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The effectiveness of the Campbell Transitional Living Center program

Jeanmarie Niedermeyer Courtney
San Jose State University

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**The effectiveness of the Campbell Transitional Living Center
program**

Courtney, Jeanmarie Niedermeyer, M.S.

San Jose State University, 1992

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Ann Arbor, MI 48106**

**THE EFFECTIVENESS OF THE CAMPBELL
TRANSITIONAL LIVING CENTER PROGRAM**

A Thesis

Presented to

**The Faculty of the Department of Occupational Therapy
San Jose State University**

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

By

Jeanmarie Niedermeyer Courtney

May, 1992

APPROVED FOR THE DEPARTMENT OF OCCUPATIONAL THERAPY

Lela A. Llorens, Ph.D., OTR, FAOTA

Jean Still, M.S., OTR

Sheri Burns, OTR

APPROVED FOR THE UNIVERSITY

ABSTRACT

THE EFFECTIVENESS OF THE CAMPBELL TRANSITIONAL LIVING CENTER PROGRAM

by Jeanmarie N. Courtney

This study measured the effectiveness of the Campbell Transitional Living Center (TLC) program to assist seven clients to achieve independence in daily living skills. Pre-TLC program and post-TLC program data were collected and analyzed in the areas of: living situation, household chores, meal planning and preparation, money management, community mobility, personal care, leisure activities/social skills and basic living/survival skills.

Subjects demonstrated increased independence in the areas of: living situations, household chores, meal planning and preparation, money management, community mobility, personal care, leisure activities/social skills and basic living/survival skills. Results indicating subjects' decreased satisfaction or independence in specific areas were also noted in the following areas: household chores, meal planning and preparation, money management, personal care, and leisure activities/social skills. Data further indicated that subjects' skill level remained the same in the following areas: household chores, meal planning and preparation, money management, community mobility, personal care, leisure activities/social skills, and basic living/survival skills.

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CHAPTER 1

INTRODUCTION

Purpose

The purpose of this study was to measure the effectiveness of the Campbell Transitional Living Center (TLC) program to achieve independence in daily living skills for twenty-three clients from 1984 to 1990.

Statement of the Problem

The Transitional Living Center, operated by the Adult Independence Development Center (AIDC) is an outgrowth of the disability rights movement of the 1970's. It is guided by the "basic premise of the movement... that the disabled should be integrated as fully as possible into their communities, and that the needs of the disabled can be met most effectively by comprehensive programs which provide a variety of services which do not necessarily include medical or vocational rehabilitation" (Berrol, 1979, p. 456). The Transitional Living Center provides an opportunity for individuals with disabilities to reside in a home environment within the community while they receive training in independent living skills. A study by Hart (cited by Christopher, 1987) revealed that 68% of the persons admitted to a transitional living center had improved their independent living skills to the extent that one year after discharge, they were living in "self-dependent" housing situations.

Occupational therapy's philosophical base states that occupational therapy is committed to a "service which supports the goals and process of independent living" (American Occupational Therapy Association, 1981). While occupational therapists are

appropriate professionals to provide independence training and facilitate the integration of persons with disabilities into the community, very little research has been conducted to determine the effectiveness of such training.

Objective

This research was designed to meet the objective of determining the effectiveness of the Campbell Transitional Living Center program to improve the client's ability to perform specific activities of daily living tasks.

Research Question

Is there a measureable difference between the pre-program and current post-program level of independence of clients who have participated in the Transitional Living Center program in the areas of: living situation, household chores, meal planning and preparation, money management, community mobility, personal care, leisure activities/social skills and basic living/survival skills.

Definitions

The following definitions are provided to clarify terminology used within this study.

ADL or Activities of Daily Living: Functions performed on a daily basis by individuals including, but not limited to, bathing, cooking and dressing activities.

Community Mobility: A term used in this study that refers to the client's ability to access his or her environment at home and in the community.

Disabled: A characteristic to describe a person who through birth, injury, accident or disease has a condition that impairs his or her functional ability.

Independent Living Center: A community program based on a self-help philosophy. It may "serve as an adjunct to the present human service system...serving as conduits for

funding human services such as attendant care" and also as an alternative service provider...(to) provide peer counseling and advocacy services not provided by mainline human service organizations" (DeJong, 1979, p. 29).

Independent Living Skills: Those functions which enable the individual to live independently of an institution or other housing situation without maximal assistance. The ability to direct an attendant is also included as a skill.

Independent Living Skills Specialist: A rehabilitation professional who specializes in teaching disabled clients to become more independent.

In-Home Supportive Services (IHSS): Federal/State and County program providing personal care and housekeeping services for elderly, blind or people with disabilities (In-Home Supportive Services brochure).

Meal planning and preparation: A categorical term used by the Adult Independence Development Center referring to the client's ability to plan, prepare and cook nutritious meals independently. It also includes the client's use of kitchen appliances and adaptive /assistive devices and his/her consumer skills in grocery shopping (A.I.D.C. TLC Program Questionnaire)

Money management: A term used by the Adult Independence Development Center which refers to, but is not limited to, the client's ability to develop and live within a personal budget and to open savings and checking accounts (A.I.D.C. TLC program questionnaire).

Paratransit: Low cost transportation, in a modified bus or a taxicab, provided by community agencies for seniors and other people with disabilities.

Transitional Living Center: A temporary residence modified for individuals with disabilities who are participating in a specific program designed to increase their independent living skills.

Transitional Living Center program: Program designed to assist the participant with disabilities to live more independently. The client and the therapist set up the goals conjunctively to be carried out while the client is living at the Transitional Living Center.

Assumptions

The following assumptions were made related to this study:

- 1. The client's ability to perform independent living skills in the home, community and in social settings has improved and the improvement will be measurable.**
- 2. Sufficient historical data were available to measure the effectiveness of the Transitional Living Center's program for each individual client.**
- 3. The clients would be comfortable with the interviewer so that responses are truly representative of their viewpoints.**

Limitations

Limitations identified for this study were:

- 1. The current data may not reflect gains made in the TLC program as other programs, and courses may have contributed to gains in independent living skills since the subject left the TLC.**
- 2. The sample size is small and, therefore cannot be generalized.**

Significance of the Study

Professionals who work with the disabled population have a "responsibility to assist in the growth and expansion of community-based independent living programs and related services...We must work to mobilize community and government resources in order to provide our patients (clients) a comfortable, enjoyable and even a productive life" (Christopher, 1987, pp. 569-570). The Campbell Transitional Living Center provides a low-cost method of providing individuals with disabilities an optimum environment for improving their independent living skills. Baum (1985) has stated that in the midst of a changing health care system, there are many opportunities for occupational therapists to share their expertise especially in the community. Documentation of the effectiveness of the TLC and the role of the occupational therapist in effecting the client's improvement in performance of independent living skills could provide useful information for future funding for "continuing expansion of residential programs to meet the needs of the disabled adults" (Sheri Burns, personal communication, October 3, 1991).

CHAPTER 2

LITERATURE REVIEW

Introduction

The review of the literature is organized into five sections. The first section describes types of international independent living projects. The second section reviews the growth of the independent living movement in the United States. The third section focuses on independent living programs in the United States including the centers for independent living and the transitional living centers. The fourth section presents DeJong's paradigm for independent living. The fifth section describes the Human Occupation Frame of Reference.

International Independent Living

The belief that mentally or physically disabled individuals could live independently within a community, if provided the necessary services, is a concept that has developed through the international exchange of ideas and programs between the United States and European Countries (Laurie, 1981).

The literature has provided detailed information regarding specialized, European, independent housing projects designed to integrate disabled and non-disabled individuals. These include the Faloversten, the Husby and the Fokus Society projects in Sweden which provide integrated (disabled and non-disabled) housing units with commercial and service facilities on site or nearby. At Het Dorp, in the Netherlands, a disabled individual was reported to have his or her own housing unit and grouped with eight other disabled people

and one staff attendant on each floor of the building to share common rooms (Tate, Jarvis & Juhr, 1979). Although the intent of these projects is to provide integrated housing, Frieden and Frieden, (1981, p. 26) have stated that in these two countries, "disabled people have few opportunities to make choices about where they live, work, or go to school." They note that with the designation of these housing projects for people with disability, the modification of older residential housing units/houses are not seen as necessary or are seen as a duplication of effort.

Cochrane (1982) described a Transitional Living Center in Newton, Derbyshire (England) in which four young disabled people who are almost or totally dependent on others, learn to successfully direct attendants regarding their personal care. They can then move to their own home with the level of care they need. Based on the progress of these individuals, Cochrane poses this challenge to people with disabilities and rehabilitation professionals: "If they, and others like them, can achieve so much, how often do we fall short in creating the opportunity for independence among those who are less disabled?" (Cochrane, 1982, p. 92)

The United States Independent Living Movement

In the early 1970's the disabled community challenged themselves with questions such as Cochrane's (1982) noted above and responded by introducing the concept of independent living. The independent living movement, which traces its origins to the civil rights and free speech movements in the 1960's, emphasized that it was a disabled person's fundamental right to live independently regardless of the severity of the disability (Berrol, 1979; Mattinson & Rompf, 1987). People with disabilities need more comprehensive programs to provide a wide range of services necessary for them to become more integrated within the community.

The following legislative studies, papers and programs led to strong recommendations for policy changes:

- * "The Comprehensive Needs Study of independent-living programming, authorized by the Rehabilitation Act of 1973, assessed the needs of disabled people and established a series of demonstration projects to investigate various approaches in meeting these needs....
- * Seminal papers were written on independent living, including ones by Gerben DeJong and Susan Stoddard Pflueger.
- * Two national conferences on independent living, the first held in Berkeley in 1975, the second in Houston in 1978, were both sponsored by Rehabilitation Services Administration (RSA).
- * I & E (Innovation and Expansion)-funded independent living programs were established in California, Michigan, and Massachusetts" (Dalrymple et al., 1985, pp. 241-242).

One of these policy changes, in 1978, was the amendment of the Rehabilitation Act of 1973 to include Title VII, Comprehensive Services for Independent Living. In Part B Centers for Independent Living, grants for independent living programs are authorized. The centers are required to be primarily developed and operated by members of the disabled community. Seeking leadership for themselves changed their way of viewing their world.

Independent Living Programs in the United States

The independent living movement in Europe and the United States led to the development of many different types of independent living programs. Neistadt (1987) has described her independent living skills occupational therapy program, a group home in

Boston, for adults with developmental disabilities. The eight clients, four men and four women worked at a job or attended workshops during the day and received both individual and group occupational therapy and physical therapy sessions in the evening. "The purpose of both the group and individual sessions was to prepare the clients for more independent living by helping them to assume more responsibility for their lives" (Neistadt, 1987, p. 435) Individual treatment goals and objectives were determined by Neistadt and the client to meet the purpose of the program. "Average percentage scores for the first and last 2 months of the treatment year were compared to determine if the client showed greater initiative by the end of the first year in this program" (Neistadt, 1987, p. 437). All of the clients made some improvement in their first year in Neistadt's occupational therapy program. According to staff members reports, "clients had become more independent because they were more assertive in making their own needs known and in directing their own care" (Neistadt, 1987, p. 436).

The beginning of the Independent Living Centers signaled a major change in programs from the specific one designed by Neistadt (1987) for a small group of disabled individuals to the service of an entire community of disabled people. In 1979, there were approximately 74 Independent Living Center programs in the United States (Tate et al., 1979). Worldwide, these living centers have similar goals: education, informational assistance, providing programs in addition to existing community services, and as an alternative to the existing service structure (Chamberlain, 1988; De Jong, 1979). According to De Jong (1979), "centers for independent living have become the primary self-help unit.... They are the knowledge-giving, awareness-providing organizations that help to confer sovereignty on the consumer" (p. 29).

Berrol (1979) distinguished the Independent Living Center program from the transitional living center in terms of the level of independent living skills that are taught. He

feels that only basic living skills are taught at the transitional living center requiring professional assistance; the Independent Living Center assists in the development of independent living skills using peer (disabled) professionals.

"The independent living center (ILC) has become the embodiment of what living independently means to individuals with disabilities" (Bartels, 1985, p. 326). Ideally, according to Bartels, fifty-one percent or more of the employees with disabilities should run the center; the executive director should also be a person with disability as a role model for other individuals who have disabilities, and as a message to the community that people with disability are in key positions to make a difference with their lives.

The Transitions of Berkeley in Berkeley, California is an employee owned program designed to help the post acute care person with a head injury meet his or her "individualized treatment" goals with "follow-up support" after graduation (Edward Rauch, personal communication, April 11, 1992). The program can accommodate eight to sixteen clients; the charge per month for residential living and per diem therapeutic services is \$14,500.00. The staff includes an occupational therapist, a physical therapist, a speech therapist, a neuropsychologist, and a life skills counselor.

The Wisconsin Independent Living program, based on a 1982 evaluation, reported success in "increasing the number of disabled individuals relocating to private or less restricted residences" (cited by Banja, 1988, p. 381).

The Adult Independent Development Center of Santa Clara County (A.I.D.C. brochure) offers the following services and programs: advocacy, attendant care referral, counseling, housing referral, independent living skills, legal services, leisure skills, newsletter; transportation, vocational services, and two residential training programs. The center is a private non-profit corporation which offers services for people with disabilities who are 16 years and older.

Campbell Transitional Living Center

The Adult Independence Development Center (A.I.D.C.) in Santa Clara manages the Campbell Transitional Living Center program. The focus is on "increasing the resident's ability to live more independently and to manage his or her own affairs" (A.I.D.C. brochure). The TLC is a home in a residential area with modifications for the disabled client. Within this environment, the individuals live in a supportive group setting and work with an occupational therapist on acquiring specific skills based on individual needs. A work plan is written by the client and case manager to work on such specific areas as: "hygiene, grooming, diet, nutrition, cooking, household chores, health, recreation, transportation, money management, social development, pre-work skills, and future life planning" (TLC program description brochure). The program is from six months to a year in length and the cost is \$450.00 per month for food, room, board, and training. The goal is for the individual to gain skill in living independently, communicating with others and to have learned more about vocational opportunities, so he or she will move out of the TLC and into an independent living situation.

De Jong's Paradigm of Independent Living

According to Pflueger (cited by Berrol, 1979), people with disability recognized that they could no longer feel comfortable living with either the medical rehabilitation or the vocational rehabilitation model. These traditional models were not providing the services required nor advocating the disabled community needs as was hoped. People with disability were no longer content to play the "patient" role; it was time to become a consumer, a more visible self-determining role in order to achieve their goals. "With the rise of consumer sovereignty, professional dominance in disability policy and rehabilitation is being

challenged" (DeJong, 1979, p. 27). An example of this change in roles is the "individualized written rehabilitation plan" (IWRP), included in the Rehabilitation Act of 1973, which requires collaboration between the case manager and the client in writing the plan.

DeJong presents the independent living paradigm as a new paradigm shift. The medical rehabilitation model is faulted for its lack of acceptance of the ability of the disabled patient to live in a community residence post discharge. The vocational rehabilitation model's expectation that a severely disabled individual employability is non-existent or limited to a sheltered workshop is found to be self-defeating.

In the independent living paradigm, the locus of the problem shifts from the individual in the rehabilitation paradigm to the environment such as inappropriate housing or inaccessible transportation. The role and locus of control for the disabled person is the consumer. Finally, the desired outcomes are not just self-care independence and acceptable employment but the opportunity to live independently (DeJong, 1979, 1981).

