

Networking: The Linking of People, Resources and Ideas

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About the Network

Computer Use in Social Services (CUSS) Network is a nonprofit association of professionals interested in exchanging information and experiences on using computers in the human services. Members participate in the Network by:

- Sending materials for the CUSSN Newsletter, such as: member needs, interests, hardware/software use, activities, resources, ideas, experiences, computer applications, and events.
- Participating in the electronic network, skills bank, software clearinghouse and subgroups.
- Distributing Newsletters at workshops and conferences. (I will send newsletters to distribute or place on a resource table.)
- Referring vendors to advertise their services and products through the CUSSN.
- Holding local CUSSN meetings. Local meetings in Dallas/Ft. Worth, Chicago, Baltimore and Australia have been successful.

Network Dues: \$10 individuals, \$15 institutions (payable in U.S. Funds). Contact Dick Schoech, Associate Professor, School of Social Work, The University of Texas at Arlington, Box 19129, Arlington, TX 76019.

The Newsletter is published approximately 4 times a year and is sent free to all network members. Back issues \$5 each.

The Electronic Network (CUSSnet) establishes local bulletin boards, national and local mail and file transfer, downloading of public domain software, and access to numerous repositories of electronically available information on human service computing. CUSSnet builds on FIDONET, approximately 900 microcomputer-based local bulletin boards across the U.S. and in 9 continents. Contact Dick Schoech for your local node, or

call 817-273-3966 and type the file in the HELP file area called FIDOLIST.80. Communications are at 300-2400 baud, 8 data bits, 1 stop bit and no parity. Almost any computer or terminal and modem will work.

The Skills Bank allows members to locate or share specific knowledge, skills and experiences for providing information about yourself. Contact Gunther R. Geiss, Adelphi U., School of Social Work, Garden City, NY 11530.

The Software Clearinghouse offers a computerized inventory of commercial and public domain available human service software, a software review file, and a software exchange. Contact Walter LaMendola, Professor, School of Social Work, U. of Denver, Denver, CO 80208.

Special Interest Group (SIGs) are subgroups where significant networking is occurring on a special topic.

Educators SIG, write Wallace Gingerich, School of Social Welfare, U of Wisconsin-Milwaukee, Milwaukee, WI 53201.

Hospital Social Services SIG, write Mike King, Director of Social Work and Discharge Planning, Saint Francis Hospital, 100 Port Washington Blvd, Roslyn, NY 11576.

Area Groups:

Baltimore, MD, contact Bob Elkin Professor, U of Maryland, School of Social Work and Community Planning, 525 W. Redwood Street, Baltimore, MD 21201

California, James M. Gardner, Department of Developmental Services, Fairview State Hospital, 2501 Harbor Boulevard, Costa Mesa, CA 92626

Australia, Floyd Bolitho, La Trobe U., School of Social Work, Bundoora Victoria, Australia, 3083.

To Use CUSSnet

If a CUSSnet node is in your city, you're in luck. Simply dial it up using your computer and a modem and follow the directions. If no CUSSnet node exists in your city, check with a local computer store for your local FIDonet node or call any CUSSnet node listed below. Communications are at 300-2400 baud, 8 data bits, 1 stop bit and no parity. Almost any computer or terminal and modem will work.

City & State	Net/Node	Phone #	Operator	Specialty Focus
Arlington TX	130/5	817 273-3966	D. Schoech	Recent Publications
St. Louis MO	100/999	314 889-4696	B. Butterfield	Biblio. Info.
Murray KY	11/301	502 762-3140	B. Allbritten	Handicap Info.
Denver CO	104/614	303 871-2912	W. LaMendola	Software Info.
Milwaukee WI	139/450	414 963-4515	W. Gingerich	Curriculum Info.
New York, NY	107/37	212 532-2278	G. Hoffman	Training Info.
Raleigh, NC	158/101	919 851-6806	M. Bowen	Handicap Info.
Seattle WA	138/35	206 442-8127	S. Ice	Federal Info. 12pm +
Garden City NY	107/240	516 228-7938	G. Geiss	Skills Bank
Arlington, TX	130/10	817 649-2857	C. Brown	Disabilities Info.
Tempe AZ	114/23	602 965-1588	W. Hudson	General
New Hampshire	132/11	603 798-4028	D. Hall	General
Pheonix AZ	114/15	602 235-9653	D. Dodall	Disabilities
Las Cruces, NM	15/4	505 646-2868	M. Connealy	NASW State Info.
Cardiff, Wales	503/43	222 704739	W. Davidson	CUSSnet Info.
node changing to 510/43 and will carry a CUSSnet message & file area				
Washington DC	to be announced		PICA	Community agencies
To start a CUSSnet node, call Steve Ice in Seattle at 206 442-2430				

Services Available

Vendor/Consultant	Contact Person	Services
Illinois		
OUTP ST, Inc. Drawer CNC6 119 Wilson St., Park Forest, IL 60466	F. Dean Luse, Ph.D., CSW, President (312) 748-3854	Consultation on feasibility and information system planning. Provides help with accountability, forms & report design, decision support systems, database development, software selection & evaluation, training your staff to use computer systems Extensive micro and mainframe computer experience.
Synergistic Office Systems (SOS) 438 Peterson Road Libertyville, IL 60048	Joseph Zefran, MSW (312) 680-8383 (312) 275-3747	The SOS team of human service/computer professionals help you with ready-to-use SOFTWARE exclusively for nonprofits - Fund Accounting, Donor/Fun Raising, Client Service/Receivables - and a full range of SERVICES - feasibility studies, programming, training, and support.
Florida		
Community Service Council of Broward County, Inc. 1300 S. Andrews Avenue P.O. Box 22877 Fort Lauderdale, FL 33335	Susan K. Buza, Executive Director (305) 524-8371	Full range of consulting and technical support in the automation of Social and Human Services. Systems include Agency Inventory/Directory Production, Information & Referral, Client Case Management, Mental Health Client Tracking, Statewide Networking, Transportation Scheduling, Carpool Matching.
Maryland		
KBL Group, Inc. 'Knowledge Based Living' 808 Pershing Drive #100 Silver Springs, MD 20910	Karen Levitan, Ph.D., President, (301) 588-4633	Services to help you use information, technology, and systems as professional resources. We work for you; we work with you; we help you do it yourself.
New York		
King Associates, LTD. 215 Shoreward Drive Great Neck, N.Y. 11021	Michael A. King, D.S.W. (516) 487-5995	Producers of AMIS — flexible off-the-shelf software for hospital social work and discharge planning departments. Customized programs are also available.
Rhode Island		
Applied Innovations, Inc. South Kingstown Office Park Wakefield, R.I. 02879	800-272-2250 401-789-5081	A developer and manufacturer of numerous software programs designed to operate on popular microcomputers. The programs are fully supported, documented and operational in hundreds of locations. Programs assist with Psychological testing (eg MMPI) office management (eg billing/insurance forms) or Assessment (eg psychosocial histories).
Australia		
Human Services Information Systems 6 Chapman Blvd Glen Waverly Victoria 3150	Floyd Bolitho, Ph.D., (03) 687-6790, (03) 459-1806	Consultation for Human Services, feasibility studies, training, systems design and implementation. Software Development and hardware vendor.

The above paid advertisements represent no endorsement or favorable review by CUSS. When choosing a consultant, remember the standard advice: (1) talk to more than one consultant, (2) obtain several comparable bids, and (3) ask for several recent clients and talk to them about their satisfaction.

Service Listing Announcements: Interested vendors/consultants should send payment along with their description. Rates are as follows.

Description length	Rate per issue	Rate per year (4 issues)
under 15 words	\$ 5	\$18
under 30 words	\$ 8	\$28
under 45 words	\$10	\$34
under 60 words	\$12	\$40

Space Advertisements: Advertising space is available in the CUSS Newsletter at the following rates:

one eighth page in one issue = \$15	one half page in one issue = \$45	one full page in one issue = \$75
one fourth page in one issue = \$25	three fourths page in one issue = \$60	two full pages in one issue = \$120

Advertisers must furnish a copy ready ad. If the ad will be run for four issues, a 25% reduction in cost is granted.

Mailing Labels: Mailing labels are available at the cost of 5 cents per label.

Notes From The Editor

Many thanks to Kim Lambert, (Professor, Faculty of Social Work U. of Toronto 246 Bloor St. West, Toronto, Ontario M5S 1A1) for organizing this issue. Others helping Kim were Irene Schaeffer, MSW, CSW, The Applied Program Technology Unit, Ministry of Community and Social Services, 6th Floor, 880 Bay Street, Toronto, Ontario, M7A 1E9, Nayda N. Tarasoff, MSW, CSW, Program Coordinator, Ontario Association of Professional Social Workers, 410 Jarvis St., Toronto, Ontario M4Y 2G6, and Noel Thomas, CSW/TSA, Consultant, Interaction Network, Inc., 215 Goldhawk Trail, Scarborough, Ontario M1V 1X4

They hope this issue reflects computer use in social service activities within Canada's unique cultures, traditions, legislation and geography. Anyone in a country other than the U.S. who wishes to put together a special issue on human service computing in their country should contact me for details and time tables. My belief is that much human service computing is beyond geographical borders. Applications in one country have relevance for others. I am find that to be true in my present endeavor.

