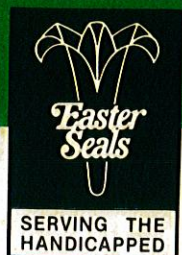


REHABILITATION LITERATURE

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In this issue: Staff Conference; Dentistry
Program; Play

THE NATIONAL EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

REHABILITATION LITERATURE

August 1977, Volume 38, No. 8

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—The Editor

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CONTENTS

Page

Events and Comments Inside Front Cover

Article of the Month 242

The Staff Conference and Group Decision-Making: A Preliminary Investigation, by Julian M. Nadolsky, Ed.D., and Ernest W. Brewer, Ed.D.

Special Articles

Planning a Preventive Dentistry Program for the Handicapped Patient in an Intermediate Facility, by Paul S. Casamassimo, M.S., D.D.S., and Arthur J. Nowak, M.A., D.M.D. 251

Play and the Fully Functioning Person, by Scout Lee Gunn, Ed.D. 257

Book Reviews 260

Abstracts of Current Literature 265

Author Index Inside Back Cover

Information on Back Issues

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REHABILITATION LITERATURE

Article of the Month

The Staff Conference and Group Decision-Making: A Preliminary Investigation

JULIAN M. NADOLSKY, Ed.D., and ERNEST W. BREWER, Ed.D.

About the Authors . . .

Dr. Nadolsky is an associate professor and associate coordinator of the Rehabilitation Counselor Education Program at the University of Tennessee in Knoxville. He was previously employed as an assistant professor in Rehabilitation Services Education at Auburn University and as a vocational evaluator in Pennsylvania and in Baltimore, Md. He received an M.Ed. degree in Rehabilitation Counseling from the Pennsylvania State University and an Ed.D. degree in Counselor Education from Auburn University. Dr. Nadolsky is the editor of the Vocational Evaluation and Work Adjustment Bulletin.

Dr. Brewer is a research assistant for the Bureau of Educational Research and Service at the University of Tennessee. He was previously employed as the executive director of the Institute of Human Resources in Knoxville, Tenn. Dr. Brewer received a B.S. degree in Psychology, an M.S. degree in Rehabilitation Counseling, and an Ed.D. degree in Vocational Technical Education—Administration from the University of Tennessee. Dr. Brewer is currently serving on the board of directors of the state of Tennessee's National Rehabilitation Counseling Association.

THE STAFF CONFERENCE is a procedure used by many rehabilitation facilities to assist in the development and maintenance of effective evaluation, treatment, training, and placement plans for each person served. It is a procedure that was derived from an institutionally based medical model and adapted to fit neatly into the team concept of rehabilitation. Participants in the staff conference include a variety of professionals who are directly and actively engaged in the planning and delivery of rehabilitation services. During the staff conference, the various team members rely upon their professional expertise to summarize the client's current situation, needs, and/or progress and to assist in the making of decisions regarding his or her rehabilitation potential and/or service requirements.

Review of the Literature

A review of relevant literature indicated that the staff conference is a well-established and "essential" ingredient of most rehabilitation facility programs. It is used as a basis for understanding the rehabilitation needs of the client, for planning individualized programs, for monitoring the progress of clients engaged in various stages of their rehabilitation program, and for determining the types of vocational and nonvocational recommendations that will be made to the referral agency.^{4, 8, 9}

In a publication designed to assist in the organization and administration of facility programs for the disabled, the International Labour Office⁴ identified and discussed the following four types of

case (staff) conferences that are of relevance to rehabilitation facility programs:

1. The *First Case Conference* is used to provide the opportunity for each staff member to give his or her individual impressions of the client so that the "team" can agree upon a proposed course of action in the programing.
2. The *Interim Case Conference* is not necessary for all clients, but is used to review the progress and to realign the goals for some clients.
3. The *Final Case Conference* is necessary for all clients prior to their leaving the center in order for the staff to present and discuss recommendations, to agree upon a recommended course of action, and to decide upon a feasible date for the termination of facility services.
4. The *Follow-up Case Conference* is used to discuss follow-up reports and to examine the results obtained in relation to the recommendations made at the final case conference.