Theoretical Frame of Reference

Kielhofner's Model of Human Occupation guided this research. Basic assumptions of the model are: A person is an open system. He/she interacts with the environment by the processes of input, output, throughput and feedback (Kielhofner & Burke, 1980). A "trajectory of change [in the system] is influenced by two critical factors-the internal characteristics of the system...and [the] interaction with the environment...Two important concepts for ... change ... are, first, that no system can be evaluated or understood in isolation from its particular environment, and second, an environmental change is the surest way to effect permanent organized change in an open system (Kielhofner, 1980b, pp. 731-

732). Changes in an individual are strongly influenced by his or her self-awareness, goals, and the individual's interactions with his/her environment (i.e. home, work, school, culture).

The TLC in Campbell is the environment in which the client with a disability would seek interaction and change. He or she is not a "pawn" (Kiefhofner & Burke, 1980, p. 576), a person who feels that he/she is in control of his/her environment. On the contrary, by his or her acceptance into the TLC program, there would be recognition that he/she is an "origin" (Kiefhofner & Burke, 1980, p. 576), a person who desires to take control and explore challenges. In this environment, the occupational therapist leads individual and group learning sessions that the client may then incorporate on his/her own in a residential environment. Therapist and client address those goals that can be adequately achieved in the TLC environment. The TLC provides the milieu for an individual to move up "the hierarchy of change... [from] exploration, [to] competency...[to] achievement (Kielhofner, 1980a, pp. 657-658). The occupational therapist's key role is to facilitate this hierarchal learning.

Conclusion

In summary, people with disability are striving towards living independently within their communities worldwide. The independent living movement in the United States has had an impact on legislation, the formulation of a new paradigm and the creation of independent living centers and transitional living centers. The paucity of literature about the effectiveness of the transitional living centers indicates a need for research in this area. At this time, the Transitional Living Center in Campbell has not been evaluated for its success in working with disabled individuals to help them achieve their independence. The results of this study will add to the body of knowledge related to the independent living movement. It will provide documentation relative to the transitional living center's service to improve the disabled person's quality of life.

CHAPTER 3

METHODOLOGY AND RESULTS

Descriptive, non-experimental methodology was used for this study. Each subject was studied as an individual case to accommodate the differences in the subjects' diagnoses and ages and to the differences in data collection forms used in the five year period under study. The same documents and functional evaluations that the subject completed when he/she was admitted to the TLC program between 1985-1990 were used to collect information regarding the subject's current status.

Subject Selection

Twenty-three potential subjects were chosen from the files of the TLC. These individuals had completed the TLC program and resided locally. Residential location was considered to be an important factor in the selection process to increase the likelihood of the subjects' availability for the interview process. Seven of the 23 potential subjects agreed to participate in the study.

Data Collection Procedures

The Transitional Living Center pre-program data which represented the subject's functioning at the time of enrollment in the program were collected by the researcher from each subject's file. Post-program data representing current levels of functioning were collected for each client. Data were collected from two or more of the following documents/evaluations: the "Transitional Living Center Program Questionnaire" (Appendix A), the "Basic Living Skills Evaluation" (Appendix B), the "Basic Living Skills Summary" (Appendix C), the "Transitional Living Center Intake Form" (Appendix D), the "Transitional Living Center Program Application" (Appendix E) and the "Kohlman

Evaluation of Living Skills (KELS)" (Appendix F). The same documents/evaluations that were used to collect pre-program data were used to collect information about each client's current status regarding his or her independent living skills.

Procedure

The twenty-three clients were mailed two copies of the consent letters (Appendix G) in October, 1992. Clients who agreed to participate in the study were asked to sign one of the consent letters and mail it to the Adult Independence Development Center (AIDC) using the postage paid, pre-addressed envelope. The second copy of the consent letter was provided for the client's record. Seven signed consent letters were received at the AIDC. In December, 1992, reminder postcards (Appendix H) were sent to the 17 clients who had not returned the consent letter. At the same time, those clients who consented to the study were sent a letter for scheduling an interview (Appendix I) and forms to be completed prior to the interview. Each client was sent the "Transitional Living Center Intake Form" (Appendix D), and one or both of the following forms: the "Transitional Living Center Program Application" (Appendix E) and the "Transitional Living Center Program Questionnaire" (Appendix A). Questions and sections of the forms which the client did not need to complete were deleted. In January, a postage paid, pre-addressed envelope was mailed to those clients who had not yet returned their forms/documents, encouraging them to contact the researcher if they had any questions (Appendix J). Only four clients had completed these forms prior to the interview. Three clients were assisted by the researcher to complete these forms during the interview time. The interview time was also used to clarify responses and to conduct the "Basic Living Skills Evaluation" (Appendix B) and/or the Kohlman Evaluation of Living Skills" (Appendix F), if appropriate for the client. The interviews were completed in 1 to 6 hours for each client. The average interview time was 2 hours and 50 minutes. This large time variation was due to the difference in the number of

forms to be completed and the ability of the client to complete the questions/tasks. No treatment was performed. Data from each client's pre-TLC program questionnaires/evaluations were collected and recorded on a data collection form (Appendix K). Names were concealed and a code was assigned for confidentiality. Data collection, most of the client interviews, and functional evaluations occurred at the Adult Independence Development Center, 1190 Benton Street, Santa Clara 95050. Three interviews were arranged according to the client's convenience and availability (see individual client's data). The first interview was observed by Sheri Burns, OTR, Director of Community Services. Each client was given a code to ensure confidentiality. Access to the collected data was limited to the researcher and her San Jose State University advisor and readers to check for consistent data collection. Permission to use the data sets was requested of the Transitional Living Center (Appendix L) and granted (Appendix M). Consent was received from each subject prior to the scheduled interview.

Data

Subjects

Seven of the twenty-three potential subjects consented to participate in this study. The four males and three females ranging in age from 24 years to 49 years of age participated in the Transitional Living Center (TLC) program for 5 months to 10 months from 1984 to 1990. The clients' diagnoses are: Post Traumatic Head Injury, Cerebral Palsy, Spinal Cord Injury, and Spina Bifida.

Data Collection

The interviews were conducted at the Adult Independence Development Center (AIDC), the Supplemental Living Center, run by the AIDC, at a local community college (arranged according to the client's school schedule) and at an individual's home. Interview

duration ranged from 1 hour to 6 hours; the average interview time was 2 hours, 50 minutes. The documents/evaluations used to collect data were noted for each client. Each subject's pre-program and post-program data were recorded on a data collection form designed by the researcher (Appendix I) and analyzed individually. Client's pre-program and post-program TLC data were evaluated in the following areas: living situation, household chores, meal planning and preparation, money management, community mobility, personal care activities, leisure activities/social skills and basic living/survival skills. A summary and client recommendation follow each presentation of data.

Client A

For Client A, pre-program and post-program data were collected from the "Transitional Living Center Intake Form" (Appendix D), the "Transitional Living Center Program Application" (Appendix E), medical history notes which were included in the client's files, and a TLC data sheet (Appendix N) provided by Sheri Burns, OTR at the Adult Independence Development Center (AIDC). A is a 31 year old female with Post Traumatic Head Injury secondary to a motor vehicle accident in 1983. She has hearing and speech difficulties resulting from her injury (TDD was used for phone communication and A lip-read during the interview session), and uses a manual wheelchair for mobility. A was interviewed at the AIDC for 1 hour, 20 minutes. She participated in the program for 8 months from August, 1984 to April, 1985. Pre-TLC, her goal for the TLC and for future living arrangements was "to live independent[ly] and take care of my family" (Transitional Living Center Program Application, 1984). Post-TLC, A reported that she had not participated in any medical rehabilitation, vocational training, or residential program similar to the TLC.

Living Situation: Prior to her participation in the TLC, she stated that her living settings were a "hodgepodge," that she lived with other families and they had an informal

arrangement whereby they did the general housekeeping. Post-TLC, she lived with one family and then in other settings as a "boarder"; presently she lives, by herself, in an apartment.

Household chores: Pre-TLC, A had an "informal arrangement" with the families. She stated that she was responsible for making her bed but the homeowners performed the general housekeeping. Post-TLC, A receives In-Home Supportive Services to assist with housekeeping and cooking tasks for 10-12 hours a week.

Meal planning and preparation: There were no data on the two forms indicating A's level of independence in this area. She receives In-Home Supportive Services for assistance with cooking tasks.

Money management: Pre-TLC, A received \$524.00 monthly from Supplemental Security Income; post TLC, she received \$630.00 monthly. Pre-TLC, the client reported that her husband managed the financial transactions; post-TLC, she managed her own money matters. A has not been employed since her injury in 1983.

Community mobility: A is dependent on a manual wheelchair for all mobility. Pre-TLC, she met her transportation needs by taxi, paratransit, or by rides from her relatives. Post-TLC, A uses a taxi or public transportation.

Personal care: There were no data on the two forms indicating A's level of independence in this area.

Leisure activities/social skills: Pre-injury/pre-TLC, A worked at a fabric store, took classes at a community college and was a housewife and mother. She enjoyed crafts, wrote poetry and enjoyed dancing, swimming and skiing. Post-injury/pre-TLC, she reported that she went swimming and made latchhook crafts. Post TLC, A stated that she is a mother and student and participates in the following activities: sewing, swimming, crafts and dried floral

arrangements, sign language, classes "to get out of [the] house" and "cruising in [her] wheelchair for exercise."

Basic living skills/survival skills: There were no data on the two forms indicating A's level of independence in this area.

Summary: Data were very limited for this client. Overall, A's living situation has improved post-TLC. Her living situation was reportedly more stable than her former "hodgepodge" of homes and she now handles her financial transactions independently. She has increased her independence in mobility by learning how to use public transportation. With assistance from In-Home Supportive Services she is no longer dependent on a landlord for household chores. Post-TLC, she has increased her involvement with leisure activities and approximately 7 years after A completed her TLC program, she appeared to have met her goal of living more independently. The client's goal to take care of her family could not be assessed as the interview did not cover this aspect of her life more specifically.

Client's recommendation: A did not complete a form for this study that requested this information.

Client B

Pre-program and post-program TLC data were collected for Client B from the following: the "Transitional Living Center Intake Form" (Appendix D), the "Transitional Living Center Program Application" (Appendix E), and the "Transitional Living Center Program Questionnaire" (Appendix A). Medical history notes included in the client's files and a TLC data sheet (Appendix N) provided by Sheri Burns, OTR at the Adult Independence Development Center (AIDC) provided additional data. B is a 24 year old Caucasian male with Cerebral Palsy (Spastic/Athetoid) who participated in the TLC program for 5 months from June, 1986 to November, 1986. B was interviewed at the AIDC

for 1 hour. His goals for the TLC program and his future living arrangements were: to "live independently on my own"..."to learn independent living skills and to attend college." (Transitional Living Center Program Application 6/24/86). He stated that he has taken vocational training courses in computer language programming post-TLC. He reported that he has not participated in any medical rehabilitation or residential training program similar to the TLC.

Living situation: Pre-TLC, B had lived in a Rehabilitation facility for fourteen years; he reported that he was dissatisfied with this situation. Post-TLC, he lives by himself in an apartment. He pays for an attendant and receives funds from In-Home Supportive Services (IHSS) for cooking, laundry, shopping and cleaning. He stated that he is comfortable with his present environment.

Household chores: Pre-TLC, B required supervision to wash dishes; post-TLC, he is independent. Pre- and post-TLC, he was independent to vacuum, dust, and empty trash. Pre-TLC, B could independently make his bed, change sheets and towels; post-TLC, he requires assistance or is dependent in these tasks. Pre-TLC, he could sweep, mop, and clean the kitchen with assistance; post-TLC, he performs these tasks independently. Pre- and post-TLC, he continues to require assistance to clean the bathroom. Pre-TLC, he did the laundry with assistance; post-TLC, he is dependent for this task. Pre- and post-TLC, he reported that he continues to be able to independently shop for clothing and other items.

Meal planning and preparation: Pre- and post-TLC, B continues to be independent in understanding basic nutritional concepts, planning nutritional meals, shopping for groceries and understanding refrigeration needs of certain foods. Pre-TLC, he required assistance for making a sandwich, heating a frozen dinner, cooking a hamburger and for learning how to safely use a gas/electric stove and oven; post-TLC, he performs these tasks independently. Pre- and post-TLC, he has required assistance to cook simple meals. Pre-TLC, B reported

that he needed assistance to boil water, open a can and mix ingredients; post-TLC, he is dependent on others for these activities.

Money management: Pre-TLC, B received approximately \$500.00 monthly from Supplemental Security Income (SSI) and conducted his financial transactions with assistance. Post-TLC, he earns \$2,000 monthly as a computer programmer (3 years, 9 months), and manages his finances independently. Pre-TLC, he reported that he was usually able to pay his bills but that he rarely purchased luxury items; post-TLC, he reports that he is able to pay his bills and purchase most items he wants or needs and has a savings account as well. Pre-TLC, he was not eligible for the Housing and Urban Development rent subsidy program; post-TLC, he now participates in it.

Community mobility: Pre-TLC, B was dependent on a taxi and county transit for transportation. Pre- and post-TLC, he was independent in using public transportation. Post-TLC, he independently uses his own car/van.

Personal care: There were no data on the three forms indicating B's level of independence in this area.

Leisure activities/social skills: Pre- and post-TLC, B has reported that he is somewhat satisfied with how he spends his time. Pre-TLC, most of his time was spent at school; post-TLC, he works long hours (up to 70 hours a week) at his job. He reported that he has taken 3 out of 8 classes for a certificate in a computer language course at a state college. He stated that he needs the certificate to change his job so he will enjoy it more. Pre- and post-TLC, B reported that he has "4 - 5" close friends and gets together with "2 - 3" of them monthly. His participation in groups has changed in the last 5 1/2 years. Pre-TLC, he noted that he did not participate at all in groups or organizations. Post-TLC, he reported that he participates fairly regularly with a church group and belongs to a work-related or professional group. Pre-TLC, he was regularly involved in the following activities: hobbies,

photography, sports (auto racing on television), games and outdoor activities. Post-TLC, B reported only two activities that he frequently performs: games and outdoor activities.

Basic living/survival skills: There were no data on the three forms indicating B's level of independence in this area.

Summary: B appeared to have made gains in the areas of: living situation, money management, and mobility. Some decreased ability was noted in the areas of household chores and meal planning and preparation. The In-Home Supportive Services that he receives helps him in these areas to live independently. While, post-TLC, he is more active in groups and organizations, he reported decreased involvement in leisure activities. Five years post-TLC, he reported that he learned "how to run a house, shopping, paying the bills... time management... attendant management...they helped me a lot"(Transitional Living Center Program Questionnaire 1/30/92).

Client recommendations: He stated that the AIDC should not require client participation in leisure time activities. He says "let the people do what they will...what they're used to" (Transitional Living Center Program Questionnaire 1/30/92). He seemed to feel that there were leisure activities in which he was not interested in participating but had to anyway.

Client C

Pre- and post-TLC data were collected for Client C from the following: the "Adult Independence Development Center Intake Form" (Appendix D), the "Transitional Living Center Program Questionnaire" (Appendix A), the "Transitional Living Center Program Application" (Appendix E), the "Adult Independence Development Center Basic Living Skills Evaluation" (Appendix B), and the "Adult Independence Development Center Basic Living Skills Summary" (Appendix C). Medical history notes included in the client's files and TLC data information sheet (Appendix N) provided by Sheri Burns, OTR, Director of

Community Services, at the Adult Independence Development Center (AIDC) were included. C is a 29 year old Caucasian female who has had Cerebral Palsy since birth. She has impaired vision and limited hand dexterity. She participated in the program for 10 months from April 11, 1989 to February 17, 1990. She was interviewed at the AIDC for three sessions of two hours each. According to Sheri Burns, OTR, C's pre-TLC evaluations were time consuming secondary to C's delayed cognitive processing. Pre-TLC, C's goals for the program and for her future living arrangements were: "to learn to be as independent as possible...to accomplish the skills needed to live independently, such as cooking skills...I now have a fear of cooking...I want to overcome this...to manage my own money...to continue my college education...and eventually to work with disabled people" (Transitional Living Center Program Application, 1988). Post-TLC, C did not participate in any vocational training, medical rehabilitation, or a residential training program similar to the TLC.

