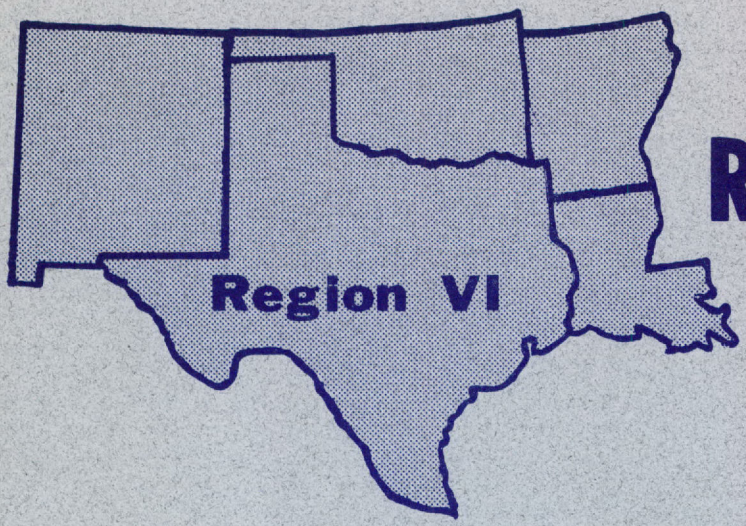

Research Review

Vol. I No. 4 — TEXAS REHABILITATION COMMISSION — Winter 1973

R&T Center Serves the Hard-Core Welfare Client

Three underlying personal and social problems exist at the core of the welfare dilemma: (1) limited or non-existent employment opportunities, (2) lack of job skills, and (3) lack of educational or social opportunities to develop job skills. (Final Report, Project No. 12-P-55218, formerly RD 2989G). The original purpose of the Research and Demonstration Grant Project was to determine what services, personnel and techniques were most effective in the rehabilitation and habilitation of the hard-core welfare client. A behavior modification model was to have been tested, but a raft of difficulties prevented its use at the Hot Springs Rehabilitation Center.

During the time span of the R&D Project, AFDC recipients from 15 central Arkansas counties were enrolled in a program which generally followed the service pattern usually administered by the Center in place of the discarded behavior modification program. It was hypothesized that, with some refinements to the program, welfare aid clients would experience success rates similar to those of traditional rehabilitation clients. Services provided included counseling, work evaluation, work adjustment and/or prevocational training, vocational training and placement services.

The clients in the Project's sample were predominantly female heads of households, usually black, from rural communities who presented unique problems of role conflict, frustration and anger. In order to ameliorate some of these difficulties, social case workers were hired to solve housing problems and a child care center was established on Center grounds. Also, a Summer Enrichment Program was inaugurated for the children of welfare mothers. Beyond the removal of some of these barriers, no organized programs were initiated which directly affected changes in attitudes and motivation. Follow-up data was gathered utilizing a structured interview for 83 clients available for post-testing and evaluation.

Significant Project findings for rehabilitation and social service workers

are listed below:

(1). The rural culturally-disadvantaged welfare recipient (black, female) can be as successfully rehabilitated as can more traditional client populations through a helping services system based on the "rehabilitation model", such as that offered by the Hot Springs Rehabilitation Center.

(2). Various rehabilitation programs have been differentially effective with disadvantaged clientele. This suggests a need for diversified programming based on the individual client's abilities, skills and needs. No one narrow program can hope to serve all welfare recipients.

(3). Appropriate screening of disadvantaged clients is necessary, since vocational rehabilitation programs have not been able to rehabilitate the total welfare population accepted for vocational rehabilitation services.

(4). Rehabilitation services should be offered to selected public assistance recipients and especially to new welfare aid applicants, as extensive savings in monetary and human resources can be realized by preventing long-term recipiency and dependency.

(5). Rehabilitation services offered by a comprehensive rehabilitation center do not seem appropriate for meeting the needs of disadvantaged youth. Serving this population may require special programming which provides consideration for the group's interests and behavior patterns.

(6). Coordination between vocational rehabilitation and social service agencies is necessary to insure an appropriate reward system (in terms of assistance payments) for welfare recipients participating in a rehabilitation program. Such cooperation will insure also the maximal use of available resources (such as child care facilities, transportation, medical assistance and food stamps) by these clients.

(7). The disadvantaged recipient is deficient in vocational skills, job seeking skills and work experience, thus suggesting his need for vocational training. These deficits also point out his needs for vocational evaluation and extensive adjustment services, specially trained evaluators and job placement specialists. These Specialists could focus their efforts on job readiness, job-seeking behavior and job development activities and could arrange employment interviews when necessary.

(8). As a supplement to formal services, a comprehensive rehabilitation facility can provide welfare clients with local housing, child care facilities and the chance to escape an inhibiting immediate environment. These opportunities can help public assistance clients to overcome their environmental limitations.

(9). When developing rehabilitation plans for welfare clients, special attention should be given to providing appropriate services in the post-training environment.

(10). Selection of the vocational training program must be consistent with the job opportunities in the client's hometown.

The preceding article was submitted to the Research Review by Vernon L. Glenn, Ed.D., Director, Arkansas Rehabilitation Research and Training Center, University of Arkansas, West Avenue Annex, 346 N. West Avenue, Fayetteville, Arkansas, 72701.

TRC Notes Increase in TB&RD Case Activity

In fiscal year 1973, Texas Rehabilitation Commission personnel served 2,224 clients who had tuberculosis or other respiratory diseases. Status "26" closures were recorded for 325 persons with TB&RD disabilities.

The 1973 total number served was a slight drop from fiscal year 1972 (2,384 active cases), but the number of cases closed successfully was practically the same (322 status "26" closures in fiscal year 1972).

During fiscal year 1971, only 616 cases were served and 88 status "26" closures were made by TRC counselors serving this disability group.

This increase in case activity during the past two years can probably be attributed to better working relationships and agreements with the three State Chest Hospitals (at Tyler, Harlingen and San Antonio), the State Health Department and the affiliated chapters of the American Lung Association.

In recent years, the treatment of tuberculosis has been extremely successful. Figures indicate that cases of chronic obstructive pulmonary disease have been occurring with greater frequency.

A report from the Nebraska Chronic Obstructive Pulmonary Disease Project (University of Nebraska Medical Center) states that "Chronic obstructive pulmonary diseases (COPD) including bronchitis, bronchial asthma and emphysema are a major health problem in the United States today. The mortality from COPD has nearly doubled in the past five years and even this rate is accelerating. COPD now accounts for more disability payments to workers covered by Social Security benefits than any other disease except arteriosclerotic heart disease. Disability payments paid for emphysema by the Social Security Administration alone are $100,000,000 annually and it is estimated that during the lifetime of the COPD patient, $70,000 in disability benefits are awarded (per patient) in some form of assistance."

Many COPD patients have been successfully treated in chest hospitals, but it appears that due to increased air pollution, tobacco smoking, etc., the forecast is for a further rise in the incidence rates for chronic obstructive pulmonary diseases.

A recent newspaper article reported that over 200 employees of an asbestos plant near Tyler (Texas) were forced into unemployment by the closure of the plant. A high percentage of these individuals were suffering from asbestosis, a disease of the lungs caused by prolonged inhalation of asbestos fiber dust. Many of these persons were in the advanced stages of the disease.

Research has shown that many COPD patients have good potential for reemployment if effective vocational rehabilitation services are provided (Nebraska COPD Report). Counseling and guidance should be included in the rehabilitation plans to help overcome depression, anxiety and hypochondria.

