

DOCUMENT RESUME

ED 220 681

CE 033 678

AUTHOR Robinault, Isabel P.; Weisinger, Marvin
 TITLE A Research Utilization Laboratory in a Comprehensive Rehabilitation Center. Final Report.
 INSTITUTION Institute for the Crippled and Disabled, New York, N.Y. Research Utilization Lab.
 SPONS AGENCY National Inst. of Handicapped Research (ED), Washington, DC.
 PUB DATE Dec 80
 GRANT RSA-22-P-55060
 NOTE 105p.

EDRS PRICE MF01/PC05 Plus Postage.
 DESCRIPTORS Delivery Systems; Disabilities; Disadvantaged; *Information Centers; *Information Dissemination; Information Services; Information Storage; Institutional Role; Postsecondary Education; *Program Evaluation; *Rehabilitation Centers; *Research Utilization; *Vocational Rehabilitation
 IDENTIFIERS Catholic University of America DC; User Training

ABSTRACT

The ICD Research Utilization Laboratory (ICD-RUL) at the Comprehensive Rehabilitation Center at Catholic University in Washington, D.C. acted as a facilitator for improving management practices of supervisors of vocationally impaired populations. Over a 10-year span, ICD-RUL developed two National Information Centers for disabled public assistance recipients and program evaluation; innovative service delivery models; and responses to national utilization needs within the areas of its proficiencies. Activities included the collection of manuals and newsletters, monographs, and responses to issues raised by federal and state agency personnel and their support facilities. Training seminars in vocational rehabilitation and on implementation of service delivery models were conducted. During the latter part of its 10th year, ICD-RUL contributed input on knowledge dissemination for the Long-Range Research Priorities Plan (1980) of the National Institute of Handicapped Research. Recommendations stemming from the project include the following: (1) a viable national utilization network should be established to offer more resources to rehabilitation personnel; (2) change agents in an RUL can quickly fill information or procedural gaps; (3) training seminars should be built into the funding of an RUL to ensure wider use of information; and (4) a utilization unit should offer options to its users, not solutions, with users having the final choice of what best fits their programs. (Author/KC)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *



ED220681

FINAL REPORT

A Research Utilization Laboratory

in a

Comprehensive Rehabilitation Center

RESEARCH UTILIZATION LABORATORY

ICD REHABILITATION AND RESEARCH CENTER

ICD-RUL

Grant No. 22-P-55060

National Institute of Handicapped Research

October 1, 1970 - May 31, 1980

Prepared by

Isabel P. Robinault, Ph.D.
Project Supervisor

Marvin Weisinger, MA
Associate Supervisor

J.C. Folsom, MD
Director

ICD Rehabilitation and Research Center
340 East 24th Street
New York, NY 10010.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

J. McFarlane

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)"

December 1980

RECEIVED

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

✓ This document has been reproduced as
received from the person or organization
originating it.
Minor changes have been made to improve
reproduction quality.

Points of view or opinions stated in this docu-
ment do not necessarily represent those of NIE
Division of Policy

ERIC
Full Text Provided by ERIC

DE C-33 678

PREFACE

Research Utilization is predicated on the belief that an idea is only as valuable as the extent to which it is applied. Therefore, the goal of this Final Report is to acquaint its readers with the ICD-RUL's experience in translating a variety of research and clinical findings into practical information media (newsletters, abstracts, monographs) and useful service delivery formats (service models). A brief historical perspective in Section I outlines the national predicament in the mid-1960s when government sponsored research reports piled up unused. It was then that the need for systematic efforts to utilize this accumulating knowledge-bank led to an informal network of some 20 research utilization efforts around the country. In this initial network, the ICD-RUL was one of two Laboratories situated in comprehensive rehabilitation centers. Its strategies for the subsequent ten-year effort are summarized in "From Concept To Practice."

Section II presents the goals and progress of ICD-RUL in overview of the first five years (1970-1974) and of the second five years (1975-1980). Selection of staff, of Advisory and Task Force Committees, development of relationships, assignments responding to national and rehabilitation center needs, and outcome products are summarized. Sufficient detail is given to each activity in order to provide cues to readers for their research utilization efforts. Section III gives highlights of assessment activities relevant to a wide variety of RUL projects.

Conclusions and recommendations gained through experience by the RUL appear in Section IV, which is followed by Appendices illustrating aspects of dissemination procedures and responses.

During the latter part of the tenth year of the grant, RUL took part in the development of a plan for NIHR Knowledge Dissemination and Utilization. Subsequently, ICD received a one-year extension grant (1980-1981) to test the feasibility of certain aspects of this plan. Relevant activities will be presented in an Addendum to this report.

Table of Contents

	Page
ABSTRACT.....	iii
PREFACE.....	v
I. AN RUL IN THE NATIONAL REHABILITATION THRUST.....	1
Historical Perspective.....	1
From Concept to Practice.....	5
II. OVERVIEW OF ICD-RUL ACTIVITIES.....	12
The First Five Years: Purpose & Progress.....	12
Year One (1970-1971).....	13
Year Two To Five (1971-1975): PA/VR.....	20
The Second Five Years (1975-1980).....	34
Innovative Service Delivery Models.....	34
PE/VR National Information Center.....	42
Response To National Needs.....	50
III. ASSESSMENT ACTIVITIES: INPUT & FEEDBACK.....	55
IV. CONCLUSIONS AND RECOMMENDATIONS.....	75
V. APPENDICES.....	80

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ICD-RUL

A RESEARCH UTILIZATION LABORATORY in a

COMPREHENSIVE OUTPATIENT REHABILITATION CENTER

I. AN RUL IN THE NATIONAL RESEARCH UTILIZATION THRUST

When the Research Utilization Laboratory at ICD Rehabilitation and Research Center (ICD-RUL) was funded in 1970, it added impetus to a newly developing national interest within the field of rehabilitation. This national utilization thrust set out to demonstrate how various applications of useful research and clinical findings could improve existing rehabilitation services. How ICD-RUL, supplemented initial utilization efforts, and how it augmented the developing national utilization network, reflects the effort to find practical inroads through theoretical concepts which hold some promise for improvement of the human condition.

A. Historical Perspective

With the passage of the 1954 Amendments to the Vocational Rehabilitation Act, the 83rd Congress provided for a national program of research (PL 565, Sec 4). Federal Funds were made available in this research program for projects holding promise of making substantial contributions "to the solution of vocational rehabilitation programs common to all or several states" (1). By the mid-1960s findings from over 1,300 research and demonstration projects were available. Final reports, coming in at a rate of 200 yearly, added to this information bank (2). The need for more systematic efforts to utilize the results of this accumulating knowledge-bank, became apparent to the Social and Rehabilitation Services (SRS), then directed by Miss Mary Switzer. It was believed

many of the research and clinical reports contained findings which, if used appropriately, could result in better services for disabled clients. Therefore, the goal to develop a more comprehensive research utilization program in rehabilitation developed momentum (3). From the many discussions and seminars on the potential of research and knowledge utilization in rehabilitation, a strategy to resolve the problems of dissemination and utilization was formulated. As a result, the Research Utilization Branch under SRS was established in 1967. By the summer of 1968, the idea of demonstration projects employing Research Utilization Specialists (RUS) in selected State VR agencies began to crystallize. Based on the highly successful model of a county Agricultural Extension Agent, the RU effort was conceived as operating as a link between the researcher and the practitioner. Alert to the needs of their field, and in touch with the latest information pertinent to those needs, the RU personnel could improve communication between producers of knowledge and users of knowledge. By June 1969, one such "change agent" (RUS) was established in each of 9 State agencies within all SRS geographic regions, except the Pacific Northwest (Region X) (4).

As the number of persons served by State VR agencies went from the 1959 level of some 50,000 persons-rehabilitated to the 1969 level of 119,000 rehabilitated (against 386,000 served), service providers and program administrators found themselves under increasing pressure to meet the burgeoning service and administrative needs. Thus, it seemed to be an opportune time to apply the concepts of research utilization in a more formal and institutionalized manner in an attempt to respond to the now critical needs of the various rehabilitation service providers and

administrators. Therefore, by 1970, some 20 research utilization units (including the new ICD-RUL) were operating in all regions of the country (5). In general, these 20 units were of four distinct types, each with its own procedures and techniques, and each addressing the specific needs of various types of field personnel. (See Figure I)

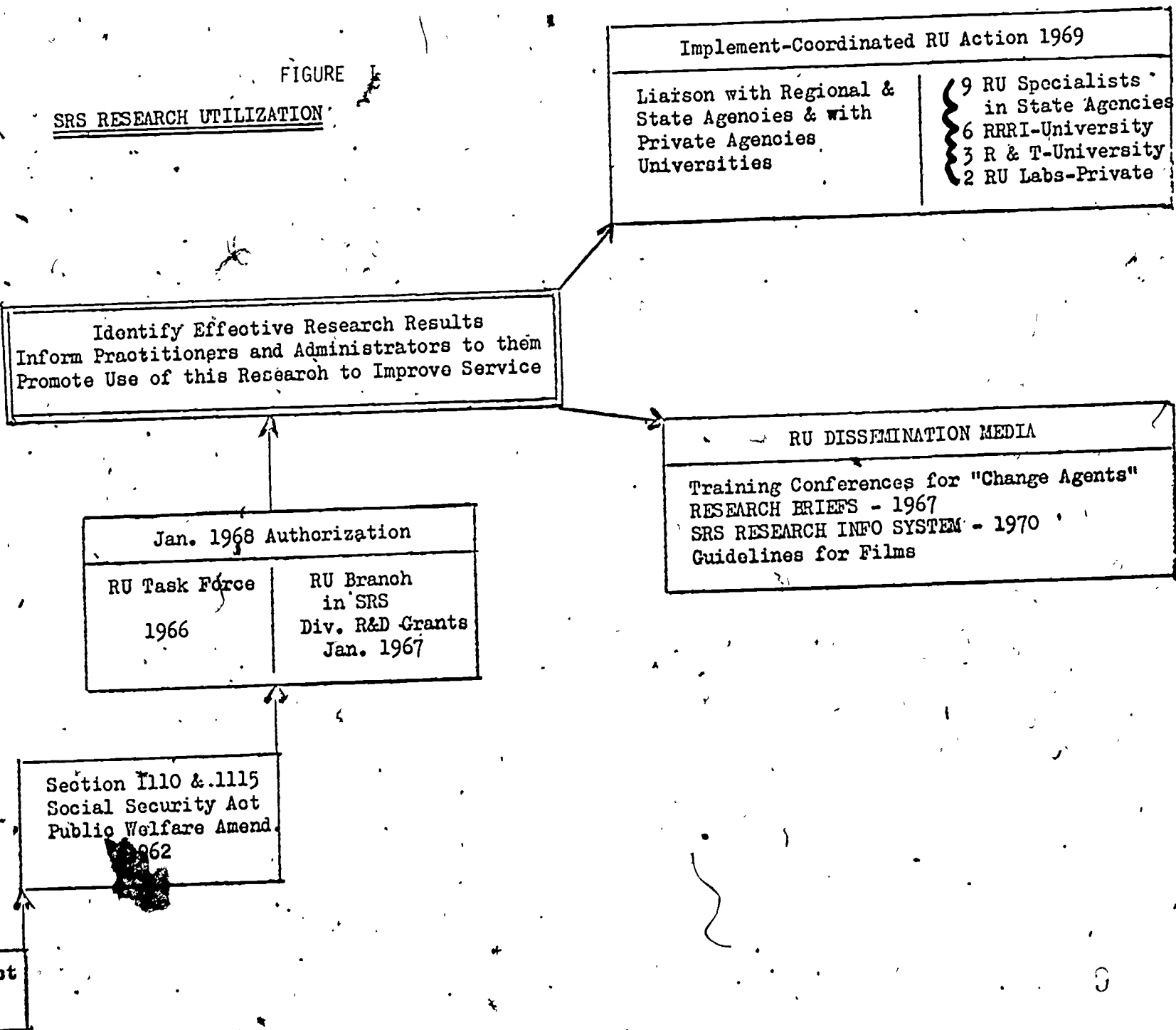
The four types of units and their target groups were:

Research and Training Centers (3 in 1970) were university based and essentially oriented toward the acute restorative aspects of rehabilitation. Each center engaged in a variety of research projects, both basic and applied and had the additional charge to provide training based on completed work. In most cases, research results were communicated to other researchers or practitioners via journal publication and/or training provided at the Center. Training of young researchers was provided through the university affiliation.

Regional Rehabilitation Research Institutes (6 in 1970) were also university based. Some Institutes generally addressed problems in psycho-social and vocational service delivery, while others addressed management problems or information dissemination. The Institutes tended to work closely with State VR agencies. In fact, they were encouraged to supply expertise and methodologies at the request of the State agencies in an attempt to solve their operational problems. The result was to be a body of highly applied knowledge that would then be communicated to the larger VR community.

SRS RESEARCH UTILIZATION

FIGURE 1



Voc. Rehab. Act
1954

Section 1110 & 1115
Social Security Act
Public Welfare Amend.
1962

Implement-Coordinated RU Action 1969

Liaison with Regional & State Agencies & with Private Agencies Universities

9 RU Specialists in State Agencies
6 RRRI-University
3 R & T-University
2 RU Labs-Private

Identify Effective Research Results
Inform Practitioners and Administrators to them
Promote Use of this Research to Improve Service

RU DISSEMINATION MEDIA

Training Conferences for "Change Agents"
RESEARCH BRIEFS - 1967
SRS RESEARCH INFO SYSTEM - 1970
Guidelines for Films

Research Utilization Specialist (9 in 1970) as indicated above, were individuals on the staffs of 9 selected State VR agencies. The individuals so designated served both the service providers and administrators of their respective agencies by accessing research, supplying information from a variety of sources, and, where appropriate, interpreting completed research that might respond to agency problems.

Research Utilization Laboratories (2 in 1970) were located in private, comprehensive rehabilitation centers. Research and Training Centers and Regional Rehabilitation Research Institutions were to develop and disseminate new knowledge for the field, and Research Utilization Specialists were to supply and interpret knowledge already developed by others. In contrast, the Research Utilization Laboratory assignment was to examine knowledge developed by others, modify it so that it could be more easily transferred to ongoing service or administrative settings, test the modifications for ease of implementation and efficacy, and finally disseminate the modified materials and offer technical assistance and/or training where necessary. Target groups included State VR agency service and administrative staffs, the staffs of private facilities that provide service to State agencies and university programs involved with counselor training.

B. From Concept to Practice

Research Utilization (RU) is predicated on the belief that an idea is only as valuable as the extent to which it is applied. The process is a series of methodologies or steps that enable new or under-utilized knowledge to provide potential solutions for very applied service or

managerial problems. Furthermore, RU is based on the assumption that this characteristic of applicability can be heightened through utilization planning (6). Thus early involvement of some influential potential users in the planning, research and development of an innovative procedure or practice can often help refine the plan and enhance its likelihood of utilization (7), (8). In an excellent overview of the literature, Glaser traces the development of the concept that the primary source for moving an innovative idea from the research literature to implementation at the service level, is the personal contact with competent Research Utilization personnel, who are referred to informally as "change agents" or "information brokers." This person-to-person contact with Research Utilization personnel who have access to appropriate knowledge networks, has been found to be superior to such formal communication channels as books, journals, speeches etc. (9). It was with this in mind that the leadership of ICD-RUL personnel was shared between a supervisor having a background in interdepartmental rehabilitation education and an Associate Supervisor bringing in expertise on access to data banks and assessment techniques.

As the literature of the 1950's, 1960's and 70's attests, the recognition of the need for knowledge utilization is certainly not new, but solutions have been slow in evolving. The idea of locating a Research Utilization Laboratory in a comprehensive rehabilitation facility which also serves State VR clients, was conceived as an exemplary site for the organizational link between research and practice. ICD Rehabilitation and Research Center had already distinguished itself in

developing useful social adjustment and vocational evaluation innovations. Therefore, the ICD-RUL started in a rich experiential base.

Due to the advantages, as well as the constraints, of conducting a utilization unit in a comprehensive outpatient rehabilitation facility, it was necessary to review and develop a relevant utilization strategy (6). The underlying research utilization strategy which seems to have favorably weathered our 10-year effort, may be briefly summarized as follows:

1. NEEDS IDENTIFICATION & REFINEMENT. A major development of the lab was essentially to enable service programs to relate effectively to emerging national priorities. As a national priority emerges (be it emphasis on a particular type of client, or program, or assessment) State and private agencies and facilities lack personnel, time or proper data base to determine (a) What has to be done? (b) How to do it? (c) What are the concepts involved? (d) Are there any guides or models to use as cues?
2. SEARCH AVAILABLE RESOURCES. The Lab scans data banks, information resources and available programs for materials that may bear upon the problem.
3. SYNTHESIS OF PRACTICAL SOLUTIONS. Feasible options bearing upon the problem are assembled in language relating to service application.
4. PILOT SOLUTIONS ARE TESTED IN FIELD SETTING. Service personnel at ICD and clients involved in programs related to the Pilot have been involved in its critique and retesting. Using the input of both staff and clients, refinements made by the Lab have

been a user-level cooperative effort that resulted in field applicable service innovations.

5. DISSEMINATION TO OTHER SERVICE SETTINGS. Other service settings, whether public or private agencies, or university training courses have been exposed to RUL Service Model via:

- Publication of Training Materials
- Training with on-hand practice at ICD
- On site technical assistance by RUL staff and consultants

The results from the use of the materials at the other sites were then incorporated into further revisions of the model. Thus, in a sense, the first-level dissemination was also the first-level field test. The refined product, which was the result of this activity was then disseminated to the original field sites as well as to the general rehabilitation community.

6: FOLLOW-UP OF UTILIZATION. Via survey, response sheets, loan records was an ongoing planned-in component of the project.

Although part of RUL activity involved abstracting materials on special topics, writing up conference reports, summarizing data searches, etc., two major activity formats evolved from the above underlying Research Utilization strategy: Product Service Models and Process Service Models.