Living situation: Pre-TLC, she was living with her family and reported being dissatisfied with the situation. Post-TLC, she has lived independently for 2 years (5 1/2 months renting a room in a single family home, and 1 1/2 years living in a federally, subsidized apartment complex on her own). She stated that she felt satisfied with her present living situation.

Household Chores: Pre-TLC, C required assistance to wash dishes, vacuum, and make beds, and was dependent for sweeping floors, cleaning the bathroom and kitchen, emptying trash, doing laundry, and changing sheets. Post-TLC, she is independent for all of these tasks. Pre-TLC, C was dependent in mopping the floor; post-TLC, she cleans up small spills independently but the general mopping is performed by someone else. Pre- and post-TLC, she continues to be dependent for changing towels. Pre- and post-TLC, she reported that she is independent in shopping for clothes and other items. Client does not receive any

In-Home Supportive Services; however, she plans to have assistance in the future with her household chores for energy and time considerations.

Meal Planning and Preparation: Pre-TLC, C could not name the four food groups and required supervision to plan nutritional meals. Post-TLC, she is able to identify the four food groups with minimal cueing, and plans nutritional meals independently. Pre- and post-TLC, she is aware of refrigeration needs of certain foods and how to recognize spoilage. Pre- and post-TLC, she requires minimal cueing for food purchasing information (i.e. generic product, price comparison shopping, label reading). Pre-TLC, her mother did all of the grocery shopping; post-TLC, she is able to shop independently, but finds it easier to do it with assistance. Pre- and post-TLC, client continues to be dependent in heating/cooking items requiring a stove or oven secondary to her fear of burns. Pre-TLC, C was dependent for cooking simple meals and heating frozen dinners; post-TLC, she is independent using the microwave appliance.

Money management: Pre-TLC, C had worked briefly in 1982 making calls from her home and had volunteered as a receptionist from 1982-1985. She has been taking undergraduate classes at a community college pursuing a long-term career goal of becoming a psychologist. Post-TLC, C has continued her coursework towards a degree in Psychology/Counseling. Pre-TLC, C received approximately \$600.00 per month from Supplemental Security Income (SSI) and from child support monies from her father's divorce (her father also pays some of her medical insurance). Post-TLC, she receives \$692.00 monthly. Pre-TLC, she was not sure of her eligibility for the Housing and Urban Development (HUD) rent subsidy program. Post-TLC, she lives in a federally subsidized housing complex. Pre-TLC, she reported that her mother handled her financial transactions. Post-TLC, she handles her finances independently, is able to buy what she wants/needs, and save money. Pre-TLC, C was able to perform addition, subtraction and

multiplication problems independently without a calculator. She used a calculator for her division problems and required minimal assistance to enter them into the calculator. Post-TLC, she needs her calculator for addition, subtraction and multiplication problems and continues to require assistance for division.

Community mobility: C is dependent on either a manual or an electric wheelchair for mobility. Pre-TLC, she was dependent on paratransit, taxi, friends and family; for post-TLC, she uses public transportation independently for familiar routes or has a taxi, friend or family member drive her (paratransit does not service her home at this time). Pre-TLC, C required moderate assistance and moderate cueing for reading a county transit map; did not know correct bus, bus stops, and boarded a bus/van with supervision. Post-TLC, C continues to require moderate cueing for reading a county transit map for an unfamiliar route and stated that she is independent for using a bus schedule for familiar destinations, for identifying correct bus and bus stops and she is able to board a bus/van independently. Pre-TLC, she did not know the bus line which runs by her home; post-TLC, she readily identifies it. Pre- and post-TLC, C continued to be independent in moving around inside buildings, opening and closing doors, maneuvering in rooms and in outdoor mobility (i.e. getting outside, and going for a block or two outside).

Personal care: Pre-TLC, C performed eating activities as follows: independent in feeding self and minimal assistance required for cutting foods; post-TLC, she is independent in both of these areas. Pre- and post-TLC, C performed hygiene/grooming tasks as follows: independent in washing face, brushing teeth, bathing, showering, shampooing and combing hair. C performed dressing tasks as follows: pre- and post-TLC, independent in putting on her underclothes and outer clothing, fastening buttons and zipping a zipper. Pre-TLC, she required minimal assistance to fasten hooks and snaps; post-TLC, she does them independently. Pre- and post-TLC, she was dependent in tying her shoelaces, she now

wears shoes with velcro fasteners. Pre-TLC, she was independent zipping a zipper; post-TLC, she reported that she is now dependent in this task. Pre- and post-TLC, she reported that she is independent in transferring from wheelchair to/from bed, toilet, chair, car, and tub.

Leisure activities/social skills: Pre-TLC, C stated that she is satisfied with how she spent most of her time. Post-TLC, she reported that she feels "somewhat satisfied" with her use of time. Pre- and post-TLC, most of her time has been spent in school. Pre-TLC, she stated that she was involved in Campus Crusade for Christ, Bible studies at a non-denominational church, social activities with friends (shopping, movies), reading, arts, games, and outdoor activities. Post-TLC, her activities include: participation in a church Bible study group, doing social activities with friends, reading, sports, outdoor activities and watching T.V. Pre-and post-TLC, she considers 4 - 5 people to be close friends and is in contact with the same number of people monthly. Pre- and post-TLC, she has reported that she does not participate in social/recreational, political, community and professional organizations. Pre- and Post-TLC, she has continued to belong to an organization for persons with disabilities but she does not participate very often. Her involvement in religious organizations declined from pre-TLC level of being "very active" to post-TLC level of being "somewhat active."

Basic living/survival skills: Pre-TLC, C was not familiar with basic health and safety procedures for a minor and serious burns. Post-TLC, she was able to independently explain the appropriate procedures.

Summary: C appeared to have made gains in the areas of: living situation, household chores, money management, and meal planning and preparation. Client stated that her mobility outdoors was also a major accomplishment. "When I was in the TLC, I couldn't physically cross the street ... without fear. It was able to be accomplished without my

having any fear at all." She reported less satisfaction in how she spends her time. Two years post-TLC, she stated that she learned how "to live independently without help from my parents...I was able to accomplish the strength within myself to be able to live on my own...without the skills that they [TLC] taught me, it may not have been accomplished...With TLC's help, this dream has been accomplished...[I] nicknamed the TLC "the miracle house" because it changed my life" (Transitional Living Center Program Questionnaire, 1992).

Client Recommendations: C would recommend that more hours be scheduled for the OTR and client to work together in the beginning of the TLC program, even if it means weekend time for the therapist. She stated that follow-up should also be provided, if promised.

Client D

Pre- and post-TLC data were collected for Client D from the following: the "Adult Independence Development Center Intake Form" (Appendix D), the "Transitional Living Center Program Application" (Appendix E), the Transitional Living Center Program Questionnaire" (Appendix A), the "Kohlman Evaluation of Living Skills" (Appendix F), the "Adult Independence Development Center Basic Living Skills Evaluation" (Appendix B), and the "Adult Independence Development Center Basic Living Skills Summary" (Appendix C). Medical history notes included in the client's files and a TLC data sheet (Appendix N) provided by Sheri Burns, OTR at the Adult Independence Development Center (AIDC) were also used. D was interviewed at her home secondary to her unstable health condition. The interview took place over two days and lasted approximately 4 hours. This client is a 32 year old Caucasian female who has had Spina Bifida since birth. She has impaired vision. She participated in the TLC program for 9 1/2 months from July 11, 1989 to April 30, 1990. Her goals for the TLC and future living arrangements were to "be more independent and not have someone do everything for me all the time and to learn what it is

being on my own and be my own person..." Post-TLC, D has not participated in vocational training, medical rehabilitation, or a residential program similar to the TLC.

Living situation: Pre-TLC, D lived with her mother and reported that she was dissatisfied with her living situation but she felt unable to live independently and had no plans for change. Post-TLC, she has lived almost 1 1/2 years independently, 2 months in a single family residence and 1 year 3 months in a federally subsidized housing complex. She reported that she is satisfied with her current living situation.

Household chores: Pre-TLC, client was dependent in vacuuming, dusting, sweeping, and mopping floors and required supervision to do laundry and clean the kitchen. Post-TLC, she is independent in these tasks. Pre-TLC and post-TLC, D reported that she is independent for washing dishes, making beds, cleaning the bathroom, emptying trash and changing sheets and towels. On Fridays, D has assistance with household chores from In-Home Supportive Services secondary to energy and time considerations. Pre-TLC, she shopped for clothes with supervision; post-TLC, she states she is 90% independent in this area, 10% of the time she requires supervision. Pre- and post TLC, she shops independently for miscellaneous items.

Meal planning and preparation: Pre- and post-TLC, D understands basic nutritional concepts and purchasing information (i.e. generic, price per ounce, reading labels), and can make appropriate nutritional choices. Pre-TLC, she required supervision to plan meals; post-TLC, she can do this independently. Pre-TLC, D was dependent in grocery shopping; post-TLC, she shops independently using a motorized shopping cart. Her friends and family occasionally help with her groceries. Pre- and post-TLC, she is independent in boiling water, mixing ingredients, cooking simple meals, making a sandwich, heating frozen dinners and cooking hamburger. Pre-TLC, she reported that she may require assistance or

supervision with kitchen appliances (i.e. microwave, stove, oven, can opener, toaster and coffee maker); post-TLC, she use these appliances independently.

Money management: Pre-TLC, client worked as an assembler/packager and as a teacher's aide at a daycare center. Pre- and post-TLC, she has been taking classes to earn her "Early Childhood Education Certificate". Pre-TLC, D's financial transactions were conducted by her mother; post-TLC, client handles most of her financial matters independently. Pre-TLC, she was dependent in completing banking forms (checks, savings deposit slip, check register); post-TLC, she can independently write a check but requires minimal to moderate cueing to complete a savings deposit slip and check register. Pre-TLC, she was dependent in making change; post-TLC, she does this independently with a calculator. Pre- and post - TLC, she requires assistance to budget her monthly income. Pre-TLC, she was receiving approximately \$600.00 from Supplemental Security Income (SSI) and Social Security (SS); post-TLC, she receives \$662.25 from SSI and SS. Pre-TLC, client was unaware if she was eligible for the Housing and Urban Development rent subsidy program; post-TLC, she lives in an apartment run by this program.

Community mobility: Pre-TLC, D was independent in ambulation with assistive devices. Post-TLC, D ambulates independently, but her balance is sometimes unstable. Pre- and post-TLC, she has been independent in her mobility indoors (opening and closing doors, maneuvering in rooms) and outdoors (getting outside, going for a block or two and going into yards and gardens). Pre-TLC, D stated that her transportation needs were met by taxi, paratransit, public transportation and sometimes friends or family. Post-TLC, she uses public transportation for school, paratransit for grocery shopping and appointments and occasionally friends and family for general transportation. Pre- and post-TLC, she was independent in reading a bus map, identifying correct bus and bus stops, boarding the

bus/van, leaving the bus at the correct stop, and calling to use paratransit services. Pre- and post-TLC, D requires assistance to use maps secondary to her impaired vision.

Personal care: Pre- and post-TLC, D has performed eating activities as follows:

independent to cut foods, feed self, swallow and drink. Pre- and post-TLC, has performed hygiene/grooming activities as follows: independent to wash face, brush teeth, bathe, shampoo and comb hair, and monitor her urine bag. Pre- and post-TLC, D has been independent for donning under- and outer-clothing, fastening hooks, snaps, tying laces, and using a zipper.

Leisure activities/social skills: Pre-TLC, D reported that she felt both "somewhat satisfied" and "uncomfortable" about her use of time and that she was trying to correct the situation. She reported that her time was spent working, at school, in a training program, visiting friends, doing volunteer work, and being involved in activities around where she lived. Post-TLC, she is still uncomfortable about her use of time and is trying to correct it. She stated that most of her time is spent going to school and doing volunteer work. Pre-TLC, she had 8 or more close friends; 2 - 3 of which she saw monthly. Post-TLC, she has 4 - 5 close friends; 2 - 3 of which she sees monthly. Pre-TLC and post-TLC, D continued to be somewhat active in both recreation groups (including apartment socials) and church functions. Pre-TLC, D did not belong or participate in organizations by and for persons with disabilities, groups associated with community issues and professional or work-related groups; post-TLC, she participates fairly often with organizations related to persons with disabilities and participates occasionally with community and professional groups. Pre- and post-TLC, she does not participate in political action groups. Pre- and post-TLC, client continues to be regularly involved in the following activities: reading, crafts such as sewing, sports, outdoor activities, board games, and arts.

Basic living/survival skills: Pre- and post-TLC, D has been knowledgeable of emergency numbers and what to communicate in case of emergency. Pre-TLC, she did not know what to do if someone was choking; post-TLC, she is aware of what procedures to follow. Pre- and post-TLC, she continues to require minimal to moderate cueing to understand proper first aid procedures for minor and serious cuts, and minor and serious burns.

Summary: D appeared to have made gains in the areas of: living situation, meal planning and preparation and money management. She reported discomfort with her present use of time but she is trying to correct the situation. Almost two years post-TLC, she reported that she "learned to cook, clean, balance checkbook and statement - having difficulty now, grooming and hygiene - [to] do it better, bus mobility, learning to get ahead of schedule and learning to be independent in all of these after I graduated." For her the most important aspect at the TLC was learning "how to ride a scooter for [grocery] shopping" (Transitional Living Center Program Questionnaire, 1992).

Client recommendations: She recommended that the AIDC use more understanding toward a person's health needs. She reported that she felt frustrated being required to have appointments or perform TLC activities when she did not feel physically well.

Client E

Pre- and post-TLC data were collected for Client E from the following: the "Adult Independence Development Center Intake Form" (Appendix D), the "Transitional Living Center Program Application" (Appendix E), the "Transitional Living Center Program Questionnaire" (Appendix A), the "Adult Independence Development Center Basic Living Skills Evaluation" (Appendix B), and the "The Adult Independence Development Center Basic Living Skills Evaluation Summary" (Appendix C). Medical history notes included in the client's files and a TLC data sheet (Appendix N) provided by Sheri Burns, OTR at the Adult Independence Development Center (AIDC) were also used. E was interviewed at the

Supplemental Living Center, a transitional living house run by the AIDC, for 1 hour and 45 minutes; his work schedule did not accommodate for an interview during the AIDC's work hours. E is a 35 year old Caucasian male who had a Spinal Cord Injury secondary to a bicycle-bus accident, February 2, 1987, resulting in Quadriplegia C4, 5. He participated in the program for approximately 4 months from August 1, 1989 to November 30, 1989. Pre-TLC, he reported that his goals for the TLC and for future living arrangements were "to optimize my independence; to hopefully learn to shop, use public transportation, do own laundry,... and start working toward being able to drive" (Transitional Living Center Program Application, 1989). He reported that he had not participated in any additional vocational training, medical rehabilitation or other resident training program since he left the TLC.

