Counseling and Support Program for Retarded Adults: A Grant Proposal

Claudia Jo Unruh-DeGood

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COUNSELING AND SUPPORT PROGRAM FOR
RETARDED ADULTS: A GRANT PROPOSAL

by

Claudia Jo Unruh-DeGood

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Psychology

Western Michigan University
Kalamazoo, Michigan
August 1982

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COUNSELING AND SUPPORT PROGRAM FOR 
RETARDED ADULTS: A GRANT PROPOSAL

Claudia Jo Unruh-DeGood, M.A.

Western Michigan University, 1982

A grant is proposed to develop a consumer based counseling and support program to provide habilitation/rehabilitation services in the areas of emotional, interpersonal and behavioral functioning for mentally retarded adults. A variety of therapeutic groups and a peer counseling program will be designed to utilize known principles of behavior. Provisions will be made for maximum client-consumer participation in all decision making processes of the program. Pre and post-treatment assessment measures will be employed to evaluate individual progress. It is expected that this treatment program will reduce emotional disturbance and maladaptive behaviors in the target population of mentally retarded adults. Additionally, increases in self-esteem, self confidence, social skills and independence are anticipated. This proposed program represents an effort to demonstrate that the retarded have the same psychological needs as any other person and should be afforded self directed opportunities to meet them.
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Western Michigan University,

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CHAPTER I

INTRODUCTION

Description Of Ottowa County, Michigan

Ottowa County is located on the southwest side of the state on the shore of Lake Michigan and has a population of over 153,000 residents. It is a combination of small cities and rural areas with a 14% Hispanic population in the Holland area.

Description of Agencies And Services

Within Ottowa County the following agencies provide services to mentally retarded adults:

**Kandu Industries** is the local C.A.R.F. accredited rehabilitation facility which provides services in the areas of Vocational Evaluation, Vocational Adjustment, Vocational Placement, Work Activities and Sheltered Work.

**Ottowa Association for Retarded Citizens** is the local branch of the National Association for Retarded citizens. It provides information about and referral to programs and services for mentally retarded citizens in the county, provides legal advocacy in support of the rights of retarded citizens, conducts public education programs to raise local awareness of the needs of the retarded, and operates three housing programs. The majority of members are parents of the retarded.
Life Consultation Center, which is a department within Ottowa County Community Mental Health, provides consultation on how and what service systems (educational, medical, social) may be utilized by the retarded through their lifetime. The Center also operates social and recreational programs for mentally retarded adults.

The Ottowa County Department of Social Services provides licensing and supervision of private adult foster care homes in which many retarded persons live and also disburses any state monetary payments due to the individual or his/her guardian.

The Adult Basic Education Program, provided for by the Michigan Department of Mental Health, conducts training classes in independent living skill areas such as basic arithmetic and reading, sign recognition, survival skills, personal hygiene, money-management, cooking and shopping. This program has been contractually run by both Kandu Industries and the Life Consultation Center.

Statement Of Problem

Staff members in the agencies providing services to mentally retarded adults in Ottowa County, are frequently interacting with clients who are experiencing and exhibiting problems in relation to their emotional and/or interpersonal well being and functioning. Psychological problems such as depression, anxiety, low self-esteem, and difficulties in interpersonal relationships are not uncommon to this population.
Despite the number of programs and services available to the mentally retarded, and the interagency cooperation, there is a very definite service deficiency in providing counseling and psychotherapy to this group of persons. There is no agency or program in Ottawa County which specifically and consistently addresses and provides for the psychological needs of the retarded.

The service systems presently operating provide for social systems casework, vocational counseling and training, housing, teaching of basic living skills, social recreation and legal advocacy. When a retarded person who is involved in any of these systems is experiencing a psychological problem, there is a general confusion as to how or where (in what system) to treat the problem. Typically one of two approaches is presently taken: (1) The person experiencing psychological distress is "treated" or "counseled" within the service system. Because the persons providing "treatment" may lack the training necessary to diagnose and treat psychological problems, to that extent, the "treatment" may be inappropriate to the problem. (2) The person may be referred to a community mental health outpatient program for counseling. The problem here is that these programs are not oriented toward the retarded but toward "M.I." aftercare. Consequently, the person is diagnosed as Mentally Retarded; the referral is considered inappropriate and referred back to Life Consultation Center or Kandu. Thus, the person becomes "lost" in the system, and his/her needs for counseling/psychotherapy go unmet.
In 1978, one mentally retarded adult in Holland moved from a dependent to an independent living situation. In 1979 there were seven. In 1980 there were eight. Over 80% of these moves were the result of a transitional training program called "Beall House". Besides providing intensive life skill training, the program also offered conflict management and support groups. Since the termination of this program in March, 1980, due to lack of financial support, there have been no successful transitions from dependent to independent living.