More recently, Rice and Simmons⁸ identified and discussed three types of staff conferences (preplanning, progress, and final) that are essential to the vocational evaluation of the severely handicapped. Participants in the Tenth Institute on Rehabilitation Services⁹ reported that both formal and informal staff conferences are crucial to the planning, programing, and progress review of clients engaged in vocational evaluation and work adjustment programs. They also indicated that the final staffing of vocational evaluation clients should be formal in nature, held at a regularly scheduled time, and "may have the goal of determining the initial recommendation for a treatment plan."^{9, p. 23}

In a description of the staffing and reporting patterns at the Georgia Mental Health Institute, Mitzner⁵ related that formal case conferences or staffings were held three times each week at the Institute in order to discuss evaluative findings as they related to available treatment and rehabilitation programs. In addition to these formal staffings, the Institute's vocational evaluators held informal discussions for about 15 minutes each morning to discuss the status of each client and to indicate the activities proposed for that day. Likewise, Vinson¹⁰ and Gaines and others³ suggested that staff conferences were essential to the accurate summarization of each case and to the integration of information for inclusion in the vocational evaluation report.

In a nationwide survey of 398 vocational evaluators, Nadolsky⁷ found that 78 percent of the respondents actually used the formal staff conference with over 50 percent of their clients, while 90 percent of the respondents indicated that the formal staff con-

ference was either a valuable and necessary or an important vocational evaluation technique. A review of 22 vocational evaluation programs located in non-rehabilitation facilities designed to serve the culturally disadvantaged revealed that the formal staff conference was regularly employed by 63.6 percent of the facilities.⁶

Based upon the literature review, it appears that the staff conference is an integral part of the service structure of most rehabilitation facility programs. It is viewed as a procedure necessary to the rendering of adequate facility services. In fact, Couch and Brabham² indicated that the staff conference is "one of our most important evaluation tools"^{2, p. 11} since it provides a solid approach to group problem-solving through discussion. Couch¹ also suggested that the staff conference is the central vehicle around which all rehabilitation facility services can and should be systematized.

Statement of the Problem

Most rehabilitation facilities have adopted a procedure for holding regularly scheduled staff conferences and maintain the belief that these conferences are essential to sound programing. Due to the number of personnel involved, many man hours are expended in the staff conference. It is, therefore, an expensive procedure that serves to increase the cost of rehabilitation facility services. Staff conferences have become an ingrained component of rehabilitation facility programs. They are viewed as an important part of the facility service structure since they are held on a regular basis, regardless of their cost or their effectiveness in group decision-making.

The decisions and recommendations made as a result of the staff conference are assumed to be based upon the consensus of opinion of all team members or derived from a group decision-making process. Without such an assumption, the staff conference would not be an intrinsically valid or justifiable procedure since firm decisions and recommendations could be readily made by one individual (without extensive discussion) and "handed down" to others for implementation. However, when viewed from the vantage point of a forum for the development of staff awareness through a discussion of client problems, the staff conference can have a considerable extrinsic value since it provides the vehicle for participants to learn from each other, to display their own expertise, to vent their pent-up emotions, to escape temporarily from a daily routine, and to socialize within an acceptable framework. Regardless of these extrinsic benefits, it is doubtful whether the staff conference could achieve such widespread applicability among

rehabilitation facility programs if it lacked the intrinsic value associated with group decision-making.

Ironically, there has been a lack of research evidence to support or negate either the intrinsic or the extrinsic value of the staff conference. In this era of cost-consciousness and accountability, it appears that at least the intrinsic value of such a widely applied procedure should be justified and supported by research evidence.