I am on a one year exchange with the U. of Cardiff, Wales, U.K. I will be working throughout the year with Stuart Toole on the HUSITA international conference on human service computing. We are trying hard to get all countries represented. Stuart and I have made visits to human service computing projects in Amsterdam, Holland; Antwerp Belgium, and Berlin Germany and were well received. Many were eager to make presentations on their projects and to see what others are doing. We hope to visit Frankfurt Germany, Switzerland and other countries as the year progresses. We feel the conference will be truly international in nature and involve the sharing of experiences and ideas on similar topics.

Another finding was that other countries are eager for information and were excited about CUSSnet. Amsterdam and Antwerp Belgium both have local fidonet nodes and hope to be able to communicate with other CUSSnet nodes. I will try to summarize our experiences in the next issue.

My apologies for being late with this issue. Preparing the CUSS newsletter while in Cardiff has been problematic. It is the little things that cause problems. For example, most of the mail I though was going first class was probably going surface mail. At UTA, all mail is postmarked first class unless otherwise noted. Here it seems, it is exactly the opposite.

Dick Schoech, Cuss Network Coordinator
1 Nov 86

Articles, Reviews and Reports

Results of a Survey of English Speaking Professional Canadian Social Workers

by Richard W. Nutter, James M. Gripton, & Mary Ann Murphy*, c/o U. of Alberta, Social Welfare Dept, 8625 112 St #300, Campus Twr, Alberta Canada T6G 1K6

This survey was part of a state-of-the-art review of social work research in Canada funded by the Social Sciences and Humanities Research Council of Canada and sponsored by the Canadian Association of Social Workers and the Canadian Association of Schools of Social Work. The survey was conducted to document and understand better the potential utility of social work information systems as data bases for social work research in the personal social services. Particular emphasis was placed upon the use of computers in social work practice settings and their roles in the information systems in those settings. Only those portions of the survey dealing with computers will be reported here.

METHOD

Population. The population for this survey was the February, 1985 mailing list for The Social Worker/Le Travailleur Social. This was a complete list of all members of provincial professional social work organizations in Canada. Thus, the operational definition of professional social worker for purposes of this study was a person who belonged to a professional social work organization in Canada in February, 1985.

Sample. Every fifteenth name was drawn from each provincial mailing list. The draw from each provincial list started on a different random number less than sixteen. The questionnaire from which results are reported here was sent to every second person in each of the resulting provincial samples. A coin was flipped for each province to determine if the odd or even numbered persons would receive this questionnaire. Thus, the 266 individuals to whom this questionnaire was sent were a 3.3%, provincially proportional, random sample of professional social workers in Canada.

Survey methodology. Each questionnaire was mailed in an individually addressed envelope which also contained a letter briefly explaining the operation, purposes, and sponsorship of the survey, and a self-addressed, return postage metered, envelope. The questionnaires were first mailed from Edmonton on March 23, 1985. Reminder/thank you postcards were mailed to each member of the sample on March 30, 1985. Names were removed from the mailing list when questionnaires were

returned or some other response was received from a sample member. Another questionnaire, letter, and self-addressed, return postage metered, envelope was mailed to each sample member remaining on the list on April 20, 1985. Yet another questionnaire, letter, and self-addressed, return postage metered, envelope was mailed SPECIAL DELIVERY to each sample member still on the mailing list on May 18, 1985.

Survey coverage. Questionnaires were returned by 204 of these social workers. An additional 7 questionnaires were returned by Canada Post as undeliverable. Thus, this summary is based upon a gross return rate of 77% (204/266) and a net return rate of 79% (204/259). More specifically, 105 questionnaires were received from respondents during the first 30 days after the initial mailing. Fifty nine questionnaires were returned by respondents during the next 30 days, and 40 questionnaires were returned by respondents during the 30 days following the special delivery mailing.

It would have been very desirable to have provided French and English editions of this questionnaire to all respondents. Unfortunately, resources did not permit translation of the questionnaire into French. Thus, all the respondents whose data are reported had a working knowledge of English. Eleven of the questionnaires returned from the Province of Quebec were unusable. There was some indication on most of these that the addressee was French speaking and did not feel confident to complete this English questionnaire. Thus, the results of this survey should be generalized to the practice settings of English speaking and French/English bilingual Canadian social workers only.

Questionnaire. The questionnaire was sixteen pages long including the front cover which contained the introduction and the back cover which solicited respondent's comments about "these or other important issues of information systems and social work research in the personal social services," and gave a "Thank you." Only respondents currently employed in some social work capacity or in social work practice setting were asked to complete the items dealing with computers in or planned for their practice settings.

RESULTS

Hopes for computers (N = 181). All respondents were asked whether they disagreed or agree that, "Computers will soon make it very easy to get useful information from most social work information systems." On a five point Likert type scale from 1 = Strongly Disagree to 5 = Strongly Agree, the responses were 5/1, 9/2, 18/3, 28/4, and 22/5 with 18/ responding "Can't Say."

Increase use of computers (N = 141). Respondents were asked, "Is there a plan to increase the use of computers in your practice setting in 1985? A few (12%) indicated that their "practice setting is already fully computerized." More (16%) indicated that, "The equipment has been ordered" and others (14%) indicated "The plan has been approved." Thus, nearly a third of the respondents indicated a fairly advanced stage of activity toward increasing their computer capabilities. About a quarter (27%) indicated some other, less advanced, stage of planning. Nearly a third (31%) checked "no," there was no plan to increase the use of computers in their practice setting in 1985.

Proportion of practice settings with computers (n = 140). Over half of the respondents (56%) indicated computers were used in their practice settings. About a quarter of these indicated micro (22%) and/or mainframe (28%) computers were used. Very few indicated that mini (9%), time sharing (6%) or other external (5%) computer set-ups were used in their practice settings. Nearly half (46%) indicated they didn't know what kind of computers were used in their practice setting.

Direct access for data entry (N = 80). When asked, "Who in your practice setting has direct access to the computer(s) for information entry," most (83%) checked "Clerks & Technicians." Over a third reported "Middle-Managers" (40%), "Top-Managers" (39%), and "Supervisors" (38%) had direct access for information entry. However, only about a quarter (28%) of "Line social workers" had direct access for information entry. A few "others" (20%) and very few "Board Members" (4%) had such access.

Direct access for data retrieval (N = 80). The pattern of individuals with direct access to the computers for information retrieval was similar to that for information entry. "Clerks & Technicians" (74%) most frequently had direct access, followed by "Supervisors" (50%), "Middle-Managers" (44%), "Top-Managers" (39%), "Line social workers" (28%), "others" (20%), and "Board Members" (8%). These data indicate that there may be marginally more direct access among decision makers, above the line worker level, for information retrieval than for information entry.

Who relies on the computers (N = 80)? The pattern of responses to the question, "Who in your practice setting generally relies on the computer(s) for information to support their decisions" indicated a perceived hierarchical reliance upon computers. Nearly two thirds of "Top-Managers" (63%) and over half of the "Middle-Managers" (56%) were thought to generally rely upon the computers to support their decisions. "Supervisors" (38%) and "Line social workers" (23%) were perceived as much less likely to rely upon the computers for information to support their decisions. Relatively few "Clerks & Technicians" (20%), "Board Members" (15%), or "Others" (15%) rely upon computers for information to support their decisions.

Functions performed by computers. Respondents were asked, "In your practice setting, are the following functions performed mostly, partly, or not

at all using computers?" Details of these responses are presented in Table 1.

These responses indicate that most practice settings with computers use them for "Client Records" (83%) and "Finance" (80%), with an indication that the finance functions are more completely computerized than the client records functions. "Word Processing" (70%), "Personnel" (68%), "Service Records" (66%), and "Research" (64%) are computerized, at least to some extent, in about two thirds of the practice settings with computers. "Mailing List" (54%), "Billing" (49%), "Membership" (18%), and "Fund Raising" (17%) were less widely computerized. However, the "Not Applicable" responses to these items indicate that these functions are not performed in many of the practice settings described in this survey.

Introducing computers into formal information systems. Respondents were asked to indicate on a five point Likert type scale whether they disagreed or agreed with statements about how computers were introduced into the formal information system in their practice settings. Over one third of the respondents agreed that, "Just the same information you had always recorded was put into the computer" (37%). About a quarter of the respondents disagreed with this statement. The mean response was 3.2, slightly above the midpoint of the scale.

The distribution of responses to the statement, "A lot of planning was done to make sure the information on the computer was what was needed to make good practice decisions" was almost perfectly flat, including the "Can't Say" response category. This indicates a very wide range of perceptions about the degree to which planning was done to make computerization useful to practitioners.

"Social workers didn't get very involved in the switch to computers. It was too technical," was agreed to by half (50%) and disagreed by one quarter (28%) of the respondents. Very few (8%) checked the midpoint indicating neutrality on this item. The mean was 3.5, a third of a standard deviation above the midpoint of the scale.