It is evident that even though the number of people with tuberculosis and other respiratory diseases served by the Texas Rehabilitation Commission has increased in the last two years, many individuals in need of vocational rehabilitation services have not been reached. In order to strengthen referral sources, counselors should contact regularly the State Health Department, the State Chest Hospitals, local physicians (especially those specializing in dis-

eases of the chest), general hospitals and local chapters of the American Lung Association.

Below is a listing, by county, of the number of cases served and rehabilitated in Texas during fiscal year 1973. (Counties in which no cases were served have been omitted from the roster).

TB&RD CASES SERVED BY TRC COUNSELORS - FISCAL YEAR 1973

County	No. Served	"26" Closures	County	No. Served	"26" Closures
Anderson	10	0	El Paso	55	10
Aransas	1	0	Erath	1	0
Archer	2	0	Fannin	4	0
Atascosa	1	0	Fayette	3	1
Austin	1	0	Fisher	1	0
Bailey	1	0	Floyd	1	0
Bastrop	7	2	Foard	1	0
Baylor	1	0	Fort Bend	9	0
Bee	6	1	Franklin	1	0
Bell	7	1	Freestone	5	3
Bexar	263	44	Frio	1	0
Borden	1	0	Galveston	49	5
Bosque	5	0	Garza	2	1
Bowie	19	4	Gonzales	3	0
Brown	6	3	Gray	1	0
Brazos	10	2	Grayson	12	1
Brazoria	17	1	Gregg	25	6
Burleson	1	0	Guadalupe	4	0
Burnet	3	2	Hale	6	0
Caldwell	4	0	Hall	1	0
Calhoun	2	0	Hamilton	1	0
Cameron	76	10	Hardeman	1	0
Camp	2	1	Hardin	5	0
Cass	6	1	Harris	376	45
Chambers	1	1	Harrison	12	3
Cherokee	5	0	Hemphill	1	0
Childress	2	1	Henderson	6	1
Clay	1	0	Hidalgo	97	19
Coleman	2	0	Hill	1	0
Collin	9	1	Hockley	1	0
Colorado	4	1	Hood	3	0
Comal	2	1	Hopkins	6	2
Comanche	13	7	Houston	4	0
Cooke	2	0	Howard	5	1
Coryell	1	0	Hunt	3	0
Cottle	1	0	Hutchinson	2	0
Crockett	1	0	Jack	1	0
Crosby	3	1	Jackson	2	0
Dallam	2	0	Jasper	8	1
Dallas	136	8	Jefferson	38	7
Dawson	3	0	Jim Hogg	2	0
Denton	7	1	Jim Wells	9	0
DeWitt	3	0	Johnson	7	0
Dickens	4	1	Jones	3	1
Dimmit	4	1	Karnes	4	0
Eastland	1	0	Kaufman	8	2
Ector	7	2	Kerr	4	1
Ellis	5	1	Kinney	1	1

TB&RD CASES SERVED BY TRC COUNSELORS - FISCAL YEAR 1973

(continued from page four)

County	No. Served	"26" Closures	County	No. Served	"26" Closures
Kleberg	16	2	Red River	6	2
Knox	3	1	Reeves	3	0
Lamar	13	2	Refugio	1	1
Lamb	2	0	Robertson	6	3
Lampasas	2	0	Rockwall	1	0
La Salle	1	0	Rusk	14	4
Lavaca	4	0	San Augustine	3	0
Lee	3	1	San Patricio	17	3
Leon	6	0	San Saba	3	2
Liberty	8	0	Schleicher	1	0
Limestone	5	1	Scurry	2	0
Live Oak	2	0	Shelby	6	1
Lubbock	31	12	Smith	38	10
Madison	1	0	Starr	4	1
Marion	2	0	Tarrant	118	9
Mason	2	0	Taylor	16	3
Matagorda	10	0	Terry	2	2
Maverick	7	1	Throckmorton	1	0
McCulloch	2	0	Titus	4	1
McLennan	16	4	Tom Green	18	3
Medina	7	1	Travis	48	8
Midland	5	0	Tyler	2	0
Milam	2	0	Upshur	5	0
Mills	1	0	Uvalde	4	0
Mitchell	1	0	Val Verde	7	2
Montague	2	0	Van Zandt	10	4
Montgomery	14	2	Victoria	14	2
Moore	2	0	Walker	4	0
Morris	4	0	Waller	2	0
Nacogdoches	8	0	Ward	1	0
Navarro	7	0	Washington	1	0
Newton	1	0	Webb	12	5
Nolan	1	0	Wharton	10	0
Nueces	51	9	Wheeler	1	0
Orange	14	1	Wichita	11	3
Palo Pinto	4	0	Wilbarger	3	0
Panola	3	0	Willacy	6	0
Parker	4	1	Williamson	11	2
Parmer	1	0	Winkler	2	0
Pecos	2	0	Wise	3	0
Polk	5	1	Wood	8	1
Potter	12	0	Young	3	0
Rains	1	0	Zavala	1	0
Randall	3	0			

The previous summary was prepared by Neil Haney, Program Specialist. Requests for further details about the Tuberculosis and Other Respiratory Diseases Program should be addressed to Mr. Haney at the Texas Rehabilitation Commission Central Office, 1600 W. 38th Street, Austin, Texas 78731.

Facilities' Effectiveness Assessed by Counselors

In order to determine the effectiveness of rehabilitation facilities' services provided to vocational rehabilitation clients, the Texas Rehabilitation Commission in cooperation with the Texas Vocational Evaluation and Work Adjustment Association developed a questionnaire (Facility Effectiveness Report) for completion by TRC counselors. In the latter part of 1972, the original form was sent to 60 TRC counselors for their review by James Fennell, then chairman of the Texas V.E.W.A.A. A revised data sheet, incorporating suggestions made by the counselors, was submitted to the 45 participants at the North Texas State University Field Institute on Vocational Evaluation and Work Adjustment held in Denton (Texas) on March 6-8, 1973. Input from this group resulted in approval of the modified questionnaire.

This was not intended to be a scientific study. It was hoped that problem areas in facility utilization and/or quality of services could be identified and corrected. Only counselors' responses were solicited during this specific study. The results reflect counselors' judgments of the facilities and not facilities' judgments of counselors' effectiveness.

Thirty-five work-oriented facilities were contacted by the TRC Facilities Section staff and invited to participate in the study. Twelve facilities were selected and asked to name a staff member to be the study coordinator who would process and record the questionnaires. In June of 1973, each study coordinator was sent a supply of the questionnaires with a copy of the following instructions:

> You are to complete the upper portion of the form for each TRC-sponsored client completing services in your facility during the months of July, August and September, 1973, and send it to the sponsoring counselor. The counselor will forward the completed report to the Facilities Section in Austin.
>
> A record should be kept by you of each form sent to the counselors. At the end of each of the three months, you will send a copy of this record to me (TRC Director of Facilities) in order that we can follow up on forms not returned to us. You may send the completed forms to the counselors at your convenience, but preferably within two weeks after the client has completed services.

A memorandum was then mailed to all field counselors which included a list of participating facilities and these instructions:

> The facility will complete the upper portion of the form for each TRC-sponsored client completing services in the facility during the months of July, August and September, 1973, and send it to the sponsoring counselor. If this includes you, please complete the lower portion of the form and forward it directly to me (TRC Director of Facilities). In order for the information to be meaningful, you should make certain that your reply is factual and prompt. Although overall results will be made available, specific responses will be held confidential.