Purpose of the Study

The intrinsic value of the staff conference lies in its ability to bring the opinions of the staff closer together so that decisions rendered as a result of the staff conference are derived from a consensus of all participants. This study was undertaken to examine the intrinsic value of the staff conference as a group decision-making procedure. Specifically, it was designed to determine whether there was a consensus among staff members on the two separate variables of readiness for work and type of living accommodations needed for those clients whose cases were discussed during the staff conference. Since the criterion variables (i.e., readiness for work and type of living accommodation needed) were general in nature, consistency of opinion among staff members on either variable should be enhanced.

A secondary concern of this study was designed to provide an indication of the type of staff members who rendered the most consistent opinions regarding the client's overall potential for success in rehabilitation. This phase of the study entailed an examination of the relationship between the ratings obtained on the two criterion variables from each member of the staff.

Methods and Procedures

Setting

This study was undertaken at the Institute of Human Resources (IHR), a vocationally oriented rehabilitation facility in Knoxville, Tenn. The IHR was incorporated as a private, nonprofit rehabilitation facility in 1971 and currently offers adjustment training, remedial education, recreation services, vocational evaluation, vocational training, placement services, and three different types of residential facilities (i.e., dormitory apartments, boarding houses, and halfway houses) to the physically, mentally, and emotionally disabled. These services are provided by 33 staff members in 13 separate buildings. In May, 1975, the IHR was awarded a three-year Vocational Adjustment accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF). Ac-

ording to CARF standards, a Vocational Adjustment accreditation encompasses and provides certification for the following services: vocational evaluation, work adjustment, and vocational training.

Since the various services provided by IHR are based upon the individual needs of each client, staff conferences are held on a regular basis to keep abreast of the client's progress and to assist in the planning of individualized service programs. Clients are selected for staffing when input is desired from various staff members or when decisions must be made regarding the continuation or alteration of service plans. Participants in the staff conference include those who have been directly involved with the client while at IHR as well as referral agency representatives (i.e., rehabilitation counselors and social workers). Decisions made as a result of the staff conference are assumed to be based upon the consensus of the participants.

Subjects

The subjects of this study consisted of those categories of staff members who participated in the staff conference for at least half of the 35 clients whose cases were presented and discussed during four different staff conference sessions held in April and May, 1975. The number of participants within each staff category was as follows:

Administrators (Executive Director and Director of Services)	2
Division of Vocational Rehabilitation (DVR)	
Counselors	7
House Parents or Residential Supervisors	3
Program Managers or Program Coordinators	3
Recreation Leaders	3
Vocational Evaluators	2
Vocational Instructors/Supervisors	9

In order to relate the findings to staff position, rather than to individual staff member, the subjects were categorized into one of these seven positions based upon job title and the overall nature of duties. Within each category, the staff member who was most directly involved with the client's program provided data for study. Consequently, no more than one staff member from each category provided data on any client throughout the duration of this study.

Although other types of staff (i.e., social workers, remedial education teachers, and interpreters for the deaf) were present at some of the staff conference sessions and provided data on a few clients, they were involved with less than half of the clients studied. Consequently, the data gathered from these staff members were not included in the analysis.

Instrumentation and Data Collection

A three-page form (see Appendix A) was prepared for use in the collection of data. The first page of this form presented some background information on the purpose of the staff conference and provided instructions for the completion of pages two and three. Page two provided space for the respondents to indicate the type of association that they maintained with the clients. The second page also contained two separate four-step rating scales that were designed to depict the respondent's opinion of each client's "Readiness for Work" and "Type of Living Accommodation Needed." Under the Readiness for Work Scale, the respondents were to indicate their opinions regarding the probability of success in competitive employment by checking one of the following four steps for each client rated: 1) Excellent, 2) Good, 3) Fair, or 4) Poor. Within the Type of Living Accommodations Needed Scale, the respondents were to indicate their opinion of the client's readiness to cope with the demands of one of the following living arrangements: 1) Independent Living, 2) Dormitory Apartment, 3) Boarding House, or 4) Halfway House. A definition of each step on either rating scale was not provided since the steps were either self-explanatory or readily understood by all respondents. Page three of the form provided space for the respondents to explain briefly the reasons for their responses on both scales for each client rated. Although the information provided on page three was not used in analysis of data, all respondents were asked to complete this page for each client rated. By so doing, an attempt was made to increase the accuracy of responses to both rating scales by requiring a rational explanation for each opinion.