PRODUCT SERVICE MODELS. One of the early charges given the ICD-RUL was to consult with service personnel at ICD and at State VR agencies to determine their needs for useful training or for client-contact materials which would be relevant to any new

national rehabilitation services thrust. Then, available research and clinical knowledge on that topic was reviewed. If likely techniques were found, RUL and service consultants discussed just how the material might be modified or presented to fit service needs. The theoretical concept was then translated into a readable training manual or an audio or audio-visual presentation. This pilot product was tested at ICD, as well as at some volunteer State VR agencies. Revisions took into consideration their critiques and the final Service Model was disseminated. Service personnel were trained in its use, and we followed up its spin-off throughout the rehabilitation field in yearly reports. The Product Service Model was then a tangible tool or technique that could be directly applied at the service level. Examples of PRODUCT SERVICE MODELS ARE:

- Leaderless Tapes
- Placement Preparation Program

PROCESS SERVICE MODELS. The other major activity format of ICD-RUL also responded to expressed consumer needs. When a national priority was announced and little precedent existed for its implementation in the service field, ICD-RUL assembled a data base and consulted with the appropriate members of our Research Utilization Network. These consisted of existing utilization project leaders around the country in RRI's, RTCs and State Agency libraries. When NARIC was set up we enjoyed their collaboration, too. Having the RUL established in a private agency with readily available support services (computer, Xerox, typing, clerical, audio-visual, mailroom, etc.) and having a small cooperative RUL staff geared to quick turn-around time, made production of Process Service Models a very feasible RUL activity. Furthermore, none of our

Process Models dogmatically stated any singular manner in which service personnel were to proceed. We always organized summary compilations which would provide the target population of users a choice among the variety of approaches that were known to exist on any given service problem. The Process Service Models consisted of descriptions of clinical or administrative approaches, organizational approaches, and descriptions of existing innovative programming. Examples of PROCESS SERVICE MODEL are:

- Community Resources: A Multifacet Model for Mentally Ill
- Program Evaluation: A Resource Handbook for Vocational Rehabilitation
- Community Resources for the Social Adjustment of Severely Disabled Persons: Options for Involvement

REFERENCES FOR SECTION I

1. Murphy ST: Problems in Research Utilization - A Review.
Rehabil Couns Bull 19(2) 365-376, Dec. 1975
2. Engstrom G: Where Do We Stand on Research Utilization?
Rehabil Record 10(6) 28-31, 1969
3. Buchanan EJ: Final Report of the Project Development of Research
Utilization Program, SRS Grant #22-P-55247, DHEW, August 1973
4. Hamilton L & Muthard J: Research Utilization Specialist in Vocational
Rehabilitation -- Five Years Experience. Rehabil Couns Bull.
19(2) 377-386, Dec. 1975
5. Policy Implication Paper: Effective Service Delivery In Rehabilitation
Facilities for Public Assistance Clients. Social & Rehab Services
1970
6. Guidelines for Research Utilization. Prepared for Project #11-P-57257-
4-02, November 15, 1973. SRS
7. Rogers E: Diffusion of Innovation. New York, Free Press, 1962
8. Glaser EM & Taylor S: Increasing the Utilization of Applied Results
Final Paper Contract #43/67/1365, NIMH, DHEW 1969
9. Glaser E: Knowledge Transfer And Institutional Change. Mimeo 1973.
Human Interaction Research Institute, 10889 Wishire Blvd,
Los Angeles, CA 90024

OVERVIEW OF ICD-RUL ACTIVITIES

NIHR Project #22-P-550-60

(R&D 3374 - RU 70)

Recognizing that a fair body of knowledge devoted to the principles and practices of research diffusion and utilization was already at the disposal of the SRS Research Utilization Branch, establishing a Research Utilization Laboratory was one practical way to effect wider use of research results within ongoing rehabilitation operations.

THE FIRST FIVE YEARS: PURPOSE & PROGRESS

(April 1, 1970 - May 31, 1975)

In April 1970, the ICD Rehabilitation and Research Center received an SRS grant to set up a Research Utilization Laboratory (RUL). The laboratory was to act as a catalytic interface between research and implementation.

The purposes of this laboratory were to:

- Identify effective research within pertinent categories and adapt these findings to the service operations of the Institute.
- Serve as a source of information to other rehabilitation centers on experience encountered in applying the results of research.
- Evaluate the program and develop an effective method for the diffusion of innovation and for the "transferability" of findings useful to rehabilitation practitioners.
- Foster close collaborative consultation on research utilization with public and private agencies in the immediate community and in a proximal regional area.
- Participate in a concerted national effort to maximize the applications of research by the Research Utilization Branch of the Division of Research and Demonstration Grants in the Social and Rehabilitation service.

These five purposes were seen as being inter-dependent. As "change agents", the Personnel of the Research Utilization Laboratory were to be responsible to, as well as supporting of, the potential contribution within all inter-acting agencies.

YEAR ONE (April, 1970 - May 31, 1971)

Project activity during the initial year was largely developmental. Major concerns were development of staff and consolidation of relationships with external and internal entities. The first year activities may be summarized as follows:

Staff Selection and Development. The Institute Director delegated to the Project Supervisor the responsibility for the conduct of the RU Laboratory. In the selection of the Project Supervisor, stress was placed on knowledge of the dynamics of change and research utilization. Someone with interdisciplinary skills was sought who could work closely with ICD department heads, as well as with the potential research utilization collaborators in private and public agencies and with universities in Region II. Isabel P. Robinault, Ph.D., was appointed in October 1970. Search for an Assistant Project Supervisor was initiated in December and Marvin Weisinger was appointed in February 1971, adding his technical operation skills to the RUL staff.

Development of Relationships. The Project Supervisor met with personnel of the Research Utilization Branch of SRS once a month to gain an overview of resources available at the Central Office and to discuss areas of interaction. Subsequently, the Director and the Project Supervisor followed-up SRS discussions and met with representatives of Division 22 of the American Psychological Association (Rehabilitation Psychology).

Accordingly, a meeting was held December 4th with Herbert Zaretzky, then Divisional Chairman, who confirmed Division 22's interest in a joint seminar on "Research Utilization and Disabled Disadvantaged Clients."

A committee was organized to work on date, location, attendance and possible funding for this.

At this time, conferences on the Research Utilization Laboratory's objectives and the development of a RUL Advisory Committee were also held with Anthony DiSimone, Regional Commissioner for Rehabilitation Services, and with Adriano Marinelli, RU Specialist, Rehabilitation Commission, State of New Jersey.

These contacts with outside resources were in addition to the intensive and ongoing development of relationships between the RUL and the ICD staff. Many staff and organizational changes have taken place at ICD since the Project Supervisor had been there some six years previous to the RUL project. Therefore, October was spent meeting new staff in all departments. By November, the Project Supervisor was invited to participate in the weekly meetings of the Institute's five interdisciplinary case-review Teams, which are attended by DVR counselors. This was a particularly rewarding development since the eventual success of the Laboratory would rely upon wholehearted cooperation of ICD staff.

Also, the reception of the Trustees of the Institute to the Project Supervisor's lecture discussion about the RUL Laboratory was warm. Questions evidenced interest and cooperation in furthering this project.

Selection of an Advisory Committee

As a result of the Regional discussions mentioned above, it was decided that the establishment of an Advisory Committee would substantially aid the project. If the committee was appropriately constituted, not only could it provide guidance but it could also increase the project's credibility in the eyes of potential consumers of project-developed materials! Ideally, such a committee should include representatives from the Federal establishment, State Agencies, educational institutions, and private facilities.

After consultation with rehabilitation specialists in the area and in Washington, a letter of invitation was sent to 12 rehabilitation leaders representing: the Regional SRS office, two State Rehabilitation offices, four Rehabilitation Centers, one Special Education Program, two Community Programs and two Universities with training for professional persons in rehabilitation. Its first meeting was held in early March. The final committee was comprised of the following:

Mr. Domingo Collazzo
Assistant Secretary
Vocational Rehabilitation Program
Department of Social Services

Mr. Anthony S. DiSimone
Commissioner for Rehabilitation
Services, Region II
Social & Rehabilitation Service

Dr. Helen Donovan Feulner
Office of Special Education
New York City Board of Education

Dr. Martin Moed
Assistant to the President
Fiorello H. LaGuardia Community
College
The City University of New York

Dean Warren Perry
School of Allied Health Professions
State University of New York

Miss Janet Pinner, Director
Special Placement Services
New York State Employment Service

Dr. Max Dubrow, Director
Association for the Help of
Retarded Children

Mr. Jay Schleikhorn
Executive Director
UCP of New York State

Father Francó LoBiancó
Mt. Carmel Guild
Archdiocese of Newark

Mr. Joseph Weinberg
Jewish Vocational Service

Miss Marion Martin, Administrator
Vocational Rehabilitation
Rehabilitation Facilities Division
State of New York

Mr. Henry Williams
Director of Rehabilitation Services
Manhattan State Hospital

As thus constituted, the Advisory Committee had an active role in recommending projects to be undertaken and assigning priorities, plus guiding and follow-through on utilization of practical findings at ICD and at its collaborating public and private agencies in Region II.

SRS Research Information System

In January 1971, the "SRS Information System," established by the Research Utilization Branch of SRS, began its fourth official month of a six-month test. The "SRS Information System" was basically a data base which consisted of all reports of projects funded by SRS R&D. It comprised abstracts of all reports, microfiche copies of the full reports and a set of "locator cards" - a coordinate index by means of which the collection could be searched through the use of sets of key words.

At this time, the RUL felt it could assist in gaining a consensus on improving dynamic ways of incorporating the system into Research Utilization projects around the country. The RUL project supervisors and key staff of the Research Utilization Branch of SRS conferred on the form and nature of this potential assistance. A workshop format was decided upon and the RUL

devised a questionnaire to the field test stations, the result of which provided the factual basis for beginning workshop tasks. Invitations were then extended to the 25 individuals, then actively involved in the field tests.

On March 3-5, 1971, the twenty-five participants met at ICD and through a series of intensive workshops shared their experiences from the initial field tests, developed a number of potential models of an information system and prepared a list of recommendations for future efforts. It was also agreed upon that the field test sites would engage in a series of cooperative actions based upon the recommendations, and the results of these actions would be evaluated and reported upon at some future workshop. In effect, a second-stage field trial was undertaken.

The RUL applied for short term training funds. These were granted (44-P-10160) and two additional workshops were held. The first (Phase I) workshop was held January 10-17, 1972 and included a detailed discussion of the results of the second-stage field trial and further recommendations. Final field trials were developed and initial writing assignments for a proposed instruction manual for the Information System were made.

The final workshop (Phase II) was held on June 12-15, 1972. The major activity was the preparation of drafts of the instruction manual as modified by field experience. The RUL staff then thoroughly re-edited the materials and they were published by SRS as "A Guide to the Use of the SRS Research Information System - Instruction Manual" (SRS 73-05653).

Clarification of Focus

At the March 11-12th meeting of the RU Advisory Committee, the discussion centered about clarifying the "change agent" responsibilities of the Lab. Accordingly, the Committee suggested that ICD-RUL should make its major thrust the REHABILITATION OF SPECIAL CLIENT POPULATIONS. Subsequently, a Task Force of national and regional representatives of SRS and the Community Services Administration (CSA) met at ICD on April 22nd and 23rd to discuss the nature of these "special client populations" and how ICD-RUL could become responsive to emerging national priorities and state agency needs. The task force was comprised of:

Margaret Clark, Consultant
Short-Term Training, SRS

Anthony DiSimone, Director,
SRS; Region II

George Engstrom, Director
Research Utilization Branch, SRS

Wesley Geigel, Chief of Facilities, RSA

Helen Hamer, Chief
Program Development Branch, CSA

Fred Sachs, Chief
Division of State Plans
Projects and Grants, RSA

Milton L. Shurr, Program Analyst
PA Expansion Projects, RSA

Joseph Steigman, Adult Services Specialist, CSA

Miriam Stubbs, Chief
Program Planning and Development Branch, RSA

Much consideration was given to the Expansion Grant Program of SRS which had its objective for FY 1972 to serve 45,000 public assistance clients and to rehabilitate an additional 8,000 such clients over the prevailing rate. Consequently, ICD-RUL accepted the recommendation to explore how the Lab activities might be relevant to specific VRA objectives for DISABLED PUBLIC ASSISTANCE RECIPIENTS. The grant proposal for the second grant year therefore, included the following five thrusts relevant to the Public Assistance/Vocational Rehabilitation (PA/VR) emerging national priority:

- 1) Act as a field test station for PA/VR and related Service Models
- 2) Organize a National PA/VR Information Center
- 3) Train (under separate Training Grant requests) in information dissemination procedures for the SRS Research Information System etc.
- 4) Develop training materials pertinent to the PA/VR national expansion grant effort
- 5) Act as resource consultants for a variety of special needs of the SRS central office and the RU network (RTCs, RRRIs, RUSs etc.)

During remaining months of this first year, the Project Supervisor and Assistant Supervisor continued to strengthen relationships with the staff through consultations on research utilization related to ongoing client programs, as well as plan to implement priorities indicated by the Advisory Committee. Interagency and university contacts broadened and increased in depth, due to the added technical skills of the Assistant Project Supervisor.

YEARS TWO TO FIVE-THE PA/VR PROJECTS

(1971 - 1975)

Training for National Priorities.

In response to the Advisory Committee recommendations and PA/VR Task Force discussions, ICD-RUL applied for its first PA/VR Short-Term Training Grant, April, 1971. A series of training conferences and training materials evolved with the purpose of bringing together those factors and elements thought to be vital for the development of successful PA/VR Expansion Projects and subsequent national efforts in rehabilitation of disabled public assistance clients. The first conference under SRS 45-P-10160 was held May 24-28th, 1971. The objective was to provide training and guidelines to give technical assistance which would improve interagency cooperation (VR, Welfare, Labor, CSA) at Regional and State levels. Prior to the May meeting, the RUL reviewed the literature and assembled packets of selected information which enumerated all possible components for model building. These were distributed to 25 selected National, Regional and State representatives from CSA, Welfare and Vocational Rehabilitation. During the five days of the meeting, these resource packets were used as the basis for initial drafts of the training materials. The RUL did a further editing of these drafts, assembled them into a preliminary two-volume training document. A national Training Conference was then scheduled for September 13-17, 1971 and copies of this draft training manual were distributed in advance to the 110 State, Federal and Regional participants. At the meeting, participants reviewed the materials and made recommendations for improvements. Many of the attendees, however, found the drafts sufficiently complete to make immediate use of them. Subsequent to this meeting, the RUL assembled and edited the critiques from the participants and collaborated with the SRS

Task Force members in Publishing Guide Materials for Expansion Grant Projects in January, 1972 (4). This publication was distributed nationally through the central office of SRS and the RUL Information Center. The document was very popular and the supply of 2000 copies was quickly exhausted.

At a July 6-7th Strategy Session, the PA/VR Task Force indicated the need for updating PA/VR information and developing National PA/VR training cadre. This up-date would be based on the results of the first year of operation and would be partially accomplished by publishing a training report useful to State Agency personnel, focusing on innovative and productive approaches culled from a nationwide experience within the PA/VR effort. Accordingly, Short-Term Training Grant #45-P-101/2-01 was extended to March, 1973 to cover a Planning Session (September 21-22, 1972), a National PA/VR Training Conference (December 6-8, 1972) and the development and publication of a training document. Prior to the meeting, a comprehensive questionnaire was distributed to 77 Expansion Grant Projects. Responses and documentation from this survey provided the basis for position papers on Expansion Grant Policies and Practices. Sixteen individuals, including Federal consultants, then drafted papers on key PA/VR issues while another twelve prepared papers which up-dated Expansion Grant results. Draft materials were reproduced and mailed to all potential participants for input of practical program-oriented examples. The 10 HEW regions each sent 5-9 representatives from both PA and VR to the December Conference. Of the 119 participants at the December meetings, one-half represented PA Agencies (up from 1/3 in 1971) and PA representative was among planners, speakers, panel members and work-group leaders. Some 48 of the 119 participants were involved in conference procedures as panel members, workgroup leaders, or

resource personnel. The Publication Committee (ICD-RUL, Central Office Consultants and Editorial Consultant) met directly after the Conference to organize draft revisions and responsibilities pertinent to a final resource training document. Since RUL was able to undertake a major part of editing, the unexpended outside editing funds made it possible to produce two (5) (6), rather than one, product from the same budget:

5,000 copies PA/VR Policies & Practices - Resources for Training,
March, 1973.

2,000 copies PA/VR Policies & Practices - Manual of Joint Forms,
May, 1973.

PA/VR National Information Center

Upon the advice of our Advisory Committee and PA/VR Task Force, ICD-RUL added a May, 1971 Supplement to its core project application, requesting to establish a National PA/VR Information Center:

- To support the Expansion Grant Projects in the rehabilitation of disabled PA client
- To assist State agencies in entry into the data base required to develop comprehensive PA/VR service program
- To provide information concerning research findings to public officials and agencies concerned with rehabilitation of the PA client
- To ultimately provide information concerning research and field findings on PA recipients to any qualified person requesting it

ICD allocated additional space for this, the Associate Supervisor was given administrative supervision of the new activity and the first Information Technician was hired in September, 1971.

The Information Center was to acquire any documents relevant to the PA/VR effort. Major emphasis in acquisition was placed on documents that were not published (State reports, position papers or State or Federal internal reports) or documents that were relatively difficult to retrieve. In addition, the collection was not to be limited to the field of VR but could originate from any discipline which had relevance to the Expansion Grant effort.

Once acquired, documents were cataloged in-depth and then selected for inclusion in two regularly issued publications: the first, a bi-monthly which provided short non-evaluative abstracts and the second, a yearly which was basically a topically arranged holdings list. These publications were circulated to persons involved with PA/VR activities. Documents listed could be then borrowed by mail free of charge. (See Figure II)

Activities for the duration of the remaining four-year grant period included:

Acquisitions & Holdings

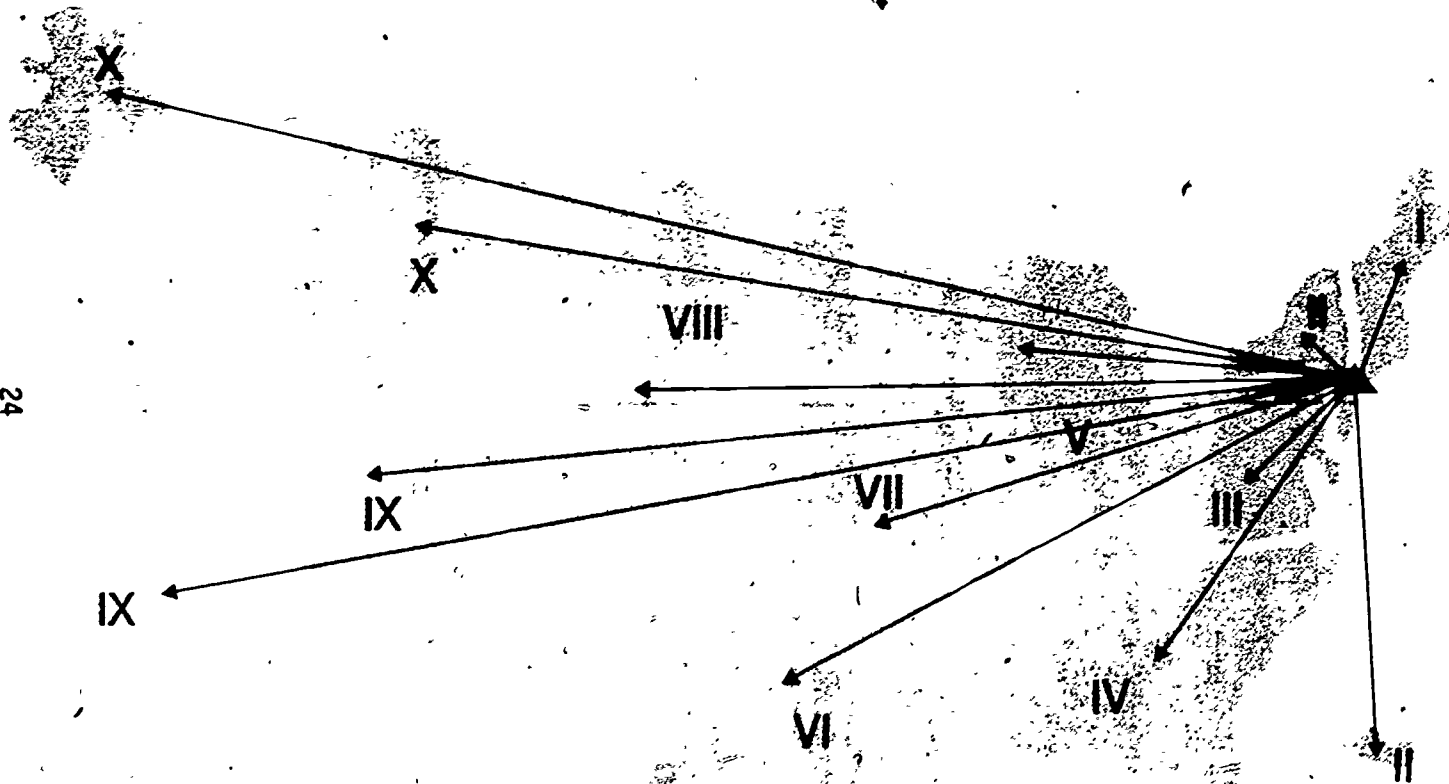
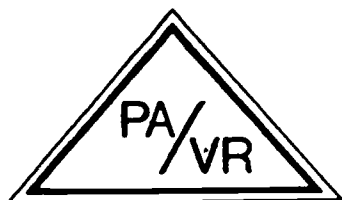
Initially, a concerted effort was made through Federal and State personnel to collect Expansion Grant applications and progress reports. A questionnaire circulated in August 1972 to 77 Expansion Grant Projects brought in a wealth of resource documents, such as cooperative agreements, joint forms, training guides, etc. Other holdings related to PA/VR objectives included reports, monographs, journal articles, Internal State Agency documents, and research reports and documents from Federal Agencies other than RSA. As a result, December holdings of the Information Center went from 150 items in 1971 to over 2,700 in 1974. In 1974, we also added an interactive computerized data base retrieval system (Dialog).