Hopefully, this study will reveal information that will lead toward more effective utilization of rehabilitation facilities.

One hundred and eight clients were served in the selected rehabilitation facilities during the three-month period. A corresponding number of questionnaires was sent to counselors. Ninety-one (84%) questionnaires were completed by counselors and returned to the Facilities Section.

Analysis of the forms indicates that counselors felt vocational evaluation was of most benefit to clients (76%), followed by work adjustment (60%), skills training (53%) and personal-social adjustment (52%). (See chart below). A significant finding was that an average of 25% of clients drop out of services before completing them.

This study reveals that Texas Rehabilitation Commission counselors feel services provided for clients in facilities are beneficial. However, the results also show a need for considerable improvement in quality of services, especially in the areas of intake procedures and client satisfaction, personal-social adjustment training and skills training.

FACILITY EFFECTIVENESS STUDY

Total Clients Served	108
Total Responses Received	91 (84%)

VOCATIONAL EVALUATION

Total Responses Received	54
Recommendations Followed	41 (76%)
Recommendations Not Followed	5 (9%)
Dropouts	8 (15%)

WORK ADJUSTMENT

Total Responses Received	40
Service Helpful	24 (60%)
Service Not Helpful	6 (15%)
Dropouts	10 (25%)

PERSONAL-SOCIAL ADJUSTMENT

Total Responses Received	21
Service Helpful	11 (52%)
Service Not Helpful	5 (24%)
Dropouts	5 (24%)

SKILLS TRAINING

Total Responses Received	19
Service Helpful	10 (53%)
Service Not Helpful	2 (10%)
Dropouts	7 (37%)

This article was written by Ray Vaughn, Director of Facilities, Texas Rehabilitation Commission, 1600 W. 38th Street, Austin, Texas 78731.

Engineering Center Projects Will Aid the Disabled

During its second year of operation, the Texas A&M University - Baylor College of Medicine - Texas Institute for Rehabilitation and Research Cooperative Rehabilitation Engineering Center has made substantial progress toward realizing its goal of improving the quality of life of the physically disabled through broad interdisciplinary collaboration among the medical, engineering and allied health professions. Specifically, the major milestones attained are:

(1). The development of a model to analyze and predict the effects of ischemia (local anemia due to obstruction of the blood supply) on tissue metabolism and the onset of tissue necrosis (death).

(2). The development of a computer code to study the flow of lymph from the tissue into the terminal lymphatics (vascular channels that transport lymph) and a total body model of the lymph system to study the effects of localized pressure on this system.

(Rehabilitation counselors should be especially interested in these first two projects which may provide greater insight into the cause and prevention of decubitus ulcers).

(3). The development of an expression for the chemical potential in a physiological solution. This expression is being used to model the kinetics (the study of motion or rate of change) and thermodynamics of bone growth to develop an improved method of fracture management and the technology necessary for successful long-term direct skeletal attachment of prosthetic appliances.

(4). The development of a device which permits a high spinal cord injury patient to independently empty a urine leg bag.

(5). The design and production of a voice control system which enables a bedridden patient to control his room environment.

(6). The development of a device which can encode the data needed to manufacture a replica of an amputee's stump for the production of the best possible prosthetic socket.

(7). The design of an alternating pressure relief system for use in a wheelchair to prevent pressure sores from forming.

(8). The development of a mathematical rule to objectively set priorities for development project activities in the Center.

(9). A contract is being let to construct a rehabilitation engineering clinic at the Texas Institute for Rehabilitation

and Research in the Texas Medical Center. This clinic will provide the facilities which are needed to observe patients who can be treated effectively with current technology and to test new hardware systems which have been developed in the Rehabilitation Engineering Center program.

(10). The Rehabilitation Engineering Center is assuming an increased role in reestablishing disabled patients as productive workers through participation in redesigning a Work Activity Center in Houston.

The REC Project summary report was prepared by Paul H. Newell, Jr., P.E., Ph.D., Professor and Head of the Rehabilitation Engineering Center, Texas A&M University, College of Engineering, College Station, Texas 77843.

Rating System Encourages Serving Difficult Cases

Throughout the evolutionary period of vocational rehabilitation, various definitions of the term "severely disabled" have been made.

Almost all rehabilitation agencies' definitions are based on medical concepts of severe disability - such as quadriplegia, paraplegia, amputation of two or more limbs, etc. Some groups have included psychotics in this category.

Because vocational rehabilitation agencies have voiced the opinion that their "real" function is to deliver services to this group of people, some states permit special treatment of the "severely disabled" in terms of longer periods of hospitalization, increased maintenance fees, larger budget allocations (per client), etc. Counselors have been encouraged to rehabilitate more "severely disabled" individuals, do more for these clients currently in active status and insure more secure and lasting closures for this disability group.

Vocational rehabilitation agencies are faced with the ever-increasing demand for more closures. Most agencies are also facing greater budgetary restrictions. (Although budget allocations are or have been on the rise, recently-implemented programs and new client populations have cut deeply into the funds available per client or per closure). Therefore, the field counselor is under great pressure to "get more closures on less money."

This eventually discourages the counselor from working with the more "severely disabled" client. In order for a counselor to "get more closures on less money", he will have to avoid the more expensive and time-consuming cases.

To insure that clients with the greatest needs continue to be served, a more equitable system of judgment regarding productivity and expenditure must be developed.

In order to design a meaningful measure of case difficulty, we must recognize that various problems can enter into the rehabilitative process which can make the case more complicated. Every experienced field counselor can cite examples of clients with minimal disabilities who were extremely difficult, if not at times impossible, to rehabilitate.

In an attempt to identify some of these complicating variables, a survey of the field staff of general counselors of the Texas Rehabilitation Commission

was made. The results of this study indicate that five basic factors play instrumental roles in determining case difficulty. These variables are:

(1). physical status
(2). psychological status
(3). educational achievement
(4). geographic location
(5). family status.

These are not the only factors which affect the rehabilitation progress of an individual, but they do represent the areas of most common problems.

Through a process of assigning weights to these variables, a case difficulty factor evolved. Survey participants felt that the five factors mentioned do not have equal value. Physical and psychological ability (or disability) should be given greater consideration. With this in mind, methodology was developed to increase the scaled value of either of these factors, depending upon the primary disability area.

SCALING CHART

	Very Good	Good	Average	Poor	Very Poor	Value
1. Physical Status	1	2	3	4	5 X 2*	_____
2. Psychological Status	1	2	3	4	5 X 2*	_____
3. Educational Achievement	1	2	3	4	5	_____
4. Geographic Location	1	2	3	4	5	_____
5. Family Status	1	2	3	4	5	_____
					Total Value	_____

*Compound Only Primary Disability

1. Physical Status

Very Good - Normal use of all extremities. Sensorium intact. Cosmetically acceptable. Rarely sees physician for treatment of illness.

Good - Use of all extremities. Sensorium intact or corrected to normal. Cosmetically acceptable. Occasionally sees physician for treatment of illness.

Average - Use of all extremities with only minor limitations. Sensorium having only minor limitations. Cosmetically acceptable. Occasionally sees physician for treatment of illness.

Poor - Does not have functional use of at least two extremities or has sensorium limited in at least one field or is cosmetically limited. Frequently treated for illness.

Very Poor - Does not have function of at least one extremity or has sensorium limited in at least one field or is cosmetically repelling. Under constant medical treatment.