About half (53%) of the respondents disagreed with the statement that "Our computers are NOT part of our formal information system." Only a small minority (16%) agreed with this statement. The mean of 2.4, nearly half a standard deviation below the midpoint of the scale, reflected the apparent situation that half or more of practice settings with computers are using those computers in their formal information systems.

Computers and information systems. Respondents indicated relatively strong agreement with the statement, "Computers will soon make it very easy to get useful information from most social work information systems." This optimism about the role of computers was even more strongly expressed among those who indicated that computers were currently being used in their practice settings than among those indicating that they were not. Their mean agreements were 3.9 and 3.3, respectively ($p < 0.01$).

Because these respondents had been asked a large number of questions about the information systems in their practice settings, it was possible to check these optimistic predictions against current realities. Analyses of variance were performed which compared the responses of respondents answering "yes" to those answering "no" to the question "Are computers used in your practice setting."

Only two of these analyses indicated significant differences. Those in practice settings where computers were used more strongly agreed with the statements that, "The formal information system in your practice setting is very useful for management" and "The formal information system in your practice setting produces useful statistical reports."

We also explored whether the degree to which line social workers relied upon the computers in their practice settings for information was related to the manner in which computers were introduced into their practice settings. Thus, analyses of variance were performed comparing respondents who indicated

Table 1
Functions Performed Using Computers

Function	Percent of Responses			N
	Mostly	Partly	Not At All	
Billing	34	15	26	65
Client Records	36	47	15	73
Finance	62	18	9	71
Fund Raising	5	12	32	57
Mailing List	30	24	23	66
Membership	10	8	31	61
Personnel	43	25	22	67
Research	33	31	21	61
Service Records	34	32	26	65
Word Processing	38	32	19	68
Other	50	50		4

the "Line social workers" relied on the computers for information to support their decisions to other respondents with computers in their practice settings. Of the four items related to the introduction of computers, only "Our computers are NOT part of our formal information system" was related to line workers relying on computers. This analysis indicated that computers were much more likely to be perceived as part of the formal information system in settings where line social workers relied upon computers for information to support their decisions.

The items exploring the manner in which computers were introduced into the formal information systems in practice settings were explored in a correlational analysis presented in Table 2. This analysis indicates that, at least in the opinions of the respondents, when "Social workers didn't get very involved in the switch to computers" then it was likely that "Just the same information you had always recorded was put into the computer."

Table 2

Introduction of Computers Into Formal Information Systems				
	SAMINFO	PLANINFO	NOTSWs	NOTSYS
SAMINFO	1.00	-.32	.48**	.21
PLANINFO	-.32	1.00	-.30	-.12
NOTSWs	.48**	-.30	1.00	.32
NOTSYS	.20	-.12	.32	1.00
				Computers not part of formal sys

Minimum pairwise N of cases = 58

2-tailed Signif: * = .01 ** = .001

DISCUSSION

The results of this questionnaire can be generalized with confidence to English speaking Canadian social workers because the gross return rate was 77%, the net return rate was 79%, and the net usable return rate was 70%. These are quite acceptable coverage figures. This relatively high return rate is undoubtedly due in part to the followup technique employed. It also indicates that the structure and content of the relatively long and complex questionnaire was sensible to the respondents. In other words, completing this questionnaire was perceived as a meaningful and important task. Internal checks on the reliability and validity of responses indicated high levels of both.

Computers are used in about half (56%) of the practice settings. These uses would appear to be largely administrative. In only about a third (36%) of the settings with computers are client records mostly on those computers. In only about one quarter (23%) of these computerized practice settings do line social workers generally rely on the computers for information to support their decisions. These results indicate that, at least at the present time, computers have not substantially increased the access of line social workers to useful information. The optimism expressed about the degree to which computers will increase access to useful information seems not to have been fulfilled.

A third (32%) of practice settings appear to have well advanced plans for increasing their use of computers. However, this may not do much to increase access to data bases which are sufficient for social work practice decisions. Over half (60%) of the respondents indicated that, "Social workers didn't get very involved in the switch to computers." When social workers didn't get involved, there was a relatively strong tendency for just the same information as always recorded to be put into the computer. If these trends continue, the net result may be that computerization will not lead to any increase in the quality of information, and that information will be less accessible to line social workers.

The results of this survey are consistent with the interpretation that the computer based information systems in social work

practice settings are perceived as most useful to management and for the production of statistical reports. It is clear that these computerized systems are not the primary basis upon which practice decisions are made.

The results of this survey give rise to the following question. Can information which is not adequate as the basis for individual case decisions be adequate for decisions affecting hundreds or thousands of cases? As currently developed, computer based formal information systems in social work practice settings seem based on an implicit yes answer. No is a more sensible answer. If taken seriously, the no answer will mean a major redirection in the design of computer based social work information systems.

FOOTNOTES

*Butch Nutter is an associate professor in the Edmonton Division and Jim Gripton is a Professor at Calgary in the Faculty of Social Welfare, University of Calgary. Mary Ann Murphy is currently a Ph.D. candidate at the Heller School of Social Work, Brandeis University.

2 Formal information system was defined "as the combination of case notes, forms, reports, time sheets, accounts, and other records which were the official documentation of your practice setting. Private or professional files or case notes which are kept at the discretion of, and in a manner determined by, each worker are not part of the formal information system."

Computer Interviews for Personality Evaluation by Anthony Meszaros, M.D., Elizabeth Meszaros, MSW, and Lucy Whitty, R.N., St. Mary's Hospital, Department of Psychiatry, 3830 Lacombe Ave., Montreal, P.Q. H3T 3J6.

Computer-patient interviews provide a method for personality assessment. The Diagnostic and Statistical Manual is utilized for the construction of a computer administered questionnaire. The program arranges the responses in the manner of a rating scale and generates a report describing the personality profile of the patient. The reaction of patients to this method of evaluation shows that the interactive process facilitates an objective, comprehensive appraisal of the personality.

All modalities of helping services, particularly those which go beyond the immediate situation and aim at a long-term assistance, are contingent upon the personality of the recipient. Decisions of management and treatment plans are shaped not only by situational factors and clinical data, such as the diagnosis of a psychiatric illness, but also by enduring personality patterns. Clinical experience at a Psychiatric Out Patient Clinic shows that the course of a psychiatric illness and the response to treatment is often influenced by an additional element, a disorder of the personality. In many cases, the personality of the patient absorbs most of the attention. Similarly, at a medical clinic, there are many patients whose illness is associated with, and influenced by a personality factor.

In spite of the importance of personality evaluation the practical application of personality diagnosis remains uncertain. Many of the methods which have been in use are often not relevant to the needs of practice or the method of examination and evaluation is cumbersome, time-consuming and requires special training. There remains a need for a method of personality evaluation which

- a) could be utilized in a wide range of social and psychological problems;
- b) is relatively simple to employ in a standard manner; and
- c) yields results which are consistent with current diagnostic concepts concerning personality disorders.

The definitions commonly encountered in clinical usage and in the literature usually imply that personality disorders involve the whole individual and have a certain ending quality. It is also

inherent in the concept that the disorders interfere, to varying degrees, with the adaptive functioning of the individual. The Diagnostic and Statistical Manual of the American Psychiatric Association (DSM III) provides a comprehensive system for the investigation of personality disorders. According to the Manual, a diagnosis requires

- a) recognition of signs, symptoms, attitudes, experiences and
- b) the listing and the numerical manipulation of these elements.

The diagnosis is the result of a linear, additive process. This process requires that the evaluation should be comprehensive and should follow a predetermined schedule. These requirements could be met by adhering to the method of a structured interview.

While the value of a rigidly structured interview is well demonstrated by the Diagnostic Interview Schedule (DIS) of the NIMH for the illnesses listed in the DSM III, there is a need to develop a similar instrument for the evaluation of personality disorders.

The scarcity of interview schedules for personality disorders may be due, partially, to the predominant interest of the clinicians in the diagnosis of an illness. Another difficulty encountered in constructing an interview schedule for personality disorders is the nature of the variables. In regards to an illness—such as a schizophrenic or affective disorder—one deals with clearly definable signs and symptoms. In regards to personality disorders the variables to be ascertained often elude exact description. A further, more subtle difficulty may arise from the social and moral meaning of certain questions. Questions about illness are free from judgmental connotations. Questions about personality traits may touch on issues tinged with social judgments and disapprovals. The problem is then to find the phrase which mutes the possible judgmental connotation, without losing the target, the personality trait, at which the question is aimed.

By applying computer methods to the DSM III it is possible to have

- 1) a standard formulation of variables to be observed;
- 2) a quantitative assessment of the symptoms and signs;
- 3) predefined schemas for translating the quantitatively expressed, standard observations into diagnostic concepts.

This method of personality evaluation is related to the views expressed by Frances in 1980: "a patient should be rated for each personality characteristic rather than being diagnosed within one or another distinct personality type. This dimensional system successfully renders continuity that is lost in the forced choice of just one or another category." He acknowledges that "dimensions may provide more information than can be conveniently used and often seem to be too complicated for routine clinical discourse" but he predicted that "with the future widespread availability of computers, psychiatry will prefer a dimensional system, at least for personality diagnosis."