FIGURE II

RESEARCH UTILIZATION LABORATORY INFORMATION CENTER

ICD REHABILITATION AND RESEARCH CENTER

340 EAST 24th STREET, NEW YORK, N.Y. 10010 (212) 679-0100



Services Now Available

Expansion Grant Projects	PA VR Document	Newsletter
Literature	Training Manuals	Bibliographic Resources
Information Resources	Proceedings	Books

PA/VR Newsletter

Although the original time-frame allowed 8 months for acquisition and 8-18 months for dissemination to build up, it was felt that dissemination should begin as soon as possible in order to support new state grant applications. Therefore, the first issue of the PA/VR Newsletter was circulated in December 1971 to 200 individuals. Subsequent issues reached a circulation of 1,000 in December 1972 and 1,844 by December 1974. This total circulation proved optimal for the staffing provided under the grant (3).

Each 8-12 page PA/VR NEWSLETTER contained abstracts of new acquisitions, with an order form on the last page. To borrow copies of items listed in the newsletter, applicants merely had to circle the catalog number of the item and return the order form to the Information Technician. Items were on loan for five working days after receipt. During the fourth and fifth years of the grant, items related to the program evaluation and research of services to disabled public assistance clients found a welcome response from PA Personnel in State VR agencies, representatives from the Department of Labor and State Employment Services, as well as Federal personnel at RSA central office and Regional offices.

Items Circulated from Information Center went from 780 in 1972 to 1,444 in 1974 - as a result of 188 requests in 1972 and 497 requests in 1974.

Users came from all 50 states, Federal regional offices, Puerto Rico and Washington, DC. The number of users went from 128 in 1972 to 401 in 1974. Repeat-users rate has gone from 32% in FY 1972 to 19.8% in 1974, indicating the large increase in requests represented a substantial number of new users.

Additional details will be found in Section III.

Special Projects

- a. Videotape, 20 minutes, Functions of RUL - highlighting the Information Center. Produced by RUL January 1972. Distributed to R&D Specialists training meeting in Washington, D.C., New Jersey: RUS, for Region V training meeting; IRS meetings.
- b. Specialized bibliographies were prepared in response to request including major input to Prime Study Group on PA/VR of Institute of Rehabilitation Service Training Workshops at ICD.
- c. Information Center slide-synch presentation, 3 minutes: detailing use of the Information Center, produced Spring 1973 and shown at APA Division 22 meeting.

Innovative Service Delivery Models

Leaderless Groups: A Tape Cassette Technique for Vocational Education

In response to the need of ultimate users (State counselor) for innovative techniques to handle larger caseloads, relate to PA/VR clientele, and improve service delivery while involving clients in the process, ICD-RUL surveyed relevant group research. One RSA funded research project seemed to show significant promise. Western Behavioral Sciences Institute had developed a leaderless group technique that was being marketed as the Vocational Education Encountertapes of the Human Development Institute. These tapes were underused, however, and were unknown to VR counselors. Therefore, RUL translated the counselor need into a problem statement: What were the positives to be retrieved from these tapes? We attempted to answer the question by encouraging counselors with PA/VR groups to critique the tapes. The subsequent diagnosis

indicated a need for more reference to vocational rehabilitation problems in each tape and suggested gearing tapes to decision-making procedures rather than to interpersonal encounters, which could not be held within bounds by the average counselor. The required modifications involved rewriting the script and adapting the language used in the subsequent audio-tapes to the parlance of PA/VR clientele. A new set of tapes were then produced. A successful in-house tryout prompted us to attempt wider dissemination. Through a short-term training grant, (45-P-81067) state agency training and program personnel participated in the group process required to train counselors at the service level in use of the tapes. Twenty tape-cassette sets were distributed among HEW regions for trial. Additional trials were offered to counselors reached through the PA/VR Newsletter who were willing to join the utilization project by signing a commitment statement that guaranteed both a client-derived critique and a counselor critique of tapes. Results of this training and of the State implementation trials were reported in a publication (1) (2).

MICROTOWER Group Process & PA/VR Populations

A survey of rehabilitation facilities in Region II was initiated by RUL and completed in March, 1972. Comments from facilities, who either did not use the TOWER system or used it in a greatly modified form, pointed up some of the difficulties encountered in its use with PA clients. These observations, together with additional pointers retrieved from the relevant literature indicated:

- a. the tasks, as presently constructed, required a reading level beyond capability of many of the disadvantaged clients
- b. the entire series of TOWER work tasks take far too long for administration (20-25 days) in fact, studies have indicated that the drop-out rate with an evaluation of this length is highest among those

disadvantaged clients who are the brightest and have the greatest rehabilitation potential

- c. the equipment required for implementing the full battery of TOWER tasks represents a considerable expenditure of funds for a facility
- d. it was felt by many that the present TOWER tasks are too locked to specific occupations and do not permit sufficient generalization to occupational areas. Thus, the tasks had to be modified or new tasks developed to respond to local conditions and needs

As members of the TOWER research advisory committee, the senior RUL staff brought these comments to the attention of Dr. Ferison, Research Psychologist conducting the project, and played a significant role in the planning and implementation of the research. The following criteria were reached and research implemented:

- The new work-task battery (designated "MICRO-TOWER") would require a maximum of 5 days to administer. This should substantially decrease the drop-out rate.
- Only tasks requiring an absolute minimum of specialized equipment would be considered in order to cut costs for implementation in rehabilitation facilities.
- Tasks selected would be related to a series of aptitudes keyed to the Dictionary of Occupational Titles (D.O.T.) rather than specific occupational areas to make the evaluation more generally useful.
- Ease of administration was considered an important criterion. Therefore, the task instructions will be considerably simplified so that verbal presentation of the instructions would be possible. A-V techniques and a Spanish translation are being considered.

While the RUL staff served on the research committee which monitored the entire project, the RUL also had the specific responsibility for developing the format for a series of client group sessions, part of the total evaluation package. It was the purpose of these sessions to elicit client reactions to work and to the evaluation process, thereby helping clients to develop an understanding of the purposes and benefits of job evaluation.

On completion of the RUL component of the MICRO-TOWER battery, ICD ran field trials of the total package and ultimately marketed the final product.

Placement Preparation Program

In response to inquiries concerning programs for job placement and job retention, during the 5th grant year, RUL examined many of the available materials and discovered no truly comprehensive package for this. The research literature emphatically states that people tend to lose jobs, not because of poor skills, but mainly because they lack ability to relate interpersonally with supervisors and peers and have a limited ability to conform to non-skill related work requirements. Other studies indicate that the disadvantaged have difficulty getting jobs on their own. A study in Region VII showed that getting a job on one's own was the second most effective method of obtaining a job, but most PA clients do not possess the requisite skills.

While training packages did exist, each lacked something. There was a package for didactic training on how to write an application or respond to an interview, but this neglected the interpersonal aspects of work. Other packages did the reverse. In addition, these packages were not necessarily group work programs and we found that in group situations,

clients reflect, support and respond with a wealth of information that they do not have an opportunity to do in didactic training session. RUL attempted to take the best of all programs - present the material in a dynamic format to encourage motivation, - and come out with a comprehensive audio-visual package covering all aspects of job placement and job retention training. In addition, and perhaps most important, the Placement Preparation Program was to include an aspect of work readiness that is generally ignored in most other programs. That was the factor of motivation or "why go to work at all?" Admittedly, this was a difficult factor to include in such a program without the material engaging in overt propagandizing (an approach which tends to evoke the suspicions of many of the disadvantaged). The first unit of the program, tentatively titled "Why Work" was produced as a 20-minute videotape and tested on several client groups with excellent results. The purpose of this unit was to initiate discussion among group members who had never met and to begin to help them express their own feelings and fears about going to work. The groups ranged from highly verbal Rehabilitation Aide Trainees to workshop clients of borderline intelligence. All group members were socially and economically disadvantaged. The material stimulated discussion and valuable insights into clients' feelings and motivations were obtained. With this encouragement, RUL planned to make completion of the PPP, one of its top priority items.

Policy Implication Papers: PA/VR

On November 13, 1972, ICD-RUL attended a Division of Research Utilization (DRU) planning meeting. Also present were representatives of University of Florida RRRI, JVS/RUL (Chicago) and HSDL (Cleveland). Plans were outlined for developing Policy Implication Papers addressing selected bureau office operations (policy regulations, guidelines, legislation). Of topics suggested in the January 1973 DRU memorandum, ICD-RUL chose "Effective Service

Delivery Strategies for PA clients in Rehabilitation Facilities." A digest of the draft report was presented in April 1973 to members of ICD Board of Trustees who expressed thanks for insight into this population which has been referred to private facilities only in recent years. The semi-final draft was sent to DRU in July, 1973; the revised paper incorporating suggestions from the central office in Washington was sent to DRU in September, 1973.

Change Agent Outreach

As part of its utilization mission, the RUL provided materials and speakers to groups having separate funding, whenever these groups could profit from information concerning research utilization or the PA/VR programs. For example:

- A 3-day workshop, June 14-16, 1971 was organized for personnel of rehabilitation facilities on topic of "Research Utilization in Rehabilitation Facilities." This was sponsored by ICD Professional Education training funds.
- Rehabilitation International sponsored a day in Research Utilization at ICD on June 15, 1971.
- The RUL Information Specialist took part in the Institute of Rehabilitation Services, PA/VR Prime Study Group, California, December 1971.
- RUL Supervisors took part in workshops at the IRS Conference in Minnesota; also set up an exhibit, May 1972.
- RUL materials were distributed by the Supervisor at 12th World Congress, Australia, August 1972.
- RUL collaborated with Psychologists from Goldwater Hospital in presenting a 2-day conference in June, 1973 to members of APA

Division 22 on Research Utilization for the Disabled and Disadvantaged.

- RUL input on the multihandicapped went into the 1973 UCP International Conference on Models for Service and into 1974 Academy for Cerebral Palsy Prevocational Instructional Course.

Program Evaluation: A New Emerging Priority

Since programming is a State-Federal partnership, States must have effective methods of furnishing the Federal agency, as well as their own appropriating bodies, with evaluation information. Program evaluation had been emphasized as part of The Expansion Grant effort but few states understood the techniques or methods. Therefore, at the suggestion of its PA/VR Task Force, ICD-RUL joined this national effort in February, 1972 by hiring a Resource Analyst, proficient in evaluation methodology. She conducted literature searches; established a linkage of evaluation consultants throughout the country; and made input at national conferences (IRS Workshops, Minneapolis, 5/72; PA/VR Conferences at ICD, 7/72; APHA Models for Program Evaluation, 11/73).

At DRU request, the Resource Analyst spent 3 months in Washington, DC with a task force assigned to build a conceptual framework for an information management system for the Office of Program Planning & Evaluation. Upon return to ICD, the major activities of the Resource Analyst, in conjunction with the Associate RUL Supervisor, was development of the first two program evaluation manuals for State agency use in the USA. (7) (8)

The first manual "Program Evaluation - A Resource Handbook for Vocational Rehabilitation," was published in February, 1974 in an edition of 1,000 copies.

15

The publication of the manual followed closely the 1973 Amendments of the Rehabilitation Act. Thus, the manual represented the first material available to the States that responded to the evaluation provisions of the amendments. The supply of 1,000 copies was exhausted in less than six months. The RUL with the assistance of ICD, then had the manual reprinted in a more professional format and offered it for sale at cost late in 1974. Since that time, over 1,800 additional manuals have been sold.

The two manuals reflected a compilation of the approaches, methods, techniques, and measures for program evaluation organized through the development of a unifying conceptual framework. A detailed examination of over 300 publications on program evaluation clearly indicated that there was little agreement between authors on concepts or even definitions of terms. Consequently, the structuring of the conceptual framework became a critical aspect of this work. In addition, States were also surveyed concerning their evaluation programs underway or planned. This questionnaire brought a wealth of applied information into the RUL Information Center in the form of handbooks, forms, planning documents etc., as well as detailed State evaluation plans and programs. These documents served as the bridge between PA/VR and the new direction the Information Center was to take in the second five years- Program Evaluation in Vocational Rehabilitation, PE/VR.

THE SECOND FIVE YEARS
(June 1975 to May 31, 1980)

In 1975, the RSA Research and Demonstration Strategy placed major emphasis on the "Improved Administration of Management Practices." (9). This directed the overall RUL grant goal to KNOWLEDGE UTILIZATION FOR IMPROVED MANAGEMENT PRACTICES. It also broadened the RUL focus of attention from disabled clients who were on public assistance to all vocationally vulnerable populations (1975-1980). (See Figure III)

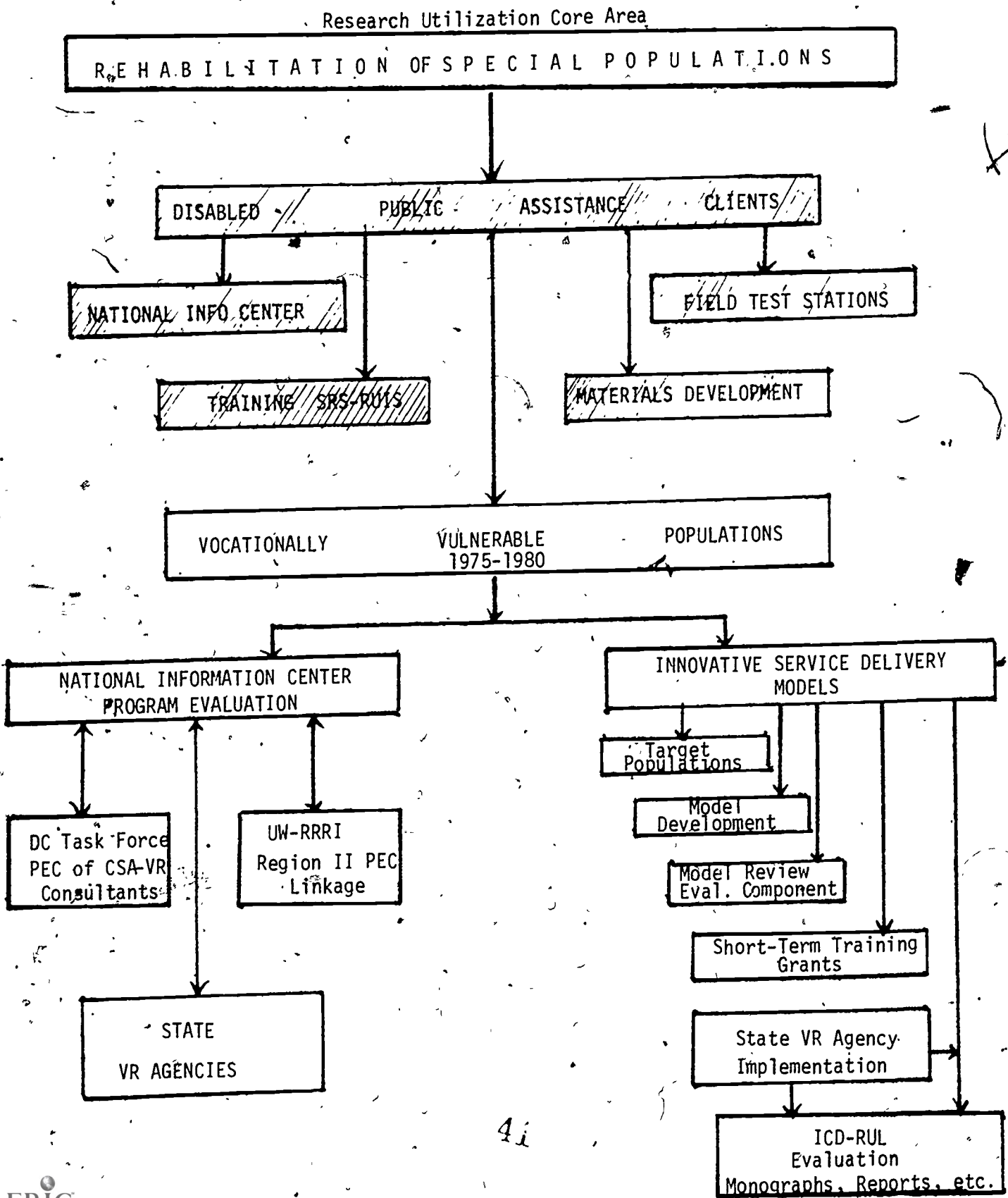
In addressing these concerns, the ICD Research Utilization Lab had three actions thrusts:

- to initiate field studies wherein R&D project results were to be translated into Practical Service Delivery Models useful in programs for vocationally vulnerable clients served by State VR agencies and their support facilities
- to investigate the effectiveness of establishing an Information Center which would specialize in the dissemination of Program Evaluation materials to Federal and State Agency staff and their support personnel
- to respond to National Needs within the proficiency of the RUL staff

1. Innovative Service Delivery Models

This process required the following sequence of activities:

- Selection of Model after review of RSA priorities, of target group needs and of potential resources.
- Design Model and set up a format of activity guidelines.
- Development by RUL or subcontractors' review.



4i



- Dissemination by the process most relevant to the type of model or its users.

- Utilization Report

a. COMMUNITY RESOURCES FOR MENTALLY ILL: A MULTI-FACET MODEL
(PROCESS MODEL)

The multiple needs of the post-hospitalized mental patient were acutely revealed by the national thrust toward de-institutionalization. By early 1975, only 130,000 of the original 430,000 (1969) mental patients remained in the nation's hospitals and few precedents existed for community-based services. In response to this situation, ICD-RUL developed a model for the coordination of those services needed to integrate and maintain mentally recovered persons in the community. The concept of encouraging clients through three progressive steps of independence for their Living Arrangement, Socialization, and Preparation for Work produced a 9-element model. We then contacted 81 resources around the country and cited their unique procedures within the most pertinent element of the nine categories. This produced a Handbook from which various combination of these nine elements could be used to individualize programs for members of the target population. In January 1978, the first 500 copies were disseminated to the White House, to Federal and State Vocational Rehabilitation and Mental Health personnel, as well as to all contributors of incorporated materials. By June 1978, we had only 50 copies of the original 1,000 printed and a second edition was planned. We updated the resources and obtained some valuable additions: Judith Turner of NIMH, contributed a section on Community Support Programs, Iris Gelberg of NIMH, abstracted the RSA-NIMH Cooperative Agreement, while specialists from Georgia, North Carolina, Texas and West Virginia sent in

examples of State Agency agreements. We added a Topical Index, NIMH matched RSA funds and another 1,500 copies were printed. Copies of this second edition also were quickly exhausted. In the Fall of 1979, NIMH provided additional funding for the printing and distribution of another 1,500 copies of a Third Edition. At present, less than 300 copies of the third edition remain.

b. PLACEMENT PREPARATION PROGRAM (Product Model)

Using audio-tape cassettes as a stimulus to group discussions and a comprehensive manual for the group leader, RUL in conjunction with the ICD Rehabilitation Services Department designed the Placement Preparation Program (PPP) to deal with attitudes and responsibilities required in the workplace. Through structured activity the program helps prepare the disabled and disadvantaged early in the rehabilitation process for a successful placement outcome.