Living situation : Post-injury, in 1987, E was living with his spouse and infant child in a condominium. He had recently completed his Bachelor of Science degree in Mechanical Engineering and had been financially supported by his wife. Pre-TLC, June 1989, E lived away from his family and received Supplemental Security Income. He reported that he wanted "more independence like home" (Transitional Living Center Program Questionnaire 6/5/89). Post-TLC, E shares a house with a roommate, works full time and pays for attendant and housekeeping services to help him to live independently. He stated that he is comfortable in his present situation.

Household chores: E pays a housekeeper to assist him with chores. Pre- and post-TLC, E continues to be dependent in washing dishes, vacuuming, making beds, dusting, sweeping/mopping floors, cleaning the bathroom/kitchen, doing laundry, emptying trash, and changing sheets/towels. Pre-TLC, he was dependent for shopping for clothes and other items. Post-TLC, he reported that he is able to shop with assistance.

Meal planning and preparation: Pre- and post-TLC, E has had an attendant assist him with meals. Pre- and post-TLC, he continues to be independent in understanding basic nutritional concepts (i.e. refrigeration needs of certain foods, ability to read labels and generic food information), planning healthy meals and in learning the safe use of gas/electric stove, oven, microwave and can opener. Pre-TLC, he was dependent in grocery shopping; post-TLC, he stated that he can now independently shop for food items. Pre-TLC to Post-TLC, his level of functioning changed from "dependent" to "with assistance" in the following areas: boiling water, opening a can, mixing ingredients, cooking simple meals, heating a frozen dinner or cooking hamburger. Pre-and post-TLC he continues to be dependent in making a sandwich.

Money management: Pre-TLC, in 1987, E reported that his wife was working to pay the bills and conducting the financial transactions. Pre-TLC (post-injury), in 1989, E lived away from his family and was receiving \$606.00 per month from Supplemental Security Income. Post-TLC, he manages his financial matters independently. Post-TLC, he has been working 8 months full time as a mechanical engineer earning \$3750 per month; his job title is Enabling Technology Engineer. Pre-TLC and post-TLC, E was independent in identifying coins/bills, counting out money for purchases and change, and writing checks. Pre-TLC, 1989, his wife would balance the checkbook for him; post-TLC, he independently manages his checkbook on the computer (he may occasionally require minimal cueing to verify dollar amounts). Pre-TLC, he was independent for identifying basic monthly expenses, writing out deposit and savings withdrawal slips; post-TLC, he may occasionally need supervision to check his correct completion of these tasks.

Community mobility: Pre- and post-TLC, E is dependent on a manual or electric wheelchair for all mobility. Pre-TLC, client reported that his transportation needs were met by his friends or family and paratransit (public transportation was not used secondary to

location of bus stops near his home). Post-TLC, he drives his own van independently (pre- and post TLC, E could use street maps independently). Pre-TLC, he required assistance to board bus/van; post-TLC, he boards independently. Pre-TLC and post-TLC, he continues to be able to move around, and maneuver indoors, and opening doors with level type door handles independently. Pre-TLC, he required moderate assistance to get outdoors; post-TLC, he reports that he can go outside independently.

Personal care: E reported that pre- and post-TLC, he has had an attendant to assist him in managing meals and personal care. Pre-TLC, E performed eating activities as follows: dependent to cut foods; minimal assistance to drink using a straw; independent using adaptive utensils; independent to feed himself after set-up; and independent swallowing. Post-TLC, client continues to be dependent in cutting foods, and is independent in drinking, using adaptive utensils, feeding himself and swallowing. In the area of hygiene/grooming his pre-TLC performance was as follows: assistance and set-up required to wash face, independent in brushing his teeth and is dependent for bathing and shampooing hair. Post-TLC, E stated that he was independent for washing his face, brushing his teeth; he continues to be dependent for bathing and shampooing hair. Pre-TLC, E combed his hair with assistance; post-TLC, he does so independently. In dressing, pre-TLC, this client was dependent for donning outer clothing for his lower and upper body, and he was dependent for fastening hooks, buttons and snaps, tying shoelaces and zipping zippers. Post-TLC, he continues to be dependent for donning outer clothing for his lower body; he requires moderate assistance for upper body dressing. He continues to be dependent for fastening hooks, buttons, and snaps, to tie laces and zip zippers.

Leisure activities/social skills: Pre-TLC, E reported that his leisure activities included some sports, reading and working on his computer. He spent most of his time in school and that he was uncomfortable with this situation and was trying to correct it. Post-TLC, he

described his activities as "physical, mental, hobbies" (Transitional Living Center Program Application, 1992). He reported that he spends most of his time at his job and that he is satisfied with his present situation. Pre-TLC, his number of close friends was "4 - 5"; post-TLC, his close friends number "8 or more." Pre- and post-TLC, he gets together regularly with 4 - 5 friends. E's participation in groups has changed since he participated in the TLC. He has increased his involvement in organizations for persons with disabilities, and professional or work related groups. His involvement in social groups has declined. His lack of involvement in political and religious groups, and groups related to community issues has remained the same.

Basic living/survival skills: Pre-and post TLC, he demonstrated knowledge regarding the 911 emergency medical number, what to do for minor and serious cuts and how to treat slight burns. Post-TLC, his awareness of how to treat serious burns was more thorough.

Summary: E appeared to have significantly improved his performance in the areas of money management, mobility and meal planning and preparation. He has increased his satisfaction with how he uses his time. He independently manages his attendant (for meals and personal care) and a housekeeper who assists him in household chores. Two and a half years post-TLC, client reported that the most important aspect of the TLC was "regaining as much control as was practical in my life" (Transitional Living Center Program Questionnaire 2/20/92).

Client Recommendations: Client stated that he would give the same recommendations post-TLC in 1992 that he had written on an evaluation post-discharge from TLC in 1989.

Client F

Pre- and post-TLC data were collected for Client F from the following: the "Adult Independence Development Center Intake Form" (Appendix D), the "Transitional Living Center Program Application" (Appendix E), the "Transitional Living Center Program

Questionnaire" (Appendix A), and the "Adult Independence Development Center Basic Living Skills Evaluation" (Appendix B). Data were also collected from medical history notes included in the client's files and a TLC data sheet (Appendix N) provided by Sheri Burns, OTR at the Adult Independence Development Center (AIDC). F was interviewed for one hour at a local community college, secondary to difficulties working around client's schedule, where he attends classes. Additional questions were answered during a 1/2 hour phone interview later that day. F is a 43 year old Caucasian male who had a Spinal Cord Injury and sustained a Traumatic Brain Injury secondary to a motor vehicle accident resulting in quadriplegia C - 7 incomplete, C - 8/T-1 complete. He has a medical history of Hodgkins lymphomas. He participated in the program for 8 months from February 12, 1990 to October 13, 1990. Pre-TLC, F stated that his goals for the TLC program and his future living arrangements were: "[ability] to dress oneself and ... [not be dependent on an] attendant for showering, bowel program and getting to work" (Transitional Living Center Program Application, 1990). Post-TLC, F reported that he has not had any vocational training, medical rehabilitation or participated in a residential training program similar to the TLC.

Living situation: Pre-TLC, F had lived with his family and reported that he felt very dissatisfied with that living situation but was unable to live independently. Post-TLC, he has lived alone for 1 1/2 years and states that he feels comfortable with his present situation.

Household chores: Pre-TLC, F required assistance to vacuum, empty trash, and clean the kitchen and was dependent for washing dishes, making beds, dusting, sweeping/mopping floors, cleaning the bathroom, doing laundry, and changing the sheets/towels; post-TLC, he is independent performing all of these tasks. Pre-TLC, client required assistance to shop for clothes and other items; post-TLC, client shops independently.

Meal planning and preparation: Pre-TLC and post-TLC, client continues to be able to understand basic nutritional concepts, make appropriate nutritional choices, understand refrigeration needs of foods, and how to purchase products economically, using generic product information and price comparisons. Pre-TLC, he was dependent in planning meals ahead of time, shopping for groceries, cooking simple meals, boiling water, opening a can, mixing ingredients, heating a frozen dinner, cooking hamburgers and learning how to safely use a stove, oven, and can opener. Post-TLC, he stated that he is independent in all of these tasks. Pre-TLC, he was able to identify the four food groups independently; post-TLC, he required minimal cueing to identify them. Pre-and post-TLC, he was able to identify items for fairly balanced meals and independently list ingredients needed for a specific lunch (tuna salad sandwich with chips).

Money management: Pre-TLC, F's spouse handled the financial transactions; post-TLC, he conducts his financial matters independently. Pre-TLC, he had difficulty keeping up with bills but could afford food and rent; post-TLC, he can pay bills, purchase items and save money, too. Pre-TLC, he reported that he was not eligible for the Housing and Urban Development (HUD) rent subsidy program; post-TLC, he is living at housing in this program. Pre-injury, F had worked 4 years as a fork-lift driver; post-TLC, he attends a community college. Pre-TLC, F received SSDI and an hourly wage; post-TLC, he has received \$786.00 from Supplemental Security Assistance. Pre-and post TLC, client requires assistance to complete basic math problems. Pre- and post TLC, client could count out change from a purchase and identify basic monthly expenses.

Community mobility: Pre-and post-TLC, F is independent with his wheelchair for all mobility. Pre-TLC, this client primarily depended upon his wife and/or attendant, and paratransit for transportation. Post-TLC, he is a client of paratransit, uses light rail and sometimes county transit. Pre- and post-TLC, F rarely uses county transit secondary to

some bad experiences. Pre-TLC, F was dependent in map reading; post-TLC, client needs minimal to moderate cueing to use a bus map. Pre-and post-TLC, client can identify correct bus, bus stops and can leave bus at correct stop. Pre-TLC, client required supervision to board the bus/van; post-TLC, client is able to do this independently. Pre- and post-TLC, F was independent for moving around inside buildings, maneuvering in rooms, getting outdoors and going for a block or two outside. Pre-TLC, F required minimal assistance to open and close doors, moderate assistance for heavy doors; post-TLC, client reports he can do it independently now.

Personal Care: In the area of eating, pre-TLC, F was dependent for cutting foods; post-TLC, client cuts his food independently. Pre-and post-TLC, F reported that he can feed himself, use adaptive utensils and drink using a straw when drinking out of a large cup. In the area of hygiene/grooming, pre- and post-TLC, he could independently wash his face, brush teeth, bathe, shampoo hair, and comb hair. In the area of dressing, pre-TLC, client was dependent for under clothes, outer clothes except T-shirts, fastening hooks and tying shoelaces. Post-TLC, he is able to perform these tasks independently. Pre- and post-TLC, F continues to be independent for fastening buttons and snaps, and using zippers.

In the area of transferring from his wheelchair, pre-TLC, client was dependent to transfer from wheelchair to bed, toilet, chair and tub. Pre-TLC, wheelchair transfer to chair was independent. Post-TLC, client is able to perform all transfers independently unless he transfers from his wheelchair to a low car which he may require assistance.

Leisure activities/social skills: Pre-TLC, he stated that he was uncomfortable with how he spent his time. Post-TLC, he feels "somewhat satisfied" with how his time is spent. Pre-TLC, he spent most of his time at work or visiting friends. He was an avid 4 wheel driver and involved in a related club, worked on his car, did woodworking, watched football, went to social functions with his wife, played quad rugby, and enjoyed reading and outdoor

activities. Post-TLC, most of his time is spent in school. He participates in wheelchair sports, is an advocate of people with disabilities - involved in 3 advocacy groups, enjoys reading and the arts. Pre-TLC, F had 2 - 3 people as close friends, post-TLC, he reported that he has 0 - 1 close friends and has contact with him/her monthly. Pre- and post-TLC, he continues to belong to social groups and professional or work-related groups but does not participate very often. Pre-TLC, F was not involved in groups related to persons with disabilities, politics or community issues. Post-TLC, F is now very involved in organizations for persons with disabilities and participates regularly in political action and community issues related groups. His interest in church or religious groups has decreased from "very active" to "somewhat active" pre- to post-TLC.

Basic living/survival skills: Pre- and post-TLC, F was aware of basic first aid procedure for treatment of a minor burn; he was dependent for procedures for a serious burn.

Summary: F appeared to have made gains in the areas of: living situation, household chores, meal planning and preparation, money management, and mobility. He reports that he is more satisfied with his use of time and his leisure activities, although the number of his friendships has decreased. Five years post-TLC, he reported that he has accomplished "all [of his goals] and more,...[he lives] independently, totally on his own...and [a] third goal...my major in college to help disabled people...even if I could help 1 out of 10 - that's a success...I learned that there was life after disability...They [TLC staff] gave me the ability to move, to want to do something" (Transitional Living Center Program Questionnaire, 1992).

Client recommendations: He has no recommendations for the program. "I think they do a fine job with what they do. I believe the program fit my needs and that it worked" (Transitional Living Center Program Questionnaire, 1992).

Client G

Pre- and post-TLC data were collected for Client G from the following: the "Adult Independence Development Center Intake Form" (Appendix D), the "Transitional Living Center Program Application" (Appendix E), and the "Transitional Living Center Program Questionnaire" (Appendix A). Medical history notes included in the client's files and a TLC data sheet provided by Sheri Burns, OTR (Appendix N) at the Adult Independence Development Center (AIDC) were also used. The client was interviewed at the AIDC for approximately 2 hours. G is a 49 year old Chinese male who had a Spinal Cord Injury secondary to a motor vehicle accident which resulted in quadriplegia C - 6, 7 incomplete. He also has ankylosing spondylitis. He participated in the program for 5 months from March, 1987 to September, 1987. His goals for the TLC program and future living arrangements were "to live independently from knowledge and actual participation in...TLC program [and]... To learn a skill so as to support myself" (Transitional Living Center Program Application, 1986). Post-TLC, G stated that he has not had any vocational training, medical rehabilitation or participated in a residential program similar to the TLC.

Living situation: Pre-TLC, G lived with his sister and her family and felt very dissatisfied with his situation yet was unable to live independently; post-TLC, he lives independently with a live-in attendant and reported that he is comfortable with this current living situation.

Household chores: Pre- TLC, G was dependent for vacuuming, making beds, sweeping/mopping floors, cleaning the bathroom and cleaning the kitchen; post-TLC, he reported that he could perform these tasks with assistance. Pre-TLC, G required assistance with washing dishes, dusting, emptying trash, and shopping (for clothes or miscellaneous); post-TLC, he does these activities independently. Pre- and post-TLC, he needed assistance to do laundry and change sheets/towels.

Meal planning and preparation: Pre- and post-TLC, G was independent in understanding basic nutritional concepts, planning nutritional meals, in making a sandwich, in learning the safe use of a gas/electric stove/oven and understanding the refrigeration needs of certain foods. Pre-TLC, he noted that he needed assistance to shop for groceries, to boil water, open a can, mix ingredients, to cook simple meals, to heat a frozen dinner or cook hamburger; post-TLC, he reported that he can perform these tasks independently.

Money management: Pre-injury, G had been self-employed; post-injury/pre-TLC, he had not been working for one year and reported that his sister was paying all of his bills. Pre-TLC, G conducted his financial transactions with help from his sister; post-TLC, he manages his financial matters independently. Post-TLC, he now earns \$4,000.00 monthly through rental units and investments. Pre-TLC, he reported that he could pay the bills and buy extra things that he needed or wanted but was unable to save any money. Post-TLC, he pays bills, buys item he chooses and saves money too.

Community mobility: Pre- and post-TLC, G is dependent on a manual wheelchair for all mobility. Pre-TLC, he reported that he is dependent on "friend/family or support group for rides"; post-TLC, he independently drives his own van for transportation. Pre-and post TLC, he continues to be independent in reading a bus map, identifying the correct bus and bus stops, leaving a bus at the correct stop and being able to call and use paratransit services.

