

# PROGRAM WORKBOOK

A PART OF THE ADAPTIVE FUNCTIONING INDEX SYSTEM  
OF INDIVIDUAL AND PROGRAM TECHNIQUES

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This workbook contains tools to help staff set their own criterion against which to evaluate and re-design their programs.

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
PROGRAM: \_\_\_\_\_ AGE RANGE: \_\_\_\_\_  
NO. IN IMMEDIATE PROGRAM: \_\_\_\_\_ NO. IN TOTAL PROGRAM: \_\_\_\_\_  
PROGRAM EMPHASIS (e.g., work skills, handling problems): \_\_\_\_\_

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STATEMENT OF PROGRAM PHILOSOPHY (from Page 3)

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Before using this booklet, please refer to Chapter I, Program Evaluation, of the A.F.I. Training Manual. Each of the exercises are discussed in depth with examples.

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## VALUE PRIORITY SCALE

### Instructions

A philosophy is the sum total of your values, beliefs, and goals as they are reflected in your day-to-day dealings with people. Philosophy is not only your goals but your method of reaching those goals.

A functional philosophy is a dynamic system, and changes to resolve the conflict which arises when values or goals are added or changed.

The Value Priority Scale is a sample of one quick aid to discovering personal and program values so that they can be discussed openly.

There is no hidden agenda in the list of 20 values. Each value has been considered as a top priority by some program. Once the form is filled out by **all** staff, including administrator and clients, where possible, the results can be compiled.

The values have been grouped into individual-oriented values (those with an \*) and into facility-oriented values. One set of values is not necessarily "better," but if your program is heavily loaded towards facility-oriented values, you may be overlooking some client needs.

Once staff have ranked the values, note which values present the greatest consensus and the greatest discrepancies. If you wish to compare results, record and discuss individual scores on the group profile.

Staff can then work towards reconciling the individual discrepancies and group discrepancies.

With a list of four or five top priorities from your personal values and the program's values, compose a statement of philosophy indicating what you hope to achieve and how to go about achieving it. Record this statement on the front of the booklet as the anchor for your program evaluation and also display it prominently in your agency. Repeat this process regularly to detect changes in your approach to your program.

# VALUE PRIORITY SCALE

Below are 20 values which are reflected in existing programs. Feel free to add others that you feel are important to your program. To each value statement assign a number from 1 to 20, from most important (#1) to least important (#20) from your personal perspective in the program — **Personal Priority**. Then, to each value statement assign a number from 1 to 20 as you see the values reflected in the program — **Program Priority**. Give each value statement its own number, i.e., do not give more than one value statement the same number. To compare value priority weights among the staff, complete the separate summary sheet which presents average scores and range of scores for your staff.

PERSONAL PRIORITY NO.	PROGRAM PRIORITY NO.	VALUE STATEMENT
1	1	— Education of community
2	1	— Training through normal means*
3	1	— Safety and health
4	1	— Family atmosphere*
5	1	— Research
6	1	— Specialized and individual training*
7	1	— Efficiency
8	1	— Friendship within peer group*
9	1	— Clean, sanitary surroundings
10	1	— Normal rhythm of life*
11	1	— Instilling discipline
12	1	— Family involvement*
13	1	— Continuum of services
14	1	— Independence of client*
15	1	— "No nonsense" atmosphere
16	1	— Community exposure*
17	1	— Staff development
18	1	— Mastery of skills*
19	1	— Protection of society
20	1	— Integration with non-handicapped*

Which value statements had the greatest consensus between your personal priorities and the program's priorities?

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Which value statements had the greatest discrepancy?

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How many of the value statements in the top 10 priorities were:

1. Facility-oriented values:                      Personal \_\_\_\_\_ Program \_\_\_\_\_
2. \*Individual-oriented values:                Personal \_\_\_\_\_ Program \_\_\_\_\_

## NEEDS ANALYSIS

An analysis of how personal needs and needs for program clarity are being met for the trainee, his peers, and the staff appears on the opposite page.

There is an underlying philosophy of humanization or normalization represented in the Needs Analysis format. It is based on the premise that the individual client has certain essential needs that are similar, in many ways, to the needs of the staff in that program. The Needs Analysis also recognizes the client as a social being — a fact often overlooked — and, therefore, places equal emphasis on the client's reference group.

The needs are grouped into two major categories: the needs related to **Program Clarity** — Responsibility, Consistency, Directed Feedback; and the **"People" Needs** — Personal Needs, Privacy, Exploration and Growth, Involvement.

If these needs are recognized and met for the client, he will be able to develop a sense of who he is and where he is going. A successful rehabilitation program helps the individual understand groups so that he/she can join groups that will be relevant to his/her social needs.

If staff needs are recognized and met, their group identity will be positive and goal-directed. If not, staff identity tends to rely on "we-they" splits (e.g., administration vs. front-line staff) and becomes counterproductive.