The tapes portray real situations which capture the interest of clients and directly involve them in critical self-appraisal and problem-solving:

- Why People Work -- Why People Don't Work
- Worker Responsibilities: Good Work Habits
- Worker Responsibilities: Productivity
- Getting Along on the Job: Co-Worker Relations
- Getting Along on the Job: Supervisor-Employee Relations
- Fears Related to Going to Work
- How to Get There: Personal Qualifications
- How Do You Get There: Application Forms
- How Do You Get There: Job Hunting Techniques

In this way, clients explore their own feelings regarding the work world, recognize their fears and anxieties, and are helped to realize the importance of their own skills and abilities. Having done so, they have sharpened their sense of self-understanding and self-esteem enabling them to seek and successfully hold a job.

ICD tested the PPP on a number of groups involved in our prevocational workshop and vocational training programs, incorporating it into our on-going program in 1975. In September 1977, RUL received an RSA Short-Term Training Grant #44-P-81251 to train State VR Personnel in these early placement preparation techniques. Since then, a pilot series has been used successfully by agencies across the country with excellent reports received by our Research Utilization Laboratory. In response to demand, ICD has published the manual and reproduced the tapes for sale so that other institutions and vocational training groups can take advantage of this approach. To date, over 175 copies of the program have been sold.

c. FOLLOW-UP STUDIES AND ABSTRACTS (Process Model)

In January 1976, ICD-RUL distributed a questionnaire to State VR agency personnel as a "need sensing" tool to elicit any problems experienced in activities related to Standards for Program Evaluation where no data elements could be extracted from regular reporting system. Returns indicated that were ICD-RUL to develop a process-type model in the area of Follow-up, as it did three years ago for PA/VR guidelines, this would respond to a very real VR agency need in assessing the service to priority populations and in providing information on which to improve service delivery. Format and contents were outlined and development of the

monograph was subcontracted to Dr. Kenneth Reagles of Syracuse University. In November 1978, the manuscript was reviewed by the Program Evaluation Task Force of Region II and in response to their comprehensive critique, the manuscript was returned for final revision in December. The final monograph was probably the most complete compilation of user-oriented information in the area of follow-up studies.

It specifically addresses the concrete needs of program evaluation personnel charged with designing and implementing follow-up studies.

Starting with the purposes of and needs for follow-up studies, the book details planning, types of surveys, instrument construction, pre-testing and data collection strategies. Considerable material is included on personal and telephone interviewing. It concludes with a section on data collection, storage, analysis and utilization. Each area of concern is given an in-depth treatment and is liberally illustrated with examples of forms, questionnaires, and follow-up letters, together with useful tables and charts determining sample size and appropriate statistical treatments.

While many of the illustrations are drawn from the field of Vocational Rehabilitation, the material contained in the book is basic. Thus, the techniques and procedures discussed can be easily applied to the implementation of follow-up studies in many other of the human services such as social services, mental health, and medical services. The book can serve as a handbook for reference to program evaluation personnel; as a training tool for any human service worker involved in follow-up studies; or as a textbook or supplementary reading for courses in program evaluation or counselor education.

Concurrently, we subcontracted with Dr. LeRoy Spaniol of Boston University for "Follow-up Studies: Selected Abstracts."

This volume was a critical presentation of both completed follow-up studies and papers of methodological interest. Dr. Spaniol described sampling, case finding, data collection and utilization of results and then comments on the strengths and weaknesses of each study. This proved to be a fine companion piece to Dr. Reagles' handbook.

d. WORK-RELATED NEEDS (Product Model)

This model was based upon the relationship of the hierarchy of needs of a disabled person to his option for work. During 1979, a script was written to alert counselors and rehab counseling students to the 8-need areas requiring attention if a client is to fit into the working world. Some 17 visuals were designed by ICD-RUL and sub-contracted to artists. About 135 photographs were taken to illustrate the script, and a booklet introducing the 20-minute audiovisual program to its users was written. The program was not designed to provide solutions. It was meant to trigger group discussion and exchange, and to encourage rehabilitation personnel to consider a range of potential employment barriers which may not have been sufficiently covered in previous training. At a time of rapid counselor turnover, many agencies experience a constant influx of new personnel. WORK RELATED NEEDS: AN INTRODUCTION attempted to help meet orientation and in-service training needs. Though the program was primarily intended for new counselors or counselors in training, it was of interest to aides and paraprofessionals as well.

Drafts of the script and booklet were submitted to three State VR

counselors in charge of training and their suggestions were incorporated into final drafts. The program was successfully piloted by the ICD Vocational Rehabilitation Department, where it is still in use. The final slide-synch audio product was distributed to training personnel in each State VR agency and to Rehabilitation Continuing Education Programs. Its availability was made known to University-based counselor training programs, and preview copies were placed on file at the Materials Development Center, University of Wisconsin-Stout of Menomonie, Wisconsin.

e. CREATIVE COMMUNITY OPTIONS (Process Model)

While classical emphasis in rehabilitation has been on work adjustment, it is important to note that success in the working world can seldom be attained without prior appropriate social and personal adjustments.

Even the non-vocational goals of independent living must include a repertoire of responses for productive self-development and participation in society.

Therefore, to assist rehabilitation personnel, or self-help groups, in their counseling efforts, ICD-RUL has culled examples of community resources from all over the USA which illustrate social adjustment experiences that are now available to disabled populations. From a practical point of view, this RUL handbook has grouped these service resources under six major categories:

- Socialization (Use of Leisure)
- Sexuality (Responsiveness & Responsibility)
- Personal Growth (Hobbies & Education)
- Community Service (Consumer Advocacy & Volunteering)

- Recreation (Sports and Activities)
- Transportation (Transport & Travel)

These resources listed in no way imply what should be done; they indicate what is done now. As such, they provide cues to people in the field who are just approaching these problems of social adjustment, and they suggest needed research and programming by the very gaps that are revealed.

The full title of this handbook became "Community Resources for the Social Adjustment of Severely Disabled Persons: Options for Involvement". Work was started on it in 1979 and in October 1980, some 600 copies of the 1,000 printed were distributed to Central Offices, Regional Offices, and to State Vocational Rehabilitation Directors and counselors on the ICD-RUL mailing list. In addition, several copies were placed for loan with MDC, NARIC, and the Independent Living Research Utilization Project in Houston, Texas.

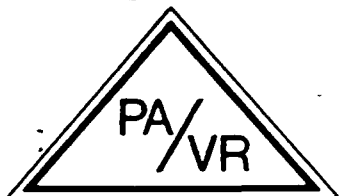
2. PE/VR National Information Center

The establishment of a National Program Evaluation Clearinghouse in 1975 related directly to the Management Practices sub-issue of the General Research Objectives wherein a major research goal (item F) is to "Develop improved management information systems--". (See Figure IV)

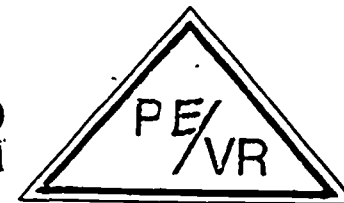
a. CLEARINGHOUSE OBJECTIVES

- (1) To acquire and disseminate information (publications and documents) related to program evaluation as it applies to State VR agencies in support of the federal mandate as stated in PL93-112 Section 401.
- (2) To make available to all State agency personnel the results of Program Evaluation techniques and operations employed by Program,

FIGURE IV

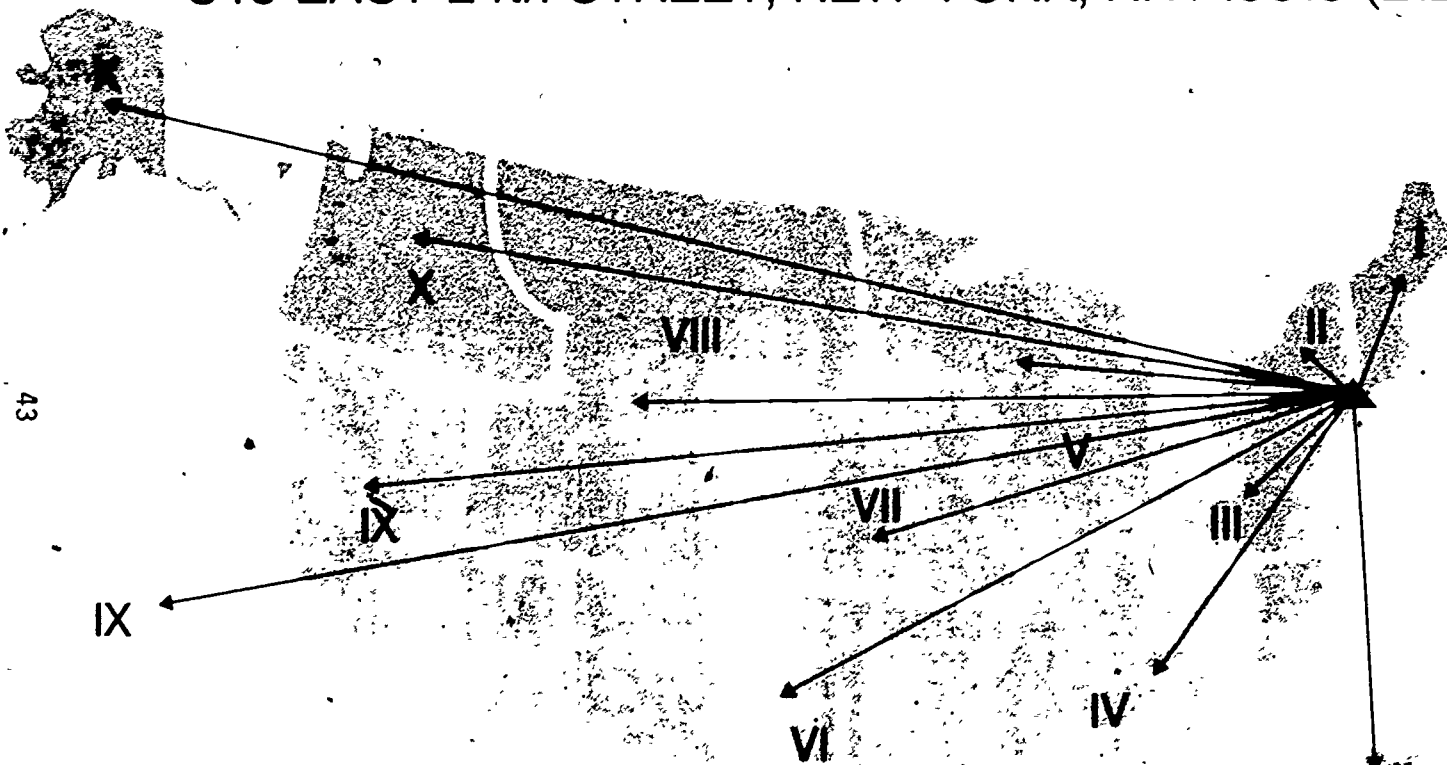


RESEARCH UTILIZATION LABORATORY INFORMATION CENTER



ICD REHABILITATION AND RESEARCH CENTER

340 EAST 24th STREET, NEW YORK, N.Y. 10010 (212) 679-0100



Services Now Available

Expansion Grant Projects	PA VR Document	Newsletter
Literature	Training Manuals	Bibliographic Resources
Information Resources	Proceedings	Books

Evaluation personnel in State agencies who have pioneered in these directions.

- (3) To retain those linkages relevant to Program Evaluation which were established during the 5-year period when the core area of the Info-Center was PA/VR; to reach out for new linkages which will enhance Program evaluation efforts.

These RUL objectives relate to the Management Practices sub-issue of Information Availability in support of the Management Processes of Communication and Program Evaluation. Since much of the information disseminated has originated from relevant research and practice, the Information Center relates to that function of the Research Utilization sub-issue wherein, the mass of information is to be sifted so as not to "overwhelm a busy practitioner or manager."

- (4) To utilize the ICD-RUL "know-how" for development of material having immediate usefulness to State VR agencies but not obtainable elsewhere.

This objective responds to the sub-issue on Communication wherein it is recognized that the real problem in communicating within a management system is "how to manage, package, reduce and summarize the information already available."

- (5) To make available to the Committee on Research and Evaluation of RSA and the council of State Agencies (CSA-VR), and to designate state agency personnel with PE responsibility, knowledge on program evaluation obtainable from other data files such as industry

commerce, education (DIALOG Computer Retrieval).

This objective relates to the Management Practices sub-issues of Information Availability in support of Communication as a Management Process. While the VR system is stated to have a more effective information system than any of the other SRS State programs, it is conceded that "There is much room in enlarging, expanding and summarizing information flow."

These objectives were translated into the following action components:

Document Review - Document review prior to inclusion in the information center collection was an ongoing activity of the RUL Supervisors throughout the 5 years. Questionable documents were reviewed for applicability of inclusion and other highly technical documents were reviewed for appropriate indexing terms. All State evaluation reports, from FY 1975 on that were submitted to RSA, were reviewed by the RUL Supervisors and were entered into the system. In this manner, both supervisors became familiar with the holdings and could thus directly respond to questions concerning these holdings. This familiarity has enabled the RUL to quickly fill specialized requests for information. For example, when an emergency call from a State Agency asking for cost benefit information that was needed that same afternoon for a presentation to the State Legislature, the Information Center supervisor was able to respond to the request over the phone partially because of his familiarity with the holdings.

New Retrieval System - In anticipation of the information needs of State Agency personnel, the Associate Supervisor examined several data retrieval systems and consulted with users of the same to assess practicality. With the view of minimizing turn-around time in retrieval and of insuring comprehensiveness of searches, the Termatrix System was selected. A highly important feature of this system is that it is convertible to IBM card format, thus lending itself to conversion to computer retrieval, should the latter become desirable at a later date. The Termatrix System has operated smoothly during grant years. The operation of the system in coordinate search has been excellent, yielding comprehensive and rapid results. The Termatrix System allowed the filling of special search and bibliographic orders to be accomplished in a minimum of turn-around time. It is to be highly recommended for a specialized small collection such as ours. Several Federal contractors and Federal Agencies have examined the system with great interest and have expressed a desire to include such a system within their own operations.

Catalogue Problems and Resolutions - Since no national thesaurus on Program Evaluation existed, RUL gave input to the efforts of the UW-RRRI and attended the July 1975 conference held in Madison, Wisconsin for the purpose of developing the basic structure of a PE Classification System. This Classification System was subsequently distributed by UW-RRRI. Using an early draft on this document as a departure point, RUL Supervisors and the Information Technician developed a Subject Heading List for Termatrix input and retrieval of our PE holdings.

PE Acquisition and Cataloging - Informal contacts to acquire PE input

were given needed impetus when Commissioner Adams' Information Memorandum was issued on February 6, 1976, informing State and Regional VR offices that "ICD-RUL is setting up a semi-automated retrieval system and is now ready for input from States." Responses were gratifying from States in the form of expressed cooperation and materials. As of mid-March, over 700 documents received acquisition numbers were coded for bibliographic information and assigned descriptors. By the end of the second year, the collection contained assigned numbers for almost 1,400 documents. An addition of approximately 300 document numbers each subsequent year, brought the total number of items in the 5-year collection to approximately 2,000. To access published literature, over twenty periodicals were reviewed on a monthly basis. These included catalogs of Federal and State documents; also NTIS holdings in areas related to PE and specialized PE periodicals.

PE Mailing List - Throughout the 5 years, the PE mailing list was updated daily as requests for changes and additions come in. Due to staff turnover and relocation, a great deal of effort was expended in the continued revision of the mailing list. In addition, names were added from a variety of lists that we acquire from time to time. Yearly, the mailing list contained close to 1,300 entries. However, our returns indicate that our readership was much greater than this figure, since many requests came from individuals who were not on the mailing list. The largest single increase in mailing list entries came about through the appearance of a non-solicited notice of the Information Center activities which appeared in a September issue of the NRA Newsletter. This notice yielded over 50 requests from national organizations, international organizations, (United Nations) and private facilities. While not within our primary

target population, requests from such groups are honored on a non-priority basis, as time and resources allow.

PE/VR Resources - The Program Evaluation Committees of both the Council of State Agencies and the Regions (I-X) plus the RU linkages working with RSA Evaluation and Monitoring Branch, provided a 2-way information system during the development of our Information Center. Furthermore, State Agency program planning and management personnel were invited to collaborate with ICD-RUL in selection of topics having implications for present programming but needing greater exposure and clarification.

b. PE/VR NEWSLETTER

The first issue of the PA/VR Newsletter was circulated in February 1976 to State VR Directors, State VR personnel assigned to Program Evaluation responsibilities, as well as to Federal staff in the 10 HEW regions and central office, Washington DC. Each 12-page PE/VR Newsletter (issued 4 times per year) contained abstracts of new program evaluation holdings, a Feature Page devoted to a particularly timely or innovative PE procedure written by field personnel, and an Order Form on the last page. Document circulation figures generated by the Order Form showed the

following trend:

	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979*</u>
Total Requests	136	190	255	246
Total Users	118	152	155	206
Repeat User Rate	15	25	65	21
Total Circulation	543	897	755	950
Pending Circulation	54	10	63	214
Average Monthly Circulation	45	75	69	83

*Last full year of operation.

Forecasting the content of each Newsletter was partially accomplished by inserting two or three topical "test" items in each Newsletter issue to assess the potential demand of any topic. Those areas that demonstrated heavy demand were then developed into a topical issue of the Newsletter in which at least 50% of the items were devoted to a specific topical area. This technique was developed when it became apparent that those who responded to requests for topical suggestions were not representative of the readership as a whole. The use of test probes seemed to work quite well in determining what are the interests of the readers.

c. PE/VR AND RELATED DOCUMENTS

Among the materials developed in the area of program evaluation for use of training conferences or in response to the knowledge needs of rehabilitation personnel in State and private agencies were the following publications of the ICD-RUL staff:

Bennett, C. and Weisinger, M. Program Evaluation: A Resource Handbook for Vocational Rehabilitation. New York: ICD-RUL. 1974, 150 pp.

Weisinger, M., Robinault, I. and Bennett, C. (Eds.), Program Evaluation: Selected Readings, New York: ICD-RUL, 1975, 90 pp.

Robinault, I. and Weisinger, M. (Eds.), Program Planning & Evaluation: Selected Topics for Vocational Rehabilitation, New York, ICD, 1975, 114 pp.

ICD-RUL, Images, VEWA Bulletin, March 1976, 9:1

Robinault, I. and Weisinger, M., A brief history of the ICD Research Utilization Laboratory. Rehabilitation Counseling Bulletin, 1975, 19, 426-432.

