emergent skills and developing powers of a child need to be controlled, elaborated or enhanced in order for him to be considered a normal member of the culture. When these crises occur, the equilibrium of the child's personality and the system around him is temporarily upset. A child's developing ego may be temporarily less differentiated and less well organized, and his relationship to the environment less concordant, until the crisis is resolved. This resolution leaves the ego enhanced, growth has occurred. At the same time, a child gets increasingly diverse types of roles. Each time he successfully resolves a crisis or learns to assume a new role, his ego is strengthened because he has internalized a new set in interrelationships, increased his power of discrimination and, perhaps, of hierarchizing, and has added to his knowledge of the world and himself.

Ego growth comes by way of crisis resolution and role acquisition. Individuals whose development has been faulty will find a particular environmental demand (crisis) overwhelming. Regressive and random search behavior will ensue in order to reduce the ego capacity-environmental demand differential. This behavior will be brought to the attention of a mental health professional who, by calling the stress a *precipitant* and by calling the attempt at stress reduction *symptoms*, will indicate the transformation to mental patient status. Then, as Gruenberg<sup>8</sup> points out, further reductions in environmental demands result from the dissolution of intact social role relations and prolonged hospitalizations. Finally, there occurs an ego reorganization around the environmental expectations of the mental patient role whether this role is performed on the chronic ward or not.

For this to change, several processes must occur:

1. A social setting needs to be

provided that is tolerant of deviant behavior, but is intolerant of a person clinging to the mental patient role for safety.

2. The setting must provide alternate roles of member, learner, helper, and worker, wherein a participatory status can be achieved.
3. The setting must be populated by a staff who functions as a problem-solving model and who guides patients through task and interpersonal crises.
4. The setting must be a social and vocational practicum, so that competencies and confidences developed can be transferred to other groups.

In the remainder of this paper, a psychiatric rehabilitation program making use of these principles is presented.

### Interpersonal Learning Center

In the spring of 1972, the Berwyn Family Service and Mental Health Center and the Stickney Public Health District jointly began a pilot activity program for formerly hospitalized adult psychiatric patients. It was realized that supportive contact and medical management were inadequate treatment modes for this population group. Since no specific grant funding was initially available, the program was launched on a less than full-time basis with a number of agencies cooperating and loaning personnel. The Berwyn-Cicero YMCA supplied a bus and driver for transportation to and from the program with funds for this and meals provided by the Illinois Division of Vocational Rehabilitation (DVR). Space was initially provided at the

Stickney agency. Later, the Family Service and Mental Health Center of Cicero joined in the operation of the program with services extended to this community. Supplies and equipment were scrounged from a number of sources. From its inception, the program has been hallmarked by a unique level of community and interagency cooperation.

The Division of Vocational Rehabilitation has been offering services for psychiatric disabilities as well as physical disabilities for some time, but their work with the after-care patient is limited. Recently, the federal Rehabilitation Services Administration established a task force on psychiatric rehabilitation to develop new modes of service for chronic and severe mental illness.<sup>20</sup> This new federal direction was anticipated by the local DVR administrator who was interested in ways of delivering service to this neglected population. This impetus and a policy change within the Department of Mental Health (DMH) resulted in funds being available to expand the program. This allowed a full-time day treatment program to begin in April 1974—the *Interpersonal Learning Center* (ILC).

With inadequate public conveyance, particularly in the sprawling Stickney Township area, and the initial resistance to involvement characteristic of this population group, transportation was seen as an essential component for program effectiveness. DVR provided funds for another bus, again to be operated by the Berwyn-Cicero YMCA. Through a service contract, DVR funds the Center for commodities, utilities, meals, and transportation. A DMH grant provides funds for staff salaries. This includes two psychologists and a psychiatric



nurse as well as two vocational rehabilitation counselors who, though funded through DMH, are authorized by DVR to function as representatives of that agency.

#### DIFFERENT EXPECTATIONS

The present program is conceptually dissimilar to the pilot phase in that growth as well as maintenance goals are involved. The name *Interpersonal Learning Center* was chosen to immediately convey to incoming participants a different expectation of status and behavioral standards than they were accustomed to in the hospital. Participants are referred to as members, a neutral label that simply designates belonging.

Members come from Berwyn, Cicero, and Stickney Township, all southwest suburbs of Chicago. The community is blue-collared industrial; the adults are of second generation mid-European origins. Most members live with families who tend to be physically close and emotionally distant. They come to the Center with a variety of diagnostic labels including schizophrenia, manic-depressive illness, severe neurosis, and characterological disorders. Functionally, each member presents primary ego damage or deficit and subsequent social breakdown syndrome.

Prospective members are referred by the five participating agencies: (1) the three community clinics, (2) the local DVR office, and (3) the nearby DMH-operated hospital. Individuals are screened by liaison personnel from the Center, often at their homes (where family role can be assessed) or at the hospital. The member begins immediately when accepted in order to avoid cracks in the continuity of care. The member begins fully

appraised of the mutual decline option at the end of an eight-week orientation period. Many patients respond immediately to being treated as a person responsible enough to enter into contractual agreements.