Data were collected immediately following the staffing of clients at four different staff conferences during April and May, 1975. A total of 35 clients was staffed during these conferences and the participants (from each staff category) who were most directly involved with the clients' program were asked to complete the forms for their respective clients. At each staff conference, data were collected after all the cases had been discussed and "appropriate" decisions had been made by the group. In preparation for collection of data, a secretary typed the name of each client in the appropriate spaces on the data-collection form.

Questions and Hypotheses

The following questions and hypotheses that were formulated provided the basis for data analysis:

Question 1: To what degree do staff conference participants render consistent opinions concerning their

clients' readiness for work and type of living accommodations needed? This question generated the following null hypotheses:

Hypothesis 1: There is no significant difference among staff members in their opinions of clients' readiness for work as rated immediately following the staff conference.

Hypothesis 2: There is no significant difference among staff members in their opinions of the type of living accommodations needed by clients as rated immediately following the staff conference.

Question 2: What type staff members render the most consistent opinions concerning the relationship between their clients' readiness for work and type of living accommodations needed?

Method of Data Analysis

The initial phase of data analysis involved the computation of frequencies and percents for the data related to Question 1. A chi-square statistic was employed to test both null hypotheses. The .05 level of confidence was established as the criterion of rejection for each hypothesis. The data related to Question 2 were analyzed by computing a Guttman coefficient for each respondent category in order to determine the degree of association between their opinions on the two criterion variables.

Results

Due to the limited use of certain steps in either rating scale by the respondents, it was necessary to convert the rating scales from a four-step to a two-step scale prior to analyzing the data. Consequently, on the "Readiness for Work Scale," steps 1 (Excellent) and 2 (Good) were combined to read Excellent or Good and steps 3 (Fair) and 4 (Poor) were combined into a single Fair or Poor step. A similar conversion was made on the "Type of Living Accommodation Needed Scale," so that the two combined steps became Independent Living or Dormitory Apartment and Boarding House or Halfway House. Combining these steps should serve to enhance the consistency of opinion among respondents and, thus, assist in upholding the two null hypotheses.

Data related to Question 1 are summarized in Tables 1 and 2 (*p.* 246). A descriptive and analytic summary of the data on the readiness for work variable is contained in Table 1. Similar information on the type of living accommodations needed variable is presented in Table 2.

Inspection of the chi-square value in Table 1 indicates that there was a significant difference among the staff in their opinions of the clients' readiness for

ARTICLE OF THE MONTH

TABLE 1.—The Frequency Ratings, Percentage Distribution, and Chi-Square Value of Staff Conference Participants on the Variable of Client Readiness for Work

Staff Position	Ratings on Readiness for Work Variable						Chi-Square Value ^a
	Excellent or Good		Fair or Poor		Total		
	N	%	N	%	N	%	
Administrator	23	65.7	12	34.3	35	100	27.71*
DVR Counselor	14	40.0	21	60.0	35	100	
House Parent	9	30.0	21	70.0	30	100	
Program Manager	24	68.8	11	31.4	35	100	
Recreation Leader	9	40.9	13	59.1	22	100	
Vocational Evaluator	8	27.6	21	72.4	29	100	
Vocational Instructor/Supervisor	8	22.9	27	77.1	35	100	
Total	95		126		221		

^adf = 6

*p < .001

work immediately following the staff conference. Consequently, the first hypothesis was rejected. The percentage distribution in Table 1 shows that the administrative and managerial staff felt that approximately two-thirds of the clients discussed during the staff conference were ready to enter the world of work, while the remaining staff members felt that only about one-third of these same clients were ready for work. It should be noted that those personnel who were most closely associated with the vocational preparation of clients (i.e., Vocational Evaluator and Vocational Instructor/Supervisor) were the most guarded in rendering positive opinions concerning the clients' readiness for work.