Personal Care: There were no data on the three forms indicating G's level of independence in this area.

Leisure activities/social skills: Pre-TLC, G reported that he was "only reading and doing some arm movement exercises to keep fit"; post-TLC, he continues to enjoy reading, plus he is involved in quad rugby, table tennis, driving, and traveling. Pre-TLC, most of his time was spent doing activities around where he lived. Post-TLC, his time is spent "taking care

of personal things" such as grocery shopping and his investments. Pre-TLC, he was uncomfortable with his use of time but not ready to change his situation. Post-TLC, he feels satisfied about his use of time. The number of people considered to be close friends has decreased from "4 - 5" (pre-TLC) to "2 - 3"(post-TLC); pre- and post-TLC, the number of people he has contact with regularly continues to be 2 - 3 people. His participation in groups has somewhat changed in the last 4 1/2 years. Pre- and post-TLC, G continues to participate regularly in social groups, to belong to groups related to community issues and not to participate in political action organizations and church groups. However, post-TLC, he has increased his involvement in organizations of or for persons with disabilities and has less involvement in work-related or professional groups.

Basic living/survival skills: There were no data on the three forms indicating G's level of independence in this area.

Summary: G appeared to have made gains in the areas of: living situation, money management, and mobility. Gains were also made in the areas of meal planning and preparation and leisure time satisfaction. He reported gains in improving his living situation, in performing household chores, meal preparation, money management, use of his leisure time and mobility. Although he reported a decreased number of close friends, he stays in regular contact with the 2 - 3, whom he says are important to him. Four and one-half years post-TLC, client reported that "he learned how to drive, to cook and a lot of things that a handicap person need[s] to be taught...[He learned] that a disabled person can live almost like a normal person" (Transitional Living Center Program Questionnaire, 1992)

Client Recommendation: The TLC program duration be shortened to allow for more participants.

Results

The research question to be answered by this study was: Is there a measureable difference between the pre-program and current post-program level of independence of clients who have participated in the Transitional Living Center program in the areas of: living situation, household chores, meal planning and preparation, money management, community mobility, personal care, leisure activities/social skills, and basic living/survival skills.

Results of the study which report measureable improvements and declines in performance skills are reported below. Due to the global nature of the areas studied, the results of this study may indicate both improvements and declines in performance of the subjects in specific areas.

Improvements in Performance

Living situation: A has a more independent living situation post-TLC than her pre-TLC "hodgepodge" of home environments. Subjects B, C, D, E, F and G all reported, on the "Transitional Living Center Program Questionnaire" (Appendix A), dissatisfaction with their pre-TLC arrangements; post-TLC, they were comfortable with their living situations.

Household chores: Pre-TLC, A received assistance from a landlord for housekeeping; post-TLC, she chooses to have assistance from In-Home Supportive Services to manage her household tasks. Pre-TLC, B required supervision to wash dishes and assistance to sweep, mop, and clean the kitchen; post-TLC, he performs these tasks independently. Pre-TLC, C and F required assistance or were dependent in performing household chores; post-TLC, C does all household chores independently except for mopping large spills and changing towels. Post-TLC, F performs all household chores on his own. Pre-TLC, D was dependent in vacuuming, dusting, sweeping, and mopping floors and required supervision to

do laundry and clean the kitchen; post-TLC, D does these tasks independently. Pre-TLC, D shopped for clothes with supervision; post-TLC, she shops 90% of the time independently, 10% of the time she needs supervision. Pre-TLC, E was dependent for shopping for clothes and other items; post-TLC, he shops with assistance. Pre-TLC, F required assistance for shopping for clothes and other items; post-TLC, F shops independently. Pre-TLC, G was dependent for vacuuming, making beds, sweeping/mopping floors, cleaning the bathroom and cleaning the kitchen; post-TLC, he performs these tasks with assistance. Pre-TLC, G required assistance to wash dishes, dust, emptying trash, and shopping for clothes or miscellaneous; post-TLC, G does these tasks independently.

Meal planning and preparation: Pre-TLC, B required assistance for making a sandwich, heating a frozen dinner, cooking a hamburger; post-TLC, he performs these tasks independently. Pre-TLC, C could not recognize the four food groups; post-TLC, C identifies the four food groups with minimal cueing. Pre-TLC, C, E and F were dependent for cooking simple meals and heating frozen foods; post-TLC, C and F are independent in doing these tasks, E requires assistance. Pre-TLC, C, D, E and F were dependent for grocery shopping and G required assistance to grocery shop; post-TLC, they shop independently. Pre-TLC, C and D required supervision to plan meals, F was dependent in this area; post-TLC, they plan meals independently. Pre-TLC, B and D required assistance or supervision to learn to use kitchen appliances, F was dependent in this area; post-TLC, they use them independently. Pre-TLC, E and F were dependent and G required assistance to boil water, open a can, mix ingredients, or cook hamburger; post-TLC, E does these tasks with assistance, F and G do them independently.

Money management: Pre-TLC, B, E and G were receiving Supplemental Security Income or assistance from a relative; post-TLC, they are all employed and self-supporting. The finances for A, B, C, D, E, F and G were previously handled by a relative or spouse (pre-TLC). Now (post-TLC), they conduct their own money matters; D requires some assistance. Pre-TLC, D was dependent in completing banking forms; post-TLC, she requires minimal to moderate cueing to complete savings deposit slip and check register. Pre-TLC, D was dependent in making change; post-TLC, she does this independently with a calculator.

Community mobility: Pre-TLC, A, C and F relied on others for transportation; post-TLC, they use county transit, paratransit or taxi independently. Pre-TLC, B, E and G used taxis, paratransit, public transportation or were dependent on friends or family for transportation; post-TLC, they drive their own van or car. Pre-TLC, C required moderate assistance for reading a county transit map for familiar destinations, supervision to board a bus/van and was dependent in identifying which bus went by her home; post-TLC, she has been able to do these tasks independently. Pre-TLC, E required assistance to board bus/van and moderate assistance to go outside independently; post-TLC, he reported that he is independent in both of these areas. Pre-TLC, F was dependent in map reading; post-TLC, he needs minimal to moderate cueing to use a bus map. Pre-TLC, F required supervision to board a bus/van; post-TLC, he is able to do this independently. Pre-TLC, F required minimal to moderate assistance to open and close doors of buildings; post-TLC, he performs this independently.

Personal care: Pre-TLC, C required minimal assistance and F was dependent to cut foods; post-TLC, they can do this independently. Pre-TLC, C required minimal assistance for fastening hooks and snaps; post-TLC, they were able to do these tasks independently. Pre-TLC, E required assistance to comb his hair and to drink using a straw; post-TLC, he does

these tasks independently. Pre-TLC, E required assistance and set-up to wash his face; post-TLC, E does it independently. Pre-TLC, E was dependent for donning outer clothing for upper body dressing; post-TLC, he requires moderate assistance for this task. F was dependent to cut foods, for donning under and outer clothes (except for T-shirts), fastening hooks and tying shoe laces; post-TLC, he is able to do these tasks independently. Pre-TLC, F was dependent in transfers (except wheelchair to chair); post-TLC, F is able to perform most transfers independently.

Leisure activities/social skills: Pre-TLC to post-TLC, A and G have increased the number of activities in which they participate. Subjects' change in satisfaction level regarding pre- and post-TLC use of time was as follows: E's level of satisfaction changed from "uncomfortable" to "satisfied"; F's situation improved from "uncomfortable" to "somewhat satisfied"; and G's situation also improved from "uncomfortable" to "satisfied." Pre-TLC, B reported that he did not participate in groups or organizations; post-TLC, he participates regularly in a church group. From pre-TLC to post-TLC, D, E, F and G have increased their participation in groups of or for people with disabilities. Pre-TLC to post-TLC, D and F have become more involved in community groups. Pre-TLC to post-TLC, B, D and E participate more in professional groups. F is more involved (post-TLC) in political organizations than he was before (pre-TLC). Pre-TLC to post-TLC, E has increased his number of close friends.

Basic living/survival skills: Pre-TLC, C was not able to explain basic first-aid procedures for burns; post-TLC, she did this independently. Pre-TLC, D did not know first-aid procedures for choking; post-TLC, D is aware of proper procedures to follow. Pre-TLC to post-TLC, E improved his knowledge of how to treat serious burns.

Declines in Performance

Living situation: There were no declines noted in the living situation area.

Household chores: Pre-TLC, B did the laundry with assistance; post-TLC, he is dependent for this task. Pre-TLC, B independently made his bed and changed sheets and towels; post-TLC, he requires assistance or is dependent for these tasks. Pre-TLC, B did the laundry with assistance; post-TLC, B is dependent for this task.

Meal planning and preparation: Pre- and post-TLC, B needed assistance to boil water, open a can and mix ingredients; post-TLC, he depends on others for these activities. Pre-TLC, F was able to identify the four food groups independently; post-TLC, he required minimal cueing to identify them.

Money Management: A has not been employed since her injury in 1983. Pre-TLC, E was independent for identifying basic monthly expenses, writing out deposit and savings withdrawal slips; post-TLC, he may occasionally need supervision to check his correct completion of these tasks.

Personal Care: Pre-TLC, C was independent for zipping a zipper; post-TLC, she is dependent on others to perform this task.

Leisure activities/social skills: From pre-TLC to post-TLC, B reported a decreased number of activities in which he was regularly involved. Pre-TLC to post-TLC, C and F have decreased their participation in church or religious organizations. Pre-TLC to post-TLC, E has decreased his involvement in social groups. G has decreased his involvement in work or professional groups from pre-TLC to post-TLC. Pre-TLC to post-TLC, D, F and G reported a decreased number of close friends. Subjects' decreased level of satisfaction level regarding pre- and post-TLC, use of time were as follows: C's satisfaction declined from "satisfied" to "somewhat satisfied."

Basic living/survival skills: There were no declines reported in the basic living/survival skill area.

No Changes in Performance

Living situation: No changes in performance reported post-TLC with living situation.

Household chores: Pre- and post-TLC, B continues to require assistance for cleaning the bathroom, and to be independent for vacuuming and dusting. Pre- and post-TLC, C continues to be dependent for changing towels. Pre- and post-TLC, D continues to be independent for washing dishes, making beds, cleaning the bathroom, and changing sheets and towels. Pre- and post-TLC, C and D continue to be independent for emptying trash and shopping for clothing or miscellaneous items. Pre- and post-TLC, E continues to be dependent in washing dishes, vacuuming, making beds, dusting, sweeping/mopping floors, cleaning the bathroom/kitchen and emptying trash. Pre- and post-TLC, E and G continue to need assistance or be dependent in doing laundry and changing sheets and towels.

Meal planning and preparation: Pre- and post-TLC, B, D, E, F and G continue to be independent in understanding basic nutritional concepts and planning nutritional meals. Pre- and post-TLC, B is independent in shopping for groceries. Pre- and post-TLC, B, C, F and G are independent in understanding refrigeration needs of certain foods. Pre- and post-TLC, B continues to require assistance to cook simple meals. Pre- and post-TLC, C continues to be dependent for heating/cooking foods requiring a stove or oven secondary to her fear of burns. Pre- and post-TLC, C has required minimal cueing for food purchasing information. Pre- and post-TLC, D and F continues to have knowledge of food purchasing information. Pre- and post-TLC, D is independent in boiling water, mixing ingredients, cooking simple meals, making a sandwich, heating frozen dinners and cooking hamburger. Pre- and post-TLC, E continues to have an attendant assist him with meals, and be dependent in making a sandwich. Pre- and post-TLC, E and G continue to be independent

in learning the safe use of appliances. Pre- and post-TLC, F was able to identify items for fairly balanced meals and independently list ingredients needed for a specific lunch. Pre- and post-TLC, G was independent in making a sandwich.

Money management: Pre- and post-TLC, A, C, D and F continue to receive government assistance. C, D and F are pursuing undergraduate degrees at local community colleges. Pre- and post-TLC, D requires assistance to budget her monthly income. Pre- and post-TLC, E was independent in identifying coins/bills, counting out money for purchases and change, and writing checks. Pre- and post-TLC, F could count change from a purchase and identify basic monthly expenses.

Community mobility: Pre- and post-TLC, C continues to require moderate assistance to use a county transit map for unfamiliar destinations. Pre- and post-TLC, C and D continue to be independent in mobility inside buildings and outdoors. Pre- and post-TLC, D continues to use taxi, paratransit, public transportation or rely on family or friends for transportation. Pre- and post-TLC, D continues to be independent in reading a bus map, and in boarding bus/van. Pre- and post-TLC, D and G continue to independently be able to call and use paratransit services. Pre- and post-TLC, D, F and G continue to be able to identify correct bus, bus stops, and leaving bus at the correct stop independently. Pre- and post-TLC, D requires assistance to use maps secondary to her impaired vision. Pre- and post-TLC, E continues to be able to manuevre indoors independently. Pre- and post-TLC, F continues to be able to independently access the inside of buildings, and go for a block or two outside using his wheelchair.

Personal Care: Pre- and post-TLC, C continues to be independent in feeding herself, washing face, brushing teeth, bathing, showering, shampooing and combing hair, putting on

underclothes and outer clothing, fastening buttons and zipping a zipper. Pre- and post-TLC, C continues to be dependent for tying shoelaces; she now wears shoes with velcro fasteners. Pre- and post-TLC, D was independent for eating and drinking, performing hygiene and grooming activities and for dressing herself. Pre- and post-TLC, E has had an attendant assist him in managing meals and personal care. Pre- and post-TLC, E continues to be dependent to cut foods and to be independent in using adaptive utensils, feeding himself after set-up, and swallowing. Pre- and post-TLC, E has been independent in brushing his teeth and dependent for bathing and shampooing hair. Pre- and post-TLC, E continues to be dependent for donning outer clothing for his lower body and for fastening hooks, buttons, snaps, and to tie laces and zip zippers. Pre- and post-TLC, F was independent to feed self, use adaptive utensils, drink using a straw, wash his face, brush teeth, bathe, shampoo hair, and comb hair. Pre- and post-TLC, F continues to be independent for fastening buttons and snaps, and using zippers.

Leisure activities/social skills: Pre- and post-TLC, B reports that he is somewhat satisfied with his use of time. Pre- and post-TLC, D continues to feel "uncomfortable" with her use of leisure time. Pre- to post-TLC, C and D continue to report a similiar number of activities. Pre- and post-TLC, B, C and D continue to have the same number of close friends. Pre- and post-TLC, C continues to not participate in social, political, community and professional organizations; at the same time she continues to be involved occasionally with an organization of or for people with disabilities. Pre- and post-TLC, D continued to be involved with recreation groups; at the same time, she continues to not be involved with political organizations. Pre- and post-TLC, E continues to see the same number of friends monthly. Pre- and post-TLC, E continues not to be involved in religious, community and political groups. Pre- and post-TLC, F continues to be belong to social and professional groups. Pre- and post-TLC, G continues to participate in social groups, to belong to

community groups and not to be involved in political action and church related organizations.

Basic living/survival skills: Pre- and post-TLC, D has been knowledgeable of emergency numbers and what to communicate in case of emergency. Pre- and post-TLC, E knew emergency number 911 and knew basic first-aid procedures for minor and serious cuts and minor burns. Pre- and post-TLC, F was aware of basic first aid procedure for a minor burn; he continues to be knowledgeable for procedures for a serious burn.

CHAPTER 4

DISCUSSION, IMPLICATIONS AND RECOMMENDATIONS

This research has identified the pre-program and current level of independence of seven clients who participated in the Campbell Transitional Living Center (TLC) program from 1984 to 1990. The subjects were assessed in the areas of: living situation, household chores, meal planning and preparation, money management, community mobility, personal care activities, leisure activities/social skills, and basic living/survival skills.

