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AUTHOR Fredericks, Bud
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ABSTRACT

The Small Residential Facilities Project of Teaching Research is developing residential models targeted for six populations who have been considered difficult to serve in the community. A progress report is presented on the four established programs. The Adolescent Severely Emotionally Disturbed Program consists of an apartment program, an intensive foster care program, a classroom modeled on a resource room to serve the students, and a community-based vocational program. The Independence Group Home serves five youth with moderate retardation who also have severe behavior disorders. After 1-3 years in this home, youth are moved to foster care or other less restrictive environments. The Clackamas Group Home was established to provide a residential setting for a population of young adults who are severely multiply handicapped. This program is working to develop electronic communication systems for the residents, a day activity program, and an emphasis on resident management of the home. The Hillsboro Group Home provides a community residence for youth who are profoundly retarded, where they can attend public school and participate in age-appropriate activities. In addition to these four programs, plans call for development of residential programs for adults who are medically fragile and those who are self-injurious. Contains seven references. (JDD)

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PREPARED BY THE STAFF OF THE SPECIAL EDUCATION DEPARTMENT

Teaching Research, Monmouth, Oregon 97361

Vol. XVI, No. 3, April 1989

The purpose of this newsletter is to share with you our activities and projects. Each issue features a different project or activity. This issue describes the Teaching Research Small Residential Facilities Project and was prepared by Bud Fredericks.

A list of our demonstration sites and those who manage them follows:

Services for Persons with Moderate and Severe Handicaps

Classroom Supervisor: Torry Templeman

Parent Training Clinic: Carol Bunsé

Toddler Program: Kim Udell

Child Development Center Director: Tom Udell

Head Teachers: Nancy Nozaki, Mary Helgick,

Assistant Teachers: Dawn Farnsworth, Laurie Ketchum-Wilson, Dianna Rogers, Cindy Brown

Classroom Aides: Doris Maraume, Mary Finkbeiner, Mary Lou Geraud, Joyce Oshiro

Elementary Classroom for Students with Severe Handicaps, Independence: Patty Binder

Training Staff: Torry Templeman, Carol Bunsé, Joyce Peters, Gary Glasenapp, Lpri Dooie, Constance Lehman

Supported Work Training for Adults: Kirk Hendrickson, Grady Bird, Miriam Weintrup, John Gallagher, Andrea Bonosovich

Residential Supervisor: TBA

Group Home for Adolescents with Severe Handicaps, Polk County: Eric Karlinger

Group Home for Adolescents with Multiple Handicaps, Washington County: Rande Smith

Group Home for Adults with Profound Handicaps, Clackamas County: Margie Funkhouser

Marion County Children's Project: Pamela Barnes

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Services for Students with Mild Handicaps and Severe Behavior Disorders

Classroom and Vocational Supervisor: Vicki Evans

High School Resource Room, Salem Public Schools: Maralee Felix

Training in Classroom Services: Vicki Evans

Vocational Program for Adolescents, Marion County: Dennis Gifford

Residential Supervisor: Debbi Kraus

Group Home and Apartments for Adolescents, Marion County: Kern Johnson, Pat Farley, Kelly Knechtel

Foster Parent Training: Debbi Kraus

The Teaching Research Small Residential Facilities Project

This newsletter reports on the efforts of Teaching Research over the past ten years to demonstrate that there are no populations residing in large institutions - other than those who are homicidal and aggressive sexual offenders - who cannot be served equally well or better in small residential facilities.

This current thrust to develop residential models targeted six populations, three adult and three adolescent, who were considered difficult to serve in the community. The adolescent populations were: (1) Severely emotionally disturbed, many of whom carried the additional label of learning disabilities or mild mental retardation; (2) moderately mentally retarded with severe behavior disorders; and (3) profoundly handicapped, including deaf-blind. The adult populations were: (1) Profoundly multiple handicapped; (2) medically fragile and (3) self-injurious.

Community programs for four of these populations have currently been established by Teaching Research in conjunction with state and county officials. Programs that serve the three adolescent populations are operational and a program for adults with profound multiple handicaps has been inaugurated. The remaining two populations will be placed in the community during the first half of 1989.