In the winter of 1981, the A.R.C. conducted an informal survey with ten mentally retarded persons who had moved into independent living situations in Holland. The consensus was that there is a definite need for more skills in problem solving and conflict management.

From a group of thirty-one clients referred for work training and adjustment at Kandu in 1981, fifteen had a negative status at the ninety-day follow-up. They had either been fired from or quit their job placement. Typical problems reported were difficulty handling frustration, difficulty in relating to supervisors, lack of self-confidence, anxiety and inappropriate behaviors.

It is concluded that the lack of programming to provide psychological counseling and support to mentally retarded persons in the Holland area, has helped to limit their opportunities for independent living and employment.
CHAPTER II

REVIEW OF SELECTED LITERATURE

In the early 1960's, the Federal government, under the leadership of John F. Kennedy, formally addressed the problem of mental retardation. A plan was issued containing over ninety recommendations for a comprehensive, coordinated and national response in the broad areas of prevention, education and rehabilitation services (Report to the President, 1962).

Browning and Brummer (1974) identify the ultimate goal of rehabilitation as being the enhancement of the physical, mental, social, vocational and economic adjustment of the retarded person. Progress toward providing systems within which this goal can be realized is reflected within the large variety of rehabilitation programs and services which have been developed. These include vocational evaluation and training programs (Bellany, Inman and Schwarz, 1977), social-educational skill programs (National Institute on Mental Retardation Report, 1974), and community residences for semi-independent and independent living (Baker, Seltzer and Seltzer, 1974).

The normalization principle has become the overriding philosophy of the rehabilitation movement. Normalization means "making available to the mentally retarded patterns and conditions of every day life which are as close as possible to the norms and patterns of the mainstream of society" (Nirje, 1969, p. 363).

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Nirge emphasizes the application of the normalization principle to all medical, educational, psychological and social services for the retarded.

The purpose of this section is to discuss the provision of "normalized" psychological services, specifically counseling and psychotherapy, to the adult retarded.

A comprehensive example and guide for utilizing the normalization principle in treatment programs for marginal social groups can be seen in the work of Fairweather, Sanders, Maynard and Cressler (1969). A dormitory residence was established in the community where chronic mental patients lived and operated a business. The stated intent of the research was to explore the viability of creating increased social statuses and roles for mental patients so as to accord them more participation in ordinary, every day life social processes. Among the results reported were reduction in recidivism, increased employment, feelings of pride and increased self esteem by members, good community acceptance of the ex-patients, and greatly increased member identification with average goals of society. From this study, the authors derived a set of principles that can be generally applied in community treatment programs for groups that have been typically isolated from the mainstream of society. Of paramount importance is provision for maximum member participation in all decision making processes of the program. Members must be given as much autonomy as possible, consistent with their capacities for responsibility. Responsibilities and tasks must be meaningful to insure a sense of pride and

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ownership of the program. Unwarranted expectancies of patient failure on the part of mental health workers must be changed if non-subordinate and more participatory social roles are to be created.

Browning (1974) points out that verbal counseling with the mentally retarded has been a less popular psychological approach to treatment than with other client populations of average and above average intelligence. He attributes this primarily to invalid and prejudicial assumptions. These include inability to make behavioral change since retardation is "incurable", lack of emotional pain and distress, lack of verbal skills needed to be a "good" client, and inability to gain "necessary" and "essential" insight. Browning goes on to stress that the mentally retarded have the same psychological needs as any other human being, and since our society places heavy emphasis on "intelligence" and "education" this population experiences much failure and rejection resulting in numerous psychological problems.