Method

The diagnostic Manual contains lists of descriptive items, criteria, which define the personality categories. For the purpose of a computer administered structured interview, sets of questions were constructed which correspond to the criteria. The questionnaire employed in this project is arranged in a manner which approximate the natural flow of a diagnostic interview. The questions are presented to the patient by the computer. Along with the questions, the screen shows introductory comments and instructions regarding the selection of a response to the projected question. Each question is presented separately on a full screen. The choice of answers is arranged on a scale indicating the strength or frequency of the questioned behavior or experience.

After completion of the questionnaire, the program does the evaluation and produces statements concerning not only the presence but also the degree of the personality disorder.

The degree of a category of personality disorder is derived from two measures. a) The number of criteria present for each category. The criteria within a category are handled as being of equal value. (b) The ratings of the criteria. The degree of a disorder is expressed in reference to an ideal prototype which would contain the highest scores for all the criteria in that category. The scores on the criteria are added and then converted into a percentage of the hypothetical maximum. Each patient is then represented by a spectrum of the quantitatively expressed categories. Thus the computer generated report describes the patient in terms of (1) the list of the categories of personality disorders (2) the degree of each category and (3) a narrative composed of the responses to the questions.

Results

The questionnaire has undergone several revisions. This paper includes only those patients who completed the presently used version. The randomly selected group consisted of patients who are attending the Out Patient Clinic of a General Hospital. There were a few patients (only three) who scored under 30 in all the categories. About one quarter of the group showed moderate scores, that is less than 50, often with a diffuse, non-specific distribution; but frequently a dominant pattern was present such as Dependent-Avoidant, or the Passive-Aggressive category.

Another quarter of the group showed high scores—above 75—in more than 3 categories. These patients could be designated as cases of "undifferentiated severe personality pathology". This designation was particularly justified if the high scores applied to the severe forms of pathology, the schizotypal, borderline or paranoid categories.

About half of the group show a mixed pattern in which a constellation of peak scores could be discerned. These cases are described according to the dominant category. The most frequently occurring category is the Avoidant type; almost half of the patients showed, in varying degree, this characteristic. The Passive-Aggressive pattern was also frequently found.

Discussion

The interactive aspect of the computer presentation has several advantages. The capacity of branching allows detailed exploration of areas according to the responses of the patient; it also allows repetitions and confrontations to achieve greater precision and clarity of the patient's responses.

The reactions and the comments of the patients have shown that the computerized interview created an attitude of interest, concentration and self-reflection. Sometimes there is an initial apprehension which is quickly compensated by curiosity and then a working involvement prevails.

In contrast to paper-pencil questionnaires, here the questions are presented separately, one by one. There is no interference from other questions, which would be conducive to scanning, skipping, erasing and correcting.

The essential difference between a computer administered questionnaire the rating scales used in personality evaluation lies in the manner of presentation. The computer questionnaire is an interview, having its own dynamic characteristics. Being confronted with a machine in a question-answer situation initiates a process in which most of the patients become positively involved. Several patients felt that they were less restrained, less defensive and more spontaneous in this situation than in other forms of examination. They felt that they were in control of the pace of the examination and were immersed in a process of self-exploration. The neutrality of the computer provides a truly non-judgmental atmosphere.

This method provides essential elements of communication: it attracts and sustains attention and stimulates active participation. The attentive, active involvement of the patient and the neutrality of the computer facilitate objectivity of the evaluation.

The distortions and contaminations arising in a traditional interview are less likely to occur with this method.

The results are in accordance with the dimensional view of personality classification. The questionnaire seldom permits to place a patient exclusively in one or the other category. The sets of criteria of the Manual appear more truly as clinically meaningful elements for constructing an individualized psychological image of the patient. An image which might be characterized by a predominance of one or more descriptive category.

The experience with the computer—patient interview has shown that it could be a valuable method for a standardized evaluation of the personality. It affects not only the position of the patient but also changes the role of the examiner. It engages the patient in self-reflection and facilitates a subsequent clinical interview. The interviewer is relieved from the burden of conducting a question-answer type of interview and does not have to be concerned about omissions or selective overattention on his part. He can utilize the profile he receives from the program as an overview of the personality and then he is free to proceed towards an intuitive, in-depth exploration.

The program could stand alone and produce written reports or it could be incorporated into a file system allowing subsequent retrieval and statistical comparisons.

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The Personal Computer—An Integrated Approach to Business Training at Goodwill Industries by Alice Power, Supervisor, Business Training, Goodwill Industries, 234 Adelaide St. East, Toronto, Ontario M5A 1M9

Integration is a word, which today is commonly associated with high technology as in integrated circuit boards and integrated computers. As a social reference, integrate means being made available to all people of all races and ethnic groups on an equal basis.

At Toronto Goodwill Industries we refer to our IBM Personal Computer in both senses, in the way it is an integrated part of our Business Training Program. As a part of our Vocational Rehabilitation Program, our Business Training Centre provides assessment and training in various skills needed for employment in the modern office. We have the unique challenge of providing this service to adults with emotional difficulties, physical disabilities and work tolerance limitations, and varying degrees of educational experience and intellectual aptitudes. To this end our Personal Computer serves a multitude of purposes.

Since August 1984 we have had our IBM PC which is com-

prised of a Amdek monitor, a 256K memory with 2 disk drives, and a Texas Instruments printer. We have an array of standard software programs such as WordStar, Lotus 1-2-3, dBasell and the accompanying tutorials and system tutorials (CDEX and Professor DOS).

Since our PC came long after the majority of our personnel in the department, it has been an evolving learning process for all involved, with the supervisory staff keeping only steps ahead of the trainees. There has been many a case where a trainee has either arrived with previous computer experience or has simply had the ability and the time while on the program, to learn and experiment with the various software programs and far surpass the supervisory staff.

We are in the infancy stages with the use of our PC but staff are well aware of its enormous potential in the development of our business program.

This aside, we have found it a most effective teaching tool, regardless of the capacity of the particular trainee, or his or her vocational goal. The computer hits a very wide audience and overcomes the various intellectual barriers. Whether it acts as an "instructor", thus as a teaching tool, or as a functional apparatus, the trainee is an active participant. Through the various software programs, the PC assists in adapting instruction to individual needs in a practical and non-threatening manner. Most importantly it is not demeaning to an adult. It acts as an independent learning experience with reinforcement as required by the trainee. With lightning speed, the HELP menu can be retrieved with no supervisor leaning over one's shoulder.

Just by what a computer is perceived to be, a part of the "high tech" world, we believe it can actually enhance an individual's self esteem—which for many of our trainees is initially more important than the actual subject being taught. It is also interesting to note the number of men who are using the instrument and learning "keyboarding" who may never have had the desire to go near a typewriter.

Our department is designed as an open concept business office. While each trainee may be doing similar work, the actual program is individualized according to their needs, abilities and interests. With a staff of three, we often rely upon peer instruction. This again, is employing an integrated process, one person learns while the other gains a sense of responsibility.

A good example was when one trainee, with a particular bent for computers, developed a handbook to be used by her co-workers as an introduction to the PC. She was thrilled to be given the challenge and the difference it made in her self-esteem was remarkable. This project along with her instructor role, enhanced her socialization skills and allowed her to develop empathy and an understanding for intraindividual differences. Although on a personal level this could have been achieved by other means, growth was achieved and the computer was the medium.

For administrative purposes we are using Lotus 1-2-3 to record department statistics. Our initial assessment battery of 25 clerical exercises and the trainee times and errors on these assignments are recorded to form the data for establishing trainee norms. The inputting of the data (minus trainees' names) is performed by trainees and is "real" data entry work. Quite logically, trainees better absorb new concepts and enjoy performing "real" work (no matter how repetitive the task) vs working through simulated projects. This approach and philosophy is incorporated into our entire Business Training Program.

Currently we are experimenting with the use of dBasell as another way of recording our statistics. This again forms the basis of an integrated business project.

In summary, our PC is an integral part of our program. The ramifications of its use are immense and are continually evolving as our programs seek to meet the needs of trainees and be relevant in today's job market.

The Alberta Mental Health Management and Planning System, by Karen L. Walsh Social Work Director, Calgary Region, Henry Z. Borowski, Manager, AMHMPS, and Frank H. Langer, Director, Planning and Administration, Alberta Mental Health Services

*The authors wish to acknowledge the review of this article by Stud Adamic, Technical Manager, AMHMPS Project.

The Alberta Mental Health Management and Planning System (A.M.H.M.P.S.) is an on-line computerized clinical and management information system developed for Alberta Mental Health Services. This article provides a brief description of A.M.H.M.P.S. and the organization that it serves.

There are three basic program components to Alberta Mental Health Services, a branch of the Department of Social Services and Community Health. The programs included are the community mental health (out-patient) clinics, the extended care centres, which provide in-patient treatment services, and the approved home and funded agency programs, which are financed through grants and contracts.