The demonstration of quality community programs needs to be accomplished over time. With the type of programs described herein, we anticipate multi-year gathering of data to demonstrate effectiveness. This newsletter, therefore, constitutes a progress report on the four established programs. Two have been established sufficiently long enough to demonstrate effectiveness. The other two give indicators of success, but no conclusions about their effectiveness can at this time be confidently drawn.

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Adolescent Severely Emotionally Disturbed Program

This program started nine years ago with one small group home funded by Children's Services Division housing five adolescents who were emotionally disturbed and also labeled as learning disabled or mildly mentally retarded. The program has expanded and includes now an apartment program, an intensive foster care program, a classroom modeled on a resource room to serve the students, and a community based vocational program to serve those students. The apartment program is funded by Marion County Mental Health, the foster program by Children's Services Division and the school program by Salem Public Schools. Most of the younger students are mainstreamed in some classes. Both the classroom teacher and the vocational trainer are employees of Teaching Research although the school district contracts with Teaching Research for the educational and vocational program.

These students, ranging in age from 13 to 21, all meet the Oregon Department of Education criteria for severely emotionally disturbed (SED). All have a history of severe behavior disorders including such behaviors as noncompliance, aggression to persons, destruction of property, theft, sex abuse, prostitution and school truancy. Most have a history of failure in school and a series of failures in various home placements. Most have previously been placed in such large institutions as Fairview Hospital and Training Center for persons with mental retardation, the state hospital for the mentally ill and juvenile corrections facilities. Others who were scheduled for such incarceration were placed in the Teaching Research program as a diversion from such institutionalization. The students normally reside in the group home or apartments for approximately a year, although some have lived in these facilities for longer periods up to two years. Most of these youth have been processed by the state's Target Problem Child Committee which means that they are the most difficult of this population to serve.

The purpose of the program is to remediate the inappropriate behaviors exhibited by the youth and to give them functional skills to live as contributing adults to our society. The residential, vocational and school programs coordinate their efforts to achieve these results.

Results

Figure 1 provides data on the 47 youth served in the group home and apartment program for the period 1980 to the present (1989). Seventy percent (n=33) have successfully graduated. Eight or 17% were terminated for chronic runaway behavior. We have found this to be the most difficult behavior to control because many of the reinforcers available to the youth when they are "on the run" are more powerful than those which the residential, classroom or vocational setting can provide. Sex, drugs and unbridled freedom are very powerful attractions for many of these youth. Three youth had to be terminated for repeated severe aggressions which required that the youth be placed in a more secure setting. In one case, this aggression was attempted homicide. Three were removed because of family reasons.

Figure 2 shows long range follow-up data for those who graduated from the program. As can be seen 24 of the 33 graduates have maintained in the community without committing illegal offenses or being incarcerated. We believe that most of those who did re-offend or who were incarcerated were those who were in need of some type of support after graduation. Although we did provide without funding limited support for some graduates after they left us, we have learned that unless the young person qualified for the adult Mental Health service system, there was no support system for him/her. We should emphasize that most recently, however, Children's Services Division has developed a contract with Teaching Research to provide intensive foster care for many of these youth with the most severe behavior problems.

Figure 1. Termination Data for SED Youth 1980-1989

Program	Graduated	Terminated		
		Aggression	Runaway	Family Issues
Group Home	28 28/40 = 70%	3 7%	7 17%	2 5%
Apartments	5 83%	0 0	1 14%	1 14%
TOTAL	33/47 = 70%	3/47 = 6%	8/47 = 17%	3/47 = 6%

Figure 2. Success Rate of Graduates 1980-1989

Program	Maintain in Community	Incarcerated less than 1 month	Incarcerated	Reoffended
Group Home	20/28 = 71%	2/8 = 7%	3/28 = 11%	3/28 = 11%
Apartments	4/5 = 80%	0	1/5 = 20%	--
TOTAL	24/33 = 73%	2/33 = 6%	4/33 = 12%	3/33 = 9%

While in the program, targeted behaviors have either been extinguished or reduced to an extent that makes youth acceptable to the general public. In addition, youth have been given training in functional living skills, which have allowed them to function more effectively in the community. Certainly many middle class Americans might not approve of the life styles some of the graduates have adopted, but we must remember that the program was designed to keep these youth from becoming members of our adult prison population, which would have probably been their lot without the intervention.