Halpern (1968) suggests that a variety of therapeutic techniques be utilized with the retarded as is generally done with more "intelligent" populations. In a review of numerous studies done in this area, Halpern (1974) groups these therapeutic techniques into six categories: (1) individual verbal counseling, (2) play techniques, (3) group counseling, (4) role playing, (5) behavior modification, and (6) creative arts. Based on outcome studies in each category he concludes that the most successful and promising techniques are: (1) group counseling employing directive techniques and aimed at improving the clients' social adaptation,
role playing which would include psychodrama and behavioral rehearsal used in either group or individual settings and (3) behavior modification used in both simulated and natural environments.

Stamm (1974) argues that a behavior therapy approach is the best treatment choice for the retarded. He criticizes traditional psychotherapy techniques aimed at changing the personality structure as vague, unmeasurable and highly questionable considering the language deficits of the retarded. Stamm highly recommends that a behavioral approach be taken in which maladaptive behaviors and the environmental circumstances in which they occur be identified. Then behavior change techniques based on learning theory be applied in the environments in which behavior is unadaptive, so as to empirically determine effectiveness of treatment.

Flowers and Booraem (1976) report success in shaping behaviors through the use of token exchange in group psychotherapy with long term institutionalized patients. Group members gave color coded tokens for each positive and negative statement directed at another group member. This provided a highly visible back up system for verbal positive and negative feedback. The investigators found a statistically significant difference in success in meeting behavioral outcome criteria for target behaviors between the control and experimental group. Also, token intervention significantly increased both the frequency and clarity of positive and negative feedback among the clients. The authors point out that token exchange forces objectification of goals and also provided a visible
source of group process information.

Many examples of peer tutoring programs are available from the literature of special education. Programs have succeeded with special education students of varying ages, academic and intellectual potential. Gartner, Kohler and Riessman (1971) describe a tutoring program for students labeled as "slow learners". The purpose of the program was to improve the self-concept of the tutors by having them teach younger students. The results reported for the peer tutors were gains in self concept, improved social skills, increased proficiency in content areas and improved attitudes toward school. Several studies describe programs in which mentally retarded students have benefited from peer tutoring in the roles of both tutors and tutees.

Engel (1974) describes a training program for trainable mentally retarded students in which educable mentally retarded students were the tutors. Engel reported that the tutees improved in the skill content areas and enjoyed the relationships with their tutors. The tutors developed greater self confidence, communication skills and feelings of self-worth. Harrington (1974) describes a program for trainable mentally retarded students in which a pupil could be a tutor in his/her strong areas and be a tutee in his/her weak areas. Results reported were increases in taught skill areas, independence, feelings of self-importance and self-worth. Wagner and Sternlicht (1975) report a project in which trainable mentally retarded adolescents in a residential school were tutors for younger retarded students who were deficient in self-maintenance.
skills. Tutors were given pretutorial and inservice training. Training methods used were verbal instruction, demonstrations and role-playing. Results reported for the tutees were significant improvement in self-maintenance skills, increased ability to model behaviors of their tutors, decrease of inappropriate behaviors and increased social interaction. Results reported for the tutors were significant decrease in antisocial behavior, increased spontaneity in expression of affection and increased ability to make independent responsible decisions.

It is concluded that the retarded have the same psychological needs as any other person, and that because of their retardation and society's reaction to them they are a high risk population for experiencing psychological/behavioral problems. Consequently, being guided by the principle of normalization, the retarded should be afforded with counseling and psychotherapy services similar to those provided to the rest of the population. Additionally, the client-consumers should be given increasing autonomy and responsible roles in the treatment program. They should participate in decision making in all areas of the program. Primary treatment approaches recommended are groups with a directive, behavioral orientation and peer counseling.
CHAPTER III

PROJECT OUTLINE

Priority Objective Addressed: To develop and implement a consumer based counseling and support program and any materials needed to, specifically, provide habilitation/rehabilitation services in the areas of emotional, interpersonal and behavioral functioning for severely handicapped adults.

Major Project Objectives

1) Establish Project Advisory Committee.

2) Design program services and develop and/or purchase any necessary materials.

3) Develop Service Support Network.

4) Design Peer Counseling Program.

5) Involve minority and rural M.R. adults in program.

6) Screen 55 M.R. adults-select 40 to participate in Counseling and Support Program.

7) Complete one week assessment period with 40 M.R. adults.

8) Develop individualized written treatment plans.

9) Implement Counseling and Support Program with 40 M.R. adults.

10) Evaluate individual progress within program.

11) Evaluate Peer Counseling Program.