New members are oriented by the *welcoming committee*, a volunteer group of members who help the person to learn from peers what it means to be a member of the Interpersonal Learning Center. New members also start in an *evaluation group* for life pattern assessment and goal identification.

#### FIRST MONTH CRUCIAL

During the crucial first month when the member is experiencing maximum dissonance between the mental patient role and the Center's expectations to participate responsibly, some members stop attending. In such cases, member-staff teams visit the individual at his home in an effort to persuade him to continue.

The program utilizes an adaptation of the therapeutic milieu, which emphasizes the planned and unstructured interaction of members to promote social learning. The daily *general meeting* involves all members and staff, and may range in content from planning a picnic to discussing a member whose hallucination is interfering with work performance. During these meetings, the staff assumes model and moderator functions.<sup>18</sup> Rules are made by the membership, out of experienced needs of the group and allow for peer-level sanctions.<sup>14</sup> Peer-level sanctions are highly effective in combating resistance. The member invoking the rule is acting responsibly within the values of the subsystem, while the recipient

is disarmed of his customary response to authority figures.

#### THE WRITTEN THERAPEUTIC CONTRACT

Each member is actively involved in weekly small group psychotherapy, laboratory exercises, psychodrama, and sessions with a staff advisor. The advisor provides something of a "casework" relationship and helps the member with practical concerns such as public assistance or housing. The most important advisory function is the written therapeutic contract. After the orientation period, each member is expected to negotiate a contract stating his goals and how he expects the other members to help in their attainment. The member and advisor develop partial goals and steps that can be attempted weekly; these goals can be thought of as a desensitization schedule to past failure situations.

The staff views the relationships among members as complex and mutually causative.<sup>1,7</sup> The member's family must often be included in order to reduce discrepancies in expectations concerning a member's goals. Most families in this community do not extrude members but hold them in deviant roles, incorporating these in the homeostasis of the family system. Intervention consists of a series of sessions with the family, the pastor, or sometimes friends and neighbors, and is limited to elucidating the member's family system role. The sessions culminate with an agreement among the participants to: (1) experiment with new roles within the family system and deal with disrupted resource exchange and flux in the power field, or (2) not interfere with the member's attempt to develop an alternate emotional support network.<sup>15,19</sup> If extended treat-



ment is indicated, the family or the individual is linked with appropriate resources.

During the first year of operation, the center employed two structures, the common meal and the committees, to develop a participatory status for members. Rule #9, states that "everyone is responsible for cooking and cleaning up." Members volunteer for daily chores in the general meeting. New members pair with experienced members until they learn the procedures involved in each task, and they quickly perceive their contribution as necessary for the entire group. Every month, the *recognition committee* reports individual performance from the "accountability sheet."

#### COMMITTEE SYSTEM DEVELOPED

Each member serves on a committee such as recognition, welcoming (mentioned earlier), event planning, or several others. Committees developed from real needs of the group, which occurred frequently enough for bureaucratization to make sense. Members are called upon to perform leadership functions for the good of the group. Both proper and problematic committee performances are processed in the general meeting.

The Center initially made use of arts and crafts activities in a rather traditional way with members occupied in these efforts about half the time. Because of the similarity to the hospital, these efforts may have contributed to the adjustment of recently-discharged patients but were counterproductive toward goals other than simple maintenance. At best, it could replace the mental patient role with the fixed

role relationship of pupil to teacher. The relevance of this endeavor was severely limited. Arts and crafts did reactivate a few members who were artists and artisans previously, but the vast majority were merely occupied in the subservient roles of those who inevitably require that their free time be planned.

#### A SIDEWALK SALE

With the projects stacking up on the shelf, one member was inspired with the idea of selling the items at a sidewalk sale held during an annual neighborhood festival. The idea was frightening but exciting to everyone. The Center bustled with activity; members at every functional level participated along with the staff. Receipts were mimeographed, items priced, and posters painted. Members manned the booth, and all were somewhat amazed that the items sold. The proceeds went toward Christmas gifts for one another and for a contribution to a charity for needy children. The members experienced new task and interpersonal problems (environmental demands). They supported each other in struggling with these demands, which constituted a crisis and an opportunity. Problems were brought to the general meeting and group psychotherapy, or worked out in psychodrama or discussed informally. One by one, problems were resolved, ranging from scheduling to leadership. The resolutions were far from perfect (items were generally overpriced) but were considered by all to be *good*. New skills and new strengths were incorporated into the behavioral repertoire of members (ego capacity).

The sidewalk sale was effective because the task was *real* and not

a simulation. It demanded cooperative effort. The roles were participatory, resulting in a normal status, or at least identical with the amateur hucksters up and down the street.