As a result of this project there have been a number of publications:

- Two book chapters on functional curriculum. (Fredericks & Evans, 1987; Fredericks & Evans, in press)
- A book on the teaching of telephone skills (Nishioka-Evans et al., 1984 [1])
- An assessment manual for functional curriculum for students with mild handicaps. (Nishioka Evans, 1984 [2])
- A book on budgeting. (Evans et al., in press)
- A book chapter on intensive foster care (Kraus & Fredericks, 1987)

In addition, more than a dozen presentations have been made at national and regional conferences.

In preparation are a manual for administration and operation of a residential facility, a journal article on scaling techniques for behavior management.

The program has also resulted in three inservice training grants, all funded by the federal government. One focused on the training of group home providers and classroom teachers; the second trained special education and regular education personnel; and the third is currently preparing video tapes for parents and foster parents to illustrate for them the management of inappropriate behaviors.

Independence Group Home

This group home funded by Children's Services Division serves five youth with moderate retardation who also have severe behavior disorders. Youth in this home spend one to three years and then are moved to foster care or other less restrictive environments.

The youth who live in this group home have demonstrated severe behavior problems, including assault, severe tantruming, destruction of property and noncompliance. Many have resided at Fairview Hospital and Training Center. Others have been placed in the home in order to divert their placement in Fairview. Most of those who are referred to the home are those for whom other options are not available within Oregon.

This home, funded by Clackamas County Mental Health, has been operating in its present form for the past four years. Prior to that time, the home had been established as a more permanent residence for youth with retardation. It was one of the first homes established in Oregon for children and youth and was one of two which Teaching Research had established thirteen years ago to look at group home models for children and youth.

Results

The results will only be discussed for the past four years of operation. The previous focus of the group home had produced other products which have been previously discussed elsewhere (Gage, Fredericks, Baldwin, Grove & Moore, 1977; Gage, Fredericks, Baldwin, Moore & Grove, 1978; Templeman, Gage & Fredericks, 1982).

The inappropriate behaviors exhibited by youth residing at the group home have been altered sufficiently in all cases to allow most residents to move on to other less restrictive settings. Some youth have been placed in foster care. Others have moved on to adult programs. Two young men now live in their own home which was purchased by one of the parents. A nondisabled peer lives in the home with them. No one from the home has been institutionalized since the start of the current program. The home has been successfully used as a respite care site for many youth with severe behavior problems until another residence can be found for them.

An article is in preparation to describe a case history of a young girl who was considered within the state as one of the more severe behavior problem cases, but who now is functioning at a level that will allow her to move from the home. Data from this home will be used in an article describing the scaling of behavior problems as a behavior management technique.

Other Programs

As indicated previously, the above two programs have been established sufficiently long enough to provide results which we can confidently discuss. Two other programs have been more recently established. They are discussed briefly to indicate the research directions which we shall try to document in the future.

Clackamas Group Home

This home, funded by Clackamas County Mental Health, was established to provide a residential setting for a population of young adults who are severely multiply handicapped. All require a two person transfer. All but one are nonverbal. None were independent self feeders. None are toilet trained. All require extensive medical assistance. The home which was constructed specifically for this population was designed to be their permanent home if they so desired.

The home is well established and certainly it has been demonstrated that this population can reside in the community

and be involved in community activities. There are three major areas that still need to be more fully developed. The first is the need to refine communications systems for this population. Electronic communications are currently being explored, but still are in their rudimentary stages.

The second area, which is not under the control of Teaching Research, is the day activity program for this population. The definition of an appropriate day program and the implementation of that is still being explored and experimented with by the vocational provider.

Teaching Research hopes to convert this home to one that is managed by the residents and that has a philosophical focus of staff working for residents. The beginning of that process has had residents involved in the staff hiring process.