12) Complete replication and dissemination plan.
First Year Product

1) Establishment of program and set of materials suitable for providing habilitation/rehabilitation in the areas of emotional, interpersonal and behavioral functioning for M.R. adults.

2) Psychological assessment/treatment plan forms.

3) Progress evaluation form.

4) Peer counselor/counselor evaluation form.

5) Project presentation materials.

Target Group: Adult mentally retarded citizens in the greater Holland area.

Project Description: A Project Advisory Committee will be established with mentally retarded consumers comprising 50% of its members. This committee will be instrumental in establishing these program components:

Program and Materials Development - A program of therapeutic groups and any corresponding materials will be developed to assess and improve emotional, interpersonal, behavioral functioning. Within these groups, specific behavior orientations may be taken such as social skills, assertiveness, coping behaviors, etc.

Peer Counseling Program - 20 peer counselors will be paired with mentally retarded counselees. The peer counselors will provide modeling, guidance, support, and friendship to mentally retarded consumers.

Services Support Network - A minimum of 6 staff persons from agencies and programs serving the mentally retarded will be
enlisted as liaison persons between their agency and the Counseling and Support Program. This network will help ensure interagency cooperation and ease of communication.

**Counseling and Support Program** - 40 M.R. consumers will be chosen to participate in the C.S.P. They will participate in a one week assessment period employing individual and group assessment methods. Goals, treatment plan and schedule of group therapies would then be established. Eight week evaluation of progress will be conducted, and at that time appropriateness of further services or termination will be determined and planned for by staff and client.

**Target Population**

There are approximately 225 adult mentally retarded persons in Ottowa County. Data for this figure come from four different sources (see APPENDIX A). Of this group approximately sixty live in the Holland area. Program efforts will be initially concentrated on 40 individuals from this area who may benefit from involvement in a therapeutic treatment program aimed at improving emotional/interpersonal functioning.

For basic eligibility criteria the 1978 Developmental Disabilities guidelines for the mentally retarded will be used:

Section 503(b) (1) Paragraph 7 of Section 102:

"(7) The term 'developmental disability' means a severe chronic disability of a person which—
(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;"
(B) is manifested before the person attains age twenty-two;
(C) is likely to continue indefinitely;
(D) results in substantial functional limitations in three or more of the following areas of major life activity:
   (1) self care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self direction (6) capacity for independent living, and (7) economic sufficiency; and
(E) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

Project Objectives

Objective 1: By the end of the first quarter, a Project Advisory Committee will be formed.

Results and Benefits:
(a) Committee will depend in large part on advice and consultation from mentally retarded consumers who will make up 50% of the committee members.

(b) Committee will offer the benefit of multiple viewpoints in program planning. (Consumers, program staff, parents, professionals).

Objective 2: By the end of the first quarter, the program services will be designed and any necessary corresponding materials will have been developed or purchased.

Results and Benefits:
(a) Utilizing input from the Project Advisory Committee, services will be designed primarily in the form of therapeutic groups with a behavioral orientation.

(b) Therapeutic groups will be planned to meet individual needs.

Objective 3: By the end of the second quarter, the Project Supervisor will have developed a Services Support Network in the Holland area and recruited a minimum of 6 staff members from agencies providing services to mentally retarded adults.

Results and Benefits:
(a) Provides at least one contact, referral source in each agency or program serving the mentally retarded adult.
(b) Establishes a liaison network between agencies and staff.

(c) Provides a network for consultation services.

**Objective 4:** By the end of the second quarter, a Peer Counseling Program will have been designed, and 20 volunteer peer counselors will have been recruited.

**Results and Benefits:**
(a) The establishment of a peer counseling program incorporating suggestions from the Project Advisory Committee.

(b) Peer counselor acts as an age-appropriate role model for counselee.

(c) Peer counseling relationship benefits both tutor and tutee.

**Objective 5:** By the end of the second quarter, minority and rural mentally retarded adults will have been recruited for the program.

**Results and Benefits:**
(a) Will have identified and located this underserved population.

(b) Will be able to better determine any special needs (transportation, bilingual counselor) that will facilitate involvement in the program.

**Objective 6:** By the end of the second quarter 55 mentally retarded adults will have been screened and 40 will be selected to participate in the Counseling and Support Program.