A.M.H.M.P.S.-PROJECT-HISTORY

A.M.H.M.P.S. has been custom designed to meet the unique needs of Alberta Mental Health Services. A.M.H.M.P.S. replaces a previous on-line information system—the Mental Health Information System (M.H.I.S.)—which operated from 1976–1985. M.H.I.S. was replaced because it became obsolete, failed to meet Alberta Mental Health Services needs in key areas, and at the same time was incurring high operating costs. It was determined that Alberta Mental Health Services required a management information system that provided clinical support in selected areas. A.M.H.M.P.S. has been designed to incorporate a streamlined clinical data base with the newly designed personnel and financial information components.

A review of existing mental health systems available in 1984 revealed that none could adequately meet Alberta Mental Health Services requirements. A.M.H.M.P.S. was built by a project team composed of user representatives from Alberta Mental Health Services and system analysts recruited and managed by the Department's Management Information and System Services Branch. The project team took a phased approach to the development of A.M.H.M.P.S. The Out-patient Clinic client data base and the Personnel component were implemented in December 1985. The next phases will involve the implementation of the Extended Care Centre, Funded Agency and Financial Components. These are scheduled to come on stream in the Spring of 1986.

NETWORK

The A.M.H.M.P.S. network runs on a Provincial Government IBM 370/3081 series mainframe. Seventeen of the 56 out-patient clinics are equipped with data communication controllers, printers and video display screens. These sites are linked to the mainframe in Edmonton, Alberta, via dedicated high speed communication lines. There are a minimum of two data entry sites located at large clinics in each service delivery region. Client information is captured on forms which are forwarded to these sites for entry on A.M.H.M.P.S. On-line data processing operators enter and access data on therapists' behalf. System Support is located in the Central Office in Edmonton, Alberta.

SYSTEM-SOFTWARE

The A.M.H.M.P.S. software has been developed in Cullinets' Integrated Database Management System (IDMS), using the ADS/on-line (Application Development System) feature. This is a menu driven, user friendly system which provides full-screen support for data entry functions, as well as a number of sys-

tem support and maintenance functions. This is a real-time system where most client records are updated immediately, rather than through an overnight batch process. The system is centralized with programs accessible to remote users via the network. The reporting language currently in use is MARK IV. Reporting is accomplished via a special extract program which can efficiently retrieve the relevant subset of data required for designated reports. Information is stored in a data base structure thereby eliminating the need for sequential reads through a flat file structure which was required for previous M.H.I.S. reporting.

SYSTEM-STATISTICS

At the time of conversion from M.H.I.S. to A.M.H.M.P.S. the client directory contained 155,000 names, while the other functions support access to about 110,000 treatment episodes and 750,000 client contact records. Approximately 13,000 to 14,000 new treatment episodes are added to A.M.H.M.P.S. annually, and 150,000 to 200,000 face-to-face client contacts are entered yearly.

CLIENT-INFORMATION-BASE

The client specific data stored on A.M.H.M.P.S. is derived from information captured by therapists on five forms.

1. Registration-Record is submitted following the first direct client contact and contains basic identifying variables, as well as the current therapist's name and a provisional diagnosis using ICD-9-CM, with the capability to convert to DSM-III.
2. Contact-Records are completed every time a therapist has a face-to-face contact with a registered client. The Contact Record reports the contact date, duration of contact, service provided, location of contact and therapist's name. The Contact Record has the capacity to capture several varieties of interventions including individual, family or group therapies.
3. Termination-Records are completed when a case is closed and report the termination date, the reason for termination, referrals made and the final diagnosis.
4. Caution-Indicator is completed at any time between registration and termination. The Caution Indicator serves as an alert for the therapists about high risk clients. The Caution Indicator reports on the caution type (for example, suicidal, homicidal, violent or physically abusive behavior, noteworthy medical condition, drug allergy, etc.), therapist's comment, date effective and date discontinued.
5. Correction/Update-Record allows for revision of selected information on the Registration and Termination Records.

A.M.H.M.P.S. FUNCTIONS

The various components of A.M.H.M.P.S. allow users to enter and access information captured by the system's forms. The system follows the general pattern of allowing information from a logical component of the form to be either viewed, added, deleted, or changed. The major functions within A.M.H.M.P.S. are outlined below.

1. The Client-Directory can be searched to establish whether a person has had previous involvements with Alberta Mental Health Services. Searches are made by using the client's name, gender, date of birth or age range. Once the match is made, the system will provide details regarding the health record number, location of previous activities, dates, primary therapists for previous activities and any Caution Indicators on the client's health record. Access to all other information is restricted to the last primary therapist. In the event that no match is made, and the client does not have a history of previous mental health involvement, the name and basic identifying data are added to the Client Directory, if the client is to be registered.

2. Activity-Information reports a client's involvements with Alberta Mental Health Services built up in sequential order from the last Registration/Termination combination to the first. Each Registration/Termination combination constitutes an activity. The Activity Information function reports the name of the therapist assigned to the case, the diagnosis, the registration and termination dates, and the referral source. The Activity Information function supports 4 optional fields, whose contents are defined by region, so that each can uniquely determine what is captured. Optional fields are designed to support management decision-making, program planning and research.
3. Contact-Recording reports all data entered via Contact Records. This function was developed to report contact counts and the number of hours spent in face-to-face contact with registered clients, and moreover, to differentiate between individual, family and group client contacts.
4. File-Transfer is a function which facilitates the transfer of a client health record to a newly designated therapist thereby allowing that therapist access to the client's data.
5. Reporting will provide immediate on-line reports with locally accessible menu driven report selection and submission capability. Local on site printing of small reports will be possible. Standard periodic report runs are submitted centrally and mailed to the user's location. Caseload summary counts, case listings by therapist, contact summary statistics, and exception reports (eg. case undiagnosed) are examples of the kinds of reports produced.
6. Mailbox is a basic, secure message system which allows A.M.H.M.P.S. sites to communicate with each other. The Mailbox function prints and addresses messages to specific staff and locations.
7. System-Support describes some functions necessary to the operation of the system. Included in System Support is the capacity for updating staffing data, and the compiling of tables and codes required for management planning.

CONCLUSION

In summary, Alberta Mental Health Services new A.M.H.M.P.S. is undergoing phased implementation. The transition from the previous M.H.I.S. has been completed. The outpatient community mental health component has been implemented, with the first regular reporting run scheduled for mid-February, 1986. Shortly thereafter, work will begin on the second phase which will include the Extended Care Centres, Funded Agencies and Financial components. A.M.H.M.P.S. is a fairly large, complex and sophisticated management information system, which will provide Alberta Mental Health Services with integrated staffing, budgetary, and client caseload data that will assist in the more efficient and effective management, planning and delivery of mental health services.

Synopsis of National Welfare Grants, Health and Welfare, Canada

TITLE: Continuing Professional Education for Social Workers

ABSTRACT: Continuing education is available through professional schools, commercial organizations or in-house training. This gives rise to problems of accessibility and affordability for many. It also does not lend itself to a system that is comprehensive, ongoing, flexible and adaptable.

At the same time, social workers have an increasing need to maintain competence and enhance ability as accountability requirements increase and new theories are developed into practice modalities. Information technology seems to offer at least one way of meeting these needs and opportunities.

Canadian Association of Social Workers (CASW) and the Canadian Association of Schools of Social Work (CASSW) will be co-sponsoring a project to explore an association based system of continuing education. Present forms of continuing education will be explored as will the potential of developing technology. If this stage proves fruitful, a system will be developed and tested in some provincial jurisdictions and some practice areas.

The project should be of interest to practitioners, educators, agencies, unions, and provincial social service systems. 1985/86: \$79,600

CONTACT: Gweneth Gowanlock, Executive Director, Canadian Association of Social Workers, 55 Parkdale Avenue, Ottawa, Ontario. K1Y 1E5, Tel: (613) 728-1865

TITLE: "The Digital Social Worker: Microcomputers in Clinical Social Work Practice" Family Therapy Program, Alberta Children's Hospital, Calgary, Alberta

DESCRIPTION: This project will demonstrate the development and use of microcomputer-based clinical Decision Support Systems to enhance social work practice decisions, and will involve front line social work staff in the development process.

Using microcomputers in a family therapy setting, the project will assist social workers in providing assessments, treatment plans, intervention strategies, and evaluation of social work practice; it will introduce technology to provide this assistance through the use of the 'prototyping' method; and demonstrate the use and value of microcomputers in providing this assistance. Throughout the project, the process of orienting the personnel of a social service agency to computer technology and usage will be carefully monitored.

SUBJECT: Adults Service Providers, Families Urban and Rural Family Support Services, Child Welfare Resource Material Development

KEYWORDS: Computer Use, Technical Support, Family Treatment, Social Work Staff, Training-computer, System Development

CONTACT: Leo de Groot Coordinator, Family Therapy Program, Alberta Children's Hospital, 1820 Richmond Road S. W., Calgary, Alberta T2T 5C7

Members Comments and Activities

CUSS Network Activities and Reports

Milwaukee CUSSnet Node From Wallace Gingerich, School of Social Welfare, U of Wisconsin-Milwaukee, Milwaukee, WI 53201

The Milwaukee node of CUSSnet will serve two primary purposes: (1) a means for Milwaukee area human service professionals to network with each other and with CUSS members around the country, and (2) provide a clearinghouse for educationally related software.