Bennett, E. C., and Weisinger, M., Program assessment. Chapter in Gilbert, N. and Specht, H. Planning for Social Welfare: Issues, Models, and Tasks. Englewood Cliffs, NJ: Prentice Hall, 1977, pp. 361-379

3. Responses to National Needs (1975-1980)

Over the years ICD-RUL developed a reputation for rapid turn-around time in response to queries within the staff's proficiency and a competent use of national resources through the person-to-person information network developed informally among research utilization units around the country. Activities in this area included:

- **PLANNING: RSA and UW-RRRI (1977)**

Two major assignments, namely participation in the UW-RRRI conference on PE Classification system and the RSA Participatory Planning Conference in Atlanta were paid for out of host budgets, saving RUL estimated expenditure in our budget for national seminars.

- **ILLUSTRATIONS of I & E APPROACHES (RSA Priorities FY 1978)**

In FY 1978, I & E funds were to be allocated to the States on the basis of the degree of innovative activities proposed. Too often in the past, these funds had been used by the State Agencies to support ongoing activities. In order to aid the States in the preparation of their I & E applications, it was proposed that the RUL prepared digest and updates of several successful I & E projects that had been previously funded.

A committee at Central Office identified potential projects by August 22nd and by October 1977, ICD-RUL wrote the summaries and delivered 500 office copies to the RSA Office of Program Development. Some field trips were made to verify input, but because of our people-to-people linkages, much reliable information concerning field activities was received from: James Fine (ND),

Ed Tully (MA), Adrian Marinelli (NJ), Carol Whitcraft (TX), Roy Cronenberg (TX), Mary Goodwin (MA), Kenneth Hornnicut (TX), and Ray Dabney (TX). OPD distributed these digests to each State agency.

- NTIS MICROFICHE (1978)

This grant year, the NTIS microfiche, which were added to the RSA Research Information System, were sorted and distributed by RUL. The shipments from NTIS had many inconsistencies which were detected by RUL and reported to RSA.

- LINKAGES AND COLLABORATION

During the 8th grant year (1977-78), RUL contributed input to the RSA Participatory Planning Conferences on Research and Evaluation (Jan. 10-12, May 16-18 and May 19-21) to the RSA Peer Review of R & T Centers (Jan. 12-15 and Feb. 13-14), to the University of Michigan's RRI Advisory Committee (Sept. 11-12 and April 23-25) and to the Quality Assurance workshops for Regions I, II and III (Jan. 31-Feb. 3). In addition, a special review of State Evaluation Reports was prepared at Dr. Garrett's request.

- NARIC AND NETWORK (1978-79)

One of the highlights of this year has been contact with the National Rehabilitation Information Center under the able direction of Judith Senkovitch. We have been able to refer to NARIC, questions from the field that were misdirected to us and look forward to a formal network developing out of the congenial beginnings of this informal contact. Toward that end, we are pleased

to serve on the Steering Committee for the new network. This coordinated well with our recent appointment to participate in Peer Review of Foreign Monographs for the World Rehabilitation Fund's Information Exchange, under RSA grant.

- RSA ASSIGNMENT (1980)

In response to the Commissioner's invitation, RUL served on the Review Committee for unsolicited research applications for grants.

- MODEL EVALUATION UNITS (MEU) (1979-80)

During the summer of 1978, RSA announced that it would provide a number of States with funds to develop model program evaluation units (called Model Evaluation Units or MEUs). By early 1979, six such units had been funded, yet the projects were little known by the larger VR community. Since one of the objectives of the projects was to keep State agencies informed on the nature and accomplishments of the MEUs, the RUL devoted a special issue of the PE/VR Newsletter to the MEUs (Vol. 3 No. 3, Summer, 1979). Anticipating such further activities, the RUL applied for and received a supplement to the grant. This supplement allowed the RUL to coordinate, edit, print, and distribute four issues of the MEU Technical Assistance Reports (MEU-TARs).

The RUL Associate Supervisor, who is in charge of the Program Evaluation Information Center, joined the MEU Advisory Committee and was involved in the preparation of a new format for projected publication. Since that issue, three additional issues of the MEU-TARs have been published and distributed. Mutual feedback indicates the publication has been exceptionally well received.

- NIHR ASSIGNMENT (1980-81)

In January 1980, the National Institute of Handicapped Research awarded ICD a supplemental grant (22-P-55060/2-10) to develop "Issues and Recommendations for Knowledge Dissemination and Utilization" which would be relevant to the NIHR long-range Research Priorities Plan, as mandated by PL95-602. The Assistant Director of ICD, David S. Reynolds, PhD, was designated Project Director for this activity and R. A. Vachon was its Project Manager. RUL prepared several working papers of factual, historical and conceptual nature, focusing on the development and implementation of a rehabilitation diffusion model. A Final Report was issued by ICD to NIHR in May 1980. Subsequently, ICD received a one-year extension grant (June 1980 through May 1981) to test the feasibility of certain aspects of this plan. Relevant activities will be recorded at the conclusion of the grant year in an Addendum to this December RUL Final Report of the 10-year Research Utilization Laboratory.

References for Section II

1. Robinault, I., & Weisinger, M. A tape cassette technique for vocational education. *Rehabilitation Literature*, 1973, 34, 80-84
2. Robinault, I., & Weisinger, M. Implementing new service delivery techniques: Training workshop. New York: ICD Rehabilitation and Research Center, 1975
3. Ahrenhold, S. & Weisinger, M. (Eds.), *Information Center Newsletter and Literature. Quarterly*, 1971 - 1974
4. Robinault, I., & Weisinger, M. (Eds.), *PA/VR expansion grants projects, guide materials*. New York: ICD Rehabilitation Center, 1972. (b)
5. Robinault, I., & Weisinger, M. (Eds.), *PA/VR policies and practices - Resources for Training*. New York: ICD Rehabilitation and Research Center, 1973. (a)
6. Robinault, I., & Weisinger, M. (Eds.), *PA/VR policies and practices Joint Forms*. New York: ICD Rehabilitation and Research Center, 1973. (b)
7. Bennett, C. & Weisinger, M. *Program Evaluation: A Resource Handbook for Vocational Rehabilitation*. New York: ICD-RUL, 1974, 150 pp.
8. Weisinger, M., Robinault, I., and Bennett, C. (Eds.), *Program Evaluation: Selected Readings*, New York: ICD-RUL, 1975, 90 pp.
9. RSA R&D Strategy FY 1975, Executive Summary-Management Techniques, p. 6

III.

ASSESSMENT ACTIVITIES: INPUT AND FEEDBACK

By their nature, RUL procedures are heavily assessment-oriented. Over the past ten years, we have performed in excess of 40 separate assessments in order to determine: 1) needs of target or user groups for the development of new materials, 2) the nature of current field practices with emphasis on any perceived deficiencies, 3) the efficacy of Laboratory-developed interim materials for the purpose of including field-generated modifications in the final product, 4) efficacy or impact of final versions of Laboratory developed products, 5) target population saturation of dissemination activities, 6) efficacy and acceptance of dissemination activities, 7) the spread of effect of training activities, and 8) the general acceptance of RUL products, training, and services.

These assessments and evaluations were accomplished through the use of a broad assortment of information gathering strategies. The techniques employed ranged from highly structured format surveys through less formal (but no less structured) analyses of requests and growth of distribution to very informal examinations of non-solicited letters from field personnel. In addition, assessments of need provided by Federal entities were incorporated into the development and modification of RUL projects. Further, some informal evaluations were based on examinations of published non-solicited critical reviews of various RUL products. These reviews served to aid us to determine the usefulness of the products as viewed by professionals outside of the RU and VR systems. For example, favorable critical reviews of one RUL product (Program Evaluation: A Resource Handbook) were published in both the American Journal of Occupational Therapy and in the Grantsmanship News. Favorable reviews of other RUL products appeared in

Rehabilitation Literature, NRA Newsletter, White House Conference on Employment of the Handicapped Newsletter and the IARF Newsletter.

Some other indications of acceptance of RUL products and services consisted of indirect observations such as non-solicited descriptions (not reviews) of products or services which appeared in local, Statewide or Regional publications: the selection of RUL publication to be reprinted or extensively quoted in other published works; the selection of RUL publications as text-books for use in University courses; and the selection of RUL generated materials as recommended reading in the Federal VR Manual.

Assessments of RUL activities have been made on a task by task basis. That is, we have developed and performed a number of need sensing and evaluative procedures, each responding to the specific requirements of particular sub-projects of the RUL. Where the results of formal assessments were obtained as part of separately funded training or workshop activities, those results have been published in detail elsewhere. In the remainder of this section, we will present several examples of sub-project assessments, each illustrating either a somewhat different method of approaching the problem or illustrating the manner in which the results of several methods tended to support each other.

In the instances where feedback (evaluative) questionnaires had been distributed with RUL developed materials to a large target user population, response rates ranged from 5-25%. When questionnaires were made part of a concerted training effort, response rates as high as 65% were achieved. In

one case where a need sensing instrument was tightly targeted and concerned an area of great concern to the VR community, a response rate of over 80% was realized without the need for vigorous follow-up. While no claim is made that the results of questionnaire returns were either totally representative or unbiased, the results were usually supported by other independent measures.

The First General Survey

Although the first information gathering survey undertaken by the RUL took place late in 1970 and was reported early in 1971, this was to gain information for a highly specialized project (the SRS-RIS). The first general survey concerned several aspects of RUL operations and was distributed in April, 1973 with the publication of "PA/VR Policies and Practices - Resources for Training." The survey included questions which attempted to ascertain if members of the community were aware of our activities (previous publication, PA/VR Newsletter, PA/VR Information Center), whether they used any of the materials or services, and if use of the materials or services had generated any new ideas or resulted in any agency operations or policy changes. The results of this survey were as follows:

- 51.5% of respondents indicated that the volume with which the questionnaire had been distributed presented them with new ideas on PA/VR
- 39.4% of respondents were aware of the previous PA/VR publication "PA/VR Expansion Grant Projects: Guide Materials" that was published in January 1972.
- 69.2% of the respondents who were aware of the earlier publication indicated that it presented new ideas to them

Responses to the questions regarding the PA/VR News letter indicated:

- 54.5% of all respondents were aware of the PA/VR Newsletter.
- 77.8% of respondents who were aware of the Newsletter received it regularly.
- 47.0% of respondents who had ever read an issue of the Newsletter, ordered materials from it.
- 75.0 of respondents receiving materials indicated that they had gotten new ideas from them.
- 12.5% of those who ordered materials reported that use of the information resulted in a change in agency policy.

Responses to questions regarding the Information Center yielded the following results:

- 39.4% of all respondents were aware of the Information Center Services.
- 76.9% of those who were aware of the services had used the Information Center
- 80.0% of users indicated that they had gotten new ideas from the materials received.
- 50.0% of users indicated that the use of the materials resulted in a change in agency policy, practice or procedures.

Although the results of this first survey generally appeared to be positive, the responses to questions concerning awareness of other products and services seemed somewhat low. Less than 40% of respondents were aware of our previous publication or of our information services. Upon examination of the characteristics of the respondents, it became clear that 43% of them were from public assistance agencies -- a target group that was relatively new to our efforts. This not only explained the low awareness figure of some of our previous efforts but also made the 54.5% awareness figure of the Newsletter more impressive. Upon analyzing Newsletter usage in 1972, the first full year of publication, we discovered that less than 3% of users were housed in PA agencies. The results prompted us to increase our out-reach efforts to this group. By the end of 1974, the results of user analysis indicated that 27% of Newsletter users were housed in PA/VR agencies -- an increase of 80%.

The Information Center Activities - A Direct Assessment

The Collection and Circulation

The first RUL Information Center (PA/VR) was established at the end of 1971 with the publication of the first PA/VR Newsletter occurring in December. In January, 1972 the mailing list consisted of some 200 individuals, and document collection contained somewhat less than 200 documents. At the close of the PA/VR Information Center in 1975 the mailing list had grown to over 1800 and the collection held over 4,200 documents - an 800% increase in the former and a 2,000% increase in the latter. When the second RUL Information Center (PE/VR) was established at the end of 1975, the new collection stood at 400 documents and the mailing list at 200 individuals. In May, 1980 the Newsletter circulation was approximately 1500 and the collection contained some 2,700 documents - increases of 650 and 575% respectively. The slower growth rates of the PE/VR Information Center can be attributed directly to the more specialized nature of the topical area (fewer materials available in PE and fewer people involved in PE). While growth of circulation and collection size were valuable in determining the size of the target groups we were reaching and the comprehensiveness of the collection, this information did not reveal how well dissemination was proceeding.

A series of counts were made yearly beginning in 1972 and continued to the last full year of Information Center operation in 1979. For the calendar years 1972-1975 (PA/VR) these were as follows:

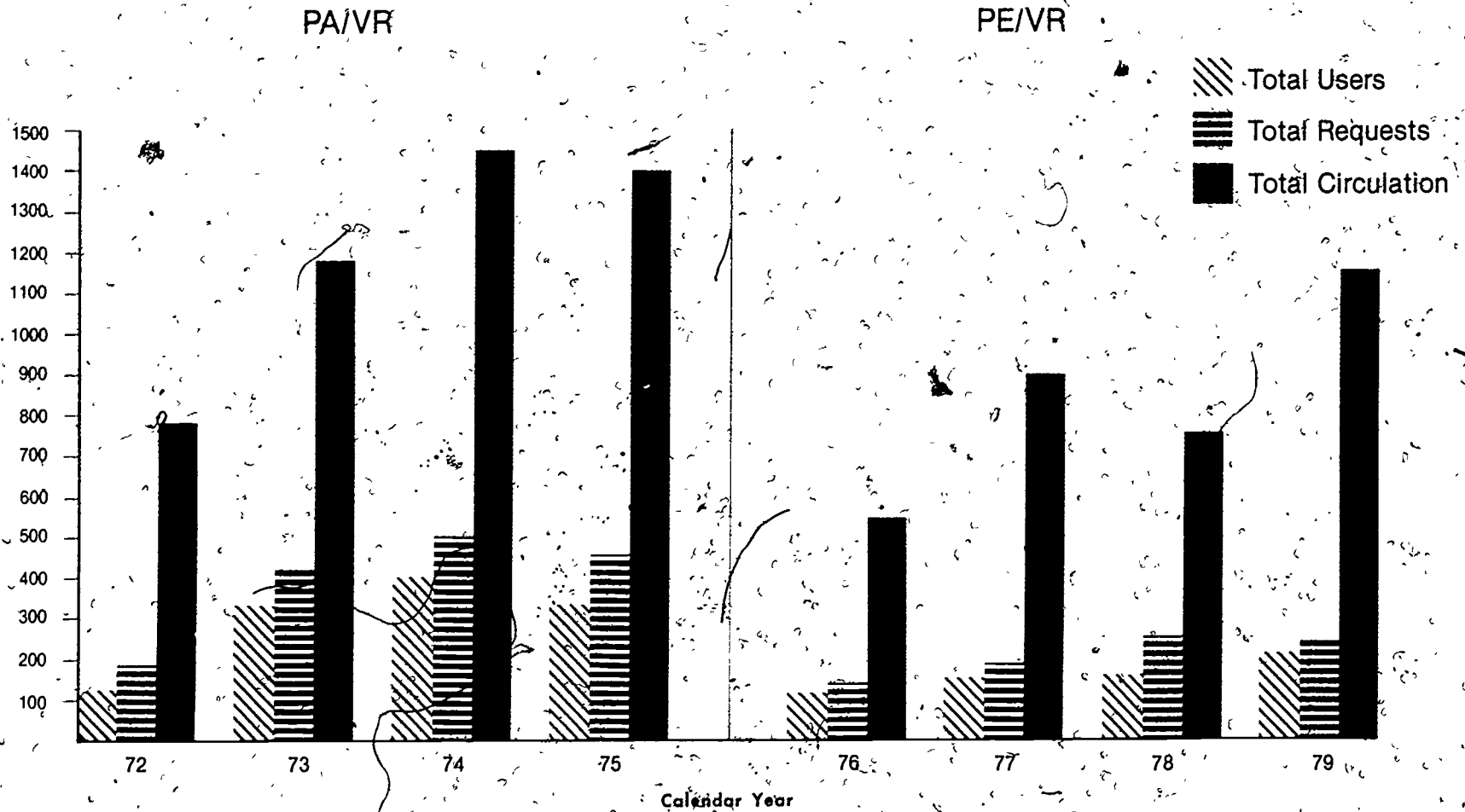
	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975*</u>
Total Users (Unduplicated)	128	322	401	337
Total Requests	188	421	497	451
Total Circulation (# Documents)	780	1,184	1,444	1,395
Requests/User	1.47	1.31	1.21	1.34
Documents/User	6.09	3.67	3.61	4.14
Documents/Request	4.15	2.81	2.91	3.09
Monthly Circulation (Average)	65	98	120	116

*Based on nine months of operation projected to 12 months.

For the calendar years 1976-1978 (PE/VR) the results were:

	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>
Total Users (Unduplicated)	118	152	155	206
Total Requests	136	190	255	246
Total Circulation (# Documents)	543	897	755	1,164**
Requests/User	1.15	1.25	1.65	1.19
Documents/User	4.60	5.90	4.87	5.65
Documents/Request	3.99	4.72	2.96	4.73
Monthly Circulation (Average)	45	75	69	79

**Includes pending circulation that was completed in 1980. Pending circulation is not included in average monthly circulation.



Information Center Users, Requests, and Circulation for eight years of operation.

From these yearly data, it was determined that for the last full year of operation, 22% of the subscribers of the PA/VR Newsletter requested materials from the Information Center through order forms and 15% of the subscribers of the PE/VR Newsletter did the same.

Other readers, however, were able to obtain materials listed in the Newsletter from local sources. Thus, documented circulation figures are probable underestimates of document usage. If one considers that many documents were reproduced by requesters for in-house use, the number of individuals who received information based on Newsletter entries becomes quite large in comparison to the figures reported above.

Readership, too, is not totally reflected in circulation statistics. Although the figures that relate usage and subscribers reported above are good estimates based on available data, there was clear evidence that readership was larger than the size of the subscriber list. When received, Newsletters were often circulated among staff and it was not rare to get orders placed by individuals whose names did not appear on the subscriber lists.

The figures for the category requests-user represent the mean number of order form requests each user made. The minimum value is 1.00 and would represent one order per user. Values greater than 1.00 indicate a relative repeat order rate in which a value of 2.00 would mean on the average, each user placed two orders in a given calendar year. Since the contents of individual issues of the Newsletter generally contained material from different content areas, a repeat rate as high as 2.00 would be unlikely. Figures between 1.00 and 1.99 would tend to indicate that: a) appropriate content areas for the Newsletter were being selected since the readership placed orders from more than one Newsletter in a given year and b) the reader's experience with the Information Center had been positive enough to encourage multiple orders.

Figures which approach 1.00 might be due to unfamiliarity of the readership with the services (cold start) as in 1976 or the publication of several Newsletter issues containing highly specific materials, as in 1979. The latter point is emphasized when we examine the documents/request figures for 1979. Although the requests/user ratio in 1979 is second lowest of the PE series, the document/request ratio is the highest. This is due to the publication of two Newsletters in 1979; one that had few items of interest to the general readership (special edition on utilization of PE results) and the other which had few items at all (special edition on the MEUs). The items of the remaining two Newsletters were extremely popular, however. Not separated from the figures presented here were special search activities of the Information Center. During the period 1972-1979, close to 500 special searches of varying complexity were performed on request. All of the searches resulted in development of a specialized bibliography sent to the originator. In many cases, the requester obtained the listed documents locally. In these cases the results of the search are not reflected in the circulation figures. Although other aspects of the circulation statistics were regularly examined to determine demand, work load, and success of topic selection, the examples above present the main ideas of how we performed assessments of our general Information Center operations.