An article is in preparation describing the architectural features of this home.

Hillsboro Group Home

This home, funded by Washington County Mental Health, provides a residence for youth who are profoundly retarded and who exhibit a great many institutionalized behaviors. There is one deaf-blind youth residing in the home. The initial population of the home has certainly demonstrated that they can live in the community and that they can attend public school in the community.

A major area of focus within this home has been the development of age appropriate activities within the home. This is an area that is still evolving. Although the youth attend their neighborhood public school, they are primarily educated in a separate educational program. Therefore, integrated school activities need to be more fully achieved. Only recently has a community based vocational program been started for one of the residents. The other residents all need this service.

The plan is to move this population into foster care, which is considered to be a lesser restrictive environment for these youth. As this newsletter goes to press, two of the residents are planning such a move.

Discussion

The establishment of residential programs for these special populations has been a major research and development thrust for Teaching Research during these past ten years. One might question whether an institution of higher education should be providing such services, or if they might not be better left to those corporations who traditionally provide such services. We felt that despite major deinstitutionalization efforts there were populations not being adequately served in community based programs. These included those youth and adults whose characteristics are described above. Despite some progress in recent years of the average provider being able to handle some of these populations, we still see large segments of these populations remaining in large institutions for persons with mental retardation or being placed in inappropriate alternative settings. For instance, many of the youth with severe emotional disturbances who occupy many of our locked wards in large institutions are now being placed in correctional institutions or locked community programs. Many of the wheelchair bound and medically fragile populations are now found in nursing homes. Thus, we felt there was a role for higher education to demonstrate how to serve these populations in a quality manner.

We also hypothesized that the major reasons many of these populations are not successfully residing in small community residences was the need for more specialized, intensive staff training. Our own experiences have validated that hypothesis. Where we have seen difficulties in managing youth who exhibit severe behavior problems after a program has been planned and initiated, only a small percentage of those difficulties can be

traced back to program deficiency. In most cases, the difficulty can be traced to staff failure to implement the program as prescribed (program fidelity) or to staff failing to maintain a positive and consistent environment according to the rules of informal programming that have been prescribed. Associated with adequate staff training is adequate supervision of staff on a continuing basis to include formal observation and feedback to staff.

We have also concluded that staff training is idiosyncratic to populations. Although there are some common skills which staff must possess across different populations, there are also major differences. For instance, the skills required of the staff of the residence for youth with severe emotional disturbances are considerably different than the skills required of staff who serve those who are multiply handicapped or medically fragile. One needs to be highly skilled in behavioral management and a knowledge of techniques to problem solve with the SED youth whereas the other needs to be based in some medical procedures and be more attuned to the health needs of the residents.

Although staff in our SED programs can sometimes substitute in our Independence Group Home which serves youth with moderate retardation who are also behavior disordered, they still have an adjustment to make regarding what they can expect from the youth. Also, staff from the Independence Group Home need much additional guidance if they were to work in the Hillsboro home where a knowledge of deaf-blind communication is necessary.

Thus, we believe that quality staff training may be the greatest inhibitor to heterogeneous small residences. We would find it extremely difficult to train staff to serve adequately a multiply handicapped resident and a mobile severely behavior disordered individual. Although some staff could be trained to provide appropriately for both, the achievement of that consistency across all staff in all shifts would be extremely difficult.

Finally, we believe that if states are to achieve quality community residences for more difficult populations, a greater investment in staff training is absolutely mandatory. Moreover, that training must be population specific.

Future plans

We are currently jointly involved with staff from the University of Oregon and a private nonprofit organization in the establishment of programs for adults with severe self-injurious behavior. We anticipate the first residences to be opened in early spring of 1989.

We are also the primary provider for a population which is medically fragile. This home will house five youth and adults and will focus on maintaining quality medical and health care at the same time it provides quality community opportunities. We shall also be the primary provider for community based vocational training for this population.

There is in preparation an article comparing the costs of operating these various facilities with the costs of maintaining people in Fairview Hospital and Training Center.