2. Psychological Status

Very Good - Self-concept test indicates well-integrated personality. Very

positive attitude. Outlook for future positive. Strong contact with reality.

Good - Self-concept test indicates fairly well-integrated personality. Positive attitude. Outlook for future positive. In contact with reality.

Average - Self-concept test indicates poorly-integrated personality. Positive attitude not apparent. Outlook for future poor. Nebulous contact with reality.

Poor - Self-concept test indicates poorly integrated personality. Negative attitude. Outlook for future hopeless. No contact with reality.

Very Poor - Self-concept test reveals feelings of personal worthlessness and of burdening others. Personality indicates personal persecution. Negative attitude. Outlook for future hopeless. Considers self-destruction. No contact with reality.

3. Educational Achievement

Very Good - Four years of college.

Good - Two years of college.

Average - High school education.

Poor - Completed six - ten grade levels.

Very Poor - Completed less than six grade levels.

4. Geographic Location

Very Good - Metropolitan area with comprehensive medical and rehabilitation facilities.

Good - Metropolitan area with comprehensive medical facilities.

Average - City with at least one general hospital.

Poor - Small community with no hospital facilities.

Very Poor - Rural area twenty-five miles or more from nearest hospital facilities.

5. Family Status

Very Good - Spouse or parents accept(s) client's disability and support(s) his efforts.

Good - Spouse or parents support(s) client's efforts and exert(s) positive

influence.

Average - Spouse or parents is (are) ambivalent about client's condition and his efforts.

Poor - Spouse or parents cannot accept client's disability and this rejection has a negative effect on the client.

Very Poor - Spouse or parents has (have) abandoned the client through divorce, denial, etc.

EXAMPLE A

Lower extremity amputee (right leg). Primary disability is psychological as a result of physical loss. No motivation. Extremely poor attitude. Elementary education. Resides in a rural area. Wife and family have left him.

Physical Status - average - three points	3
Psychological Status - poor - four points X 2 (primary disability)	8
Educational Achievement - very poor - five points	5
Geographic Location - poor - four points	4
Family Status - very poor - five points	5
Total	25

EXAMPLE B

High level paraplegic. Highly motivated. Psychologically sound. Good mental attitude. Two years of college. Lives in an urban area. Sound and supportive family status.

Physical Status - poor - four points X 2 (primary disability)	8
Psychological Status - good - two points	2
Educational Achievement - good - two points	2
Geographic Location - very good - one point	1
Family Status - very good - one point	1
Total	14

By increasing the point value (one - five points) for increasing limitations (very good - very poor), norm values for this method of disability scoring indicate:

Very Good Case - 6-12 points
Average Case - 13-24 points
Poor Case - 25-30 points

Thus, the client described in EXAMPLE A would have been more difficult to rehabilitate than the client in EXAMPLE B.

A caseload difficulty factor can be derived by adding together the total scale scores and dividing by the total number of cases in a counselor's caseload.

This caseload difficulty factor gives management personnel a more objective measure by which to judge counselor performance, gauge expectations and estimate expenditure demands.

By taking caseload difficulty factors into consideration, supervisory staff members should be able to encourage field counselors to work with more severely disabled clients.

John Fenoglio, Director of General Programs, Texas Rehabilitation Commission, submitted the preceding article. Inquiries concerning the ideas he expressed should be addressed to him at the Texas Rehabilitation Commission Central Office, 1600 W. 38th Street, Austin, Texas 78731.

Texas' Research Utilization Grant to End in May

The 1954 amendments to the Vocational Rehabilitation Act authorized the use of Federal funds for research and demonstration projects. Appropriations for the first year were $289,900 and had grown to over $20,000,000 by 1966. More than 3,500 projects had been funded by 1971.

Research and training centers (such as the Texas Institute for Rehabilitation and Research and Baylor College of Medicine) were established at nineteen universities. Three of the research and training centers specialize in mental retardation, three in general rehabilitation and one in deafness.

In addition, Rehabilitation Research Institutes were established in every HEW region. Each of these facilities (such as the management institute at the University of Oklahoma) has a unique area of core research.

In 1966, a Research Utilization Task Force was charged with the responsibility of finding ways to identify research results which could be put into practice and to encourage the use of these research results by agencies providing services to clients. The Task Force's efforts were soon reinforced by the creation of a Research Utilization Branch of the Social and Rehabilitation Services Administration.

One of the Task Force's recommendations was to use Research Utilization Specialists in state agencies to encourage the use of research findings. Plans were made to place one Research Utilization Specialist in each HEW region. The Research Utilization Program for HEW Region VI was initiated in Texas on June 1, 1969, through the funding of a research and demonstration grant. The grant period was to cover five years and will end on May 31, 1974. Similar Research Utilization Programs were implemented in the states of Alabama, California, Massachusetts, Missouri, New Jersey, Utah, Virginia and Wisconsin.

Shortly after the R&D grant was awarded to the Texas Education Agency, Division of Vocational Rehabilitation, a Research Utilization Specialist was hired. The RUS conducted a statewide survey of rehabilitation field counselors to determine the needs of the counselors as perceived by them. As a result of this survey, the Research Utilization Specialist began to develop plans for a rehabilitation library, conducted several workshops and produced several tape-slide presentations.

A grant application was submitted to the Social and Rehabilitation Services Administration to develop a Research Utilization Laboratory which would use NASA research to design devices to aid in the rehabilitation of the handicapped. Another grant application was prepared for the purpose of establishing a research program in Houston called "Faster Services to Clients". The second application was approved and the program is underway.

In October of 1972, a reorganization in the Central Office of the Texas Re-

habilitation Commission (a separate agency from the Texas Education Agency since September of 1969) placed the Research Utilization Program under the Special Programs Section to give RU new direction and support.

The Texas Rehabilitation Commission Library, a branch of the Research Utilization Office, provides direct services to field and Central Office personnel (see *Research Review* - Fall 1973). The Library is the basic research resource of Research Utilization staff.

The major RU goal is to provide assistance to field personnel through the distribution of research information. Requests for assistance are made directly to the Research Utilization Specialist who searches for appropriate information to fill the need. Sometimes materials in the Library may provide a direct answer to the request in the form of a book, journal article, etc. However, the problem is often very complex and the research data difficult to obtain. In such a case, information may be taken from many sources, synthesized and rewritten in a non-technical form to make the data usable with only a mimimum amount of effort. The Research Utilization Specialist is available on a consultative basis to assist the field staff in using this information.

The Research Utilization Specialist maintains close contact with research and training centers and many other data sources so that information may be obtained from the largest possible number of resources.

The RUS can have input into the Texas Rehabilitation Commission's pure research system by requesting that a research project be conducted when it is obvious that a need for currently unavailable information exists.

Information is constantly provided to Program Specialists and key personnel in the TRC Central Office so that these persons may use the data in planning programs and working with the field staff.

One of the many Research Utilization Program activities has been the publication of the *Research Review*. The purpose of this publication is to provide field personnel with current information and a listing of library materials which might be of help to them. As a result of the publication of the *Research Review*, several hundred requests for books and resource materials are received after each edition is mailed.

The Research Utilization Section has been involved in exploring the problems encountered by the handicapped in all areas of transportation. This complex task has included the coordination of efforts of many different agencies. One concrete result of this effort was the establishment of the driver's education for the handicapped program at Southwest Texas State University in San Marcos.