This experience led to a discontinuing of arts and crafts and the developing of an ongoing work project. The format is based on the miniature corporate model used by Junior Achievement, Inc. and the extensive action-research of Fairweather, et al.<sup>6</sup> Fairweather took chronic hospitalized patients and placed them in a community living-working situation. After an organizational structure was developed and problem solving methods evolved, the staff phased out of direct involvement. Such self-governed living-working programs for narcotic addicts are not uncommon, but these individuals are presumed to be less ego damaged.<sup>21</sup> However, if one's objectives are more modest than Synanon has become, Fairweather's principle still applies—that a treatment subsystem must function as an interface tolerating the deviance of the incoming member, while remaining consonant with the larger social system. In both instances the public comes into contact with members in the nondeviant role—*worker*.

As a pilot project, the Center manufactured and marketed Christmas cards. This project was financially successful, returning a small cash sum to each participating member. Together, the members and staff learned a great deal about practical business matters like bookkeeping and timekeeping. Moreover, it was demonstrated that the intrinsic value of the work project can compliment the therapeutic



process. The "by-product" of the work was a steady source of here-and-now interaction among persons who are characteristically passive and withdrawn.

#### THE COMPANY

The work project is currently organized as a manufacturing company with vertical and horizontal mobility. Three department heads run the company and elect a chairman from among themselves. Within the departments, the company provides real on-the-job training in *business* and *industrial* work. These constitute the predominant occupational areas of the larger community.\* Persons in the third department, designated *support*, perform primarily housekeeping tasks. Members in the support department tend to be homemakers and others from whom future salaried employment is unlikely. The Center is able to serve such individuals under the Division of Vocational Rehabilitation auspices due to the enlightened view of

homemaking as employment" (Ill. DVR, 1975).

The company is a cooperative in which each member contributes his efforts and shares in the profits. The model permits maximizing the performance of members at all functional levels. Even the newest "apprentice" worker is able to view his status as contributory, and in the general meeting he has a voice in the direction of the company. In our society, nothing increases status like ownership.

Volunteers from the local business community serve as technical advisors. This serves to make the Center highly visible to the community and creates a "pipeline" to potential employers.

The manufacturing model fits well with the middle-class, blue-collared community in which it is embedded. Other models of "normal" participation may be in order for a rural community or urban ghetto. The author was employed at a program in the "hip" culturally diverse, Lincoln Park neighborhood of

Chicago during the late sixties. The unifying schema of *political activism* that evolved was quite community-syn- tonic.

In order to avoid the "rose garden" phenomenon, a member must be able to envision a better life beyond the Center. Therefore, job placement and other vocational services are all important for members making the transition to more conventional community participation. Throughout his involvement at the Interpersonal Learning Center, each members is also a registered DVR client, permitting the staff vocational counselor to provide a full range of DVR services. These include testing, counseling, linkage to extramural training programs and placement assistance. Finally, this counselor leads a follow-up group for former members who are occupied in the daytime with jobs, school, or family responsibilities.

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effectiveness in maintaining people out of the hospital. Of sixty-four members in 1974, 12.5% (eight persons) required rehospitalization. With the transition to a work component in 1975, the rehospitalization rate was further reduced. Of a group of thirty members for whom disposition information was available, 63% (19 persons) left the Center and demonstrated community participation behavior (jobseeking, employment, school attendance, or managing a household). The remaining 37% (11 persons) left the Center because they were terminated, dropped out or were rehospitalized. During 1974 and 1975, the average length of stay was 8.4 months.

With the work project in full and continuous operation, more rigorous outcome and case study data is being collected for future presentation. Among the questions that need to be answered are those of long-term effectiveness and patient subgroup differential effectiveness. However, preliminary indications suggest that the addition of real work to a day treatment program

can result in clinical and vocational improvement in psychiatric after-care patients.