Analysis of Table 2 shows that the staff conference participants did not demonstrate a significant difference in their opinions concerning the type of living accommodations needed by clients. Thus, the second hypothesis was confirmed. However, the percentage distribution in Table 2 indicates that DVR Counselors felt that fewer clients were capable of independent living than did the remaining participants, while the Program Managers and Vocational Instructors/Supervisors felt that the majority of clients staffed were capable of independent living.

In answer to Question 1, the data shows that the staff conference participants varied significantly in their opinions of the clients' readiness for work.

TABLE 2.—The Frequency Ratings, Percentage Distribution, and Chi-Square Value of Staff Conference Participants on the Variable of Living Accommodations Needed by Clients

Staff Position	Ratings on Type of Living Accommodations Needed Variable						Chi-Square Value ^a
	Independent Living or Dormitory Apartment		Boarding House or Halfway House		Total		
	N	%	N	%	N	%	
Administrator	22	62.9	13	37.1	35	100	7.86*
DVR Counselor	19	54.3	16	45.7	35	100	
House Parent	18	60.0	12	40.0	30	100	
Program Manager	28	80.0	7	20.0	35	100	
Recreation Leader	15	68.2	7	31.8	22	100	
Vocational Evaluator	19	65.5	10	34.5	29	100	
Vocational Instructor/Supervisor	27	77.1	8	22.9	35	100	
Total	148		73		221		

^adf = 6

*p > .05

TABLE 3.—*Guttman Coefficients on the Association Between the Ratings of Readiness for Work and Type of Living Accommodations Needed by Clients for Seven Staff Positions*

Staff Position	Number of Clients Rated	Guttman Coefficients
Administrator	35	.70
DVR Counselor	35	.30
House Parent	30	.15
Program Manager	35	.50
Recreation Leader	22	.65
Vocational Evaluator	29	.40
Vocational Instructor/Supervisor	35	.12
Total	221	

However, the participants maintained relatively consistent opinions regarding the type of living accommodations needed by the clients.

The second part of this study was designed to answer Question 2 by determining the degree to which participants in each category were consistent in their opinions of the clients' readiness for work and type of living accommodations needed. A Guttman coefficient of association was computed for each staff member category, using the data provided within the four steps of both rating scales for each client staffed. The Guttman coefficient for each staff position is presented in Table 3.

The data in Table 3 show a positive correlation between variables in the ratings of clients on the readiness for work and on type of living accommodations needed for participants within each of the seven staff positions. However, the administrative and recreation staff members were the most consistent in their opinions concerning the clients' overall potential for success in rehabilitation, while the House Parents and Vocational Instructors/Supervisors rendered the least consistent opinions. The coefficients presented in Table 3 provide an answer to Question 2 since they indicate the degree to which each type of staff member rendered consistent opinions in ratings of clients on the two criterion variables.

Discussion

This study was designed to investigate the intrinsic value of the staff conference as a group decision-making procedure. Its results indicate that, within the single rehabilitation facility under investigation, the staff conference had minimal utility in bringing the opinions of the staff closer together, especially on the variable (readiness for work) that related directly to the primary purpose of the facility's program (i.e., the preparation of clients for entry into employment). Thus, the staff conference did not serve as an effective group decision-making procedure for vocational

purposes, even when decisions were made on the general variable of readiness for work. It should be noted that personnel in most rehabilitation facilities are expected not only to determine whether clients are ready for work, but also to specify the type of work for which their clients are best suited. By increasing the degree of specificity required in vocational decision-making, it is likely that the variance in opinion among staff members would be greater than was observed in this study.