Randall Scott, Research Utilization Specialist and Editor of the Research Review, provided this summary of Research Utilization activities in HEW Region VI. Space did not permit a complete listing of Research Utilization efforts. Additional information may be obtained by writing to the Research Utilization Section, Texas Rehabilitation Commission Central Office, 1600 W. 38th Street, Austin, Texas 78731.

Houston Job Fair Places Handicapped Clients

Work is a fundamental aspect of our culture. It contributes to an individual's status, dignity, style-of-living and financial security.

Work is especially important to the handicapped - mentally, emotionally, so-

cially and physically. In fact, in many cases, the achievement of economic independence through work is a major aspect of rehabilitation.

This past year in Houston, a unique idea, A Job Fair for the Handicapped, was experimented with to assist handicapped persons seeking permanent, full-time employment. The idea was conceived by Joan Delaney, Placement Counselor at the Texas Institute for Rehabilitation and Research, who was one of the Fair's chairpersons. The co-chairman was Dr. Carl Fletcher, Psychologist at Baylor College of Medicine. Dr. Fletcher worked hard to enlist the cooperation of employers and volunteers for the Job Fair. Plans were made to implement the effort during the national "Hire the Handicapped Week" to create public awareness within the community about the needs of handicapped persons.

The initial concept was presented to the Houston Area Rehabilitation Association which sanctioned the plan. Appropriate organizations were then invited to send representative to meetings to develop concrete arrangements. Personnel from the following agencies worked together at the planning sessions:

Texas Employment Commission
Lighthouse for the Blind
Baylor College of Medicine
Goodwill Industries
Texas Rehabilitation Commission
Houston Area Rehabilitation Association
Commission for the Blind
Vocational Guidance Service
Veterans Administration
Civil Service Commission
National Alliance of Businessmen
Texas Institute for Rehabilitation and Research

From this group of volunteers, an organizational chart, operating policies and operating committees were established. Each of the seven committees is described briefly below:

1. Information and Publicity - The committee's purpose was to use all available media (radio, television, newspapers and billboards) to advertise the FAIR. Members contacted the Mayor's Office and Chamber of Commerce for possible assistance with and endorsement of the program. A FAIR fact sheet was prepared for distribution.

2. Referral Agency Contact - This group's major task was to contact selected agencies to obtain client referrals. They also advised referral agencies about client referral procedures. In addition, representatives contacted private employment services, churches and social groups to locate potential employers of handicapped persons and to find handicapped individuals interested in continued rehabilitation.

3. Financial Arrangement - This committee's function was to solicit funds for basic expenses - postage, printing, mailing and other necessary items. The goal was to raise between $500 - $1,000. Most of the participating agencies "volunteered" funds for typing and printing.

4. Employer Contact - This group invited employers (public and private) to participate in the FAIR. In addition, these volunteers used data supplied by placement counselors to compile a list of employers who had previously hired handicapped persons. Letters encouraging participation were mailed to over 800 major companies.

5. Registration and Reception - The committee worked with four others to set up registration procedures and design referral cards, color-coded

name tags and other vital forms. The members worked out a traffic flow pattern for the FAIR. They selected skilled and interested handicapped volunteers to work on the FAIR floor. Through their efforts, these handicapped individuals demonstrated to potential employers the practicality of hiring the handicapped.

6. Non-Screened Applicants - The task of this group was to design procedures for handling non-registered applicants on FAIR days. A method was also developed to refer non-qualified applicants to the proper public service agencies which might have been able to help them.

7. Physical Arrangement and Logistics - This committee's major function was to locate a large, accessible, barrier-free site for the FAIR. Members also secured furniture, a public address system and signs considered appropriate. The committee staff determined the availability of refreshments, luncheon facilities and medical support services.

Volunteers from the Texas Institute for Rehabilitation and Research aided professional staff during the two-day program. Every effort was made to provide personal assistance to each of the handicapped job applicants. Each client was personally escorted by a volunteer from one station to the next.

During the FAIR, 233 applicants were processed. Thirty-five major companies were represented. Fifteen - twenty-five additional employers called in job listings, but did not send representatives. On the first day, 17 individuals were hired. Three were employed the second day. Approximately 20-24 clients are awaiting further evaluation and testing.

The success of the first Job Fair indicated a great potential for such programs. Very soon, planning sessions for Job Fair - 1974 will begin in Houston.

For additional information about the Job Fair, please write Ms. Joan Delaney, Placement Counselor, Texas Institute for Rehabilitation and Research, Texas Medical Center, 1333 Moursund Avenue, Houston, Texas 77025.

Former Clients Evaluate Rehabilitation Services

Section 401 of Title II of the Rehabilitation Act of 1973 places emphasis on evaluation of rehabilitation services in terms of effectiveness in achieving stated goals.

Underlying the emphasis on evaluation are the concepts of consumer satisfaction with rehabilitation services and internal efficiency measures (number of clients rehabilitated and comparative case service costs).

While many studies have been structured to measure the internal efficiency of rehabilitation agencies, few studies have been designed to analyze consumer satisfaction by means of client responses to a post closure questionnaire. In the vernacular, "Rehabilitation agencies know what they gave, but do clients know what they got?"

In the spring of fiscal year 1973, the Texas Rehabilitation Commission Research Office designed and implemented a post closure study of clients closed in October (1972) in statuses 26 and 28, who represented all disability categories.

The questionnaire, a one-page, informal, non-standardized instrument, was prepared to gather client information about living arrangements, employment conditions and general satisfaction with the rehabilitation counselor and the services provided.

The preliminary return rate of questionnaires sent to clients closed in status 26 exceeded 30%. Clients closed in status 26 from a special public assistance program returned 29% of their questionnaires. The ratio of returned instruments from clients closed in status 28 was significantly lower (14%).

Descriptive analyses of responses for both groups were performed using program DISTAT from the CDC 6600 computer program package EDSTAT-V (Veldman, 1971). These analyses showed several significant differences between the groups:

1. The successfully rehabilitated groups showed a higher proportion of married clients than of single clients. Successfully rehabilitated clients were more often the parents of two or less children.

2. The clients closed in status 26 more frequently lived with husband/wife or with parents. Approximately one-fourth of them lived alone. The status 28 group had a significantly higher proportion of clients living in hospitals or institutions.

3. Clients closed in status 28 lagged far behind those in status 26 in the matter of car ownership. Almost half of the status 28 clients reported that they walked to their destinations.

4. Almost twice the percentage of clients closed in status 26 were employed at the time of the survey as were those individuals closed in status 28.

5. Of those employed in both groups, twice the percentage of clients closed in status 28 were working part-time compared to the status 26 group.

6. The number of jobs held by each client since receiving rehabilitation help and the indication of job satisfaction also differed significantly between the groups. Twice the proportion of status 26 clients (compared to status 28 clients) held one job. The percentage of status 28 clients who had held three jobs was double that of the status 26 clients. Fifty-seven percent of status 26 clients were satisfied with their jobs, while only 18% of those in status 28 reported job satisfaction.

Interesting data was collected concerning the groups' perceptions of rehabilitation.

A significant majority in each group reported satisfaction with the rehabilitation services they received: 75% for status 26 closures, 68% for PA/VR 26 closures and 54% for status 28 closures.

There were differences among the three client groups concerning the reason for satisfaction with rehabilitation services. The 26 closure clients most frequently reported the training they had received was their basis for satisfaction with rehabilitation services. The PA/VR 26 closure clients most frequently cited the reason as being preservation of personal dignity in rehabilitation environments. The status 28 group listed counseling as the most frequent basis for satisfaction.