**Results and Benefits:**
(a) Forty clients will be chosen who have the greatest potential to benefit from the program based on the matching of their individual psychological problems and needs and the therapeutic services offered.

(b) Four alternates will be chosen in the event that one or more of the initial 40 candidates cannot complete the assessment and treatment program.

**Objective 7:** By the end of the third quarter, 40 mentally retarded clients will have completed a one week assessment period.
Results and Benefits:
(a) Individual psychological assessment reports will be written on each client. The report will include referral source, presenting problem, circumstances leading up to problem, psychosocial/family history, medical information and any pertinent psychological test data.

(b) A comprehensive psychological assessment report will be available on each client to be used in determining individual treatment plans.

Objective 8: By the end of the third quarter, Individual Treatment Plans will have been developed and written on the 40 clients for the Counseling and Support Program.

Results and Benefits:
(a) Based on their individual psychological assessment reports and any other pertinent sources, a treatment plan including a schedule of individual/group therapies and a client treatment goals contract will be written for each client.

(b) Provides for client and staff input.

(c) This individual treatment plan will provide a basis for measuring individual progress within the program and any future modifications needed.

Objective 9: By the end of the third quarter, the Counseling and Support Program will have been implemented with 40 mentally retarded adult clients.

Results and Benefits:
(a) Implementation of program services.

(b) Implementation of individual treatment plans within format of program services.

Objective 10: By the end of the third quarter, individual progress within the program will have been evaluated.

Results and Benefits:
(a) An evaluation report will be written for each client based on progress toward client treatment goals established in treatment plan.

(b) The evaluation report will provide a basis for determining further need for service within the
program, termination, or referral for adjunctive services.

(c) Any program modifications needed to meet individual needs may be evaluated and planned for.

(d) Three month and six month follow up contacts will be made for continued individual and program evaluation.

Objective 11: By the end of the third quarter, each peer counselor and counselee will complete a program evaluation form to determine the effectiveness of the peer counselor/counselee relationship.

Results and Benefits:
(a) Program can be modified/improved through peer counselor/counselee constructive criticism.

(b) Evaluation forms will provide information for making successful matches in the future.

(c) In the event the relationship has not worked out, a new match-up can be arranged.

Objective 12: By the end of the fourth quarter, a replication and dissemination plan will be developed.

Results and Benefits:
(a) Materials describing the Counseling and Support Program will be developed. These may include written literature and audio-visuals.

(b) These materials will be made available to other independent living centers and/or other groups interested in establishing this type of program.

Project Plan Description

First Quarter. The first step in implementing the project will be to recruit an eight member Project Advisory Committee. The Project Supervisor will oversee this committee and the other seven members will include four mentally retarded adults, a parent or relative of a mentally retarded person, a representative from Life Consultation
Center and a representative from Kandu Industries. This committee will provide the Project Supervisor with advice and consultation on designing therapeutic services to be offered, staff selection and ongoing program evaluation. They will meet monthly. Once the Project Advisory Committee is established, the Project Supervisor will hire the project staff: three therapists and one secretary on contract. The Project Supervisor will provide project orientation and inservice training for the staff.

The next step will be for the staff to design the program services. Services will be principally in the form of a variety of therapeutic groups. Provisions will be made for individual therapy, if indicated, in conjunction with the overall group program. The basic therapy techniques to be utilized are directive group therapy, role playing, psychodrama, behavioral rehearsal, and behavior modification. Within these modes there may be a specific subject (behavior) orientation such as social skills, assertiveness, identification and expression of feelings, stress management, coping with the social label of retardation, etc. Any materials to be used by clients within these groups must be appropriate for use with adults and understandable by the mentally retarded client. An example would be developing a client workbook to correspond with the instructor workbook, "T.A. For The Retarded".

Second Quarter. A Services Support Network will be established to ensure good interagency cooperation with the program and ease of interagency staff referral and communication. A staff member from
each potential referring agency or program will be designated as a liaison person. These persons will be provided with ongoing information about referral procedures, therapeutic services offered, etc., that can be shared with their colleagues and clients. They will also provide pertinent information to the program staff on any problems, needs or concerns their respective agencies may be having. Consultation services will be provided through this network. Initially, liaison persons will be designated at Kandu, Ottawa Association for Retarded Citizens, Life Consultation Center, Department of Social Services, Adult Basic Education Program and from the local Association of Foster Care Providers. This Services Support Network will meet as a group quarterly with the supervisor of the program.