As coordinator of the Special Interest Group in Education, I will be working to assist educators in networking with each other, particularly to locate and make available educationally related software. We are interested not only in software that teaches about computer applications, but in software that is useful in the major curricular areas such as intervention methods, human behavior, social welfare policy and services, research methods, and professional practicum.

The Milwaukee CUSSnet node is fully operational, and is available to human service professionals for local use without charge. Users will have to make a small deposit (\$10.00) prior to using the national FidoNet mail system.

Members Comments and Activities cont.

Maryland Regional Group Meeting From Bob Elkin, Professor, U. of Maryland, Social Work, 525 W. Redwood Street, Baltimore, MD 21201

The October 8, 1986 meeting was an excellent success. We had 47 people in the morning, with 28 who stayed on in the afternoon to work on computers. Their reactions were universally positive about the day.

Thanks go to those who made the meeting work: Karen Rosow demonstrated PFS data base and then stayed through the afternoon to work with about half the novices who selected PFS. Dick Greenberg demonstrated Lotus 123. David Spath (loaned to us through Jack Toner) was terrific in helping supervise and help the 24 novices who need all kinds of help. Peter Lo, of the School's Computer Lab got everything set up and helped us to move through the program without a single mechanical hitch.

Dick Greenberg and Gail Hunt are moving ahead to plan the meeting in Washington for February.

Research Projects and Reports

Microcomputer Nonprofit Accounting Research From Gregory C. Fearon 1031 Third St., Santa Rosa, CA 95405.

I'm doing a masters degree investigative project on the progress of microcomputerization of nonprofit accounting systems. Nonprofit organizations, like most small businesses, have begun to wonder if microcomputers are an effective tool to reduce costs and increase efficiency in their accounting functions. As their accounting practices are more complex than small businesses, software must exist to meet their particular needs. Various accounting software packages have been developed for use on microcomputers, but it is unclear whether any of these programs will suit the needs of nonprofit organizations. It is also unclear what organizational changes will occur as a result of their use.

I wish my project report to be important research into the impacts of current technology and a guide to accounting software for nonprofits.

Health Care Technology Assessment Grants From the National Center for Health Services Research

RESEARCH AREA: Health Care Technology Assessment

PROPOSALS DUE: June 1, Oct. 1 and Feb 1

CONTACT POINT: Chief, Review and Advisory Services Program, National Center for Health Services Research and Health Care Technology Assessment, 1-52 Park Building, Rockville, MD 20857, Phone: (301) 443-3091.

PROGRAM BRIEF: NCHSR encourages qualified researchers to submit grant proposals in the field of health care technology assessment. NCHSR supports and conducts research on specific health care technologies, methods to improve technology assessment, and ways to monitor and affect the introduction and use of health care technologies. For purposes of this grant program, "health care technologies" include drugs, devices and procedures used in providing health services and the organizational and supportive systems through which health care is delivered. Issues for research include the appropriate use, efficiency and cost effectiveness of health care technologies, as well as their economic, legal and ethical consequences. NCHSR notes that an important aspect of technology assessment consists of studies which systematically examine organizational, economic and clinical effects on the health care delivery system of manipulating specific technologies. Other areas of interest include comparative studies of diagnostic and therapeutic technologies in tertiary care centers versus community hospitals, evaluations of the validity and acceptability of the criteria in common use for determining the success or failure of medical technologies, studies of the interaction between newly introduced technologies and older ones, and exploratory studies of the ability of

providers and patients to understand and assess complex health care technologies.

INFO-NOTES Stops Publication From Cathy and Michael Lee-Haight, 7027 14th NW, Seattle, WA 98117

We have been in the midst of evaluating our current level of work and have decided to quit publishing INFO-NOTES. We are increasingly busy with training, consulting, and writing. We feel our ability to provide a quality publication has suffered. Rather than giving our subscribers less than our best, we have decided to stop publication.

Education/Training

CHIP Offers Training From Patty Oertel, Associate Director, Southern California Center for Nonprofit Management, 1052 West Sixth St., Suite 500, Los Angeles, CA 90017

The Computer Help and Information Program (CHIP) assists managers of nonprofit organizations to gain the knowledge and skills necessary to make effective use of information technology.

CHIP offers services designed with the needs of the nonprofit manager in mind. CHIP serves managers with computer equipment, those in the process of making computer decisions and those who have other information needs.

CHIP RESOURCES

CHIP services are provided by a professional staff and a corps of knowledge volunteers who combine computer expertise with years of experience in the nonprofit community.

CHIP receives funding from the James Irvine Foundation, Ahmanson Foundation, the W.M. Keck Foundation, McDonnell Douglas, TRW, Lotus Development Corp and First Interstate Bank Foundation. CHIP serves as an Apple Computers, Inc., Computer Learning Center.

CHIP SERVICES

CHIP provides comprehensive computer and information management services. The principal services of CHIP are:

• INFORMATION

CHIP serves as a clearinghouse of information on the use of computers for nonprofit organizations through a resource library, bimonthly newsletters, and an extensive referral network.

- Information calls and services are free to CHIP members.

CHIP provides comprehensive computer and information management services. The principal services of CHIP are:

• EDUCATION

Seminars provide training at different levels (managers without computers, managers with computers - beginning, and managers with computers - advanced). Seminars will be offered in both the major application areas and nonprofit specific applications.

- Half Day Seminars -
\$25.00 CHIP Members; \$35.00 Nonmembers
- Full Day Seminars -
\$50.00 CHIP Members; \$65.00 Nonmembers

• DEMONSTRATIONS

Software packages (both standard and nonprofit specific) are demonstrated to small groups of nonprofit organizations. Managers can see the distinct features, advantages and disadvantages of different packages prior to purchase.

- Demonstrations are an exclusive benefit of CHIP Membership; fee is \$25.00 per demonstration.

• LAB ACCESS

Access to computers (Macintosh, Apple IIE, IBM PC and PC compatible) is provided to help nonprofit organizations become familiar with or test computer hardware and software.

- CHIP Members receive five free hours.
Regularly, CHIP Members \$8.00 per hour;
Nonmembers \$12.00 per hour.

Education/Training cont.

• CONSULTATION

Technical assistance projects assist nonprofit organizations with computer needs assessments, system selection, purchase negotiation and software development.

- CHIP consultation services are an exclusive benefit of CHIP membership; consulting services begin at \$4.00 per hour.

COMSAP Offers Consultation on Computerization From Jeff Van Tine, Computer Project Director, Northern Rockies Action Group, 9 Placer, Helena MT 59601

I am writing to tell you about the Northern Rockies Action Group's new Computer Services Assistance Program (COMSAP), and how your organization can participate in it.

Becoming computerized has proven to be difficult for many nonprofit organizations. Initially, cost was a major barrier to most groups that were considering computers; however declining prices and improved product lines have reduced the importance of this constraint. An unfamiliar technology and a new language seem to be major roadblocks for many groups. Similarly, the news of some organizations bad experiences travels much more rapidly through the grapevine than success stories. When nonprofit organizations are seeking credible information and advice, the only place they can turn is to the sellers of hardware and software, who all too often have a vested interest in the information they provide.

COMSAP will provide on-site consulting assistance to nonprofits in Idaho, Montana and Wyoming on acquiring computer hardware and software, and how to more fully utilize the capabilities of the equipment and programs groups currently own. A seed grant from Mountain Bell is making it possible for NRAG to assist a limited number of nonprofits by conducting a free computer needs assessment. This will yield an evaluation of your organization's current state of (or need for) computerization, and an outline of suggested future priorities.

Health and Mental Health

Hospital Social Work Packages, From Mike King, via CUSSnet 107/37. 26 Apr 86

I attended the Annual Meeting of the Society for Hospital Social Work Directors in Baltimore at the end of March. I was excited to see not only the interest in computerization but the widespread readiness for it. Many more people than I imagined already have computers and are in the process of choosing software. There were 3 systems for hospital social work departments being marketed at the conference. My system was one of them so I won't do an evaluative piece but stick to the facts about each. They are presented in alphabetical order.

AMIS (Advanced Management Information System) was developed by KING ASSOCIATES, LTD. for hospital social work/discharge planning departments. It is menu driven and consists of 3 modules: PATIENT REGISTRY, DISCHARGE PLANNING and RESOURCE MANAGEMENT. The system not only collects statistical data by tracks processes and provides alerts as to activity needed for patients. The system runs on the IBM PC, XT, AT or compatible (a fixed disk is recommended but not necessary), with 256K, monochrome monitor, and 80 column dot matrix printer. The full system costs \$695 and 2 module systems are available for \$495. For further information contact KING ASSOCIATES, LTD, 215 Shoreward Drive, Great Neck, NY 11021 516 287-5995.