#### References

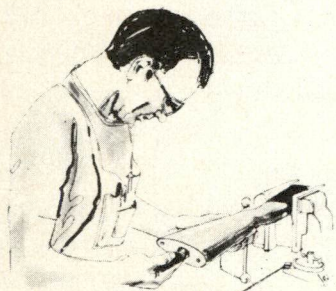
1. Auerswald, E. H., "Interdisciplinary Versus Ecological Approach." In Sager, C. J. and Kaplan, H. S. (Eds.) *Progress in Group and Family Therapy*. New York, Brunner/Mazel, 1972.
2. Clark, D. H., *Social Therapy in Psychiatry*. Aronson, New York, 1974.
3. Craft, M., "Psychiatric Day Hospital." *American Journal of Psychiatry*. 1959, (116), pp. 251-254.
4. Cumming, J. and Cumming, E., *Ego and Milieu: Theory and Practice of Environmental Therapy*. New York, Atherton, 1962.
5. Danials, D. N. and Rubin, R. S., "The Community Meeting: an analytic study and a theoretical statement." *Arch of Gen. Psychia.* 1968, 18, (1), pp. 60-75.
6. Fairweather, G. W., Sanders, D. H., Maynard, H., Cressler, D. L. and Bleck, D. S., *Community Life for the Mentally Ill*. Chicago, Aldine, 1969.
7. Grinker Sr., R. R., *Psychiatry in Broad Perspective*. New York, Behavioral Publications, 1975.
8. Gruenberg, E. M., "The Social Breakdown Syndrome and its Prevention." In Silvano Arieti (Ed.) *American Handbook of Psychiatry*. New York, Basic Books, 1974, (2).
9. Guy, W., Gross, M., Hogarty, G. E. and Dennis, H., "A controlled evaluation of day hospital effectiveness." *Arch of Gen. Psychia.* 1969, 20, (3), pp. 329-338.
10. Hertz, M. K., Endicott, J., Spitzer, R. L. and Mesnikoff, A., "Day vs. Inpatient Hospitalization: a controlled study." *Am. J. Psychia.* 1971, 127 (10), pp. 1371-1382.
11. Ill. Division of Vocational Rehabilitation, *Casework Manual*. Springfield, IL, 1975.

12. Jones, M., *Beyond the Therapeutic Community*. New Haven and London, Yale, 1968.
13. Kirk, S. A. and Therrien, M. E., "Community Mental Health Myths and the Fate of Former Hospitalized Patients." *Psychiatry*, 1975, (38), pp. 209-217.
14. Lipton, M. I., "Effective Day Center Treatment." *Psychosomatics*. 1970, Vol. 11 (1), pp. 55-56.
15. MacGregor, R., Ritchie, A. M., Serrano, A. C., Schuster, F. P., McDonald, E. C., and Goolishian, H. A., *Multiple Impact Therapy with Families*. New York, McGraw-Hill, 1965.
16. Meyers, K. and Clark, D. H., "Results in a Therapeutic Community." *Brit. J. Psychia.*, 1972, 120 (554), pp. 51-58.
17. O'Leary, J. J., *Community Day Treatment: Utilizing the Concepts and Practices of the Therapeutic Community Within the Local Community*. Unpublished theses, Roosevelt Univ., Chicago, 1973.
18. Schiff, S. B. and Glassman, S. M., "Large and Small Group Therapy in a State Mental Hospital." *Int. J. of Group Psychotherapy*. 1969, (19) pp. 150-157.
19. Speck, R. V. and Attneave, C. L., *Family Networks*, New York, Random House, 1973.
20. Rehabilitation Services Administration, *Annual Report HEW*. Washington, D. C., 1974.
21. Yablonsky, L., *The Tunnel Back: Synanon*. New York, Macmillan, 1965.

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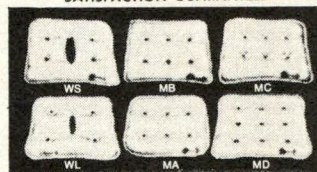
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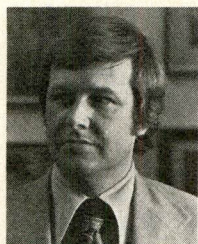
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Jack G. Duncan received his college training at Furman University and the University of South Carolina School of Law. He is affiliated with the South

Carolina, District of Columbia, and American Bar Association, and the American Society of International Law. He is qualified to practice law before the U.S. Supreme Court and the Court of Claims.

Mr. Duncan served as an attorney for the U.S. Department of State's Foreign Claims Commission, legislative assistant to Mary Switzer, first administrator of the Social and Rehabilitation Services. Since 1969 he has served as counsel and staff director of the Subcommittee on Select Education, U.S. House of Representatives.



Martin LaVor received his doctorate in special education from the University of Alabama. He also has a B.S. degree in industrial arts from Trenton State College, a

master's degree in special education and the equivalent of a master's degree in rehabilitation counseling from Seton Hall University.

Since 1968 Dr. LaVor has been employed as senior legislative associate on the Education and Labor Committee in the U.S. House of Representatives. In this position he is responsible for all aspects of legislation from introduction to final passage. Among his areas of responsibility are vocational rehabilitation, education of handicapped persons, administration on aging, child development, Headstart, Community Services Administration

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 Roanoke Orthopedic Appliance Co., Inc.....1105 Piedmont St., S.E., Roanoke, Virginia  
 Thomas G. Powell, Inc.....414 West Broad St., Richmond, Virginia  
 Clarksburg Artificial Limb Co., Inc.....Rt. 3, Box 462, Clarksburg, West Virginia  
 Mountain State Artificial Limb Co.....1536 Penn Ave., Fairmont, West Virginia  
 Princeton Brace and Limb Co.....329 Mercer St., Princeton, West Virginia  
 Stark Artificial Limb Company.....115 S. Penn St., Wheeling, West Virginia