The Services Support Network will also act as the initial providers of candidates for the Peer Counseling Program and referrals to the program.

The Peer Counseling Program is based on the premise that mentally retarded adults who have overcome various psychological problems and are leading satisfying lives will provide good role models for their peers who are experiencing emotional distress. Twenty peer counselors will be selected to be potentially matched with 20 clients. They will be provided with inservice training by the program staff. The peer counselors will be meeting at least once weekly with their counselees, outside the program facility, to provide friendship, support, guidance, and integration into normal community activities.
The next phase of the project will be to solicit actual referrals to the Counseling and Support Program. Up to 55 referrals will be accepted and out of this pool 40 clients will be selected. Special efforts will be made to recruit minority and rural mentally retarded adults. This will be done with the aid of the Services Support Network, review of the L.C.C. master list of all mentally retarded persons in Ottawa County and through public information advertisement. Staff selection of the 40 program clients will take into account presenting problem, degree of severity of problem, and the potential benefit the person may derive from the therapeutic services offered in the program. Four alternates will be chosen in case there are additional slots open due to dropouts.

Third Quarter. The next phase of the program will be to have the clients go through a one-week assessment period. A team approach will be taken with each client being assigned to a case manager. The case manager will obtain any existing medical, psychological, educational, social and vocational information. Individual interviews, assessment groups, direct observation and family interviews will be utilized to assess affective functioning, self regard, frustration behavior, emotional disturbance and motivation level. All of this information will be gathered and written into an individual psychological assessment report.

Next, the case managers will meet as a group to present the case and determine treatment goals and therapy modes. Then, the case managers will meet with their clients to receive client input on
treatment goals and to establish a schedule of therapies the client will be involved in. Individual treatment plans will be written.

It is also at this point in the project that the peer counselors will be matched up with and introduced to their counselees. Each case manager will meet with their clients and peer counselors for introductions and to provide guidance on how, where, when, for what purposes they might meet for the next ten weeks.

The first group of 40 clients will now start the treatment phase of the Counseling and Support Program. Both day and early evening schedules will be available to provide for individuals needs.

Ongoing eight-week evaluations will be conducted. The clients progress toward treatment goals will be evaluated by the client, case manager and program staff. It will also be determined at this time whether the client should continue in the program, terminate or be referred elsewhere. This information will be written into an evaluation report on each client.

Also included in the evaluation report will be a program evaluation form completed by each client and each peer counselor to determine the effectiveness of the peer counselor/counselee relationship. This report will include number and nature of contacts, settings and what benefits each person has derived from the relationship. It will also indicate desire for continuation of the relationship and any need for a new matchup. An additional pool of peer counselors may be chosen from clients who have successfully completed the Counseling and Support Program.
Three month and six month follow-up contacts for continued evaluation will be planned at this time.

**Fourth Quarter.** During the final phase of project implementation, the program staff will prepare written and/or audio visual materials describing the Counseling and Support Program. These materials will be sent to other Independent Living Centers in the state and any other interested groups. Staff and consumers may be made available for presentations.
### Program Evaluation

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<th>EFFECTIVENESS MEASURES</th>
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<tr>
<td>1) Establish Project Advisory Committee</td>
<td>Amount and quality of advice, suggestions for program planning received from each category of members.</td>
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<td>2) Design program services; Develop/purchase any materials</td>
<td>Individual evaluation reports 3 month, 6 month follow up contacts</td>
</tr>
<tr>
<td>3) Develop Service Support Network</td>
<td>Amount and ease of information dissemination between network and program staff</td>
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<td>4) Design Peer Counseling Program</td>
<td>Peer counseling evaluation form</td>
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<td>5) Involve minority and rural M.R. adults in program</td>
<td>% of slots in program allocated to minority or rural</td>
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<td>6) Screen 55 M.R. adults—select 40 to participate in program</td>
<td>Individual evaluation reports peer counseling evaluation forms</td>
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<tr>
<td>7) Complete one week assessment period with 40 M.R. adults</td>
<td>Individual psychological assessment reports</td>
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<td>8) Develop individualized written treatment plans</td>
<td>Individual evaluation reports</td>
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<td>9) Implement Counseling and Support Program with 40 M.R. adults</td>
<td>Individual evaluation reports 3 month, 6 month follow up contacts</td>
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<td>10) Evaluate individual progress within program</td>
<td>Individual evaluation reports 3 month, 6 month follow up contacts</td>
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<td>11) Evaluate Peer Counseling Program</td>
<td>Peer counseling evaluation forms</td>
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<td>12) Complete replication and dissemination plan</td>
<td>Amount of program descriptions sent out; number of presentations given</td>
</tr>
</tbody>
</table>
CHAPTER IV