This study asked the question: Is there a measureable difference between the pre-program and current post-program level of independence of clients who have participated in the Transitional Living Center program in the areas of: living situation, household chores, meal planning and preparation, money management, community mobility, and personal care. Results of the study indicate that the majority of the subjects have achieved measureable improvements between pre-TLC and current level of independence, from "dependence" to "independence" in the areas of living situation, household chores, meal planning and preparation, money management, community mobility, and personal care. The subjects also reported some gains in the areas of: leisure activities/social skills, and basic living/survival skills. Most subjects had not participated in rehabilitation or residential training post-TLC; however, B received vocational training for his present job which he secured post-TLC. The improvements in performance achieved by the clients from pre-program status to post-program status may be attributed to several factors: comprehensive initial screening for client's success in the TLC program; individualized and specific goal setting with each client; appropriate use of the TLC community environment for adapted activity; and professionals trained in empowering the clients to effecting change within themselves.

Decreased skill performance was noted for some subjects in the areas of household chores, meal planning and preparation, money management, personal care, and leisure activities/social skills. Six of the seven subjects reported some decline in the area of leisure activities/social skills. These declines reflect one or two aspects of the subject's whole leisure performance area. Five of the six subjects showed areas of improvement. Client C was the only subject to report no improvement in this area. It is interesting to note that four of the six subjects increased their involvement in groups or organizations of or for people with disabilities (Client A did not have this information on her forms).

Beyond the Medical Model

Baum (1985) and Christopher (1987) challenge occupational therapists to work with communities and governments to provide more community based services for individuals with disabilities such as those offered by the Adult Independence Development Center, which administers the TLC. The consideration of clients' needs beyond their medical discharge to their ability to perform independently in the community is a paradigm shift (De Jong, 1979) for therapists. Baum (1985) noted that with the health care system changing, there are opportunities within the community whereby therapists could use their skills and abilities very effectively. The needs of clients post-rehabilitation may be life-long and may be best addressed within their home or a community environment. Using the TLC residential environment, occupational therapists were able to effect change in the clients who participated in this study.

Community Implications

The achievement of an individual with a disability to perform activities of daily living (ADL) independently will have an enormous impact on the community in which he or she person lives. The individuals who participated in this research study have already made a difference in their local community. Three out of the seven subjects no longer receive government assistance for their income; they are employed and self-supporting. Three others continue to receive income assistance but are actively pursuing degrees at local colleges; they are studying to become a psychologist, a social worker and a kindergarten aide. In the future, these three may no longer receive community funds, they will be active members of the workforce. Although one subject may continue to receive funds, she will not depend on others for money management and transportation. She is also taking classes but she is not pursuing a degree.

The seven subjects of this study are residents of Santa Clara County. Pre-TLC, three of them had never lived on their own. The other four required assistance to return to living independently after an injury. All of them live independently, post-TLC, as a boarder, tenant or home owner.

These clients also impact their community in other ways. They now have more purchasing power for groceries, clothes, and for paying salaries for attendants or housekeepers, or miscellaneous. They rely less on others and are, therefore, able to share with others, their leisure time and friendship.

Implications and Recommendations for Future Research

The results of this research study appear to reinforce the basic premise of the Disability Rights Movement of the 1970's, that "the needs of the disabled can be met most

effectively by comprehensive programs which provide a variety of services" (Berrol, 1979). The Campbell Transitional Living Center program seems to have contributed to the subjects' independence in activities of daily living. More research is needed to further evaluate the effectiveness of this training.

Future researchers undertaking this type of pre- and post-program study, could compare data collected as the client began and concluded their participation in the program. Follow-up studies of the same clients, post 1, 2, and 3 years could determine the level of carry-over of skills. Larger samples would be useful to further contribute to the data base for the effectiveness of the Transitional Living Center.

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Transitions Bay Area Head Injury Recovery Program brochure

Appendix A
Transitional Living Center Program Questionnaire

ADULT INDEPENDENCE DEVELOPMENT CENTER

1190 BENTON STREET, SANTA CLARA, CA 95050
TDD (408) 985-9243 VOICE (408) 985-1243

TRANSITIONAL LIVING CENTER

Program Questionnaire

Participant's Name: _____

Date: _____

Staff Name and Position: _____
(if appropriate)

For staff members only

(Please check one:) application ____ pre-test ____
post-test ____ review ____ follow-up ____

Instructions: This form is used to obtain information about various aspects of the applicant/participant's life. The information will be used, by staff members, to assess your needs as well as to evaluate your T.L.C. program progress. Furthermore, information will be used for evaluating the effectiveness of the overall T.L.C. program. Please mark all questions with the answer that best describes your feeling, abilities or situation. Thank you.

SECTION A - Living Situation

1. Which of the following best describes your current living situation?
(Check one).

- a. ____ Independently alone or with spouse
- b. ____ Independently with friends in a house or apartment
- c. ____ In a group home with other individuals with disabilities, expenses and duties are shared
- d. ____ With my parents/family
- e. ____ In a board and care home, halfway house, or similar situation
- f. ____ In an institutional setting (hospital, nursing home, or other place supported by public funds).

The AID Center of Santa Clara County, Inc. is a private non-profit agency serving the disabled population funded in part by California Department of Rehabilitation, Santa Clara County, United Way, Uniume Recycling and other sources

2. Which of the following best describes your feelings about your living situation? (Check one).

- a. ☐ Comfortable in current living situation
- b. ☐ Increasingly dissatisfied, and have made plans for change
- c. ☐ Increasingly dissatisfied, but have made no plans for change
- d. ☐ Very dissatisfied but feel unable to live independently

SECTION B - General Activity (Please indicate your ability to do the following activities, even if you do not ordinarily do them.

1. Ability to travel in the community (check one).

- a. ☐ Own and operate a car/van or other adequate means of getting around
- b. ☐ Depend on friend/family or support group for rides
- c. ☐ Depend on public transportation/paratransit services for rides
- d. ☐ Seldom or never travel due to unreliable sources of transportation.

2. Ability to take public transportation, i.e. bus, paratransit services (check the appropriate line).

- a. Can read bus maps
☐ Independent ☐ With supervision ☐ With assistance ☐ Dependent or not able
- b. Can identify correct bus and bus stops
☐ Independent ☐ With supervision ☐ With assistance ☐ Dependent or not able
- c. Can board the bus/van
☐ Independent ☐ With supervision ☐ With assistance ☐ Dependent or not able
- d. Can leave bus at correct stop
☐ Independent ☐ With supervision ☐ With assistance ☐ Dependent or not able
- e. Can call and use paratransit services
☐ Independent ☐ With supervision ☐ With assistance ☐ Dependent or not able

a. Wash dishes _____ Independent _____ With supervision _____ With assistance _____ Dependent or not able _____

b. Vacuum

	With	With	Dependent
_____ Independent	_____ supervision	_____ assistance	_____ or not able

c. Make beds

	With	With	Dependent
_____ Independent	_____ supervision	_____ assistance	_____ or not able

d. Dust

	With	With	Dependent
_____ Independent	_____ supervision	_____ assistance	_____ or not able

e. Sweep/mop

	With	With	Dependent
_____ Independent	_____ supervision	_____ assistance	_____ or not able

f. Clean bathroom; sink, toilet, bathtub
_____ Independent _____ With supervision _____ With assistance _____ Dependent or not able

g. Do laundry _____
_____ Independent _____ With supervision _____ With assistance _____ Dependent or not able

h. Dump trash when needed _____
_____ Independent _____ With supervision _____ With assistance _____ Dependent or not able

i. Clean kitchen: sink, counter and table tops, refrigerator, shelves,
top of stove and burners, and outside of stove/oven and refrigerator
_____ Independent _____ With _____ With _____ Dependent
_____ supervision _____ assistance _____ or not able

j. Change sheets and towels as necessary

	With		With		Dependent
_____ Independent _____	supervision	_____ assistance		_____ or not able	

4. Knowledge and abilities of cooking and nutrition (check appropriate line)

- a. Can understand basic nutritional concepts, balance four basic food groups, importance of regular good meals
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able
- b. Can make appropriate nutritional choices (i.e. avoids junk food)
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able
- c. Understand the concept of planning meals ahead
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able
- d. Shop for groceries
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able
- e. Can boil water, open a can, mix ingredients
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able
- f. Can cook simple meals: make a basic breakfast; cereal and milk; fruit; or eggs, toast and fruit
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able
- g. Can make a sandwich
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able
- h. Can heat frozen dinner or cook a hamburger
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able
- i. Can easily learn the safe use of a gas/electric stove and oven
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able
- j. Know which items need refrigeration; know what food is spoiled
 _____ Independent _____ ^{With}supervision _____ ^{With}assistance _____ ^{Dependent}or not able

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5. Ability to do shopping (check the appropriate line).

- a. Food shopping
_____ Independent _____ With supervision _____ With assistance _____ Dependent or not able
- b. Cloth shopping
_____ Independent _____ With supervision _____ With assistance _____ Dependent or not able
- c. Other shopping
_____ Independent _____ With supervision _____ With assistance _____ Dependent or not able

SECTION C - Financial Situation

1. Ability to conduct financial transactions (check one).

- a. _____ Can conduct all financial transactions without assistance.
- b. _____ Can conduct financial transactions with assistance.
- c. _____ Can not conduct financial transactions at this time.

2. Describe current financial condition (check one).

- a. _____ Can pay bills, buy most things I need or want, and save some money.
- b. _____ Can keep up with bills, buy some extra things I need or want, but am not able to save money.
- c. _____ Usually pay bills, but seldom able to use money for luxury items.
- d. _____ Have trouble keeping up with bills, can afford food and rent.
- e. _____ Unable to pay for essentials like food and rent, unable to pay bills.

3. Housing and Urban Development (HUD or Housing Authority) rent subsidy program - Section B (check one).

- a. _____ Eligible for this program, currently taking part in it.
- b. _____ Eligible for this program, but no housing is available at this time.
- c. _____ Eligible for this program, but choose not to take part in it.
- d. _____ Not eligible for this program.
- e. _____ Unsure of eligibility for this program.

SECTION D - How time is spent:

1. How do you spend most of your time? (check one).
 - a. ☐ Employment
 - b. ☐ School
 - c. ☐ A training program
 - d. ☐ Visiting friends
 - e. ☐ Doing volunteer work
 - f. ☐ Activities around where I live
 - g. ☐ Other (please specify) _____
2. Which of the following best describes your feelings about the way you spend most of your day? (Check one).
 - a. ☐ Satisfied with what I am doing
 - b. ☐ Feel somewhat satisfied with what I am doing
 - c. ☐ Uncomfortable with my situation, but trying to correct it
 - d. ☐ Uncomfortable with my situation, but not ready to correct it

SECTION E - Social Life and Feelings about Self:

1. How many people would you consider to be close friends? (Check one).
 - a. ☐ 0 - 1
 - b. ☐ 2 - 3
 - c. ☐ 4 - 5
 - d. ☐ 6 - 7
 - e. ☐ 8 or more
2. How many of these people do you have contact with at least once a month? (Check one).
 - a. ☐ 0 - 1
 - b. ☐ 2 - 3
 - c. ☐ 4 - 5
 - d. ☐ 6 - 7
 - e. ☐ 8 or more

3. In which of the following sorts of groups or organizations do you participate in and how active are you? (Check as many as apply).

Key: Very active - participate in most activities
 Somewhat active - participate fairly often
 Not very active - belong, but rarely participate
 Not active at all - do not belong nor participate

- a. Social/recreation groups
 ____ Very active ____ Somewhat active ____ Not very active ____ Not active at all
- b. Organization of, or for, persons with disabilities
 ____ Very active ____ Somewhat active ____ Not very active ____ Not active at all
- c. Political action organization
 ____ Very active ____ Somewhat active ____ Not very active ____ Not active at all
- d. Groups concerned with community issues
 ____ Very active ____ Somewhat active ____ Not very active ____ Not active at all
- e. Professional or work-related groups
 ____ Very active ____ Somewhat active ____ Not very active ____ Not active at all
- f. Church or religious groups
 ____ Very active ____ Somewhat active ____ Not very active ____ Not active at all
- g. Other (please list)
 ____ Very active ____ Somewhat active ____ Not very active ____ Not active at all

7. In which of the following leisure activities do you regularly get involved? (Check as many as are appropriate).

- a. ____ Reading - magazines or books
- b. ____ Hobbies - stamp collecting, model building, coin collecting, repair work for amusement, photography, etc.
- c. ____ Crafts - sewing, woodwork, refinishing furniture, etc.
- d. ____ Arts - playing music, acting, drawing, painting, creative writing, etc.
- e. ____ Games - chess, checkers, cards, backgammon, board games, etc.
- f. ____ Outdoor activities - fishing, hunting, camping, rafting, etc.
- g. ____ Sports - swimming, basketball, bowling, racing, etc.
- h. ____ Other activities (please describe): _____

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SECTION F - Evaluation (This section is for Follow-up or Review use only).

1. How long did you live at the T.L.C.?

- a. _____ 0 - 1 month
- b. _____ 2 - 3 months
- c. _____ 4 - 6 months
- d. _____ 7 - 9 months
- e. _____ 10 - 12 months

2. Which of the following best describes your current living situation?

- a. _____ Independently alone or with spouse
- b. _____ Independently with friends in a house or apartment
- c. _____ In a group home with other individuals with disabilities, expenses and duties are shared
- d. _____ With my parents/family
- e. _____ In a board and care home, halfway house, or similar situation
- f. _____ In an institutional setting (hospital, nursing home, other facility supported by public funds).

3. Which goals were accomplished while at the T.L.C.? _____

4. What did you learn while at the T.L.C.? _____

5. What was the most important aspect of the T.L.C. for you? _____

6. Looking back on your participation at the T.L.C., what recommendations for changes in the program would you give?

Appendix B
Adult Independence Development Center
Basic Living Skills Evaluation

Adult Independence Development Center

Basic Living Skills Evaluation

Name _____ Age _____ Diagnosis _____

The following list is to determine the level of assistance necessary in your daily living skills. Please write the corresponding number for the level of independence necessary: 1=Independent, 2=slight assistance, 3=moderate assistance, 4=done by another.

1. Eating: Cut foods _____, feed self _____, use adaptive utensils _____, swallowing _____, drinking _____.
2. Hygiene: washing face _____, brushing teeth _____, bathe _____, comb hair _____, shampoo hair _____.
3. Dressing: Underclothes _____, and outer clothing _____.
Ability to fasten the following:
hooks _____
buttons _____
snaps _____
laces _____
zippers _____
4. Transfers:
bed _____
toilet _____
chair _____
car _____
tub _____
5. Mobility: Do you walk independently, use a w/c, walker, crutches?
Can you get-around independently inside? _____, Open & close doors? _____, Manuever in rooms? _____, Get outdoors? _____, Go for a block or two outside? _____, Go into the garden? _____, Use transportation? _____.
6. Can you plan a well balanced meal for breakfast, lunch, and dinner?
Can you plan for a week at a time?
7. Can you prepare a meal? _____. Do you have any difficulty using the stove _____, oven _____, can opener _____, electric skillet _____, toaster _____, coffee maker _____.
8. Do you do the marketing?
9. Do you do your own laundry?
10. Do you do the household chores: wash dishes _____, mop _____, sweep _____, vacuum _____, dust _____, etc.
11. Do you have access to a micro-wave oven?
Do you know how to use one?