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## Auto, Diesel and Aeronautics Schools

|                                         |                                           |
|-----------------------------------------|-------------------------------------------|
| Lincoln Technical Institute.....        | 7800 Central Ave., Washington, D.C.       |
| Lincoln Technical Institute.....        | 1201 Stadium Drive, Indianapolis, Indiana |
| Lincoln Technical Institute.....        | 1326 Walnut St., Des Moines, Iowa         |
| Lincoln Technical Institute.....        | 3200 Wilkens Ave., Baltimore, Maryland    |
| Ballay Technical School.....            | 3750 Lindell Blvd., St. Louis, Missouri   |
| Stevinson Auto & Electrical School..... | 2008 Main, Kansas City, Missouri          |
| United Technical Institute, Inc.....    | 1301 St. Louis, Springfield, Missouri     |
| Ryder Technical Institute.....          | 227 Irving Blvd., Dallas, Texas           |

## Barber and Beauty Schools and Supplies

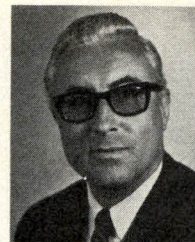
|                                                   |                                                 |
|---------------------------------------------------|-------------------------------------------------|
| Eatons Barber & Beauty Training Center.....       | 411 West Capital Ave., Little Rock, Arkansas    |
| Indiana Barber College.....                       | 5536 E. Washington St., Indianapolis, Indiana   |
| Collins School of Cosmetology.....                | 111 West Chester Ave., Middlesboro, Kentucky    |
| Flint Institute of Barbering.....                 | 3214 Flushing Rd., Flint, Michigan              |
| Foster's Cosmetology and Barber College.....      | 723 Walnut Street, Ripley, Mississippi          |
| Kenneth Shuler's School of Men's Hairstyling..... | 1730 Broad River Road, Columbia, South Carolina |
| Wendell's Knoxville School of Beauty.....         | 405-409 Union Ave., Knoxville, Tennessee        |
| Hamblen Beauty School.....                        | 133 West Main St., Morristown, Tennessee        |
| Mrs. Carter's School of Beauty.....               | 804 Seventh St., Wichita Falls, Texas           |
| Roanoke Barber School.....                        | 309 First St., S.E., Roanoke, Virginia          |
| West Virginia State School of Cosmetology.....    | 624 Ninth Street, Huntington, West Virginia     |

## Commercial Colleges and Schools

|                                              |                                                               |
|----------------------------------------------|---------------------------------------------------------------|
| Alverson Draughon Business College.....      | P.O. Box 10971, Birmingham, Alabama                           |
| Capital City Business College.....           | 800 Louisiana St., Little Rock, Arkansas                      |
| Draughon School of Business.....             | 216 West 6th Street, Little Rock, Arkansas                    |
| Penny's School of Floral Design.....         | 3420 W. Magnolia Blvd., Burbank, California                   |
| American Marine Institute, Inc.....          | 1445 Skytrooper Rd., Daytona Beach, Florida                   |
| The Sawyer Secretarial School.....           | 3630 W. Kennedy Blvd., Tampa, Florida                         |
| Boise Secretarial School.....                | 114½ North 9th St., Boise, Idaho                              |
| Indiana Business College.....                | 802 North Meridian St., Indianapolis, Indiana                 |
| Draughon's Business College.....             | 218 North Fifth St., Paducah, Kentucky                        |
| Kentucky Business College.....               | 628 East Main St., Lexington, Kentucky                        |
| Owensboro Business College.....              | Box 1524, Owensboro, Kentucky                                 |
| Soule Business College.....                  | 1410 Jackson Ave., New Orleans, Louisiana                     |
| Strayer College.....                         | 600 Equitable Bldg. 10 N. Calvert Street, Baltimore, Maryland |
| Cleary College.....                          | 2170 Washtenaw Ave., Ypsilanti, Michigan                      |
| Miss Vanderschmidt's Secretarial School..... | 4625 Lindell Blvd., St. Louis, Missouri                       |
| Blackwood Business College.....              | 1015 N. Walker St., Oklahoma City, Oklahoma                   |
| Draughon's School of Business.....           | 713 North Broadway, Oklahoma City, Oklahoma                   |
| Eastern Oklahoma State College.....          | Wilburton, Oklahoma                                           |
| Adelphia Business School.....                | Admore and Philadelphia, Pennsylvania                         |
| McCann School of Business.....               | Corner Maine and Pine St., Mahanoy City, Pennsylvania         |
| Duff's Business Institute.....               | 110 Ninth St., Pittsburgh, Pennsylvania                       |

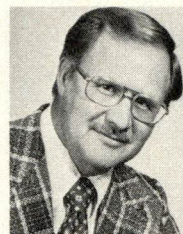
JULY-AUGUST, 1976

(OEO), ACTION, juvenile delinquency, and the drug abuse program.