Hospital Social Work Information System is being developed by TekniComp Associates, Inc. in conjunction with the Society. It includes subsystems for Patient Information, Service Recording, Quality Assurance, Staff Information, Community Resource Information and Social High Risk Information. Additional subsystems will be available for financial modeling, report generation, word processing, statistical analysis and graphics. The system runs on the IBM AT, with 640K, 80287

Math Coprocessor, Hayes Smartmodem, and a near = letter quality printer. The cost for the basic system will be \$3500 and the additional systems will cost \$2000. For further information contact TekniComp Associates, Inc., 1434 Cornell Drive, Dayton, Ohio 45406, 513 227-4277.

Medical Social Work Information System was developed by Bob Miller using the METAFILE RUNTIME system. It is menu drive and maintains information about patients and discharge planning. It also includes the ability to develop ad ho reports. There is also a Productivity /Audit Module that can be added to the system. The system runs on microcomputers with 256K and two floppy drives. The cost for the system is \$595 and the Productivity module costs \$150. For further information contact Bob Millier, Director of Social Services, Froedtert Memorial Hospital, 9200 West Wisconsin Ave., Milwaukee, Wisconsin 53226, 414 259-3058.

For more information, write Michael A. King, Director of Social Work/Discharge Planning Dept., St. Francis Hospital, 100 Port Washington Blvd., Roslyn, NY 11576 516 627-6200, ext 1668 or send mail on FIDOnet Via Node 107/16.

Medical Social Work Information System Available From Robert A. Miller Director of Social Services, Froedtert Memorial Hospital, 9200 W. Wisconsin Ave., Milwaukee, WI 53226

The Medical Social Work Information System was developed to operate on a 256K microcomputer with two disk drives. It is completely menu driven for ease of operation and is adaptable enough to meet individual needs of each Hospital Social Work Department and flexible enough to meet changes in the Department as time goes on. Basic computer program changes can be made via menu screens so that computer programmers are not needed to make changes in data entry fields.

This Program generates thirty-four standard reports via the discharge sheets and includes two optional data fields as well as adhoc report capability. The computer program is written using METAFILE RUNTIME Data Base Management System.

The cost of Medical Social Work Information System is \$595.00 for the Program with a Productivity/Audit Module costing \$150.00 planned for introduction early this summer. I am currently installing the program in five hospitals in Southeast Wisconsin. After this Beta site trial, the program will be available to Hospital Social Work Departments in May, 1986.

I am interested in learning if it might be possible to have this Program evaluated by you, or a panel of Medical Social Workers. The reasons for this request are simple; there are few reasonably priced, menu driven computer programs available to Hospital Social Work Departments and it is absolutely critical that they access data that fully reflects the complexity of hospital social work practice and generates reports which justify their existence in face of cut-backs created in large part by decreasing Federal funding for patient medical care.

Interested in Assessment/Testing Software From Richard Pallazza, 208 Norwest Bank Bldg., Winona, MN 55987

I am a psychologist with interests in clinical psych and vocational rehabilitation.

My computer is a TRS 80. Model III (if I must. I will buy an IBM or compatible).

I would like to know more about software for human service applications. Of particular interest, is a menu-driven mental status exam, psych testing aids, programs for personal, social and vocational histories, as well as billing and other practice management aids. Such information will be gratefully received.

Nutrition and Diet Software From Gary N. Costello, Director of Development, DineSystems, Inc., 724 Robin Road, West Amherst, NY 14228

Health and Mental Health cont.

DineSystems Inc. designs, develops and markets microcomputer nutrient analysis software. The DINE System, a nutrient analysis and diet improvement software package, has survived the initial explosion in the software market place during the past several years. We believe your readers would appreciate information about The DINE, as it is one of the most popular nutrient analysis and nutrition education programs in the United States with over 8000 users.

The DINE was developed in 1980 in a health sciences setting at the State University of New York at Buffalo and was primarily intended for use by physicians and health professionals. It is specially designed to help users improve their personal eating behavior by using an individual's own food choices as a basis to learn and improve their nutrition. Now, our latest enhancements have made the software super user-friendly for everyone's use!

DINE is used by students in schools and universities; patients in HMO's, outpatient services, and in private settings; and members in programs of weight loss, diabetic management, cardiac rehabilitation, athletic training, and exercise programs. Additionally, an increasing number of individuals are purchasing the software for home use.

Medical records Systems and Chemical Dependency Programs From Richard D. Snyder, The Meadows, Rt. One, Box 259, Centre Hall, PA 16828

I am moving to the above address May 23 from Ft. Wayne, IN (a community mental health center.) In Centre Hall (State College-Penn State Univ. area,) I shall be working with a 92 bed private psychiatric hospital managing a chemical dependency unit.

Please start my subscription to the Newsletter and help me get the local Electronic Network access number. I am eager to share my experiences with using computerized medical records systems with others and chemical dependency programs with other users. Please tell me how I can communicate what we have done with others to draw response and communication on same.

Disabilities

Project on Science Technology and Disability From the American Assn. for the Advancement of Science

The Project on Science, Technology, and Disability of the American Association for the Advancement of Science (AAAS) maintains a Resource Group of Scientists and Engineers with Disabilities, which currently numbers more than 1,200. Since 1975, members of the Resource Group have consulted with Schools and colleges, employers, legislators, and other disabled persons, thereby helping to open doors to education and careers in math, science, and engineering for interested disabled people.

The need to identify disabled scientists (including social scientists) is a continuous one. To meet this need, the National Science Foundation has awarded AAAS a grant to publish the Second Edition of the Resource Directory in Spring 1987. The Directory lists names and other helpful data about scientists and engineers with disabilities, and is, among other things, a valuable resource for educators and students seeking information on better access to educational programs. The Directory is especially useful to scientists and engineers who become disabled mid-career, and wish to learn coping strategies others have developed.

AAAS is making a concerted effort to locate new names and revisions for the Resource Directory before December 31, 1986 and requests that disabled scientists, engineers, and students of these disciplines cooperate in this national effort by identifying themselves. AAAS will contact those persons identified and

will provide more information about the joining the Resource Group and being listed in the Directory. AAAS will not use, without permission, the names of individual scientists or students of science who respond. Please write or call Diane Lifton, Project on Science, Technology and Disability, AAAS, 1333 H Street, NW, Washington, D.C. 20005 (202) 326-6678 (Voice/TDD).

Software Program for Behavioral and Medical Restraints, From James Gardner, Fairview Developmental Center, 2501 Harbor Blvd., Costa Mesa, CA 92626

At Fairview Developmental Center, we are using a data base software program *The Behavior Manager* to record information about the use of behavioral and/or medical restraints. The system stores basic information about the client, the behaviors, the techniques being used, dates of approval from various Human Rights, Therapeutic Review, and Behavior Management Committees, and informed consent. User friendly, it allows more than 500 individual reports to be printed, including early warning systems to avoid failures to review promptly or to allow consents to expire. It is also useful in helping to identify what types of techniques are being used to manage what kinds of behaviors with what kinds of people in what kinds of locations.

MDPS, Minnesota Developmental Programming System From Gordon C. Krantz, 8706 -134th St. W., Apple Valley, MN 55124

What is the MDPS? The MDPS is a generic programming and documentation system, the Minnesota Developmental Programming System, which is customized for application in local and statewide management of service to developmentally disabled people. In its customized form, it is known by the name of the state in which it is implemented.

It consists of a set of technically sound and well-tested individual assessment forms, a set of reports-back to the direct service agency suitable for individual habilitation programming and for client records, and a set of currently updated management reports on clients and services that is made available to local and state managers. If desired, the assessment reports can be calculated to yield a statement of the reasonable cost of community-based service to the client.

What Will The System Do? The MDPS has a 12-year record of demonstrated success and efficiency. It has been well accepted by users at all levels, from direct care givers to top public administrators. It is based on sound and widely used principles of programming in developmental disabilities. It provides the core of the accountability that is so essential, and does so as a part of the natural provision and administration of service.

At the state level, it enables responsible management of the service system because it provides an independent, reliable description of clients, services, and client loads. It can establish what should be the cost of service to individuals and to groups of clients. It monitors, and directly helps to achieve, compliance with the federal requirements for developmental assessment that leads to individual, active programming.

At the level of the local agency, it is a system that is easy to use and maintain and that creates client records. It helps to structure the individual habilitation plan, supports the selection of concrete service goals, and can provide help with methods to attain them. It provides continuity to counteract staff turnover and shift rotation, and it is useful in inservice training. It directly helps provide the core of program accountability in relation to regulation and funding.

Its cost per client is very low, and represents a fraction of a percent of the cost of the programs that must be guided effectively.

How Does It Work? The MDPS and its customized applications are computerized. The assessment forms use direct care staff as the information source. The information is recorded while

doing the individual assessment and programming that must be done while complying with regulations and sound practice, and is not an extra task; this minimizes the burden of the system. If desired, the assessment may be reported interactively on a microcomputer instead of by paper forms.

The assessment reports are translated into legible, English-language summaries and graphics which are easy to interpret. They report: identifying information, and information about the characteristics and needs of the person that are pertinent to programming; a description of the client's adaptive behavior in the major areas of life, with the client's profile compared to other clients; a statement of the client's medical care needs, if any; statement of program goals that might be appropriate to the client; and a statement of the client's maladaptive behaviors, if any, that will require staff attention. For the maladaptive behaviors, the system indicates treatment methods that have been reported in the literature.