RESOURCES

STAFF

Staff for the Counseling and Support Program will include:

1) Program Supervisor
2) Three therapists
3) Secretary, bookkeeper

For complete listing of position descriptions, qualifications see Appendix B.

FACILITIES

The facility to be used is a section of the Ottowa County Community Mental Health Agency. This area is barrier free and includes group rooms, individual offices and a kitchen area.

LOCATION

The Counseling and Support Program will be located within the City of Holland but will provide outreach to rural areas within twenty-five miles.
### CHAPTER V

#### ONE-YEAR BUDGET

<table>
<thead>
<tr>
<th>Position</th>
<th>Hours per Week</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Supervisor</td>
<td>20</td>
<td>$10,000</td>
</tr>
<tr>
<td>Therapist</td>
<td>20</td>
<td>8,000</td>
</tr>
<tr>
<td>Therapist</td>
<td>20</td>
<td>8,000</td>
</tr>
<tr>
<td>Therapist</td>
<td>20</td>
<td>8,000</td>
</tr>
<tr>
<td>Secretary</td>
<td>10</td>
<td>2,800</td>
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<tr>
<td><strong>Staff Training</strong></td>
<td></td>
<td>1,000</td>
</tr>
<tr>
<td><strong>Assessment &amp; Therapy Materials</strong></td>
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<td>500</td>
</tr>
<tr>
<td><strong>Van Rental</strong></td>
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<td>1,000</td>
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<tr>
<td><strong>Travel</strong></td>
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<td><strong>Total</strong></td>
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<td>$39,550</td>
</tr>
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</table>

Local $3955
APPENDIX A - Population Data Sources

46 (18 - 25 year olds) 1979-80 census of 18-25 year old trainable mentally impaired (Ottowa Area Center)

150 (caseload of 18 and up) 1980 caseload of mentally retarded - Life Consultation Center of Community Mental Health

30 1979-80 graduates of special education classes for the educably mentally impaired in the Holland area.
APPENDIX B - Position Description

Position Title: Program Supervisor - contract

Qualifications: Masters degree in Clinical Psychology or Rehabilitation; Knowledge of mental retardation, learning theories, behavioral diagnosis/assessment and treatment techniques. Prefer at least two years supervisory experience.

Responsibilities:

(1) Recruit, hire and supervise program staff
(2) Supervise the development of in-service plans for staff
(3) Oversee Project Advisory Committee
(4) Develop Peer Counseling Program
(5) Develop Services Support Network
(6) Oversee programs and material development
(7) Provide consultation
(8) Develop project presentation materials
(9) Conduct therapy groups

Estimated Time to be spent on project: 20 hours per week

Wages: $10,000
APPENDIX C - Position Description

Position Title: Therapist - contract

Qualifications: Bachelors degree or Masters degree in Psychology, Rehabilitation or related field. Knowledge of mental retardation, learning theories, behavioral diagnosis/assessment and treatment techniques. Preference will be given to individuals who have related experience in the field.

Responsibilities:

(1) Assist in programs and material development
(2) Conduct assessment and write psychological assessment reports
(3) Conduct therapy groups
(4) Conduct evaluation and write evaluation reports
(5) Make follow up contacts
(6) Provide consultation
(7) Implement Peer Counseling Program

Estimated Time to be spent on project: 20 hours per week

Wages: $8,000
APPENDIX D - Position Description

Position Title: Secretary - contract

Qualifications: High School diploma. Knowledge of general office practices and business procedures. Ability to operate office machinery. Ability to type 55 w.p.m. Ability to relate to mentally retarded persons.

Responsibilities:

(1) Record keeping
(2) Filing
(3) Correspondence

Estimated Time to be spent on project: 10 hours per week

Wages: $2,800
BIBLIOGRAPHY


Engel, R. C. Trainable students as tutors. The Pointer, 1974, 19, 131-132.


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