Edward A. Malone, Jr. is executive director of Regional Industries for the Handicapped in Hackensack, New Jersey. He is also

a marketing consultant for the HEW panel of technical consultants. Mr. Malone entered the field of rehabilitation in 1967 as director of marketing for National Industries for the Blind. He received his bachelor's degree in business from Lehigh University in Bethlehem, Pennsylvania.



I. Ray Frost completed his bachelor degree at Weber State College in Ogden, Utah, in 1967 with a major in psychology and sociology.

He completed his master's degree at the University of Utah in Salt Lake City in summer of 1971 majoring in rehabilitation counseling.

His professional experience includes three years serving a juvenile and adult offender program and six years managing a general caseload. He is currently the supervising counselor at the Brigham City office in Utah.



Edward Wise is a clinical psychologist and currently director of the psychiatric rehabilitation unit at Berwyn Family Service and Mental Health Center, Berwyn, Illinois.

He has been active in the field of community mental health for ten years, and has long been an advocate for specialized rehabilitation



services tailored to the needs of the mentally disabled. Mr. Wise was formerly chief of service of the Sedgwick Day Hospital, Illinois Department of Mental Health. His other experience includes program evaluation research and the general practice of clinical psychology. Mr. Wise also consults on psychiatric aftercare program design and development. He received his basic training at Roosevelt University and Charles Read Zone Center, and is currently a candidate for the doctor of psychology degree at the Fielding Institute, Santa Barbara, California.

Robert D. Struthers is coordinator of program evaluation for the Michigan Rehabilitation Service. He was formerly a rehabilitation counselor with the Michigan State Agency and has also been a school guidance director. He has worked in research and development in industry. He received his doctorate at Michigan State University in rehabilitation counseling and his master's degree in school counseling from the same institution.



Mimi Ehrlich works as a home instructor with the New York City Board of Education. In this capacity she works in the

homes, hospitals, and other sheltered situations. She works as a supervisor of group work on a part-time basis with the Federation for the Handicapped in New York City.

She received her master's degree in special education from Hunter College.



Morris Golub works with the New York City Board of Education in the Bureau of Child Guidance. He has a master's degree

in social work from New York University and a doctorate in sociology from New York University.

|                                                        |                                            |
|--------------------------------------------------------|--------------------------------------------|
| Reading Business Institute, Inc.                       | 10th & Penn Streets, Reading, Pennsylvania |
| Thompson School of Business & Technology               | 1253 W. Market St., York, Pennsylvania     |
| Bristol Commercial College                             | 8½ Fifth St., Bristol, Tennessee           |
| Draughon's Business College                            | 131 - 8th Ave. North, Nashville, Tennessee |
| Knoxville Business College                             | 209 W. Church Ave., Knoxville, Tennessee   |
| Commercial College of Midland & Odessa                 | 2115 E. 8th St., Odessa, Texas             |
| Southwest Business College—Court Reporting—Secretarial | 718½ Broadway, Plainview, Texas            |
| Kinman Business University                             | 110 South Howard St., Spokane, Washington  |
| Huntington School of Business                          | 1007 5th Ave., Huntington, West Virginia   |

### Drafting Schools and Supplies, see also Technical Colleges

|                                     |                                           |
|-------------------------------------|-------------------------------------------|
| Denver Institute of Technology      | 2250 South Tejon St., Englewood, Colorado |
| Hickok-Griswold Technical Institute | 2341 Carnegie Ave., Cleveland, Ohio       |
| Raymond J. Horn School of Drafting  | 659 Semmes, Memphis, Tennessee            |

### Electrical, Electronics, and Radio Schools, see also Technical Institutes

|                                       |                                               |
|---------------------------------------|-----------------------------------------------|
| Draughon School of Radio & Television | 216 West 6th St., Little Rock, Arkansas       |
| J & H School of Electronics           | 127 East Boca Raton Road, Boca Raton, Florida |
| United Electronics Institute          | 3947 Park Drive, Louisville, Kentucky         |
| Northwestern Electronics Inst.        | 3800 Minnehaha Ave., Minneapolis, Minnesota   |
| Stevinson Auto & Electrical School    | 2008 Main, Kansas City, Missouri              |
| Hickok-Griswold Technical Institute   | 2341 Carnegie Ave., Cleveland, Ohio           |
| Penn Technical Institute              | 110 9th St., Pittsburgh, Pennsylvania         |