Few respondents (11%, 3% and 8%, respectively) cited any reasons for dissatisfaction with rehabilitation services. The majority of those persons who gave a reason indicated that they had received inadequate service.

Ninety-one percent, ninety-two percent and ninety-two percent of the clients in the respective groups reported that the rehabilitation counselors had been helpful to them.

Preliminary Conclusions

The voluntary return of over 30% of the questionnaires sent to clients who had received services 8 - 10 months prior to the survey indicated residual identification and remembrance of interaction with the rehabilitation program in Texas.

The strongly positive responses to items relating to rehabilitation services and counselors' help were converse to the common belief that respondents with complaints are more likely to voluntarily reply to "no incentive" questionnaires. The 75% of respondents who expressed satisfaction with rehabilitation services and the 91% who perceived their counselors as helpful were motivated to respond solely by internal feelings of appreciation for services.

The preceding excerpts, sometimes paraphrased, were taken from the Preliminary Report - Texas Rehabilitation Commission - Post Closure Survey (November 1973) which was prepared by Carol J. Whitcraft, Ph.D. A complete copy of the report and additional details concerning the survey may be requested by writing Dr. Whitcraft at the Texas Rehabilitation Commission Central Office, 1600 W. 38th Street, Austin, Texas 78731.

Library Materials

The following books, Research and Demonstration Grant Final Reports, cassette tapes and films are available for your use on a loan basis from the Texas Rehabilitation Commission Library. Materials may be requested from Mrs. Joan O'Mara, Librarian, Texas Rehabilitation Commission Central Office, 1600 W. 38th Street, Austin, Texas 78731. Please include the number which appears prior to the description of the publication/tape/film and the phrase "1973 Winter Edition of the *Research Review*".

Books

1. *Chicanos and Rural Poverty.* Briggs, Vernon.

2. *Vocational Rehabilitation of Disabled Public Assistance Clients.* Burkhart, John. (Kentucky Bureau of Rehabilitation Services).

3. *Vocational Rehabilitation and the Socially Disabled.* Cohen, Gregory and Pelosi.

4. *Rehabilitation in the Concrete Jungle.* Kunce, Joseph.

5. *Maximum Feasible Misunderstanding: Community Action in the War on Poverty.* Moynihan, Daniel.

6. *The Mentally Retarded Welfare Client.* Mental Retardation Center - Columbia University.

7. *Homemaking for the Handicapped.* May, Elizabeth.

8. *Diagnostic Standards and Classification of Tuberculosis.* National Tuberculosis and Respiratory Diseases Association.

9. *Eradication of Tuberculosis in Texas.* Report of the Governor's Committee.

10. *The Program for Tuberculosis and the Special Programs.* Texas Research League.

11. *The Halfway House Movement: A Search for Sanity.* Rausch, Harold.

12. *Recreation for the Physically Handicapped.* Pomeroy, Janet.

13. *Developing a Comprehensive Rehabilitation Center.* Anderson, Richard et al.

14. *The Rehabilitation Counselor's Use of Rehabilitation Facilities.* U. S. Dept. of HEW.

15. *Identifying the Program Dropout at a Comprehensive Rehabilitation Facility.* Sankovsky, Ray.

16. *Maxillofacial Restoration.* The University of Texas - M. D. Anderson Hospital and Tumor Institute.

17. *Unmasking the Great Impersonator - Cystic Fibrosis.* Di Sant'agnese, Paul.

18. *Handbook for One-Handers: A Practical Guide for Those Who Have Lost The Functional Use of an Arm or Hand.* Danzig, Aaron.

19. *Rehabilitation Predictors in Completed Stroke.* Anderson, Thomas.

20. *Answers to the Most Frequently Asked Questions About Drug Abuse: A Federal Source Book.* National Clearinghouse for Drug Abuse Information.

21. *Rehabilitation for the Unwanted.* Roth, Julius and Eddy, Elizabeth.

22. *The Difficulty Index - An Expanded Measure of Counselor Performance.* Minnesota Division of Vocational Rehabilitation.

23. *Weighted Case Closures for More Appropriate Evaluation of Vocational Rehabilitation Counselors.* Silver, Diana.

24. *A Study of the Time Spent by Florida Counselors in Performing Their Assigned Duties and of the Relationship Between High Achievement and Quality Work.* Meyer, Henry.

25. *Counseling Strategies and Objectives.* Hackney, Harold and Nye, Sherilyn.

26. *Using Teams to Deliver Social Services.* Barker, Robert.

27. *Analyzing Delinquent Behavior: A New Approach.* Martin, John.

28. *Labor and Industry Look at the Training and Placement of the Handicapped.* Peckham, Ralf.

29. *Placement Training Handbook.* Sinick, Daniel.

30. *The Placement Process in Vocational Rehabilitation Counseling.* Thomason, Bruce (editor).

31. *Getting a Job.* Randall, Florence.

32. *The Profession of Forestry.* Read, Arthur.

33. *Rehabilitation of Rural Homemakers in Their Own Homes.* Knowles, Esther.

34. *Career Guidance, Counseling and Placement.* University of Missouri.

35. *Interpersonal Relationships: Factors in Job Placement.* Jorgensen, Janzen et al. Regional Rehabilitation Research Institute. University of Utah.

36. *Service Needs of Paraplegics and Quadriplegics.* Spangler, David.

37. *Correlates of Client Satisfaction In an Expanded Vocational Rehabilitation Program.* Reagles, Kenneth.

38. *Characteristics and Trends of Clients Rehabilitated.* U. S. Dept. of HEW.

39. *A Statistical Study of the Cases Closed as Rehabilitated by the Counselors of Vocational Rehabilitation in Texas for the Fiscal Year.* (1960). Texas Education Agency.

40. *Guide to Job Placement of the Mentally Restored.* Barclay, Dorothy.

41. *Primer for Paraplegics and Quadriplegics.* New York University - Bellevue Medical Center.

42. *Symposium on the Criterion Problem in the Evaluation of Counselor Performance.* Reagles, Kenneth.

43. *Recommended Standards for the Closure of Cases: A Report from the Study Group on Uniformity of Standards for Termination of Services to Clients.* Little, Curtis and Viaille, H. U. S. Dept. of HEW - SRS - 1971.

44. *The Rehabilitation Counselor Rating Scale.* Muthard, John.

45. *Power, Prestige and the Rehabilitation Counselor.* Patterson, C. H.

46. *College Directory: A Guide to Entrance Requirements of Texas Colleges and Universities.* Texas Education Agency.

47. *College Performance of the Blind Student as Related to his Pre-College Educational Setting.* Winkley, William.

48. *Untapped Good: The Rehabilitation of School Dropouts.* Chansky, Norman.

49. *Student Aides for Handicapped College Students.* Urie, Robert.

50. *Higher Education and Handicapped Students.* Tucker, William (editor).

New Books

51. *Prediction of Client Personality Change During the Rehabilitation Process.* Bozarth, Jerold.

52. *Some Viable Service Delivery Approaches in Rural Rehabilitation.* Bitter, James.

53. *Accessibility of Texas Higher Education to the Mobility Impaired: A Survey of Facilities and Services.* Meyer, Judy.

54. *An Individualized Approach to the Problems of Poverty and Dependency.* Gulledge, Z.

55. *A Study to Demonstrate the Practicability and Methodology of Teaching Driving to the Physically Disabled High School Student.* Reynolds, Joseph.