Although there was some consensus among staff members regarding the type of living accommodations needed by clients, this variable was not the primary concern of the facility's program or of its staff. In other words, none of the clients was referred to the facility with the objective of determining the type of living accommodations that they needed. At best, this determination was a secondary or peripheral concern of the facility's program.

In rendering opinions related to the client's readiness for work, the findings suggest that vocational staff (i.e., evaluators and instructors/supervisors) were probably motivated by reality factors and were, therefore, reluctant to rate many clients as Excellent or Good, while administrative and managerial staff were probably concerned with the facility's image and, therefore, provided a relatively high number of positive ratings. In the facility under investigation, it appears that the staff conference served to highlight the differential concerns of the staff and to point out some of the potential conflict that may exist between administrative and vocational personnel, rather than bringing their opinions closer together.

Furthermore, the Guttman coefficients presented in Table 3 suggest that those staff members who are not directly involved in the provision of rehabilitation services to clients (i.e., Administrators, Recreation Leaders, and Program Managers) were the most consistent in their opinions concerning the clients' overall potential for success in rehabilitation. These data imply that personnel who are not directly and emo-

ARTICLE OF THE MONTH

tionally involved with the clients' service program may be more objective in their opinions and may, therefore, be the best decision-makers. By the very nature of their position, administrative and managerial staff are expected to make decisions, and the data support their ability, or at least their consistency, in decision-making. Due to the degree of consistency in decision-making, especially among the administrative staff, it appears that they could make meaningful decisions regarding the clients' program needs (perhaps even without extensive discussion) and "hand these decisions down" to others for implementation.

This study was undertaken at a facility that was almost exclusively concerned with the vocational preparation of handicapped clients for entry into employment. All of the facility's staff were involved in some phase of the vocational service program, and this program had recently received CARF accreditation. Assuming that the status associated with CARF accreditation has meaning to rehabilitation agencies and personnel, the facility and its staff should be well equipped to offer a solid program of vocational services to clients. However, the results of this study indicate that there was little agreement among the staff on the variable that related directly to the vocational preparation of clients (i.e., readiness for work). Therefore, the staff, as a functional unit, seemed to encounter difficulty in arriving at a relatively congruent or uniform understanding of the clients and their service requirements. Rather than offering a solid or unified program of vocational services to clients, it seems that the program may be quite fragmented and based upon the individual perceptions of the various staff members. Furthermore, it appears that CARF accreditation procedures might overlook the critical relationship between program cost and program effectiveness since the findings indicate that the staff of this CARF-accredited facility spent considerable time and effort in a procedure (the staff conference) that is quite costly in view of its limited effectiveness.

Finally, the results of this study suggest that the staff conference may not deserve to be so widely used and accepted as a group decision-making procedure by rehabilitation facility personnel since it had minimal utility in bringing the opinions of the staff closer together on the critical variable of readiness for work. Furthermore, in the facility under investigation, the majority of the staff were directly engaged in the fulfillment of a single or unitary objective (i.e., the vocational preparation of clients for entry into employment). In the more comprehensive rehabilitation facilities, staff members are directly involved in the provision of a variety of specialized services in order to fulfill the multiple objectives of the facility's com-

prehensive program. The staff of most comprehensive rehabilitation facilities is composed of administrators, counselors, nurses, occupational therapists, physical therapists, physicians, psychologists, speech therapists, social workers, vocational evaluators, vocational instructors, and representatives of related disciplines. Members of each discipline routinely participate in the staff conference and feel that they "play a part" in the group decision-making process. In view of the current findings, it is questionable whether such a heterogeneous body of professionals could arrive at the consensus necessary to render the staff conference effective as a group decision-making procedure.