### Hearing Aids

|                                               |                                                   |
|-----------------------------------------------|---------------------------------------------------|
| Mobile Hearing Aid Center                     | 58 South Conception St., Mobile, Alabama          |
| Beltone Hearing Service                       | 516 Wood, Texarkana, Arkansas                     |
| Beltone Hearing Service                       | 204 22nd Ave., Meridian, Mississippi              |
| Beltone Hearing Aid Service—Harry Young, Mgr. | State Fair Shopping Center, Sedalia, Missouri     |
| Audiphone Incorporated                        | 610 Locust St., St. Louis, Missouri               |
| Robinson Hearing Aid Co., Inc.                | 806 Olive St., St. Louis, Missouri                |
| Beltone Hearing Service                       | Dayton, Piqua, & Greenville, Ohio                 |
| Beltone Hearing Aid Center                    | 114 West 11th St., Erie, Pennsylvania             |
| Bennett Hearing Aid Center                    | 1417 E. Third St., Williamsport, Pennsylvania     |
| Qualitone-Telex-Zenith, Cornelius H.A. Center | 326 Louisa St., Williamsport, Pennsylvania        |
| Royal Hearing Aid Center                      | 1547 West Clinch, Knoxville, Tennessee            |
| Alamo Hearing Aid Service                     | Lobby, Nix Professional Bldg., San Antonio, Texas |
| Hearing Aid Services, Inc.                    | 10 South Loudoun St., Winchester, Virginia        |
| Beltone Hearing Aid Center—Clark Allen        | 2621 E. Clairemont Ave., Eau Claire, Wisconsin    |
| Beltone Hearing Aid Service, Inc.             | 9720 W. Bluemound Rd., Milwaukee, Wisconsin       |

### Communications Aids

|                  |                                       |
|------------------|---------------------------------------|
| Micon Industries | 1440 29th Avenue, Oakland, California |
|------------------|---------------------------------------|

### Medical Laboratory/Dental Technician Training

|                                         |                                                   |
|-----------------------------------------|---------------------------------------------------|
| Gradwohl School of Laboratory Technique | 3514 Lucas Avenue, Dept. Jr., St. Louis, Missouri |
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## CORRECTION

Paige E. Cook, Jr. is the second author of the July/August article entitled "Affirmative Action—A Tool for Linking Rehabilitation and the Business Community."

We have been given the following correction on the July/August editorial entitled "Affirmative Action—Do We Have It?"

The publication mentioned as "Guides to Evaluation of Permanent Improvement" should read "Guides to Evaluation of Permanent Impairment."

## Optical Goods

|                                          |                                              |
|------------------------------------------|----------------------------------------------|
| McElhinney & Kirk.....                   | 103 West 8th Street, Wilmington, Delaware    |
| Mills-Anderson Opticians, Inc.....       | 839 Ninth St., N., St. Petersburg, Florida   |
| Allied Optical Co.....                   | 208 East Polk Street, Tampa, Florida         |
| Ballard Optical Co.....                  | 480 Peachtree St., N.E., Atlanta, Georgia    |
| Irby's Optical Dispensary—E.E. Irby..... | 1303 25th Ave., Meridian, Mississippi        |
| Plaza Optical Dispensary.....            | 501 7th Street, North, Columbus, Mississippi |
| University Opticians.....                | 701 Locust Ave., Fairmont, West Virginia     |

## Rehabilitation Facilities and Services

|                                                                       |                                                      |
|-----------------------------------------------------------------------|------------------------------------------------------|
| F. B. Weinberg—Realistic Face & Body Restorations.....                | Medical Arts Bldg., Baltimore, Maryland              |
| Goodwill Industries Rehabilitation Center.....                        | 2701 North Cherry St., Winston-Salem, North Carolina |
| Harmarville Rehabilitation Center, Inc.....                           | Guys Run Road, Pittsburgh, Pennsylvania              |
| United Cerebral Palsy of Middle East Tennessee, Inc.....              | Box 1735, Knoxville, Tennessee                       |
| Daniel Arthur Rehabilitation Center.....                              | Emory Valley Road, Oak Ridge, Tennessee              |
| Institute of Human Resources of Knoxville.....                        | 2501 Magnolia Ave., Knoxville, Tennessee             |
| West Texas Rehabilitation Center.....                                 | 4601 Hartford, Abilene, Texas                        |
| Texas Rehab. Hospital & Texas Jaycee Ed. & Train. Ctr. (College)..... | Box 58, Gonzales, Texas                              |

## Surgical Supplies, Sickroom Equipment

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Meridian Orthopedic Appliances..... | 1909 6th St., Meridian, Mississippi |
| Mohlenburg Prosthetics, Inc.....    | 3900 La Branch, Houston, Texas      |

## Technical Colleges and Institutes

|                                                  |                                               |
|--------------------------------------------------|-----------------------------------------------|
| ITT Technical Institute.....                     | 11 S. Lincoln Park Drive, Evansville, Indiana |
| Bailey Technical School.....                     | 3750 Lindell Blvd., St. Louis, Missouri       |
| United Technical Institute, Inc.....             | 1301 St. Louis, Springfield, Missouri         |
| Cooper Institute, Inc.....                       | 720 No. 5th Avenue, Knoxville, Tennessee      |
| National Camera Technical Training Division..... | 2000 West Union, Englewood, Colorado          |