56. *Habilitating Institutionalized Delinquents and Retardates.* Pierson, Norman.

57. *Disabling Illness and Family Alienation.* Rosenstock, Florence.

58. *Matching Job and Worker Characteristics - Work Supplement for the Aged.* Viscardi, Henry.

59. *Language and Communication Skills of the Retarded in Job Interviews.* Sigelman, Carol and Werder, Pamela.

60. *Serving Deaf Adults: Development of Innovative Patterns of Community Service for the Adult Deaf.* Coleman, Thomas.

61. *The Effect of General Unemployment on Vocational Opportunities for the Educable Mentally Retarded.* Halpern, Andrew.

62. *The Ability of Standardized Test Instruments to Predict Training Success and Employment Success.* Pucel, David.

63. *A Guide to the Self-Directed Career Program: A Practical and Inexpensive Vocational Guidance System.* Holland, John.

64. *Care of Your Wheelchair.* Olson, Varick.

65. *Coordinated Rehabilitation Services for People with Alcoholism.* U. S. Dept. of HEW.

66. *Mexican-American Youth and Vocational Rehabilitation in Texas.* Schulman, Sam et al.

67. *Leisure Time Behaviors of Mentally Retarded Women: Institution Versus Group Home.* Sigelman, Carol and Werder, Pamela.

68. *The Depressive Disorders.* Secunda, Steven.

69. *The Chicano Addict.* Aumann, Jon.

70. *Analysis of Rehabilitation Counselor Subrole Behavior.* Richardson, Bill.

71. *The Second Half: Rehabilitation After Stoma Surgery.* Lenneberg, Edith.

72. *Rehabilitation Counselor Behavior and Client Short-Term Personality Change.* Rubin, Stanford.

73. *Client Demographic Characteristics and Psychological Status at Initiation of the Rehabilitation Process.* Krauft, Conrad.

74. *The Impact of Work Study Programs on Employment of the Mentally Retarded.* Halpern, Andrew.

75. *Selected Symptoms of Psychological Distress.* U. S. Dept. of HEW.

76. *Residential Care for Physically Incapacitated Young Adults.* Social Planning Council of Metropolitan Toronto (Canada).

77. *Group Homes for the Retarded.* Sigelman, Carol (editor).

78. *Behavior Modification in Three Settings.* Sigelman, Carol (editor).

79. *Rehabilitation of the Rural Hard-Core Welfare Client Utilizing Rehabilitation Center Services.* Dickerson, Larry.

80. *Vocational Rehabilitation Services in a Total Psychiatric Care Program.* Jarrell, A. P.

81. *Work Release: Factors in Selection and Results.* Johnson, Elmer.

82. *Improved Vocational, Technical and Academic Opportunities for Deaf People: Research Component.* Craig, William.

83. *Alcohol and Health.* Keller, Mark (editor).

84. *Career Orientation: A Manual for Instructors.* Texas Rehabilitation Commission.

85. *Guidelines and Standards for Halfway Houses and Community Treatment Centers.* McCartt, John.

86. *Assessing the Work Personalities of Mentally Retarded Adults.* Lafquist, Lloyd et al.

87. *Arthritis Manual for Allied Health Professionals.* The Arthritis Foundation.

88. *Diagnosis, Intelligence and Rehabilitation of Chronic Aphasics.* Smith, Aaron.

89. *Intensive Services for the Socially Disabled.* Dunlap, Hubert.

90. *The Rehabmobile: A Mobile Rehabilitation Clinic.* Cummings, Victor.

Final Reports

91. *Self-Concept Conditioning and Rehabilitation.*

92. *The SEVR Project: A Program Serving Urban Retarded Youth.*

93. *Early Referral: A Demonstration of Early Evaluation of Rehabilitation Potential of Public Assistance Recipients.*

94. *Quality Rehabilitation of Public Assistance Recipients.*

95. *Doorstep Psychiatry in the Ghetto.*

96. *Rehabilitation Versus Poverty.*

97. *Rehabilitation Potential in Chronic Obstructive Lung Disease.*

98. *Bilateral Parkinsonism: Neurosurgical Rehabilitation.*

99. *Achieving Rehabilitation Potential with Multiple Disabled Blind Persons.*

100. *Hemophilia: A Total Approach to Treatment and Rehabilitation.*

101. *Neurological, Psychological and Social Factors Related to Employability of Persons with Epilepsy.*

102. *Essentials of Living with Pulmonary Emphysema.*

103. *Rehabilitation House for Psychiatric Patients.*

104. *A Work Adjustment Center for Disabled Persons with Emotional Problems.*

105. *The Development and Administration of an Independent Living Rehabilitation Program.*

106. *Independent Living Rehabilitation Program for Seriously Handicapped Mentally Retarded Adults.*

107. *The Requirements of Effective Sheltered Workshop Supervision.*

108. *Attitudes and Behavior of Medical Personnel Toward People with Chronic Disability.*

109. *Social and Vocational Adaptation of the Hemophiliac Adult.*

110. *Physiopathology of Decubitus Ulcers.*

111. *Cosmetic Prosthetic Restoration: An Investigation of Techniques Employed in the Production of a Prosthetic Nose or Ear.*

112. *Total Rehabilitation of Adult Asthmatic Patients.*

113. *The Contribution of the Teamwork Approach to the Rehabilitation of the Facially Disfigured.*

114. *Functional Fashions (Clothing) for the Physically Handicapped.*

115. *Edema in Lower-Extremity Amputees.*

116. *Development of a System of Work Capacity Assessment for the Disabled.*

117. *A Study of Factors Involved in the Rehabilitation of Vocationally Disadvantaged Former Mental Patients.*

118. *Sources of Interpersonal Anxiety in the Physically Handicapped.*

119. *Energy Expenditure in Certain Types of Disability.*

120. *Attitudes Toward Mental Illness: A Cross-Cultural Study.*

121. *The Practitioners: Rehabilitation Counselors in Three Work Settings.*

122. *Client Productivity and Verbal Fluency in the Initial Interview.*

123. *Patterns for Effective Rehabilitation of Deaf Adults.*

124. *A Demonstration Project to Determine the Effectiveness of Group Training of Homebound Clients.*

125. *Analysis of Policy Dynamics.*

126. *Pre-Vocational Rehabilitation in a Day Care Center.*

127. *Role Modifications of the Disabled Male with Implications for Counseling.*

128. *Programming Habilitation of the Hospitalized Deaf-Blind.*

129. *The Development of Physiological and Psychological Measures Predictive of Adjustment to Disability.*

130. *The Rehabilitation Outcome of Alcoholic Referrals for Vocational Rehabilitation.*

131. *Medical Devices for the Blind.*

132. *Brain-Damaged Children: A Modality-Oriented Exploration of Performance.*

133. *The Blind: Space Needs for Rehabilitation.*

134. *The Measurement of Attitudes Toward Disabled Persons.*

135. *Vocational Status and Adjustment of Deaf Women.*

136. *A Study for the Purpose of Establishing the Relative Productivity of Techniques for Placing the Blind.*

137. *Job Placement of the Emotionally Handicapped.*

138. *A Experiment in the Use of Two Vocational Placement Techniques with a Population of Hard-to-Place Rehabilitation Clients.*