Basic Living Skills/Survival Training:

1. What emergency # do you call in case of (a) fire _____,
(b) major accident _____?
2. Where can you find other emergency numbers?
3. What information do you need to tell the emergency service
(operator, fire department, police, ambulance etc.) List necessary info:
4. What do you do for someone who is choking, who cannot breathe,
speak or cough?
5. What should you do if someone is cut and bleeding?
6. What should you do if you cannot stop the bleeding?
7. How do you treat a slight burn?
And a serious burn?

Transportation:

Do you use the County Transit? If no, why not?

Can you read and understand a bus map and bus schedule?

Do you know the nearest bus line to your home? If yes, list number.

Do you know what Outreach and Escort is?

If yes, are you a client of theirs?

Do you have access to other transportation (i.e. bicycle, own car, family, friends)?

Map Reading:

1. Using a County Transit schedule how do you get from your home to the A.I.D. Center?
2. Using a San Jose map how do you get from Blossom Hill Road and Leavitt to First Street and Montague Expressway?
3. Find two ways to get to Stanford Shopping Center in Palo Alto.

Basic Math:

$$\begin{array}{r} 25 \\ +32 \\ \hline \end{array}$$

$$\begin{array}{r} 9 \\ \times 5 \\ \hline \end{array}$$

$$\begin{array}{r} 78 \\ -56 \\ \hline \end{array}$$

$$8 \overline{)64}$$

$$\begin{array}{r} 7.34 \\ +4.57 \\ \hline \end{array}$$

$$\begin{array}{r} 21 \\ \times 15 \\ \hline \end{array}$$

$$6 \overline{)2.520}$$

$$\begin{array}{r} 500.25 \\ -17.04 \\ \hline \end{array}$$

$$\begin{array}{r} 274 \\ \times 5 \\ \hline \end{array}$$

$$30 \overline{)91.80}$$

Reading:

ENERGY

In 1974, the possibility of an energy shortage was dramatically brought to the attention of Americans when several Arabian countries decided not to sell crude oil to the United States. Soon, a shortage of gasoline developed and long lines of cars waited at stations to buy gasoline. Many stations rationed gasoline and were open only a few hours a day.

Soon a system was set up that used automobile license plates to determine days when a driver could purchase gasoline. Stations flew green flags to notify customers when gas was available. Traveling became an adventure as vacationers found they sometimes could not buy gas to continue their trips.

Meanwhile, factories had to shut down because of a shortage of fuel oil or other petroleum products. Layoffs hit many industries and workers had more difficult problems to deal with than the gasoline shortage.

After a few weeks, the Arabian countries agreed to start selling oil to the United States again. While the situation soon returned to normal, the problem of the energy shortage has not been forgotten. We have seen what could happen.

1. This story is mostly about:
 - a. crude oil in Arabian countries.
 - b. long gasoline lines.
 - c. the 1974 energy shortage.
 - d. the shutting down of factories in 1974.
2. Why did factories have to shut down?
 - a. gasoline stations had long lines.
 - b. the Arabian countries agreed to start selling oil to the United States.
 - c. many gasoline stations were open only a few hours each day.
 - d. there was a shortage of fuel oil.

Money Handling and Budgeting:

1. Identify these coins and bills.
2. Put them in sequence from low to high.
3. Count out \$5.23, \$17.78, \$26.41.
4. You are at a store and purchase a sweater for \$22.98. How much money will you give and how much change can you expect?
5. Basic budgeting, What are your basic monthly expenses?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. What is your monthly income (SSI, SSDI, salary, income from property, parents, trust, etc.)?
7. Write out a check to John Brown for \$98.47.
8. Write out a deposit slip for \$46.23 and a withdrawal slip \$15.64.
9. Complete a check register for 1 month. The forward balance is \$232.00. The monthly income is \$458.23. The expenses are:
P.G. & E. \$56.16, rent \$210.00, food \$126.07, transportation \$21.00.
and recreation \$12.00. What is your balance at the end of the month?

Telephone Directory and Map Reading:

Find the index in the white pages and give three examples of headings you can find in the back.

- 1.
- 2.
- 3.

Where (what page) can you find directions about how to read and understand you phone bill?

Where can you find the emergency numbers in your phonebook? Find the following numbers:

San Jose Fire Department _____
Campbell Paramedics _____
Santa Clara Police _____

Find the following phone numbers in the phone book:

Michael Clair _____
Bert F. Rivers _____
Mason Roofing _____

Find the section on "automobiles" in the yellow pages, page _____.

Telephone Directory: (continued)

Give one place you can go to repair your car.

What section do you look in to find where you can buy a puppy dog?

What section would you find your doctor listed?

What section would you find Shakey's Pizza?

Consumer Shopping:

1. What are the four basic food groups? _____, _____,
_____, _____,
2. Give an example of what you would eat for 2 of the following meals:
Breakfast: 1.
 2.
Lunch: 1.
 2.
Dinner: 1.
 2.
3. List what you would need to buy to make a tuna salad sandwich and chips for lunch:
4. Given a grocery store add, plan a dinner for four people and list the cost for each item. How much will the meal cost?
5. What does a generic brand of a product in the store mean?
6. How can you tell which item is the least expensive?
7. How do you read a label to find out what ingredients are in it?
How do you tell which ingredient is the most plentiful?

Appendix C
Adult Independence Development Center
Basic Living Skills Summary

BASIC LIVING SKILLS EVALUATION SUMMARY

CLIENT: _____

DIAGNOSIS: _____

EVALUATION DATE: _____

SERVICE PROVIDER: _____

History:Physical Status: _____Cognitive Status: _____Activities of Daily Living: _____

Basic First-Aid and Safety Procedures:

Mobility:

Reading Comprehension:

Money Management:

Telephone Directory:

Meal Planning, Nutrition, Meal Prep., and Shopping:

Other Observations:

RECOMMENDATIONS:

Overall Rating: _____

Evaluator's Signature

Rating Scale: Level of Physical Assistance/Level of Verbal Cueing

- 1 - Dependent
- 2 - Maximum Assistance
- 3 - Moderate Assistance
- 4 - Minimum Assistance
- 5 - Touch Assistance
- 6 - Independent with
- 7 - Independent

- 1 - Dependent
- 2 - Maximum Cueing
- 3 - Moderate Cueing
- 4 - Minimum Cueing
- 5 - Standby Supervision
- 6 - General Supervision
- 7 - Independent without
Supervision

Appendix D
Adult Independence Development Center
Intake Form

ADULT INDEPENDENCE DEVELOPMENT CENTER

1190 BENTON STREET, SANTA CLARA, CA 95050
TDD (408) 985-9243 VOICE (408) 985-1243

Transportation Code _____

INTAKE FORM

1. _____ 2. () _____
NAME: LAST, FIRST, MI. TELEPHONE:

3. _____ 4. _____
ADDRESS: STREET CITY, STATE ZIP CODE

5. _____ 6. / 7. /
SOCIAL SECURITY NUMBER DATE OF BIRTH AGE MALE FEMALE

8. _____ 9. _____ 10. _____
MARITAL STATUS AGE(S) OF DEPENDENTS LIVING WITH/IN

11. ETHNIC BACKGROUND: (CHECK ONE)

WHITE _____	HISPANIC _____	FILIPINO _____	OTHER _____
BLACK _____	PACIFIC/ASIAN _____	NATIVE AMERICAN _____	UNKNOWN _____

12. _____
PRIMARY DISABILITY: CATEGORY/SPECIFIC DISABILITY

SECONDARY DISABILITY: CATEGORY/SPECIFIC DISABILITY

13. _____
ASSISTIVE DEVICES AND SPECIAL INSTRUCTIONS (HANDLING, NEEDS, ETC.)

14. _____ 15. _____
INCOME (SOURCE/AMOUNT) MEDICAL INSURANCE

16. _____ 17. _____
OCCUPATION (CURRENT/PREVIOUS) EMPLOYER (CURRENT/PREVIOUS)

18. _____ 19. _____ 20. _____
HIGHEST GRADE COMPLETED/DATE STUDENT STATUS/PROGRAM SPECIAL EDUCATION

21. _____ 22. _____
TRAINING PROGRAMS D.R. COUNSELOR/OFFICE

23. _____
OTHER AGENCY INVOLVEMENTS: CURRENT/PREVIOUS AND CONTACT PERSON

24. _____
REFERRAL SOURCE: AGENCY/PERSON/MEDIA TYPE

ADVOCACY: _____ LEISURE SKILLS: _____

ASSESSMENT/EVALUATION: _____ NEWSLETTER: _____

ATTENDANT CARE: _____ TLC APPLICATION: _____

LEGAL SERVICES: _____ TRANSPORTATION: _____

COUNSELING: _____ VOCATIONAL SERVICES: _____

HOUSING: _____ VOLUNTEER PROGRAM: _____

INDEPENDENT LIVING SKILLS: _____

OTHER: _____

26. EMERGENCY NOTIFICATION:

PERSON TO BE NOTIFIED/RELATIONSHIP/PHONE NUMBER/ADDRESS _____

MEDICAL PERSON _____ / (1ST) FACILITY TO BE NOTIFIED/PHONE NO. _____

MEDICAL PERSON _____ / (2ND) FACILITY TO BE NOTIFIED/PHONE NO. _____

CURRENT MEDICATIONS _____ ALLERGIES _____

ADDITIONAL INFORMATION _____

I, _____, understand the A.I.D.'s services and programs and have discussed them with an A.I.D. staff member. I also understand that I can review and discuss my case with an A.I.D. staff person upon my request. If I am dissatisfied with services provided by A.I.D. staff, I may request a copy of the center's grievance procedures and ask for a review of the problem.

Client's Signature _____ Date: _____

Interviewer's Signature _____ Date: _____

Case Management Officer _____ Date: _____

Appendix E
Transitional Living Center Program Application

ADULT INDEPENDENCE DEVELOPMENT CENTER

1190 BENTON STREET, SANTA CLARA, CA 95050
TDD (408) 985-9243 VOICE (408) 985-1243

TRANSITIONAL LIVING CENTER

PROGRAM APPLICATION

1. Name: _____ 2. Today's date: _____
3. Current Address: _____
_____ 4. Home phone: _____
5. Age: _____ 6. Disability: _____
7. How long have you lived at your current address? _____
8. In what type of setting did you live before your current arrangement?

9. Are you a new client of the A.I.D. Center or have you received services before? (Please check one)
New client _____ Previous client _____
10. At what age did your disability/accident occur? _____
11. What medications do you take on an ongoing basis? _____

For what purposes do you take this medication? _____

12. Do you require attendant care services? (Please explain) _____

13. Do you receive In Home Supportive Services (I.H.S.S.) funds? _____
Please indicate total hours per month. _____
14. Please indicate your total monthly income. \$ _____
From what source(s)? _____

The AID Center of Santa Clara County, Inc. is a private non-profit agency serving the disabled population funded in part by California Department of Rehabilitation, Santa Clara County, United Way, In-home Recreational and other sources

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15. Who handles your financial matters? (Please check all appropriate spaces)

☐ Self

☐ Spouse

☐ Other family member (Specify): _____

☐ Guardian

☐ Conservator

☐ Other

If other than self, name of person handling financial matters.

16. How do you pay for your medical care? (i.e. Medi-Cal, Medi-Care, private insurance, other resources).

17. Have you ever had, or are you now participating in the following types of training? (Please check all appropriate spaces).

☐ Trades (mechanical, electrical, plumbing, etc.)

☐ Vocational (bookkeeping, clerical, cosmetology, etc.)

☐ Professional (Specify): _____

18. If you are currently employed, how long have you been working?

_____ Years _____ Months

19. If you are not currently employed, how long has it been since you worked?

_____ Years _____ Months

20. What forms of transportation do you currently use: (Please check all appropriate spaces).

☐ I drive my own car/van

☐ Taxi

☐ My own car with another driver

☐ Paratransit

☐ Public Transportation (bus)

☐ Other

21. Briefly describe the activities you were involved in before the onset of your disability.

-3-

22. Please list the medical rehabilitation, vocational training, or other rehabilitation programs in which you have participated.

23. Briefly describe what activities you have done since the onset of your disability.

24. Why do you want to be a participant in the Transitional Living Center program? Please discuss your goals for future personal living arrangements as well as what you expect to learn and accomplish at the T.L.C.

25. If you are chosen as a participant, when would you be able to move into the T.L.C.?

Would you require assistance in moving? (Please explain).

26. Name of person completing this application (if other than self).

Relationship to applicant: _____

CK/cc

Appendix F
Kohlman Evaluation of Living Skills (KELS)
Data Sheet

		KOHLMAN EVALUATION OF LIVING SKILLS (KELS)	
Independent	Needs assistance		
		<u>SELF CARE</u>	
		1. appearance	
		2. frequency of self care activities	
		<u>SAFETY & HEALTH</u>	
		1. awareness of dangerous household situations	
		2. identification of appropriate action for sickness & accident (colds, deep cut, unconsciousness)	
		3. knowledge of emergency numbers	
		4. knowledge of availability of medical & dental facilities	
		<u>MONEY MANAGEMENT</u>	
		1. use of money in purchasing items	
		2. obtain and maintain source of income	
		3. obtain and/or continue food stamps	
		4. budgeting of money for food	
		5. budgeting of monthly income	
		6. use of banking system	
		7. payment of bills	
		<u>TRANSPORTATION & TELEPHONE</u>	
		1. mobility within community - Methods:	
		2. knowledge of transit system	
		3. use of phone book & telephone	
		<u>WORK & LEISURE</u>	
		1. plans for future employment	
		2. leisure activity involvement	

Appendix G
Client's Consent Letter

School of Applied Arts and Sciences • Department of Occupational Therapy
One Washington Square • San José, California 95192-0059 • Main Office: 408/924-3070 • Fieldwork Office: 408/924-3078
October 7, 1991

Adult Independence Development Center
1190 Benton Street
Santa Clara, CA 95050

Dear Subject name,

I am conducting a study to measure the effectiveness of the Campbell Transitional Living Center (TLC) which is administered by the Adult Independence Development Center (AIDC) in Santa Clara. This research will be reported as partial fulfillment of the requirements for the Master's degree in Occupational Therapy at San Jose State University. I consider this study to be very important in documenting the success of the TLC. It could establish a framework for future funding efforts and policy changes. I would appreciate your participation in my research.

I respectfully request your consent to be involved in this study. I will need to obtain information from your files at the AIDC on your level of independence before you participated in the TLC program. I will also need your help to complete the same type of questionnaires, application forms and functional evaluations that you did when you were admitted to the program. I will need to meet with you to review your responses and to complete several sections of the forms that require my observation of some of your functional skills. The interview and functional evaluation would take place at the AIDC at your convenience. The results of this study will be published as a thesis and also in the form of a journal article. All information that can be identified with you will remain confidential and will only be used with your permission.

Please return a copy of this letter to me by October 23, 1991, so that I will know whether or not you are interested in participating in this research project. You may be receiving a reminder postcard in 1-2 weeks. I have enclosed a self-addressed stamped envelope for your convenience.

There are no perceived risks associated with this study. All information gathered would be strictly confidential. Each person will be given a code number.

If you have any questions about your participation in this study, please call me at (408) 246-8648. Please call Lela Llorens, Ph.D., OTR, FAOTA, (Chair, Department of Occupational Therapy) at (408) 924-3070 about any comments about the procedures. For questions or complaints about your rights as a research subject, contact Serena Stanford, Ph.D. (Associate Academic Vice President for Graduate Studies) at (408) 924-2480.

Your participation is voluntary. You may refuse to participate in this study and you may withdraw at any time without prejudice to your relationship with San Jose State University and the Adult Independence Development Center.