Needs, Target Groups, and Usage

Since the Newsletters contained only 8-12 pages, it was impossible to publish abstracts on all new items from our rapidly growing PA or PE/VR collections. Thus, items had to be selected for inclusion - but on what basis? Since our approach in the Information Center was non-evaluative it would have been difficult to include items solely on the basis of their "goodness". Therefore, we decided to include items that responded to felt needs of the readership. Within the need areas some gross selections would be made on the basis

of rigor, comprehensiveness, topicality or inventiveness contained in the item. Our first attempts to determine readers needs were to include several need sensing questions as part of the PA/VR Newsletter order form. The results obtained from this approach were disappointing at best. Returns were few. Those that did return the need-sensing instrument did not agree on which topics were of concern. Interests seemed parochial and highly specific. After several futile attempts to derive results from this approach, we decided to abandon it in favor of more indirect approaches.

Two indirect techniques were used; forecasting and request analysis. Forecasting required careful monitoring of emerging issues in PA/VR programming. Using Federal Information Memoranda, in-house State publications and, most important, personal interaction with field personnel at National meetings, it was possible to determine what were the most crucial knowledge gaps. Materials that filled these gaps were presented in the Newsletter as the awareness of the need for item grew among the readers.

Request analysis was performed using request counts of materials. Since specific data on the number of times each document was requested routinely collected after the publication of each issue of the Newsletter, it was possible to relate request frequency to the topical content of the document. In this manner, reader interest in specific content areas could be gauged. In addition, once each year "PA/VR Literature" was published. This document contained bibliographic entries, arranged by content, for several hundred of the Center's holdings. Orders placed through the Literature added to the request analyses. Later, when the focus of the Information Center became program evaluation we once again attempted to elicit statements of need from the field - with the same disappointing results as those we had obtained previously. Again, we began to rely on forecasting and returns analysis. This time, however,

return analyses were based on the inclusion of probe items in each edition of the PE/VR Newsletter. Newsletters were generally built around a topic or two, but in each issue several items from different topical areas were inserted. The degree to which these test items were ordered allowed us to determine whether a subsequent Newsletter should be devoted to specific items on the "test" topic. This method worked quite well; it was not unusual to circulate over 400 documents from a topical issue where the topic was chosen in this manner.

Target Groups, Usage, and Critiques

During the PA/VR project several questionnaires were circulated to all subscribers in order to determine 1) the affiliation of the users, 2) the professional responsibilities of the users, and 3) the manner in which the materials received were being put to use. During the PE/VR project, each user would receive a return card once in each year. These return cards included items on affiliation, responsibilities, and usage and, in addition, allowed space for user comments. In general the results of all the years of Information Center operation were strikingly similar. The results were:

- The largest proportion of users came from State agencies. The number of users from private non-profit agencies and universities numbered two and three respectively.
- The largest proportion of users were middle managers responsible for planning and implementation. During the PE/VR years, the proportion of users who were program evaluations almost equalled the number of managers.
- After the first year of operation of both the PA/VR and PE/VR, Information Center, approximately 75% of reported usage was in planning, implementation, or reporting of programs and projects. During the first year most of the usage was for personal information.

- Since most comments received were very positive, examination of negative comments was more telling. The bulk of "negative" comments were requests for expanded services (longer loan periods, keeping received documents, faster turn-around for popular items, provision of copying services by the Information Center, more frequent or larger Newsletters, etc.). A very small proportion of comments were requests for evaluative reviews. Three results of the user surveys thus demonstrated: 1) The organizational affiliation of our users were ranked exactly as our service mandate required: State Agencies and those who provided services to these agencies i.e., private facilities and universities; 2) The majority of users were at the service or project planning and implementation levels so that the materials distributed had the greatest potential for utilization; 3) The bulk of usage of the received documents was at the service or project planning and implementation levels, after users had some time (first year) to improve their personal knowledge; and 4) The major improvements in services requested by the users, if initiated, would have increased project costs significantly or would have changed the focus of the operations to that of an evaluative "expert" - an approach that could have been counter-productive in a project of national scope such as this.

The PE Handbook - An Indirect Approach

Need Determination.

In January, 1974, the Federal Register contained the first regulations that required States to evaluate program effectiveness annually. Since the promulgation of the Rehabilitation Act of 1973, the RUL had been reviewing available materials that might assist the State Agencies in performing evaluations. In addition, the RUL had already surveyed the PA Expansion Grant Projects attempting to determine the level of program evaluation expertise extant in the States.

The results of the survey and review demonstrated that the level of sophistication of State PE was low and few if any materials were available that could be quickly applied to State Agency needs. On the basis of this information, the RUL staff began work on a document in 1973 which would fill the apparent knowledge gap. Early in 1974, "Program Evaluation: A Resource Handbook for Vocational Rehabilitation" was published in an edition of 1000 copies.

Acceptance and Impact

Within a few months the entire supply of 1000 copies was exhausted. Anticipating this on the basis of the number of requests for the publication received, the RUL negotiated with ICD to provide funds for a reprint. The funds were provided and the publication was recast with format and typographic changes. Late in 1974 the reprint was offered for sale at cost (\$5.00). Since that time almost 2000 additional copies of the publication have been distributed. In addition to orders for single copies received from State or private agencies, orders for multiple copies were received from university book stores. When we examined the source of the university orders, it was apparent that the book was being used as a text in departments of Counselor Education. While we believed the demand for the book was an excellent estimate of acceptance, there were other indications to reinforce this belief.

The publication received excellent reviews in journals such as Rehabilitation Literature, Journal of the Occupational Therapy Association and most recently (1980) in Grantmanship News. In 1976 the book was included as suggested reading in the Federal VR Manual and in 1977, Chapter One of the book was included in the book Planning for Social Welfare* as reading #26, "Evaluation: Alternative Models - Program Assessment."

*Specht, H. and Gilbert, N., Planning for Social Welfare: Issues, Models, and Tasks. Prentice Hall, Englewood Cliff, N.J., 1977.

Finally, we found that the book had been extensively quoted or reviewed in the publication of other Federally funded contractors or grantees such as JWK Associates and the University of Michigan RRI.

The large distribution, favorable reviews and usage to which the book had been put led us to believe that it had widespread acceptance and use, not just widespread distribution because it was "the only one". In this case, the forecasting of need based on an emerging priority seemed to be an excellent method.

Community Resources for the Deinstitutionalization Mentally Ill: A Direct-Indirect Approach

Need Determination

In 1976-1977 a new priority was beginning to emerge. Deinstitutionalization of the mentally ill became a NIMH interest. Cooperative discussions were being held with RSA to assist in the rather small program that was about to be established. Again, the RUL staff surveyed the available resources but found very little in the professional literature. We determined, however, that there were a substantial number of programs around the country that were already addressing this issue. We surveyed some 80 programs and in 1977 published "Mobilization of Community Resources A Multi-Facit Model for Rehabilitation of the Post-Hospitalized Mentally Ill" in an edition of 1000 copies.

Acceptance and Usage

An edition of 1000 copies was out of supply in three months. Large numbers of multiple copy requests were received from State MH and VR agencies. Due to this considerable demand, a second edition of 1500 copies was produced with joint VR-NIMH funding. Supplies of this edition two were exhausted in less than a year. A third edition of 1500 copies was then produced with the sole funding of NIMN and, at present, less than 300 copies remain. The staff college of NIMH used more than 250 copies in its national training activities.

Thus, in less than three years, almost 4000 copies were distributed. A large number of multiple copy orders were clearly from training groups.

This publication, too, received a considerable number of favorable reviews in professional publications. The distribution history and the number of favorable reviews would lead us to conclude that acceptance and usage was high (as in the previous example). In the case of this publication, however, a response form was included in the first 2500 copies distributed. Thus, the results of the response could serve as a check on the assumption that high distribution and positive reviews are indicative of high reader acceptance and usage. In addition, requests for copies had to be substantiated by need, and the letters of request served as a check for the potential use for the publication and the affiliation and job categories of the requesters.

The results obtained from the responses were as follows:

- 44.4% of respondents were in managerial positions. This is appropriate since most programs were in the planning or implementation stages.
- 41.9% of respondents were housed in State agencies. As in the past State Agencies, Private Non-Profit Facilities and Universities ranked 1, 2, and 3 respectively.
- 23.4% of respondents indicated that the publication was to be used in planning. Another 18.6% indicated it would be used in training. For some unknown reason 28.3% of respondents did not answer this question.
- 93.7% of respondents replied that their reaction to the publication was either Very Positive (53.1% of total) or Somewhat Positive (40.17% of total)

- 74.6% of respondents replied that the potential or actual practical use the publication be put to within their organization was either A Great Deal (24.2% of total) or Quite a Bit (49.9% of total)
- 70.3% of respondents rated the Usefulness of the publication for Mental Health Professionals (or related fields) as Extremely Useful (25.9% of total) or Very Useful (44.4% of total).

Since the bulk of the responses to the questions of overall impression, potential or actual usefulness within the respondent organization and usefulness of the publication to other professionals, fell in the top two (positive) categories in each case, it seems justifiable to conclude that the distribution history and occurrence of positive reviews did indeed reflect ultimate user acceptance and usage. While this finding cannot be generalized to the previous case, it adds some justification for the assumptions made concerning acceptance and usage of the Program Evaluation Handbook.

The Follow-Up Handbook - A Direct Approach

Need Determination

Early in 1976, program evaluation was a pressing issue in many State agencies. In order to determine what, if any, knowledge gaps existed in program evaluation, we surveyed state evaluators by asking a single open ended question, "What topic would you suggest for a monograph on program evaluation"?

Responses were few and the answers so diverse that they were not meaningfully categorizable. Since, at this time, the Federal PE Standards were being intensively discussed, we developed a second questionnaire based on issues revolving about the standards. This questionnaire consisted of a check list and was sent to the State VR Directors.

Without the use of follow-up reminders, we obtained an unprecedented 84% response rate. While other responses were scattered, over 50% of the respondents indicated they did not feel they had an adequate follow-up procedure in their agency.

Since the RUL staff had no special expertise in this area we decided to subcontract the preparation of a Follow-up Monograph. The RUL prepared the specifications for the monograph and in May, 1976 the contract was signed. Due to numerous delays a preliminary draft was not received for review until late 1978 and the final version was published in 1979 as A Handbook for Follow-up Studies in the Human Services. An edition of 1000 copies was printed. When the books were distributed a feedback form was included. Our concern about this product centered mainly upon the large amount of elapsed time between the need sensing and production of the material. Would user need diminish over the three years; would the book be useful?

Acceptance and Usage

The responses on the feedback forms were overwhelmingly positive.

- 100% of respondents rated their overall reaction to the publication as either Very Positive (72.2%) or Somewhat Positive (27.8%).
- 100% of respondents rated the dimensions of Format, Organization, Relevance, Clarity and Usefulness as either A or B. Possible ratings were A, B, C, D; or F.
- 88.9% of respondents rated the Potential Use Expected as either A Great Deal (27.8%) or Quite A Bit (61.1%).

- 55.6% of respondents had already put the information in the publication to practical use.
- 94.4% of respondents rated the Usefulness of the publication to Program Evaluation as either Extremely Useful (27.8%) or Very Useful (66.7%)

When the affiliation of the respondents was categorized again, State Agency personnel accounted for the bulk of the responses (72.2%). Rankings for private non-profit agencies and universities changed, however, with universities ranked 2 and private agencies ranked 3. This is not surprising in view of the specialized nature of the publication. Distribution statistics are incomplete for this product since its publication took place late in 1979 when the focus of the RUL was beginning to change. Therefore, distribution and dissemination activities were not as vigorous as they had been in the past.

The Product Models

During the ten years of operation the RUL produced three service related products, the Leaderless tapes, the Placement Preparation Program (PPP), and Work Related Needs. Evaluations of Acceptance and impact of the first two products have been extensively reported elsewhere.*

*The Leaderless Tapes Project was reported in Training Workshop in Implementing New Service Delivery Techniques Final Report, Grant #45-81067, June, 1975. The Placement Preparation Program was reported in Training Workshop: Early Placement Preparation Program Final Report, Grant #45-P-81251, September, 1978.

The third product was completed and distributed in mid 1980, at the close of the Period covered by this report. Thus, no follow-up has been done. For the first two projects, we made extensive use of questionnaire, phone follow-up and milestone markers. The degree of acceptance and impact are detailed in the respective reports. Since the publication of the PPP report, however, ICD published the PPP program for commercial distribution. To date, an additional 200 copies have been sold at the break-even price of \$135.00 each.

The examples cited here provided a sampling of the various assessment methods employed during the conduct of the RUL project. Some methods may be subject to criticism of bias or non-representativeness. We cannot disagree with such criticism. When a project is national in scope, the costs of obtaining representative unbiased samples quickly become prohibitive. Using distribution figures to document acceptance may be criticized because distribution depends, in part, on advertising and is thus a confounded variable. Here too, we must agree. All methods employed were the results of compromise between vigorous validity and realistic estimates of funds, staff, and time available.

A major component of any utilization activity is assessment - assessment of need, assessment of product or service usefulness, assessment of potential modifications, assessment of impact of the final product or service. Without these assessments, utilization efforts become intellectual exercises, and utilization projects operate in a vacuum.

The ICD-RUL project assessments were evolutionary--always changing to meet new demands. A review of the few examples above clearly demonstrates that we neither engaged in intellectual exercises nor operated in an academic vacuum.

CONCLUSIONS AND RECOMMENDATIONS

Based upon the ten years of RUL operations, several conclusions seem evident.

Since most of the materials that were developed over the course of the project contained a relatively large component which consisted of successful program practices, it would seem that the rubric "Research Utilization" may be too limiting. Rather, we would suggest adding the term Knowledge Utilization (KU) since that concept permits the development of models using a host of sources that are not limited only to research (See Figure V)

Since the RUL projects successfully covered a wide range of subject matter, it is clear that KU is a set of processes that is easily transferred to many topical areas. The utilization processes seem to be effective regardless of target group, subject matter or the nature of the developed materials. This is not to say that each problem area is approached or solved identically. Rather, the utilization processes contain an armamentarium of techniques and methods that are not content specific. Thus, KU is another appropriate approach for many areas in rehabilitation where the implementation of previously developed knowledge may result in problem solution.

One of the most important development activities in utilization projects is the establishment of a viable linkage network among knowledgeable individuals. This becomes especially important if utilization projects are national in scope and diverse in nature. Problems in implementation occurring at a site distant from the utilization unit may be solved by a knowledgeable individual geographically close to the implementor. Or, the implementation problem might be solved by an individual known to the

utilization unit who has already implemented the procedure or process. In addition, if the utilization projects are diverse, it is unlikely that utilization staff have all the answers for each activity. Thus, linkage to content area experts becomes critical.

In most cases, information, techniques, and processes are sorely needed by field personnel when new Federal mandates and priorities are promulgated. Agencies are then required to make changes in new directions, often on short notice and often without sufficient information on how to proceed. In these cases, a National utilization unit can quickly fill information and procedural gaps. However, this type of activity requires the utilization unit to be flexible, to be small enough to respond rapidly and to have advanced information concerning impending priorities and mandates. If these requirements are satisfied, the utilization unit can have significant National impact on the speed, ease and effectiveness of implementing new Federally required activities.

If the support of such new agency activities as described immediately above requires a specialized data base, it is appropriate that the utilization unit assemble one and actively disseminate the contents. In the early stages of new agency activities, personnel often do not have sufficient information to frame relevant questions. Access to a body of data and literature aids in the formulation of questions and later serves as a single comprehensive source of information. Few field personnel have the luxury of time to search many general sources and fewer are aware of their existence. Active dissemination by a utilization information center, together with a comprehensive collection, accomplishes much to aid field personnel in the implementation of Federal priorities and mandates.

In this ten year RUL project, face-to-face training has been shown to be a highly effective mechanism to insure implementation of both process and product models. Yet the RUL project had to apply and compete for RSA Short-Term Training Funds in order to accomplish its training objectives. Training priorities did not always match emerging RSA priorities. Although considerable effort was expended in developing these applications, in several cases the training proposals were not accepted. In future utilization projects, training should be an integral part of the project and training funds should be built in as part of the general project funding.

Utilization activities are complex. Although reading the RU literature is of help in understanding some of the processes, no amount of reading adequately prepares the utilization practitioner to deal with many of the field problems encountered. In addition, as noted above, the establishment of a viable linkage system is a critical factor in the ultimate success of many utilization programs. Finally, for a utilization unit to produce successful projects, the unit must have a significant degree of credibility among field personnel. To develop successful utilization units requires sufficient time to train staff to solve day-to-day operational problems, to establish viable, competent and trustworthy linkages, and to develop a "track record" that ensures the credibility of the unit. Therefore, utilization units should be funded on a long-term basis, with yearly required reviews. Unless these reviews reveal serious deficiencies, funding should be available for periods long enough to ensure the continuity of staff, credibility, and linkages. Content areas might change but the unit should remain as an intact entity in order to prevent the wasting of resources that occurs when new units replace older established units that have good records of success.

Some brief specific conclusions and recommendations include:

- Perceived need of a utilization product influences its acceptability. If need is high, complex and difficult products are accepted. If need is perceived as low, easily implemented products are not accepted.
- Unless Process models are developed for a specific agency, they must include alternatives. Such models must be broad enough or include enough alternatives so that many agencies can implement useful portions of the model.
- Technical assistance must be made part of the offer of any product or model. This offer may have to be subject to vigorous reminders if it is to be accepted, however.
- Developed products should be as easy as possible to implement in the field. They should require no specialized staffing patterns and little administrative approval. These factors can be traded-off, however, as can the factor of perceived need.
- Where there is some doubt about the acceptance or feasibility of a product or model, it should be thoroughly tested, preferably at the site of the utilization unit. When possible, Unit staff must meet and solve operational problems, making them the knowledgeable consultants when field implementation is attempted.

APPENDICES

A	Personnel Responsibilities	81
B	Staff Publications	84
C	Newsletter: PA/VR Literature, December 1973	86
D	Newsletter: PA/VR Information, Fall 1974	87
E	Newsletter: PE/VR Notice, Spring 1980	88
F	Newsletter: Model Evaluation Units, Fall 1980	89
G	Letter from the Field: PE/VR Response	90
H	PPP Announcement	91
I	Questionnaire: Work Related Needs	92
J	Announcement: Multi-Facet Model for Mentally Ill	93
K	Letter from the Field: Interagency Cooperation	94
L	Review: Community Resources for Social Adjustment	95

PERSONNEL RESPONSIBILITIES
RSA Project Grant #22-P-55-060

A. Position PROJECT DIRECTOR
Time Spent on Project: 10% (No Federal Funding)
Name: James Folsom, M.D.

Major function: administrative direction, details of which include:

1. Liaison with DRU for RUL grant.
2. Supplier of facilities and basic materials.
3. Hires grant Project Supervisor.
4. Budget management.