139. *The Employability of Persons Released from a Mental Hospital.*

140. *Employment Problems of Epileptics.*

141. *Cerebral Palsied College Students: Their Education and Employment.*

142. *Preparing Higher Education Facilities for Handicapped Students.*

143. *Vocational Readiness for Young Disabled Students in New York City.*

144. *Deaf Students in Colleges and Universities.*

145. *The Assessment of College Experience of Severely Handicapped Individuals.*

Cassette Tapes

146. *Job Analysis.*

147. *Intelligence Testing.*

148. *Interest Tests.*

149. *Scholastic and Achievement Tests.*

150. *Multiple Aptitude Tests I*

151. *Personality Tests.*

152. *Assessing Client Work Information.*

153. *Understanding Norms.*

154. *Basic Statistics.*

155. *Medical Terminology.*

156. *Anatomy and Physiology I*

157. *Anatomy and Physiology II*

158. *Anatomy and Physiology III*

159. *Arthritidies.*

160. *Psychological Aspects of Disability.*

161. *Privileged Communication of the Rehabilitation Counselor.*

162. *Multiple Aptitude Tests II*

163. *Initial Interview.*

164. *Collecting Information From the Client.*

165. *Test Interpretations.*

166. *Occupational Information.*

167. *The Management of Counseling Strategies for Dealing with the Third Person.*

168. *The Management of Counseling Strategies for Dealing with the Hostile and Dependent Client.*

169. *The Management of Counseling Strategies for Dealing with the Mentally Retarded Client.*

170. *The Counselor as the Manager of Counseling Strategies: A Developmental Model.*

171. *The Co-Management of Counseling for Developing Initial Client Exploratory Behavior and Vocational Planning.*

172. *The Management of Counseling Strategies for Client's Task Assignment and Follow-Up.*

173. *Sources of Occupational Information.*

174. *Pre-Vocational Evaluation.*

175. *Placement in Vocational Rehabilitation.*

The above magnetic tapes, produced by the Research and Training Project in Rehabilitation Counseling, College of Education, University of Iowa, were edited by the TRC Instructional Media Section and reproduced in cassette form.

176. *Counseling Today and Tomorrow - Side One.* This cassette tape, produced by the American Personnel and Guidance Association, carries a discussion of counseling with minority clients by non-minority counselors.

Reel-to-Reel Tapes

177. *Epilepsy* - Meritt, H. Houston and Sands, Harry - 2 hours & 21 minutes.

178. *The Handicapped in Industry* - Viscardi, Henry (Jr.) - 1 hour & 29 minutes.

179. *The Mentally Retarded in Industry* - Viscardi, Henry (Jr.) - 1 hour & 55 minutes.

180. *Occupational Therapy in Physical Disabilities* - Sarno, John - 1 hour & 17 minutes.

181. *Psychological and Psychiatric Factors in Rehabilitation* - Fisher, Saul and Diller, Leonard - 1 hour & 56 minutes.

182. *Psycho-Social Vocational Factors in Hemiplegia* - Fisher, Saul - 1 hour & 56 minutes.

183. *Rehabilitation and the Family* - Rusk, Howard - 1 hour & 45 minutes.

184. *Rehabilitation of the Cardiac Patient* - Gertler, Menard and Cady, Lee - 51 minutes.

185. *Rehabilitation of the Patient with Rheumatoid Arthritis* - Lowman, Edward - 58 minutes.

186. *Selective Placement of the Handicapped in Industry* - Pinner, Janet - 1 hour & 6 minutes.

187. *Sex Problems in Paraplegia* - Rusk, Howard - 1 hour & 30 minutes.

The above-listed tapes are currently available in reel-to-reel form. Should you not have access to appropriate equipment, every effort will be made to convert the materials into cassette tapes.

Book Gives Points to Help Student-Clients

The following book review was prepared by TRC Librarian Joan O'Mara to give busy field staff members a brief synopsis of Guiding the Physically Handicapped College Student by Herbert Rusalem, Ed.D., Professor of Education and Assistant Director of the Research and Demonstration Center for the Education of Handicapped Children and Youth at Columbia University.

Dr. Rusalem's career as a teacher of exceptional children, college instructor and director of a counseling program for handicapped college students has led him to the conviction that, given adequate opportunities, severely disabled students may function successfully within the established standards and norms of many colleges and universities in the United States. In this book, he suggests possible opportunities and how they might be widened.

Perhaps it would be well to begin with Dr. Rusalem's definition of a handicap. To him, a "handicap" is the cumulative result of the obstacles which a physical, mental or emotional condition interposes between the individual and his maximum functional level. Using this definition, we discover it is the consensus of opinion of college administrators that the number of handicapped students and the severity of their disabilities is increasing.

In giving an overview of the subject, Dr. Rusalem notes that disabled and non-disabled students attend college for many of the same reasons. For handicapped students, college may represent an opportunity for emancipation from overprotective parents, a chance to live with non-handicapped persons or the beginning of reality testing in an environment where the standards of performance are objective and unrelated to disability.

Factors which may account for the increased enrollment of the handicapped are the growth of Special Education facilities, expansion of rehabilitation services, greater personal readiness for admission and a general change in attitudes toward the handicapped. Philosophical concepts relating to the admission of severely handicapped students are also discussed in the book.

Adequate facilities for the handicapped student are also of concern to the author, who suggests that colleges have a responsibility to avoid stereotyping the individual. Each student's capabilities must be measured against the physical demands of the college's academic and campus life.

Dr. Rusalem details the special needs of individuals representing five disability groups. These needs include adjustments in the physical features of the campus and changes in classroom techniques, such as allowing blind students to record lectures or take notes in Braille. The author consistently tries to show the least difficult ways to eliminate barriers to academic and social interaction.

In a chapter on admissions policy, Dr. Rusalem discusses the setting of a specific policy for admitting the handicapped based on the general philosophy of the institution, its attitudinal and emotional climate, available rehabilitation services, number of students to be admitted, types and degrees of disabilities to be accepted and academic ability required.

The author lists questionnaires which might help identify needs of individuals with specific disabilities. These forms are to be used during a counseling interview to analyze functional abilities, such as vision, mobility and manipulation.

In a discussion of curricular and extracurricular activities for handicapped students, Dr. Rusalem observes that college and university officials have generally followed these patterns in handling the problems of the disabled:

(1). Exclusion from courses or certain aspects of courses when no substitution or supplementation is made.

(2). Laissez-Faire when the disabled student is admitted to the course or activity but no effort is made to adapt the work to his needs.

(3). Modification by either adapting a course or activity to the needs of the student or substituting adequately for one particular course by using another.

Dr. Rusalem explains how these patterns can work in favor of and against the student. His major thought in assessing this problem seems to be that the disabled student's academic performance should be evaluated within the commonly-accepted framework of the institution. Perhaps the greatest disservice to the physically handicapped student is to inflate his grade by applying a unique standard to his work or to penalize him in an unwarranted way for work that is adequately performed under modified conditions.

A special chapter covers specific problems of counseling with the handicapped college student.

Dr. Rusalem's book is of significant interest to those who are concerned with handicapped students at academic institutions. It is brief, but very succinct, and contains a great many thought-provoking ideas.

This publication is supported in part by the Research Utilization Grant 22-P-55234/6-03 Social and Rehabilitation Service, Dept. of Health, Education and Welfare, Washington,D.C.

RESEARCH REVIEW

EDITOR

Randall B. Scott
Research Utilization Specialist

ASSISTANT EDITOR

Mrs. Lisa Maxwell
Research Utilization Assistant

TEXAS REHABILITATION COMMISSION

1600 West 38 Street
Austin, Texas