Sincerely,

Jeanmarie N. Courtney, OTR
Occupational Therapy Graduate Student

You may keep a copy of this letter for your information. By returning one copy to me with your signature and date on it, you indicate your willingness to participate in this study.

I authorize Jeanmarie N. Courtney to access my file at the AIDC, to interview me and conduct a functional evaluation (if appropriate) for the purpose of research.

Date: _____ Subject Name: _____

Appendix H
Reminder Postcard
(Text)

November 19, 1991

Dear

This is a reminder postcard. On October 29, 1991, I mailed you a letter describing a study to measure the effectiveness of Occupational Therapy at the Campbell Transitional Living Center. If you are still interested in participating in this study, please mail one copy of your consent letter to the Adult Independence Development Center (AIDC) by December 11, 1991. If you need another copy, please call Sheri Burns, OTR at AIDC, 408-985-1243. Your participation is voluntary, but very important to the success of this study.

Sincerely,

Jeanmarie N. Courtney, OTR
Occupational Therapy Graduate Student

Appendix I
Interview Scheduling Letter

December 16, 1991

Adult Independence Development Center
1190 Benton Street
Santa Clara, CA 95050

Thank you for consenting to participate in my study at the Adult Independence Development Center (AIDC). As written in the consent letter, I will need your help to complete the same type of questionnaires, application forms and functional evaluations that you did when you were admitted to the program. I have enclosed the forms you will need to fill out prior to an interview/evaluation. Please complete all areas of the documents unless an area is crossed out. The interview and functional evaluation will take place at the AIDC. Please mark below all of the times that will accommodate your schedule and whether or not you will need transportation.

Times	Days of the week (Circle all days that are applicable)				
10am-12pm	Monday	Tuesday	Wednesday	Thursday	Friday
2pm-4pm	Monday	Tuesday	Wednesday	Thursday	Friday

Other times that better suit your schedule: _____

Will you need transportation? Yes____ No____

What is the best phone number to reach you at during the day and/or evening to schedule the interview? _____

Thank you again for your time.

Sincerely,

Jeanmarie N. Courtney, OTR
Occupational Therapy Graduate Student

Appendix J
Letter Accompanying Return Envelope

January 10, 1992

Adult Independence Development Center
1190 Benton Street
Santa Clara, CA 95050

Please use the enclosed envelope to return your completed forms and interview schedule. If you have any questions related to filling out the forms or completing the schedule please leave a message for me at the Adult Independence Development Center and I will return your call.

Thank you again for your time.

Sincerely,

Jeanmarie N. Courtney, OTR
Occupational Therapy Graduate Student

Appendix K
Data Collection Form

Data Collection Form

Background Information

1. Subject ID: _____ Age: _____ Sex: _____
2. Ethnic background (Circle):

White	Hispanic	Filipino	Other
Black	Pacific/Asian	Native American	Unknown
3. Length of time at current address? ____ Previous setting: _____
4. Primary Diagnosis: _____
5. Secondary Diagnosis: _____
6. Age that disability/accident occurred? _____
7. Assistive Devices and Special Instructions (Handling, Needs, etc): _____

8. Attendant Care Services Required: _____
9. Who handles financial matters? (circle one)

Self	Spouse	Other family member	Guardian
Conservator		Other	
10. Do you receive In Home Supportive Services (I.H.S.S.) funds? _____
 Total Hours Per Month: _____
11. Total Monthly Income (Source/Amount)

12. Medical Insurance: _____
13. Occupation:
 (Current/Previous): _____
 _____ Months Worked At Current Employment
 _____ Months Since Subject Worked
14. Highest Grade Completed/Date: _____
15. Student Status/Program: _____
16. Special Education: _____

17. Training Programs (Medical Rehabilitation, Vocational Training, or other Rehabilitation programs): _____

18. Other Agency Involvements: _____

19. How many years after disability incurred was subject admitted to the Transitional Living Center? _____

20. How long did subject reside in the TLC? _____

21. Current Living Situation: (Check one)

- _____ Independent, living alone or with spouse
- _____ Independent, living with friends in house or apartment
- _____ Group home with individuals with disabilities; expenses and duties shared
- _____ Living with parents/family
- _____ Board and Care home, Halfway house or similar situation
- _____ Institutional Setting (hospital, nursing home) or other place supported by public funds

22. Feelings Regarding Living Situation:

- _____ Comfortable
- _____ Dissatisfied, have made plans for change
- _____ Dissatisfied, have made no plans for change
- _____ Very dissatisfied, feel unable to live independently

FUNCTIONAL SKILLS COMPETENCY

Home Making Activities

KEY: 1=independent 3=With Assistance
 2=With Supervision 4=Dependent or not able

1. Wash dishes __ Comments: _____
2. Vacuum __ Comments: _____
3. Make beds __ Comments: _____
4. Dust __ Comments: _____
5. Sweep/Mop __ Comments: _____
6. Clean bathroom __ Comments: _____
7. Do laundry __ Comments: _____
8. Dump trash __ Comments: _____
9. Clean kitchen__ Comments: _____
10. Change sheets/towels __ Comments: _____

Meal Planning & Preparation

KEY: 1=independent 3=With Assistance
 2=With Supervision 4=Dependent or not able

1. Understands basic nutritional concepts, four basic food groups, importance of regular healthy meals. __
 Comments: _____
2. Can make appropriate nutritional choices __
 Comments: _____
3. Understands the concept of planning meals ahead __
 Comments: _____
4. Shops for groceries __ Comments: _____

Meal Planning & Preparation continued

KEY: 1=Independent 3=With Assistance
 2=With Supervision 4=Dependent or not able

5. Can boil water, open a can, mix ingredients ____

Comments: _____

6. Can cook simple meals, make a basic breakfast ____

Comments: _____

7. Can make a sandwich ____ Comments: _____

8. Can heat frozen dinner or cook a hamburger ____

Comments: _____

9. Can easily learn the safe use of a gas/electric stove, oven, microwave and can opener ____

Comments: _____

10. Knows which items need refrigeration; knows what food is spoiled ____

Comments: _____

Record responses for the following #11-#17

11. Four basic food groups _____

12. Types of food for two meals

13. Ingredients for tuna salad sandwich and chips for lunch. _____

14. Plan dinner for four people, include cost for items, total dinner cost. ____

15. Definition of generic. _____

16. Able to recognize least expensive product. _____

17. Knowledge of reading labels. _____

Money Management**1. Able to conduct financial transactions (Circle)**

Independently With Assistance Dependent or unable

2. Current Financial Condition:

- ☐ Can pay bills, buy most things I need/want and save some money.
- ☐ Can keep up with bills, buy some extra things I need/want, but am not able to save money.
- ☐ Usually pay bills, but seldom able to use money for luxury.
- ☐ Have trouble keeping up with bills, can afford food and rent.
- ☐ Unable to pay for essentials like food and rent, unable to pay bills.

3. Housing and Urban Development rent subsidy program (check one)

- ☐ Eligible for this program, currently taking part in it.
- ☐ Eligible for this program, but no housing is available at this time.
- ☐ Eligible for this program, but choose not to take part in it.
- ☐ Not eligible for this program.
- ☐ Unsure of eligibility for this program.

Money Management continued

4. Money handling and Budgeting: (yes or no)

Able to identify coins and bills? _____

Able to sequence money from low to high values? _____

Able to count money? _____

Able to compute change? _____

Able to identify basic monthly expenses? _____

Able to write out a check? _____

Able to write out a deposit slip? _____

Able to complete a check register? _____

Telephone Directory Knowledge

Ability to find the following (Respond yes or no)

1. White pages' index _____

2. Information regarding phone bill _____

3. Emergency number information _____

4. Specific numbers in book _____

5. Yellow pages _____

6. Identify car repair place _____

7. Identify section for puppy _____

8. Identify section for doctor _____

9. Identify section for pizza _____

Leisure Activities and Social Involvement

1. Activities involved in before onset of disability: _____

2. Activities involved in since onset of your disability:

3. How most of time is spent (Check one).

_____ Employment Comments: _____

_____ School Comments: _____

_____ A training program Comments: _____

_____ Visiting friends Comments: _____

_____ Doing volunteer work Comments: _____

_____ Activities around where I live Comments: _____

_____ Other _____

Leisure Activities and Social Involvement continued

4. Feelings regarding how time is spent (Check one)

- ☐ Satisfied
☐ Somewhat satisfied
☐ Uncomfortable but trying to correct situation
☐ Uncomfortable but not ready to correct situation

5. Number of people considered to be close friends. (Circle one)

0-1 2-3 4-5 6-7 8 or more

6. Number of people subject has contact with monthly. (Circle one)

0-1 2-3 4-5 6-7 8 or more

7. Participation in groups or organizations

- Key: 1 = very active, participates in most activities
 2 = somewhat active, participates fairly often
 3 = not very active, belongs but rarely participates
 4 = not active at all, does not belong nor participate

a. Social/recreation groups ☐ Comments:_____

b. Organization of , or for persons with disabilities ☐
 Comments:_____

c. Political action organization ☐ Comments:_____

d. Groups related to community issues ☐ Comments:_____

e. Professional or work-related ☐ Comments:_____

f. Church or religious ☐ Comments:_____

g. Other ☐ Comments:_____

8. Activities subject is regularly involved in: (Check applicable ones)

- ☐ Reading ☐ Hobbies ☐ Crafts ☐ Sports
☐ Arts ☐ Games ☐ Outdoor Activities
☐ Other Description:_____

Mobility

1. Forms of Transportation Used: (Circle responses)

Car/Van Taxi Paratransit Public Transportation (Bus)
 Own car with another driver Other Seldom/Never Travel

2. Ability to use public transportation

KEY: 1=Independent 3=With Assistance
 2=With Supervision 4=Dependent or not able

Can read a map ____ Comments: _____

Identify correct bus and bus stops ____ Comments: _____

Can board bus/van ____ Comments: _____

Can leave bus at correct stop ____ Comments: _____

Can call and use paratransit services ____ Comments: _____

3. Mobility: (circle one)

Walk independently Comments: _____

W/C Comments: _____

Walker Comments: _____

Crutches Comments: _____

4. Mobility indoors

Key: 1=Independent 3=With Moderate Assistance
 2=Minimal Assistance 4=Dependent

Move around independently indoors ____ Comments: _____

Open and close doors ____ Comments: _____

Manuever in rooms ____ Comments: _____

Use devices to walk independently (braces, etc.) ____

Comments: _____

Use devices to walk with crutches (braces, etc.) ____

Comments: _____

5. Mobility outdoors

Key: 1=Independent 3=With Moderate Assistance
 2=Minimal Assistance 4=Dependent

Get outdoors ____ Comments: _____

Go for a block or two outside ____ Comments: _____

Go into yards/garden ____ Comments: _____

Map Reading

1. Able to use County Transit schedule? (circle one) Yes No

Comments:_____

2. Able to use San Jose map? (circle one) Yes No

Comments:_____

3. Able to use map for directions to shopping center? (circle one) Yes No

Comments:_____

Activities of Daily Living

Key: 1=Independent
2=Minimal Assistance

3=With Moderate Assistance
4=Dependent

1. Eating

Cut foods _____ Comments:_____

Feed self _____ Comments:_____

Use adaptive utensils _____ Comments:_____

Swallowing _____ Comments:_____

Drinking _____ Comments:_____

2. Hygiene

Washing face _____ Comments:_____

Brushing teeth _____ Comments:_____

Bathe _____ Comments:_____

Showering _____ Comments:_____

Shampoo hair _____ Comments:_____

3. Grooming

Brush/comb hair _____ Comments:_____

Shave _____ Comments:_____

Make-up _____ Comments:_____

Blow dry hair _____ Comments:_____

4. Dressing

Underclothes _____ Comments:_____

Outer clothing _____ Comments:_____

Fasten hooks _____ Comments:_____

Fasten buttons _____ Comments:_____

Fasten snaps _____ Comments:_____

Tie laces _____ Comments:_____

Zip zipper _____ Comments:_____

Activities of Daily Living continued

5. Transfers (from wheelchair to)

Bed _____ Comments: _____
 Toilet _____ Comments: _____
 Chair _____ Comments: _____
 Car _____ Comments: _____
 Tub _____ Comments: _____

6. Self Care Activities (included in "Residential Training Program Questionnaire" only)

Key: 1=Independent 3=With devices 5=Dependent/not able
 2=With supervision 4=With Assistance

Skin Care management _____ Comments: _____
 Bowel Management _____ Comments: _____
 Bladder Management _____ Comments: _____
 Respiratory Management _____ Comments: _____

Use the following key for #7 and #8

KEY: 1=Independent 3=With Assistance
 2=With Supervision 4=Dependent or not able

7. Able to do shopping for clothes__

Comments: _____

8. Able to do other shopping __

Comments: _____

Basic Living Skills/Survival Skills

1. Emergency number for fire _____, and major accident _____.

2. Where find other emergency numbers? _____

3. Necessary information to tell emergency operator, fire department etc.?

4. What to do for someone who is choking, who cannot breathe, speak or cough?

Basic Living Skills/Survival Skills continued

5. What to do if someone is cut and bleeding? _____

6. What to do if bleeding cannot be stopped? _____

7. How to treat a slight burn? _____
 How to treat a serious burn? _____

Basic Math

Able to do math problems: (circle one) Yes No

Comments: _____

Reading Comprehension

Able to answer questions correctly: (circle one) Yes No

Comments: _____

Evaluation of T.L.C. Program

1. Number of months at T.L.C. (Circle one)

0-1 2-3 4-6 7-9 10-12

2. Goals accomplished at T.L.C.?

3. What subject learned at T.L.C. _____

4. Most important aspect at T.L.C. _____

5. Recommendations for changes in T.L.C. program. _____

The information from this form has been adapted from the Adult Independence Development Center T.L.C. Intake form, the T.L.C. Program Application, the T.L.C. Program Questionnaire and the Basic Living Skills Evaluation.

Appendix L
Request for Permission to Conduct Study

COPY

October 3, 1991

Sheri Burns
Director of Community Services
Adult Independence Development Center
1190 Benton Street
Santa Clara, CA 95050

Dear Ms. Burns,

I am proposing to conduct a study to measure the effectiveness of the Campbell Transitional Living Center (TLC) administered by the Adult Independence Development Center (AIDC) in Santa Clara. I request your agency's permission to carry out this study. As we have discussed, I plan to use a case study approach to compare pre- and current status data of twenty-seven clients who successfully completed the TLC between 1985-1990. Prior to beginning any data collection, I will receive a consent letter from each client. My pilot study documenting the success of the TLC could establish a framework for future funding efforts and policy changes. I would appreciate your consideration of my proposal. Please give me a call at (408) 246-8648 if you have any questions. Thank you for your time.

Sincerely,

Jeanmarie N. Courtney, OTR
Occupational Therapy Graduate Student

Appendix M
Permission Granted for Study

October 4, 1991

111

Jeanmarie N. Courtney, OTR
Occupational Therapy Graduate Student
1074 Blossom Drive
Santa Clara, CA 95050

Dear Ms. Courtney,

The Adult Independence Development Center (AIDC) consents to your using our facility for the purpose of conducting your research project. Subsequent to your receiving the clients' written consent, you may utilize our files, interview, and perform the functional evaluations in this facility. We appreciate your conducting this research project and we request that you provide us a copy of your findings.

Sincerely,

Sheri Burns, OTR
Director of Community Services
Adult Independence Development Center

Appendix N
Transitional Living Center Data Sheet

Client Name	Diagnosis	Dates in TLC In	Out	Length of Stay