Summary and Conclusions

This study was a preliminary investigation that was limited to the staff of a single rehabilitation facility. However, it employed a relatively simple research design that could be readily applied in related settings. Due to the time-consuming and costly nature of the staff conference, coupled with its questionable intrinsic value, many rehabilitation facilities that employ this procedure on a regular basis may be sufficiently concerned with accountability to investigate the utility of the staff conference as applied within their setting. For this reason, a copy of the Data Collection Form used in this study is presented in Appendix A.

In view of the purpose, limitations, and results of this study the following conclusions are justified:

1. That the intrinsic value of the staff conference is questionable since it is a costly procedure and probably provides a minimal contribution to the group decision-making process.
2. That administrative personnel may be more objective in their decisions and, therefore, may be better decision-makers than staff members who are directly and emotionally involved with the client and his or her program.
3. That CARF accreditation procedures apparently lack the depth necessary to determine the intrinsic value of certain methods that are employed during the operation of vocational programs within rehabilitation facilities. Consequently, the CARF procedures may not provide a firm basis for separating effective from ineffective programs.
4. That there is a need for replication of this study, especially in comprehensive rehabilitation facilities where members of various professional disciplines participate in the staff conference.
5. That there is a need for continued research on the staff conference and on other procedures that are costly and indiscriminately used by rehabilitation facility personnel.

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APPENDIX A

STAFF OPINIONS OF CLIENT'S READINESS TO ENTER THE WORLD OF WORK AND TO COPE WITH THE DEMANDS OF DIFFERENT LIVING ACCOMMODATIONS

Success in rehabilitation is often equated with the attainment of self-sufficiency among clients who receive rehabilitative services. Two factors that contribute substantially to the attainment of self-sufficiency are the ability to obtain and maintain gainful employment and the ability to live independently within the community.

The staff conference is a procedure used in many rehabilitation facilities to assist in determining whether clients are ready to cope with the demands of competitive employment and independent living. Recommendations for competitive employment and independent living are often based upon the consensus of opinion rendered by those staff members who have been directly involved with the client during his rehabilitation program. Likewise, the need for additional rehabilitation services is often derived from the opinions of those individuals who participate in the staff conference.

The attached forms (Form A and Form B) have been prepared to assist in determining the degree of consensus among staff members who participate in the staff conference. Please complete Form A for each client staffed by placing a check mark in the columns that most accurately depict your opinion of the client's "Readiness for Work" and "Type of Living Accommodations Needed." Please place only one check mark under each heading.

Space for comments related to your opinions on each client is provided in Form B. Please use Form B to explain briefly why you feel each client is or is not ready for work and needs the type of living accommodation that you specified.

Prior to completing either form, please indicate the primary type of association that you maintain with the clients.

ARTICLE OF THE MONTH

FORM A

WHAT IS YOUR ASSOCIATION WITH THE CLIENTS? (Please check one)

- Administrator
- DVR Counselor
- House Parent
- Program Manager
- Recreation Leader
- Social Worker
- Vocational Evaluator
- Vocational Instructor/Supervisor
- Other (specify) _____

PLEASE CHECK ONLY ONE COLUMN UNDER THE TWO HEADINGS FOR EACH CLIENT

CLIENT NO.	NAME OF CLIENT	READINESS FOR WORK				TYPE OF LIVING ACCOMMODATIONS NEEDED			
		Probability of Success in Competitive Employment				Ready to cope with the demands of:			
		EXCELLENT	GOOD	FAIR	POOR	INDEPENDENT LIVING	DORMITORY APARTMENT	BOARDING HOUSE	HALFWAY HOUSE

FORM B

PLEASE BRIEFLY EXPLAIN THE REASONS FOR THE COLUMNS CHECKED ON FORM A.

CLIENT NO.	NAME OF CLIENT	READINESS FOR WORK	TYPE OF LIVING ACCOMMODATIONS NEEDED