B. Position PROJECT SUPERVISOR
Time Spent of Project: 100%
Name: Isabel P. Robinault, Ph.D. (10/1/70-5/31/80)

Major function: to plan and coordinate the development of all Research Utilization functions and supervise operations. Details of this include:

1. Program planning responsive to ICD priorities and to Federal and State priorities; responsibility for time-frame and meeting deadlines. 10%
2. Supervisor and Coordinator of staff and project, in areas of media development, training and replication studies. 20%
3. Inter and Intra agency contacts, including RU linkage nationwide. 10%
4. Responsible for content and format of monthly and annual reports. 10%
5. Responsible for grant progress reports and written products. 15%
6. Plans and coordinates utilization aspects within RUL grant and short-term training grants (RIS, PA/VR & APA Div. #22). 20%
7. Arrange liason for replication studies, coordinates linkage with R&D of PSA, selects, writes or edits requested materials for meetings. 10%
8. Consultant-ICD Brain-Injured Program and ICD planning and programming related to RUL proficiencies. 5%

C. Position ASSOCIATE PROJECT SUPERVISOR
(TECHNICAL OPERATIONS)
Time Spent on Project: 100%
Name: Marvin Weisinger, MA (9/15/71-5/31/80)

Major function: to provide technical operations, research-based expertise and supervision of the national Information Center. Other functions include maintaining field contacts for determination of areas of need and liason with expert who provide support or services to the project.

1. Technical functions are broadly based, emphasizing both specific techniques in attaining the project goals and general approaches or directions.

Functional breakdown include:

- a. Background Review for Project Input 10%
 - (1) Design of field questionnaires to ascertain felt need.
 - (2) Critical review and analysis of existing research results. 10%
- b. Research Replication Design 10%
 - (1) Development of replication tactics and approaches including the selection of appropriate analytic techniques.
- c. Data Collection for Information Center & Utilization Project. 10%
 - (1) Design of Feedback Forms, Questionnaires, and Reporting instruments to obtain input data.

- (2) Format and operation of Videotape and Audio recording project documentation (data collection).
- d. Data Analysis 10%
 - (1) Review and analysis of collected data (audio recording, videotape, response tabulations, review of statistical analysis).
- e. Information Dissimination 10%
 - (+) Preparation of dissemination vehicles (written documents, videotape productions, synchronized sound slide shows).
- 2. Supervision and monitoring the national Information Center operation's staff and budget involves approximately 50%
 - a. Consultation in technical areas
 - b. Solution of operational problems.
 - c. Editing Newsletter and Literature.
 - d. Producing and editing of RUL Audio-Visual Training, aids for State personnel.
 - e. Assists supervisor with input, content and format of RUL products.
 - f. Serves as Resource Analyst - in review of project methodology.

D. Position:

INFORMATION ~~TECHNICIAN~~

Time Spent on Project: 100%

Name: Ann Finkler (9/7/71-3/22/72)

Susan D. Ahrenhold, MA (4/10/72-12/75)

Joann Must, MLS (12/1/76-5/31/80)

Caverlee Cary, BA (8/1/78-5/31/80)

Time is primarily devoted to upgrading and implementing the system whereby information retrieval is facilitated as much as possible, and access to the system is made available to other staff members. Basic functions include:

- 1. Cataloguing functions: maintenance of a subject list uniquely keyed to project goals and user needs, shelf list of all materials, original cataloguing of all documents received by author, title, and organization, as well as detailed subject cataloguing of all items. 40%
- 2. Assist Editor of Newsletter and Literature. 15%
- 3. Acquisition-determining publications to be purchased, requested, or xeroxed. This includes the reading of journal articles and book reviews, and the organization of bibliographies of all works received by the Center, in addition to the Government Printing Office, Monthly catalog, NTIS, Monthly check list of State documents.
- 4. Retrieval of Information-includes manual and computer literature searches and simple requests for documents, information about the Center, referrals to other sources of information, and bibliographic information. 20%
- 5. Supervisory Functions related to Bibliographic Assistant, Library Aids and Clerical Aids when available. 20%
5%

E. Position:

OFFICE MANAGER

Time Spent on Project: 100%

Name: Helen V. Carr (12/1/71-5/31/80)

Organization and coordination of all office procedures which includes:

- 1. (a) Conferences-arrangements-preparation of materials, travel, telephone and other. 10%
- (b) Typing of rough copies and preparing typing set-up plus the completion of all department manuals, or delegation thereof. 15%
- 2. Newsletter
- (a) Typing rough copies and typing preparations, or delegation thereof. 10%
- (b) Preparation of addressograph plates. 5%
 - (1) Typing listing and preparing for mailings
 - (2) Fine line type roller, correction of all titles and addresses, etc.

Mailings - insert Newsletter and Literature and fliers where necessary in 8 1/2 x 11 envelopes and putting envelopes in zip code order for bulk mailing, and coding of all plates. 5%

- 3. General Correspondence
- Reviewing all letters and memos for the entire department and assigned. 10%
- Typing of bibliographies and preparations, or delegation thereof. 5%
- 4. Mailing Dissemination & General Office Administration
- (1) Handling of all department mailings-communications, NEWSLETTER: All products not distributed through GPO or HEH central offices. 15%
- (2) Handling all mailings and scheduling of all tapes (HDI) 25%
- 5. Supervisory Functions:
- Work of Clerk-Typist.
- Office Temps hired under STT grants for special report
- Client trainees in Office Practice sent by Vocational Rehabilitation Department.

F. Position:

CLERK-TYPIST

Time Spent on Project: 100%

Name: Linda Dale (10/15/70-8/22/73)

Christiane Hick (10/5/73-5/31/80)

This position enables RUL to meet the large volume of written materials necessary for communication and dissemination. It includes:

- 1. Typing final drafts for duplication (xeroxing, offset, and mimemograph) 20%
- 2. Types one-half of daily correspondence, including information center requests. 20%
- 3. General office duties: phone messages, xeroxing, collating. 20%
- 4. Transcription of conference and project audiotapes. 20%
- 5. Filing Information Center accessions and loan-returns. 20%

STAFF PUBLICATIONS
RESEARCH UTILIZATION LABORATORY

APPENDIX B

Grant Period June 1970 - May 1975

- Ahrenhold, S. and Weisinger, M. (Eds.), *Information Center Newsletter and Literature*. Quarterly, 1971 - 1975
- Robinault, I. and Weisinger, M. (Eds.), *PA/VR Expansion Grant Projects Guide Materials*. New York: ICD Rehabilitation and Research Center, Jan. 1972
- Robinault, I. and Weisinger, M. (Eds.), *PA/VR Policies and Practices - Joint Forms*, New York: ICD Rehabilitation and Research Center, 1973.
- Robinault, I. and Weisinger, M. (Eds.), *PA/VR Policies and Practices - Joint Forms*. New York: ICD Rehabilitation and Research Center, July 1973.
- Robinault, I. and Weisinger, M. A tape cassette technique for vocational education, *Rehabilitation Literature*, 1973, 34, 80-84 pp.
- Bennett, C. and Weisinger, M. *Program Evaluation: A Resource Handbook for Vocational Rehabilitation*. New York: ICD-RUL, 1974, 150 pp.
- Bennett, E.C. & Weisinger, M. Child Foster Care. *Social and Rehabilitation Record*, 1975, 2 (4) 28-33.
- Weisinger, M., Robinault, I. and Bennett, C. (Eds.), *Program Evaluation: Selected Readings*, New York: ICD-RUL, 1975, 90 pp.
- Robinault, I. and Weisinger, M. *Implementing New Service Delivery Techniques: Training Workshop*. New York: ICD-RUL, 1975, 45 pp.

Grant Period FY June 1975 - May 1976

- Robinault, I. and Weisinger, M. (Eds.), *Program Planning & Evaluation: Selected Topics For Vocational Rehabilitation*. New York: ICD, 1975, 114 pp.
- ICD-RUL, *Images, VEWA Bulletin*, March 1976, 9:1
- Robinault, I. and Weisinger, M. A Brief history of the ICD Research Utilization Laboratory. *Rehabilitation Counseling Bulletin*, 1975, 19, 426-432.
- Weisinger, M., Robinault, I., and Must, J. (Eds.) *Information Center Newsletter: Program Evaluation in Vocational Rehabilitation*, Spring 1976, Vol. 1 #1.
- Richlin, M., Weinstein, S., and Weisinger, M. Development of Neurophysiological indices of retardation: interhemispheric asymmetric of the visual cortical response. *International Journal of Neurosciences*, 1976, 6
- Korein, J., Brundy, J., Grynbaum, B., Sachs-Frankel, G., Weisinger, M., and Levidow, L. Sensory feedback therapy in spasmodic torticollis and dystonia: results in treatment of 55 patients. In Fahn, S. and Eldridge, R. (Eds.) *Advances in Neurology*, V. 14, New York: Raven

Grant Period FY June 1976 - May 1977

- Weisinger, M., Must, J., Robinault, I. (Eds.), *Information Center Newsletter: Program Evaluation in Vocational Rehabilitation*, Summer 1976, Vol. 1 #2
- " " " " " " Fall 1976, Vol. 1 #3
- " " " " " " December 1976, Vol. 1 #4
- " " " " " " Spring 1977, Vol. 2 #1

ICD-RUL-Model Module: From Hospital to Community-Rehabilitation of the Mentally Ill. In collaboration with Fountain House; Publication Pending

- Brundy, J., Weisinger, M. and Silverman, G. A single system for displaying EMG activity designed for therapy, documentation of results and analysis of research in Foulds, R.A. and Lund, B.L. (Eds.)
- PROCEEDINGS OF THE 1976 Conference on Systems and Devices for the Disabled*, Regional Medical R&T Center #7; Tufts-New England Medical Center, Boston.

Grant Period FY June 1977 - May 1978

- Weisinger, M., Must, J. and Robinault, I. (Eds.), Information Center Newsletter;
Program Evaluation in Vocational Rehabilitation Vol. 2 #1
" " " " " " Vol. 2 #2
" " " " " " Vol. 2 #3
" " " " " " Vol. 2 #4
- ICD-RUL Illustrations of I&E Approaches to RSA Priorities FY 1978. August 1977.
Robinault, I. and Weisinger, M. Mobilization of Community Resources: A Multi-Facet Model for Rehabilitation of Post-Hospitalized Mentally Ill. New York: ICD Rehabilitation and Research Center, 1977, 105 pp.
- Bennett, E.C., and Weisinger, M., Program assessment, Chapter in Gilbert, N. and Specht, H. Planning for Social Welfare: Issues, Models, and Tasks. Englewood Cliffs, NJ: Prentice Hall, 1977. pp. 361-379.
- Robinault, I., Preface to Housing & Home Services to Disabled, by G. Laurie, Harper & Row, 1977
- Robinault, I., Consulting Editor: Journal of Rehabilitation Administration, 1977-79.

Grant Period FY 1978 - May 1979

- Weisinger, M., Cary, C. and Robinault, I. (Eds.), Information Center Newsletter:
Program Evaluation in Vocational Rehabilitation Vol. 3 #1
" " " " " " Vol. 3 #2
" " " " " " Vol. 3 #3
" " " " " " Vol. 3 #4
- Robinault, I. and Weisinger, M., Mobilization of Community Resources - A Multi-Facet Model for Rehabilitation of Post-Hospitalized Mentally Ill, Second Edition (NIMH inclusions), New York, ICD Rehabilitation & Research Center, 1978, 131 pp.
- Robinault, I. and Weisinger, M.; Early Placement Preparation Program, New York, ICD Rehabilitation & Research Center, 1978, 46 pp.
- Teff, D., "Placement-The Employer's View." Edited by RUL, publication pending, Rehabilitation Literature.
- Robinault, I., "Sex, Society & The Disabled - A Developmental Inquiry Into Roles, Reactions & Responsibilities", Harper & Row, 1978, 273 pp.
- Schultz, B. and Weisinger, M. (Eds.), Placement Preparation Program, New York, ICD Rehabilitation and Research Center, 1979, 110 pp. (includes a set of 8 Audio Cassettes).

Grant Period FY 1979 - May 1980

- Weisinger, M., Cary, C. and Robinault, I. (Eds.) Information Center Newsletter:
Program Evaluation in Vocational Rehabilitation, Vol. 4 #1 through Vol. 4 #3.
- Weisinger, M., Cary, C. (Eds.) MEU Technical Assistance Reports #1 and #2.
- Robinault, I., Weisinger, M., and Cary, C. Work Related Needs: An Introduction Audiovisual program consisting of an Audio cassette, 129 slides, Trainee Booklet, Training Guide and Script copy.
- Robinault, I. and Weisinger, M. Mobilization of Community Resources - A Multi-Facet Model for Rehabilitation of Post Hospitalized Mentally Ill. Third Edition (NIMH additions), New York, ICD, 1980, 135 pp.
- Robinault, I. The Hidden Disability-Bereavement of Body Loss & Adjustment to Sexuality. Position Paper, publication pending, Archives of Thanatology.
- ICD-RUL- Selected Abstracts on Follow-up. Subcontractor Spaniol, Spring 1980.
- ICD-RUL Monograph-Follow-up Studies: A Handbook for Human Service Professionals Subcontractor - Reagles, Spring 1980.
- Robinault, I., Cary, C. Community Resources for the Social Adjustment of Severely Disabled Persons: Options for Involvement, July 1980.

Selected publications on the rehabilitation of the
disabled public assistance clientCompiled by the Research Utilization Unit of the
ICD Rehabilitation and Research Center

340 East 24th Street • New York, N.Y. 10010 • (212) 679-0100

Volume and Number: I No. 1
(SRS) 22-P-55060

Date: December, 1973 Pages: 1 - 25

The following materials are representative examples of the holdings of the RUL Information Center. Future issues of the PA/VR LITERATURE will contain relevant additions to the present list, as well as other related PA/VR subject areas.

Since successive issues of this publication will be cumulative, and the entire series will ultimately contain all of the holdings of the Information Center, it is suggested that readers keep the issues in a three-hole binder for their future reference. Researchers and practitioners are invited to indicate which of the listed topics they would like to see expanded or what PA/VR topics would be of most help to them in the next issue.

To borrow documents listed in this issue, send a letter to the Information Center giving the borrower's name, address, plus the numbers and titles of the items requested.

Susan D. Ahrenhold
Information Specialist

Marvin Weisinger
Associate Project Supervisor

A COLLECTION OF SELECTED
PROGRAM EVALUATION
TECHNIQUES

NEW MANPOWER PROGRAMS

James Bitter and Don Goodyear of the University of Northern Colorado Regional Rehabilitation Research Institute have prepared a collection of scales and statistical procedures that are of particular interest to the program evaluator in vocational rehabilitation. In addition to the discussions of chi-square tests, random numbers, and correlation coefficients, the handbook contains tests such as the "Consumer Measurement Scale," the "Case Difficulty Index," the "Human Service Scale," and the "Work Adjustment Rating Form." Statistical procedures to be used and methodology and interpretation criteria are all included.

0141-974(M)

Bitter, James A. and Don L. Goodyear

Rehabilitation Evaluation: Some Application Guidelines.

Descriptors: Program Evaluation
Measures
Statistics

MEASURING CLIENT CHANGE AS A
RELIABLE PROGRAM EVALUATION TECHNIQUE

While almost everyone in Vocational Rehabilitation is dissatisfied with the raw status 26 data as a criterion of effectiveness, there is disagreement as to what measures should be substituted. This monograph, prepared by Westerheide, Lenhart, and Miller, reviews the literature and points out that the various case difficulty techniques which have been devised often demonstrate little or no statistical significance when they are based only on closed cases.

(Con't. P. 2, Col. 1)

In August, 1974, Assistant Secretary of Labor, William H. Kolberg, addressed the National Manpower Policy Task Force. The number of prime sponsors is some one hundred less than was originally projected, primarily because of the decision of many eligible sponsors to join forces. Kolberg also discusses many aspects of the plans that the prime sponsors have submitted, such as the types of training proposed, expenditure patterns, and the development of programmatic goals for evaluation.

0088-974

Kolberg, William H.

Address Before the National Manpower Policy Task Force Conference
Descriptors: Manpower Revenue Sharing
Program Planning

COUNSELING THE DISADVANTAGED

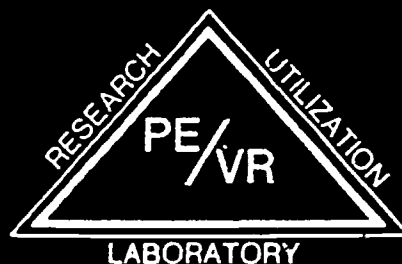
This paper analyzes the development of counseling roles in experimental and demonstration projects for disadvantaged youth. To the author, at least five distinctive counseling roles have been significant: teaching; behavior-change management; provision of socio-emotional support; decision-making, planning, and problem-solving; and client advocacy. By analyzing the demands these roles make on the Counselor, it may be possible to draw certain suggestions for the training and utilization of counselors, as well as for the structure of the helping agencies.

0199-969(M)

Gordon, Jesse E.

Vocational Counseling Functions for the Disadvantaged

Descriptors: Youth
Socioeconomically Disadvantaged
Counseling Techniques



Vol. 4 No. 2

Spring 1980

IMPORTANT NOTICE TO OUR READERS

Because of changes in the ICD-RUL's focus and priorities for this grant year, we are sorry to announce the suspension of the PE/VR Information Center operations. This issue of the Newsletter is the last scheduled to be published by the RUL. As of June 1, 1980, we will be unable to fill any orders or information requests even if received prior to that date. However, we are maintaining the subscriber and request files so that they may be shipped along with the document collection to the facility designated to continue the Information Center operations.

It has been a great source of satisfaction to us to be able to meet your needs for program evaluation information. We feel that we know many of you personally from the many requests and orders that you have sent. We deeply regret any inconvenience the termination of our services might cause to our readers.

We invite your comment on the PE/VR Newsletter or the Program Evaluation Information Center. While we feel our services have been useful, only you can tell us if it was so. Please write your comments, both positive and negative, to us so that we may share them with the organization that will continue our services. Write to:

Marvin Weisinger
ICD-RUL
340 East 24th Street
New York, N.Y. 10010

THE FIVE FOOT SHELF

This final issue of the PE/VR Newsletter provides a listing of books on Program Evaluation. This is a companion issue to our first PE/VR Newsletter which also included such a list. The two issues together constitute an overview and update on the published, commercially available PE literature that may be of interest to VR evaluators. None of these publications are available through the Information Center, but publishers and prices are listed. In cases where the publisher is very small or the item is privately published, an ordering address is provided.



Number 3

MODEL EVALUATION UNITS

IN STATE VR AGENCIES



Fall, 1980

TECHNICAL ASSISTANCE REPORTS

I. COORDINATING CONTRACTOR'S REPORT

BOOK REVIEW SYSTEM IMPLEMENTED

Read a book and review it! As noted in the last issue of this newsletter the WVRRTC is engaged in developing a computerized book review system on program evaluation, the purpose being to assist VR evaluation professionals in their informational needs. The system has now been implemented in the form of a computer file PFIIT which is accessible through any standard computer terminal with dial-up capabilities and it's in need of more book reviews. The book review format is that of a questionnaire which the reviewer fills in on the computer. The computer then processes and stores the information. It will also have its own version of a card catalog with listings by key word, author and title.

For those who don't have access to a computer or who prefer the typewriter or the pen and the U.S. Postal Service, the Center is glad to accept your typed or handwritten book reviews through the mail and will enter them into the computer. The Center will also be glad to send you copies of book reviews by mail - just ask and you shall receive! In addition every six months the Center will run off copies of all the book reviews entered in the past six months and send them to the MEUs and anyone else interested in receiving them.