Future articles are planned to (1) describe staff training techniques for staff in the various facilities; (2) case study reports on the remediation of severe behavior problems with youth who are severely emotionally disturbed; (3) scaling techniques for aggression and tantruming; and (4) an article on home purchase by two young men with moderate retardation. In addition, a manual describing group home operation for youth with severe emotional disturbances is planned.

References

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PARENT TO PARENT NATIONAL SURVEY PROJECT

"When our child was born, we really felt like we were the only ones in the world," "I needed somebody to come in and say 'I know what you are going through.'" These statements are from parents who are caring for a child who has a disability and represent only some of the needs and feelings shared by many parents of children with disabilities. Often these parents find that their best resources are other parents who have "been there" and understand first-hand their feelings and their experiences.

Since the 1970's, Parent to Parent programs around the country have responded to these needs by pairing "veteran" parents who have successfully handled many of the challenges present in families who have a child with a disability with parents who have recently learned of their child's disability. In these programs, often called "Parent to Parent," "Pilot Parents," "Parents Helping Parents," or "Parents Reaching Out," experienced parents offer emotional and informational support to referred parents through this match.

In order to find out more about the way Parent to Parent programs operate and what makes them successful, the Parent to Parent National Survey Project at the Beach Center on Families and Disability at the University of Kansas, is conducting a national survey of parent support groups that use the parent to parent approach. "We want to find as many programs as possible and encourage them to share information and materials as a part of our survey process," says Project Coordinator, Betsy Santelli. As this information is compiled and made available to families and professionals, the Beach Center staff hopes that it will be useful in the development of a national Parent to Parent Network that can help programs learn from each other and assist new groups with start-up tasks.

Programs that use the parent to parent approach are encouraged to call or send a postcard with the name, address and telephone number of a program representative by March 1, 1989, to Betsy Santelli or Ann Turnbull, Co-Director for the Beach Center. Reply to: Parent to Parent National Survey Project, Beach Center on Families and Disability, Bureau of Child

Research, 4138 Haworth Hall, University of Kansas, Lawrence, Kansas 66045-2330, (913) 864-4950. A positive response will enable participants to find out about and share materials with other parent to parent groups, be included in the development of a national Parent to Parent Network, discover the characteristics of Parent to Parent programs that lead to successful programs, and learn about training and technical assistance opportunities.

Funding for the Parent to Parent National Survey Project comes from the National Institute of Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, and is overseen by Project Officer, Naomi Karp. National advisors to the project include Mary Beth Bruder, Director of the Pediatric and Research Training Center in Farmington, CT; Shirley Dean, Pilot Parents Program at the Greater Omaha ARC in Omaha, NE; Susan Duwa, Director of Parent to Parent of Florida, Thonotosassa, FL; Florene Poyadue, Director, Parents Helping Parents in San Jose, CA; Greg Schell, Parent to Parent Program in Seattle, WA; and Ann Smith, Family Services Director at the Topeka ARC in Topeka, KS.

RECENT PUBLICATIONS BY STAFF

- Bullis, M., & Reiman, J. (1989). Survey of professional opinion on critical transition skills for adolescents and young adults who are deaf. Rehabilitation Counseling Bulletin, 32, 231-242.
- Bullis, M., & Fielding, G. (Eds.). (1989). Communication development in young children with deaf-blindness: Literature review. Monmouth, OR: Teaching Research Division.
- Bullis, M. (Ed.). (1989). Research on communication development of young children with deaf-blindness. Monmouth, OR: Teaching Research Division.
- Reiman, J., & Bullis, M. (1989). Social integration of students with deafness. In R. Gaylord-Ross (Ed.), Social Integration of students with special needs. (pp. 105-128). Baltimore: Paul Brookes.

MATERIALS LIST

The following is a list of materials developed by Teaching Research with prices and publishers from whom they may be purchased.