After completing the Needs Analysis sheet, note which needs are not being met at present. Program recommendations can be made directly from the Needs Analysis sheet. The information will also be used in evaluating the program structure (P.14).

A Group Summary Sheet is available on the back of the Value Priority Sheet to allow group comparisons. Record the number of staff indicating that a need is being met, partially met, or not met. Then total the number of staff who indicate that needs are met across the rows and down the columns. Staff can then discuss discrepancies in their perceptions of the program and methods of remedying the situation.

# NEEDS ANALYSIS

Instructions: Rate each need statement as

- Need not met at present
- Need recognized and met
- Need not seen as important
- Need partially met

SPECIFIC NEEDS	INDIVIDUAL CLIENT	PEER GROUP	STAFF
<b>PROGRAM CLARITY</b>	Do clients have specific duties. Are they duties realistic image-enhancing and do they change overtime?	Are there group duties that teach cooperation between members?	Are staff responsibilities clearly defined including daily routines, training, expectations, atmosphere, expected, do staff identify duties for themselves?
<b>A. RESPONSIBILITY</b>	Are there program elements (staff, schedule, etc.) that clients can rely on and therefore know what to expect next?	Is there respect for an individual's need to have a consistent group to belong to? e.g. roommates?	Do staff know the decision process - who and how decisions are made, and how to enter the process?
<b>B. CONSISTENCY</b>	Is feedback to the client regular, specific, concrete and at a level he can understand?	Are groups helped to support and censure members?	Is there regular directed feedback from the employer on how staff is meeting the expectations and what is expected next?
<b>C. DIRECT FEEDBACK</b>			
<b>"PEOPLE" NEEDS</b>			
<b>A. PERSONAL NEEDS</b>	Is there time for the client to be cared for/care for himself in a way that recognizes his dignity?	Is there acceptance of the needs of couples/groups just "to be" without overstructuring?	Are personal needs of staff met - meals, coffee, extended leave, holidays, etc?
<b>B. PRIVACY</b>	Does the client have unstructured time alone to develop concept of self apart from group and to learn how to deal with "aleness"?	Is the group allowed to work out problems without supervision at some point?	Is there quiet time for planning and scheduled "mental health breaks"?
<b>C. EXPLORATION/ GROWTH</b>	Is there time for the individual to learn in a one-to-one situation?	Are some group experiences structured to help clients understand how groups work?	Is there adequate staff development for personal satisfaction? Is there possibility for advancement within staff model?
<b>D. INVOLVEMENT</b>	Can the client make decisions that will allow him to be included in setting and evaluating his own program?	Does the group or spokesman have some input into the planning and implementation of program changes?	Are staff involved in change and encouraged to advance with change?

# PROGRAM MODELS

Read the following chart from two perspectives — your's and the client's. In each column (staff role and client role) rank and record the first three most relevant descriptions, putting your ranking to the left and the client to the right. Refer to the Training Manual for a more complete description of models.

MODEL	PROGRAM EMPHASIS	STAFF ROLE	CLIENT ROLE
1. MEDICAL	CURE OR GOOD HEALTH	A THERAPIST who cures or maintains good health with special skills/training. <input type="checkbox"/>	SICK or DISABLED PERSONS who receive treatment and are expected to cooperate with the treatment. Clients often labeled as the appendix in 504, the epileptic with hemiplegia. <input type="checkbox"/>
2. DETENTION	"GOOD" COMPLIANT BEHAVIOR: Because many rehab settings are the only alternative, the client may see that he is there because no one else wants him and he's being punished for being handicapped, thus although a detention model is not intended, it is often implied. A substitute which provides ACTIVITY AND HAPPINESS.	A GUARD who controls deviate behavior and expects "appropriate" behavior until the client is acceptable to society. <input type="checkbox"/>	UNACCEPTABLE PERSONS who are there to "put in" time. Expected to stay until "acceptable" to society or until their "time" is up. <input type="checkbox"/>
3. SHELTERED CARE	PROTECTION AND LOVING CARE: While this is natural for children it can produce problems with adults who have trouble establishing an "adult" role.	CUSTODIAN who provides for basic needs without undue pressure. <input type="checkbox"/>	UNABLE PERSONS who need to be taken care of while parents/guardian are busy. <input type="checkbox"/>
4. PARENTAL	FARINESS: Emphasis is on the environment (e.g., funding, legal system) supporting client needs.	PARENT who protects and guides on a consistent, ongoing basis. <input type="checkbox"/>	CHILDREN who are incapable and look to parents for love and direction. <input type="checkbox"/>
5. TRUSTEE	ACHIEVEMENT OF SKILLS AND GRADUATION: Implements systematic movement. If there is no defined end goal it is likely not an instruction model.	A PUBLIC ADVOCATE who protects the rights of the handicapped person and tries to insure a fair deal for the client: a safe environment with basic needs met. <input type="checkbox"/>	UNFORTUNATES who are easily exploited or neglected. <input type="checkbox"/>
1. INSTRUCTION	INSIGHT AND SELF HELP	AN INSTRUCTOR who provides a structured learning experience, with a curriculum, standards to reach and evaluation of progress. <input type="checkbox"/>	STUDENTS who are learning skills in order to graduate to a more independent situation. <input type="checkbox"/>
2. COUNSELLING	PROFIT through Production	A COUNSELLOR who helps the client by sharing information and providing feedback. <input type="checkbox"/>	CLIENTS who accept responsibility for positive change in their lives. <input type="checkbox"/>
1. WORK	SHARED RESPONSIBILITY WITHIN A RELAXED, ACCEPTING ENVIRONMENT	A FOREMAN who ensures that the worker is productive. <input type="checkbox"/>	WORKERS who derive identity from their work role (e.g., type of work, wage received). <input type="checkbox"/>
2. HOME	PERSONAL CHOICE AND INVOLVEMENT IN LEISURE	ROOMMATE/FRIENDLY NEIGHBOUR who facilitates a positive, cooperative and healthy environment and supplies support as requested by the client. <input type="checkbox"/>	ROOMMATES: One who sees himself as an accepted member of a household that he has chosen, with chosen roommates. Asks for support as required. <input type="checkbox"/>
3. LEISURE TIME		FRIEND OR PEER who encourages personal choice in leisure and facilitates participation. <input type="checkbox"/>	FRIENDS OR PEERS: One who is free to enjoy leisure time as he chooses (with or without others). <input type="checkbox"/>