For more information and/or instructions contact Diana La Place, Book Review Coordinator, West Virginia Rehabilitation Research and Training Center, Suite E, One Dunbar Plaza, Dunbar, WV 25064 (The telephone number is [304] 766-7138.) And remember - read a book - or two or three or four - and write a review. Be the book good, bad or indifferent the computer wants to know about it.

MEU TAPE/SLIDE SHOW

The West Virginia Rehabilitation Research and Training Center, in conjunction with the six Model Evaluation Units is preparing a 10 minute tape/slide show that captures the essence of the MEU project in a short, interesting, convenient format. The show will be ten minutes long and feature both the joint activity of the six MEUs and projects that are unique to each MEU. The tape/slide show will be available for loan from the West Virginia Rehabilitation Research and Training Center, Suite E, One Dunbar Plaza, WV 25064. Write to Harriett S. Beury, Administrative Assistant, for more information. Or call her at (304) 766-7318.

NATIONAL CONFERENCE ON PROGRAM EVALUATION

The West Virginia Rehabilitation Research and Training Center is sponsoring a National Conference on Program Evaluation, December 14-17, 1980, at the Hotel Hilton in New Orleans, Louisiana. The purpose of the conference is to share the knowledge gained under the Model Evaluation Unit contracts with the rest of the 50 states and the U.S. territories. There will be workshops, seminars, lectures, audio-visual presentations, panel discussions, and peer collaboration sessions. There will be sessions aimed specifically at small states, medium-size states, and large states. It will be a smorgasbord of new ideas, techniques and methodologies from which the participants can pick and choose to meet their particular needs. Nan Brenzel, Ed.D., is conference chairman. For more information contact her at the West Virginia Rehabilitation Research and Training Center, Suite E, One Dunbar Plaza, Dunbar, WV 25066. The telephone number is 766-7138.



Millie Thaxton, Secretary, West Virginia Rehabilitation Research and Training Center, at work on the terminal for the computerized Program Evaluation Book Review System

child welfare league of america, Inc.

GUARDING CHILDREN'S RIGHTS
 CHILDREN'S SERVICES
 CHILDREN'S NEEDS

AUG 18 1980
 I.C.D.

August 12, 1980

CHAIRMAN
 GEORGE J. HECHE

PRESIDENT
 MICHAEL KNOPF

VICE PRESIDENTS
 PETER W. FORSythe
 MRS. ALYN P. G. JAMES
 MRS. WYNONIA B. JONES
 HOMER D. WEBB, JR.
 BRUCE W. WERT

SECRETARY
 MRS. DONNA STONE PESCH

TREASURER
 THOMAS P. ABE

BOARD OF DIRECTORS
 RAY B. BASTEN
 WAYNE BENNETT
 SAMUEL P. BERMAN
 MRS. HIRSH D. BLATT
 JAMES H. BLACK, JR.
 MRS. ROBERT C. BONNELL, JR.
 P. GUS CARDENAS
 MRS. JAMES M. ...
 DR. ALICE A. CALACCI
 MRS. WALTER J. ...
 MRS. JANET EDWARDS
 C. FRED W. FAHEY
 MRS. MILDRED ...
 MRS. JANE KROG ...
 MRS. PAUL MARCE ...
 DR. LEON H. GINSBERG
 LEWIS GLASSFORD
 CHARLES GOODAL
 MOSES W. ...
 MRS. BEN ...
 WILLIAM S. HERSHBERGER
 GARDNER JOHNSON
 MRS. J. EUGENE LEAS
 MRS. BEVERLY GLENN LONG
 ROBERT K. MASSEY
 DR. EVAN GREGOR MOORE
 ELOISE MORELAND
 ALBERT J. MORRIS
 MRS. M. CHAE F. ...
 T. M. ...
 A. ...
 M. ...
 MRS. ROBERT W. ...
 MRS. LAWRENCE A. ...
 MRS. JAMES ...
 MRS. ...
 MRS. DAVID L. ...
 MERLE E. ...
 JUDGE JOHN D. ...
 MRS. JOHN ...
 HARLAN B. ...
 JACOB L. ...
 MRS. D.B. ...
 STRATFORD ...
 MRS. BRYAN ...
 JOHN C. ...
 DR. MORRIS A. ...
 MRS. JOHN W. ...

HEADQUARTERS
 31 RINGLAYE
 NEW YORK, NEW YORK 10017
 212 254 1400

EXECUTIVE DIRECTOR
 EDWIN WATSON

ASSISTANT EXECUTIVE DIRECTOR
 ZELMA FELTEN

CENTER FOR GOVERNMENTAL AFFAIRS
 348 CONNECTICUT AVENUE, N.W., SUITE 110
 WASHINGTON, D.C. 20038
 202 833 2855

ASSISTANT EXECUTIVE DIRECTOR
 WILLIAM L. PIERCE

Mr. Marvin Weisinger
 Director, Information Center
 Research Utilization Laboratory
 ICD Rehabilitation and Research
 Center
 340 East 24th Street
 New York, N.Y. 10010

Dear Mr. Weisinger:

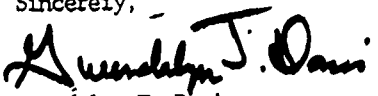
We are in receipt of your August letter, and we regret to learn that your organization has decided to suspend the PE/VR Information Center operations.

We always view any closing of an information service as a great loss to all who rely on it for current knowledge. As decision-makers, managers, practitioners, clients and the community at large are becoming increasingly aware of their need for current information in order to perform more effectively, we view cutbacks and shut downs as a step backwards in the age of technology. We suspect economics played an important part in the decision to terminate your service, if so, it is deeply regrettable.

Your Program Evaluation service was particularly useful to us. As you know, very recently, the fields of health and social welfare have begun to place heavy emphasis on program evaluation. Without a long history and a store of knowledge on the subject, we have relied upon two primary sources, the federal government's Project Share and your newsletters to inform us of the trends, program developments and availability of materials in this area. Yours was more than a useful service, to us, it was essential.

We sincerely hope that you will be successful in your attempts to persuade your organization to continue PE/VR newsletter and the Program Evaluation Center.

We thank you for all of your efforts of the past.

Sincerely,

 Gwendolyn T. Davis
 Information Specialist

CWA



PPP

The PPP consists of ten group sessions, 60 to 90 minutes each. It is suggested that the group leader be a professional counselor. Eight of the sessions are accompanied by audio-tape cassettes ranging from two to sixteen minutes. The remaining two sessions use various types of handouts and materials, samples of which are included. Although designed mainly for clients already in training, PPP can be helpful for those in prevocational and workshop programs. It can be used also for the deaf, with specially prepared transcripts of the tapes. A shortened and more structured version can be used successfully with mentally retarded clients. PPP can be used as a training tool for counselors.

1 Why People Work—Why People Don't Work

(15 min 25 sec)

A group of clients talk about why they have chosen to work or not work.

Since PPP begins early in the client's rehabilitation program, it is essential that the first session help him explore his expectations of what going to work will mean. In group discussions, the client-group is allowed to express their own reactions freely, their reasons for wanting to work, and their reasons why income from Social Security Disability Benefits, veteran's Pension or other sources make them hesitant to go to work.

2 Worker Responsibilities: Good Work Habits

(7 min 11 sec)

A discussion is presented between an employer and a new employee who has been called in because of excessive latenesses, absences, and inappropriate dress.

The discussion group is encouraged to comment on awareness and acceptance of personal responsibilities and demands of a job. The need to establish acceptable work habits and attitudes early in the training program is emphasized. An understanding of the client's responsibility to himself and to his employer is encouraged.

3 Worker Responsibilities: Productivity

(9 min 24 sec)

A situation is dramatized to help make clients aware of work standards, specifically the quantity of work expected regularly. The review of work habits, which enhance or interfere with production, also is examined.

4 Getting Along on the Job:

Co-Worker Relations (2 min 15 sec)

A confrontation is presented between a new employee and a seasoned worker, the new employee complaining of being shut out by the older employees.

The client-group is urged to discuss various aspects of peer relationships on the job. The importance of maintaining satisfactory co-worker relationships is stressed. Clients are asked to attempt to solve problems which could occur on the job through role-playing.

5 Getting Along on the Job: Supervisor-Employee Relations

(3 min 5 sec)

This session dramatizes a situation which is rather complex and has no clear cut resolution. A supervisor requests some work from an employee on her own time without compensa-

tion. While a certain amount of problem solving is attempted during the presentation, the situation is left unresolved.

Clients are asked to comment on possible resolutions. They examine a wide range of potential supervisor-employee interactions. The focus is on the resolution of disputes with sufficient tact to keep the work situation operational.

6 Fears Related to Going to Work

(7 min 55 sec)

A conversation takes place between an individual ready to go on job interviews, after a period of hospitalization for emotional problems, and his friend, an older established worker who is an ex-offender and an alcoholic. The new worker voices his fears about his ability to function on the job and his concerns about revealing his past hospitalization.

Clients are urged to voice their own fears about going to work.

7 How to Get There: Personal Qualifications

(3 min 43 sec)

An interviewee "sells herself" by describing her skills, training, and personal attributes related to work.

Clients are helped to recognize personal qualifications—i.e., skills, attitudes—to prepare self-inventories and then receive group feedback.

8 How Do You Get There: Application Forms

(no tape)

By examining sample application forms, clients are helped to understand the nature and reasons for questions asked on the form.

9 Interviews (10 min 10 sec)

Two interviews are presented. In the first, the interviewee has a very positive view and attitude, handling questions of breaks in work history in a constructive manner. In the second, however, the prospective employee is evasive, becomes trapped in a lie, and loses his temper.

Although comparisons between the two interviews are extreme, the nature of an interview and the need for careful preparation are the focus of this session.

10 How Do You Get There: Job Hunting Techniques

(no tape)

The "When, Where and How" of job hunting are discussed in detail. Sample want ads and a dictionary of abbreviations are studied.



We, at the Research Utilization Laboratory would very much like to know your reactions to the program, *Work Related Needs: An Introduction*.

Since it is our purpose to supply professionals with the most useful kinds of materials and publications, the feedback you provide will be helpful in determining whether the present program should be modified to more closely fit your needs and whether we should prepare additional materials such as this in the future.

This brief questionnaire, when completed, can be enclosed in the accompanying business reply envelope and dropped in the mail - no postage required.

May we hear from you soon?

1. How would you characterize the *major* way you spend your professional work time.

- Research and/or Evaluation
 - Administration and Supervision
 - Direct Service Provision
 - Training
 - University Teaching
 - Other (Please Specify)
- Department _____

2. What is your overall reaction to these materials?

- Very Negative
- Somewhat Negative
- Neutral
- Somewhat Positive
- Very Positive

3. How would you "grade" the materials on the following dimensions?

	Format	Organization of the Material	Relevance of Information	Clarity	Usefulness
Booklet					
Narration					

(Note: Grade each A,B,C,D, or F. If the grade you give is lower than B on any dimension would you please add comments below that might help us understand what lies behind your judgement)

4. How would you grade the technical quality of the materials? (Grade and comment as above)

Cassette tape	Slides	Trainers Guide	Booklet

5. Have you (or do you expect to) put these materials to use in your own work, or in the activities of your colleagues or your organization?

- Not at all
- A little
- Quite a bit
- A great deal

strive to meet them, will result in a higher level of rehabilitation than will setting goals completely within the client's capacity

In counseling the mentally disabled, there are several difficulties with these stances. The first stance, reality orientation, ignores the fact that few people — disabled or nondisabled — realize their maximum potential. The second stance, acceptance, assumes an unchanging condition. Thus it would fit many physically disabled clients, but fewer mentally disabled clients, since the course of mental illness is difficult to predict. The Spartan attitude, the third stance, is fine for clients who aren't

trying and need "bucking up." However, the mentally disabled client may find the constant urging a source of additional anxiety — hardly a desirable condition to foster.

The counselor should beware any overgeneralized approach that does not keep in mind individual characteristics and individual needs. It is necessary to assess the needs of each client and determine how, when, and by whom each need should be met. Part of good counseling consists of interpreting the counselor's knowledge to the client, orienting the client to the community, and providing necessary concrete services, including PES.

Community Care Handbook

Community care for deinstitutionalized mental patients is the subject of a handbook by Isabel Robinault and Marvin Weisinger of the ICD Research Utilization Laboratory. The handbook, *Community Resources: Multi-Facet Model for Mentally Ill* illustrates ways individualized client services can be obtained through a combination of interagency efforts.

This model has three aspects: living arrangements, socialization, and preparation for work. The three horizontal units in each category illustrate the continuum from semi-dependency to supported independence.

The rest of the handbook describes facilities that operate as halfway houses or as program prototypes in living independently, socializing, or working. It gives name and location for these facilities, which can serve as models for expansion or for development of local facilities. The ap-

pendices list the facilities alphabetically and provide examples of interagency agreements. (For more information on interagency cooperation, see REHAB BRIEF Vol. II, No. 3.)

Some possibilities of the handbook's use are

- to identify or categorize existing community resources (including population served, costs, and staffing options).
- to match client needs with community resources.
- to mobilize development of community resources to fill unmet needs.

For information on ordering the handbook, contact Dr. Robinault or Mr. Weisinger at the Research Utilization Laboratory, ICD Rehabilitation & Research Center, 340 East 24th Street, New York, NY 10010. Phone: 212-679-0100.

A Model for Post-Hospitalized Mentally Ill Clients

	Semi Dependent	Semi Independent	Supported Independence
Living arrangements, daily living	1) Hospital, work/release unit, home (as dependent)	2) Supervised community group residence	3) Home (as contributor) own housekeeping own apartment
Socializing	1) Therapy group	2) Organized recreation	3) Self-selected: hobbies, church, sports, etc.
Work/work preparation	1) Work evaluation	2) Work training	3) Placement

EXAMPLES OF POSSIBLE MIXES

- | | |
|---|---|
| <p>1-1-1 Pre-discharge preparation program on hospital ground or recently discharged home on drug maintenance</p> | <p>2-3-3 Living in group residence attending Y at night for painting hobby and in first job or OVR placement.</p> |
| <p>1-1-2 Using hospital as home base and going into community for work preparation or OJT</p> | <p>3-3-2 Living at home as a contributing member, attending church or synagogue, in last months of computer training course.</p> |
| <p>2-3-2 Transitional program at rehabilitation center while living in a supervised group residence.</p> | <p>3-3-3 Own apartment found through halfway house, goes to sports events with friends, is at work in job compatible with skills and interest, continues therapy voluntarily.</p> |



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION-

April 11, 1979

THE STAFF COLLEGE
NATIONAL INSTITUTE OF MENTAL HEALTH
5635 FISHERS LANE
ROCKVILLE, MARYLAND 20852

Handwritten:
April 11, 1979
I.C.D

Isabel P. Robinault, Ph.D.
Research Utilization Laboratory
ICD Rehabilitation and Research Center
340 East 24th Street
New York, NY 10010

Dear Dr. Robinault:

This is to request 100 copies of "Community Resources: A Multi-Facet Model for Rehabilitation of Post-Hospitalized Mentally Ill." You may recall, we had requested copies of your publication for distribution to participants in a Staff College course on Deinstitutionalization. Since the publication has been well-received by participants in that course, it now appears advisable to make it available to participants in another Staff College course entitled: "Vocational Workshops: Rehabilitation in the Community."

We would appreciate your cooperation in expediting this request so that we can ensure that the materials are distributed by the middle of May.

Sincerely,

Handwritten signature: Isabel Davidoff
Isabel Davidoff
Assistant Director-Registrar

practiced in public and private agencies only when counselors are familiar with the principles of independent living. Describing rehabilitation for independent living as a complementary network of services—initiated at the onset of disability and continuing throughout life—that increase options and develop decision-making ability, this article discusses the preservice training of rehabilitation counselors designed to prepare them for counseling in this area. The pertinent skills of advocacy, job re-engineering, communication, and use of community resources were taught in the educational programs that were evaluated, other useful areas of knowledge that were not addressed, such as sexuality and assertiveness training, are indicated. Recommendations are made for improving curriculum in independent living, including internships in centers where this concept is practiced, and the importance of instructors and administrators' commitment to this form of rehabilitation is emphasized.

441. ICD Research Utilization Laboratory

Community resources for the social adjustment of severely disabled persons. Options for involvement. by Isabel P. Robinault and Caverlee Cary. New York, The Laboratory, 1980 iii, 136 p. paper.

Before handicapped persons can obtain employment and achieve independence in other areas of life, they first must make appropriate social and personal adjustments. To assist rehabilitation counselors and self-help groups in providing opportunities for self-fulfillment and the development of social skills for disabled persons, this booklet presents examples of resources throughout the country focused on self-directed functioning. The resources are grouped according to 6 major categories: socialization and leisure, sexuality, hobbies and education, consumer advocacy and volunteer action, recreation, and transportation and travel. The programs and sources of information are described in a concise and informal narrative style focused on the concerns of handicapped persons, knowledge gained from recent research, and noteworthy innovations. The abstracts document what has been done in this field and suggest areas for future endeavors. Each section contains a referenced introduction, pertinent excerpts from the literature, and addresses of relevant programs and publications. Among the 7 appendixes are a test for assessing personal adjustment, a scale for rating interest and participation in activities, and general driving aid requirements according to residual functions. This unique booklet should serve to foster creative growth, personal freedom, and greater enjoyment of life among disabled persons.

Copies of this publication are available for \$6.00 from Book Orders, Research Utilization Laboratory, ICD Rehabilitation and Research Center, 340 E. 24th St., New York, N.Y. 10010.

INDUSTRIAL HYGIENE

See 453.

MATERNAL AND INFANT CARE

See p. 300.

MENTAL RETARDATION

See 412.

MENTAL RETARDATION—LEGISLATION

442. U.S. President's Committee on Mental Retardation

Mental retardation and the law. A report on status of current court cases. Washington, D.C., The Committee, 1980. 51 p. paper.

Prepared by the Boston University Center for Law and Health Sciences, this booklet reviews court cases of recent years that have involved persons with mental retardation. The first part of the volume provides summaries of over 75 cases heard in U.S. courts concerning commitment, community living and services, criminal law, discrimination, guardianship, institutions and deinstitutionalization, medical issues, parental rights and sexuality, and special education. References to previous reports on the cases are included. The latter half of the text is made up of an article on the sterilization of persons with mental retardation. Historical information, a legal analysis of sterilization, and procedures and standards applicable to a specific case regarding involuntary sterilization are presented. Some of the issues addressed in the article are the constitutional right of procreation, eugenic justifications for sterilizing mentally retarded persons, fitness for parenthood, and less restrictive alternatives to sterilization.

Copies of this publication (Stock No. 017-000-00203-1) are available for \$1.50 from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

MENTAL RETARDATION—PARENT EDUCATION

See 403.

MENTAL RETARDATION—SPECIAL EDUCATION

See 402.

MULTIPLE SCLEROSIS

443. Hawkes, C. H.

Stimulation of dorsal column in multiple sclerosis, by C. H. Hawkes and others. *Brit. Med. J.*: Mar. 29, 1980. 6218:889-891.

The effect of stimulating the posterior section of the spinal cord in 19 selected patients with multiple sclerosis was studied in detail over 2 weeks. Evaluations conducted before and during stimulation were clinical neurological examinations, videotape recordings of movement, psychomotor testing, electrolaryngography, and urodynamic studies. Improvement was evidenced by a number of patients in walking speed, power of certain muscle groups, relief of chronic pain, and bladder function. Since the motor improvement was thought to be related to the effects of high motivation and practice, the significance of dorsal column stimulation in these areas was questioned.