## Training Courses, Vocational and Trade Schools

|                                                  |                                                    |
|--------------------------------------------------|----------------------------------------------------|
| National Camera Technical Training Division..... | 2000 West Union, Englewood, Colorado               |
| Miami Barber College, Inc.....                   | 2242 W. Broward Blvd., Ft. Lauderdale, Florida     |
| Missouri Auction School, Inc.....                | 1600-32 Genessee St., Kansas City, Missouri        |
| National School of Meat Cutting.....             | 33-37 N. Superior St., Toledo, Ohio                |
| Electronic Computer Programming Institute.....   | 1515 Magnolia Ave., Knoxville, Tennessee           |
| United Insurance Adjuster School.....            | Weisbarber Road at Casey Dr., Knoxville, Tennessee |

## Welding Schools

|                                   |                                                                 |
|-----------------------------------|-----------------------------------------------------------------|
| Colorado School of Welding.....   | 1357 West Alameda Ave., Denver, Colorado                        |
| St. Louis Welding Institute.....  | 3854 Washington Blvd., St. Louis, Missouri                      |
| Steeles' Welding School, Inc..... | 116 Walton Ave., Danville, Va. and 1218 N. Blvd., Richmond, Va. |

## Other Suppliers of Products and Services

|                                                        |                                                     |
|--------------------------------------------------------|-----------------------------------------------------|
| Typewriting Institute—Dvorak One-Hand Typewriters..... | 3109 W. Augusta Ave., Phoenix, Arizona              |
| Stevenson Auto & Electrical School.....                | 2008 Main, Kansas City, Missouri                    |
| Frank J. Malone & Son, Inc.....                        | 108 South 40th St., Philadelphia, Pennsylvania      |
| Pennsylvania Prison Society.....                       | Philadelphia, Pennsylvania                          |
| Mosehart-Schleeter Company.....                        | 4404 Directors Row, Houston, Texas                  |
| Parsley Manufacturing Co., Inc.....                    | 1570 Washington St. East, Charleston, West Virginia |
| Valley Tech Workshop—Piano Tun. & Repair Train.....    | 1122 W. Wisc. Ave., Appleton, Wisconsin             |



# CALENDAR

July 10-16—American Corrective Therapy Association: 29th annual convention, Happy Dolphin Inn, St. Petersburg Beach, Florida. Contact: Bruce K. Machin, P.O. Box 4044, Bay Pines, Fla. 33504.

**Sept. 18-22—NRA National Conference. Diplomat Hotel, Hollywood, Florida.**

August 15-19—Bicentennial Registry of Interpreters for the Deaf: national convention, St. Petersburg Beach, Florida. Contact: Florida Registry of Interpreters for the Deaf, P.O. Box 6453, Clearwater, Florida 33518.

August 16-22—National Paralegia Foundation: annual convention. Hilton-on-the-Bay Hotel, St. Petersburg, Florida. Contact: Richard McCauley (312) 522-2010.

August 21-22—Women in the Hospital World: employee development conference, San Francisco, California. Contact: Communication Perspectives, Inc., 681 Market St., Suite 848, San Francisco, California 94105.

Sept. 12-16—American Academy for Cerebral Palsy: annual meeting, Century Plaza, Los Angeles, California. Contact: AACCP, Room 1030, 1255 New Hampshire Ave., N.W. D.C. 20036.

October 1-2—Fifth National Conference on Physical Activity for the Exceptional Individual, Los Angeles Marriott Hotel, Los Angeles, California. Contact: G. Robert Rice, Physical Education for the Handicapped, 9300 East Imperial Highway, Downey, California 90242.

October 20-23—National Association for Retarded Citizens: convention, Indianapolis, Indiana.

October 27-30—American Association of Workers for the Blind: Western Regional Conference, Braniff Place International, Tucson, Arizona. Contact: Arizona Dept. of Economic Security, 110 E. Alameda, Suite 414, Tucson, Arizona 85701.

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| Association of Rehabilitation Nurses .....           | 38                |
| American Motorcycle Institute .....                  | Inside Back Cover |
| Beltone .....                                        | 19                |
| Charles C. Thomas .....                              | 35                |
| Chair-E-Yacht .....                                  | 49                |
| Colorado School of Trades .....                      | 45                |
| Director of Professional Services .....              | 13                |
| Everest & Jennings .....                             | 29                |
| Gospel Publishing Company .....                      | 7                 |
| Garden City Community College .....                  | 45                |
| Hanger .....                                         | Back Cover        |
| Ken McRight .....                                    | 45                |
| Lakematic .....                                      | 44                |
| Multi Resources Center .....                         | 12                |
| National Camera .....                                | 38                |
| National School of Meat Cutting .....                | 13                |
| Penn Tech .....                                      | 13                |
| Program Director .....                               | 13                |
| Rehabilitation Coordinator .....                     | 13                |
| Rowe International .....                             | 18                |
| Seton Nameplate .....                                | 38                |
| Singer Career Systems .....                          | 9                 |
| Snell's Limbs & Braces .....                         | 38                |
| Telesensory .....                                    | 5                 |
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