DEPENDENCY MODELS

TRANSITION MODELS

INDEPENDENCE MODELS

The following will be used in both the format analysis and implementation:  
 From this analysis what models best describe your program now (choose 2 or 3) \_\_\_\_\_  
 What models are most coherent with your program philosophy (ideal) \_\_\_\_\_  
 How can staff role and client role be clarified to approach your ideal model \_\_\_\_\_

## STRUCTURAL ANALYSIS

In this section your programs physical environment\*, schedule\* and program model\* are evaluated in light of the philosophy, needs and content goals you have first set. There are four steps to complete a structural analysis.

(Column 1) Record the desired physical environment, schedule and program model based on your philosophy and values.

e.g. **Physical environment** - bottle depot on a busy street with good access, a warehouse.

**Schedule** - schedule determined by meal pressure in the cafeteria, training done before lunch rush.

**Program models** - counselling model in follow up.

(Column 2) Using the results of the needs analysis, determine why the needs are not being met, and record the problems.

e.g. **Physical environment** - allows no space for privacy.

**Schedule** - does not allow any time for nonsupervised activity during the day and workers are bused home and cannot get together after work.

**Parental model** - discourages the adult from taking responsibility.

(Column 3) Decide, (using your Content Analysis and staff discussions), why important skills (content goals) have not been accomplished to date.

e.g. **Physical environment** - laundry skills impossible because of lack of washer and dryer.

**Schedule** - bus training not possible because no staff come in early enough or stay late enough.

**Program model** - decision making is difficult when staff anticipate decisions and make them for the trainee.

(Column 4) Work out a proposal to resolve the problems inherent in your program's physical environment by reading across the columns. Repeat for "schedule" and "program models."

e.g. **Physical environment** - approach the downtowners to supply a stove and fridge for the games room for independent snacks and weekly group meal planning.

**Program models** - make Marie's role as a teacher more pronounced and encourage Pat to apply work pressures more consistently.

\* refer to training manual for background.

# STRUCTURE

	I. WHAT DOES OUR PHILOSOPHY SAY ABOUT . . .	II. ARE NEEDS BEING MET?
<p>1. PHYSICAL ENVIRONMENT</p> <p>"Where"</p>	<p>The physical environment - the building, its location, special areas and equipment needed.</p>	<p>What needs are not being met because of space or equipment limitations.</p>
<p>2. SCHEDULE</p> <p>"When"</p>	<p>Your schedule - the degree of consistency, staffing patterns, natural lifestyle vs. individualized training, etc.</p>	<p>What needs are not being met because there is not time allocated?</p>
<p>3. PROGRAM MODEL (STAFF)</p> <p>"How"</p>	<p>The staff needed by your chosen program model(s). (no.'s, training roles)</p>	<p>What needs aren't being met because of staff deficiencies, and how staff and clients see each other?</p>



# ANALYSIS

III. ARE IMPORTANT SKILLS BEING TAUGHT?	IV. HOW CAN IT BE CHANGED?
What skills are not being taught because of space or equipment limitations?	How can space and equipment be adapted to meet the purpose of the program?
What important skills are not being taught because there is not time allotted to teach them?	How can the schedule (staff patterns, etc.) be modified to alleviate the problems?
What skills are difficult to teach considering staff deficiencies?	What staff changes are required to clarify the model?

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