- Associated work skills: A manual. The Teaching Research Special Education Department Staff. Teaching Research Publications, Monmouth, Oregon 97361, 1984. \$10.00
- A data based classroom for the moderately and severely handicapped (4th Ed.). Fredericks, H. D., and the Staff of the Teaching Research Infant and Child Center. Teaching Research Publications, Monmouth, Oregon 97361, 1982. \$14.50
- Integrated educational service delivery models for severely handicapped children and/or youth materials: Implementation strategies for integration: An administrator's manual. \$3.50
- A teacher's manual for developing effective integration between students with severe handicaps and their peers. \$7.50
- Communication placement assessment for children and students with severe handicaps. \$3.00
- Communication curriculum for children and students with severe handicaps. \$22.50
- Signs of the time: Sign Language lessons for the Elementary grades. \$4.50
- Resources for parents' questionnaire. \$2.00

Physical education for the severely handicapped: A systematic approach to a data based gymnasium. Durin, J. M., Morehouse, J. W., & Fredericks, H. D. PRO-ED, Austin, Texas 78735, 1985. \$19.00

Project Entrants: A Model for Transition of Preschool Children with Handicaps into Public School. Thomas, B., Wilson, T., Guida, J., Manning, S. Teaching Research Publications, Monmouth, Oregon, 97361, 1987 (2nd ed.) \$10.00.

The Teaching Research curriculum for moderately and severely handicapped: Gross and fine motor skills. Fredericks, H. D. and Staff of the Teaching Research Infant and Child Center. Charles C. Thomas, Publishers, 301-327 East Lawrence Avenue, Springfield, Illinois 62717, 1980. \$26.25

The Teaching Research curriculum for moderately and severely handicapped: Self-help and cognitive skills. Fredericks, H. D. and Staff of the Teaching Research Infant and Child Center. Charles C. Thomas, Publishers, 301-327 East Lawrence Avenue, Springfield, Illinois 62717, 1980. \$27.25

Teaching expressive and receptive language to students with moderate and severe handicaps. Fredericks, H. D., Makohon, L., and the Staff of the Teaching Research Infant and Child Center. PRO-ED, Austin, Texas, 1985. \$26.00

The Teaching Research curriculum for handicapped adolescents and adults: Personal hygiene. Fredericks, H. D., Makohon, L., Bunse, C., Heyer, M., Buckley, J., Alrick, G., & Samples, B. Teaching Research Publications, Monmouth, Oregon 97361, 1980. \$10.00

The Teaching Research curriculum for handicapped adolescents and adults: Dressing, clothing care and selection. Fredericks, H. D., Heyer, M., Makohon, L., Bunse, C., Buckley, J., Trecker, N., Egan, I., Johnson-Dorn, N., Miller-Cass, V., Fay, M. I., Paeth, M. A., Alrick, G., & Samples, B. Teaching Research Publications, Monmouth, Oregon 97361, 1983. \$20.00

The Teaching Research curriculum for handicapped adolescents and adults: Assessment procedures. Peterson, J., Trecker, N., Egan, I., Fredericks, H. D., & Bunse, C. Teaching Research Publications, Monmouth, Oregon 97361, 1983. \$10.00

The Teaching Research curriculum for mildly and moderately handicapped adolescents and adults: Taxonomy and assessment. Nishioka-Evans, V., Hadden, C., Kraus, D., Johnson, J., Fredericks, H., & Toews, J. Teaching Research Publications, Monmouth, Oregon, 1983. \$10.00

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Toilet training the handicapped child (4th ed.). Fredericks, H. D. and Staff of the Teaching Research Infant and Child Center. Teaching Research Publications, Monmouth, Oregon 97361, 1981. \$4.75

Transition for Persons with Deaf-Blindness and other Profound Handicaps. Fredericks, H. D., Covert, A. Teaching Research Publications, Monmouth, Oregon 97361, 1987. \$10.00

Vocational Training for Students with Severe Handicaps. H. D. Bud Fredericks and Staff of the Teaching Research Vocational Training Model. Teaching Research Publications, Monmouth, Oregon 97361, 1987. \$13.00

Recommended Reading

Friends. Edrington, M. Instructional Development Corp., P.O. Box 361, Monmouth, Oregon 97361, 1979. \$6.75

To purchase the above or to obtain further information about the publication, please contact the publisher listed for each document.

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