These reports back to the direct service agency are designed to give information and structure to individual programming, service provision, and monitoring of outcome.

In addition, information is aggregated by the system to provide caseload and service descriptions which support management of the local agency and of the statewide service deployment, regulation, and funding.

If desired, the MDPS will compute the cost of community-based service that would be appropriate to a client with the reported behavioral competence, medical care needs, and maladaptive behaviors.

Where Do You Get the MDPS? Both customization and operation of the MDPS are available from Bock Associates, Inc. This is a consulting firm which has been responsible for the implementation of the system since 1976. The Senior Associate of Bock Associates, Inc. was a co-director of the federally-funded project at the University of Minnesota which initially developed the system, and other key employees and consultants to the firm have participated in development for periods of up to 12 years.

The system is not available for turn-key or subcontract operation. The technical integrity of the system requires that its operation be very carefully husbanded, and efforts to operate otherwise have proven unsuccessful. The cost of customization and operation is reduced by the extensive development that has been carried out under continuous management.

Inquiries should be directed to: Warren H. Bock, Ph.D., Senior Associate, Bock Associates, Inc., 2929 4th Ave So., Minneapolis, MN 55408, Phone: (612) 827-7726.

PSI-TECH Program enhances Independent Living From Concepts for Independent Living National Office, 1725 Jefferson Davis Highway, Suite 900, Arlington, VA 22202.

The PSI-TECH Program was launched in January 1985 after President Reagan proclaimed 1983-1992 as the "Decade of the Disabled". At that time 50 of American's high-technology corporations were invited to respond to the President's challenge to enhance the independence of disabled Americans. Several corporations immediately came forth with the financial support and personnel to initiate the development of the program now known as PSI-TECH.

In July, a coalition of executives of member companies of the Aerospace Industries Association (AIA) was formed under the chairmanship of Robert L. Kirk, President and Chief Executive Officer of LTV Aerospace and Defense Corporation. Other members are Robert Anderson, Chairman of Rockwell International; Roy Anderson, Chairman of Lockheed; Jack Heckel, Chairman of Aerojet General; Charles Locke, Chairman of Morton Thiokol; Thomas Powell, Chairman of Martin Marietta; Roger Smith, Chairman of General Motors; Malcolm Stamper, Vice Chairman of the Boeing Company, and T.J. Murrin, President of the Energy and Advanced Technology Group of Westinghouse.

By year's end the Coalition obtained pledges of \$1.2 million from members of the AIA to support the PSI-TECH effort. For this effort, Mr. Kirk was awarded the Health and Human Services Department's Distinguished Public Service Award and the Secretary of Health and Human Services' Distinguished Volunteer Service Award was presented to each of the coalition's other members.

Fundraising efforts are now being extended to additional high-tech companies and to other segments of American industry. The estimated cost of the three-year development plan for PSI-TECH is \$5 million.

TECH-NET: A nationwide information network for the disabled community

The prototype TECH-NET System became operational in August at the Resource Center for the Handicapped, a progressive independent living center in Seattle. The System is installed on a DEC VAX/750, high speed computer using an augmented RIM based data management program. System traffic is averaging 30-40 inquiries per day to four available databases:

- 1) Service Referral (4,000 entries)
- 2) Equipment Exchange (350 constantly changing entries)
- 3) Publication Referral (1,200 entries)
- 4) Talent Registry (a roster of able-bodied volunteers)

Additional databases under development include civil/legal rights, peer interest groups, an open bulletin board for sharing information, local employment opportunities and TECH Team information.

Work is underway to extend the system into the next four states, (Kansas, Massachusetts, Pennsylvania and Texas). A feasibility demonstration linking these four states with the prototype will be conducted late in 1986. The program for establishing TECH-NET in the other 45 states has been defined. The entire system will be operational at the end of 1988.

TECH TEAM: A program to share technology with the disabled community

There have been interim contacts with organizations and individuals expressing interest in participating in the TECH Team Program. This information is entered in the TECH-NET data bank.

The initial TECH Team activities will be devoted to installing TECH-NET in the next four states during which time the operating plan for TECH Teams will be tested.

Concepts is gathering information to identify on a national scale similar endeavors and products under development to define a program to interrelate and coordinate these independent efforts. Pertinent research in progress and geographical areas in which technical efforts are in progress will be included in the TECH Team Program. Product liability considerations and manufacturing and marketing issues in the production of TECH Team developed items are being investigated.

Concepts has received and logged several unsolicited suggestions for items of equipment with requests for help in technical refinement. One in particular appears suited for developing a full scale pilot TECH-NET Program.

AIA members are compiling Concepts developed catalogues of their efforts to assist disabled persons in their work forces and in their respective communities. These data are being used to determine and coordinate additional avenues of TECH Team activities.

Research Council: A panel of experts to monitor progress

The Research Council will consist of experts from industry and from the government, medical, academic, legal and scientific communities. In a broad sense, the panel will be knowledgeable in regard to on-going research activities, will coordinate access to resources and facilities and advise TECH Teams and Concepts accordingly. The Research Council's role and responsibilities are being defined in conjunction with the development of the TECH Team program.

Disabilities cont.

Interdisciplinary MR/DD Applications Sought From Thomas Ayotte, Rome Developmental Disabilities Services Office and Developmental Center, Lewis DDSO, Box 237, W. Main St., Turin, NY 13473

The Rome Developmental Disabilities Services Office of the NYS Office of Mental Retardation provides a wide range of residential, day program, diagnostic and family support services to persons in the central region of New York. I am presently engaged by the Rome DDSO in a search for computer applications relative to interdisciplinary practices in the field of mental retardation/developmental disabilities. Part of the search includes the identification of relevant user groups or support networks.

Computer related Employment for the Disabled From Lisa Schultz, Social Worker, Center for Information Resources, Hospital of the U. of Pennsylvania, 4025 Chestnut St., 3rd Floor, Philadelphia, PA 19104.

The Center for Information Resources is a training and research facility whose purpose is to create and offer employment opportunities for physically and sensory disabled persons in computer related occupations.

Information Systems for Vocational Rehabilitation From George C. Yound, Project INTERACT Director, Metro Industries, Inc., 1086 Brentwood Ct., Lexington, KY 40511

I am currently director of a national project developing computer information systems for vocational rehabilitation facilities.

Welfare

Interested in Welfare Systems From Harry G. Gin, Foster Care Licensing Supervisor, Social Services Agency of Alameda Co., 401 Broadway, Oakland, CA 94607.

My areas of interest are in the field of child welfare services, i.e., foster care licensing, placement and selection. Areas of microcomputer application include the following: database management; descriptive and inferential statistics and trend and graphics analysis.

General

UPDATE, New Newsletter on Human Service Applications From Ying-Ying T. Yuan, Editor, The Center for Computer Applications in the Human Services, 910 Florin Road., #110, Sacramento, CA 95831

The Center for Computer Applications in the Human Services has been established to provide a forum for exchanging information on requirements, practices, and improvements in small computer systems and to educate practitioners and managers about the potential of information systems in improving the management of their programs and agencies. The Center tracks emerging technologies and develops new techniques to the handling of data. It disseminates information on new approaches to a wide variety of information system issues and problems. The Center is a not-for-profit organization.

UPDATE is one of our first efforts in exchanging information. The goal of UPDATE is to provide information of different types: conceptual design principles; implementation strategies and policies; and technical information useful for Data Managers. We see our newsletter as being geared towards persons assigned the responsibility of researching new systems, implementing systems, and maintaining systems. We hope to provide news about innovative applications, practical guides about procedures, and technical guidelines about systems installed at subscriber sites. Your input and questions about systems will help us to help you.

JURIS, Juvenile Information System and Records Access From UPDATE on Human Services Computer Applications (see above)

Kent County Juvenile Court was the prototype site for the microcomputer version of JISRA (Juvenile Information System and Records Access). Kent County implemented the 1983 microcomputer version as developed by the National Council of Juvenile and Family Court Judges, Reno, Nevada. JISRA includes such functions as: registering identification information on a juvenile; conducting a name search of all known juveniles by real name or by alias; providing an automated case history including various dates, types of referrals, reasons for referral and disposition of the referral; calendaring and scheduling of court activities; maintaining additional information on hearings, dispositions and detention; and registering information on other individuals associated with a case whether they be family members, witnesses, or other adults.

In June, 1985, the Court upgraded its hardware equipment. The Court uses a Zicom Ultra SE32 with over 16 users on the system. (There is capability for an additional 16 users.) The Zicom CPU uses TheOS/OASIS, and has two 85 MB hard disks giving disk storage for future growth. Some of the features of the Zicom computer are: a high density floppy drive used for software transfer and a high density tape drive used for daily backup (the drive can backup a 16 MB hard disk volume in three minutes). Besides the possibility of four spooled printers and other system wide peripherals, the Zicom provides each user with a port for a dedicated printer or modem. The Court has purchased two interface units so as to use Royal typewriters as privately available printers.

The Court also uses its Zicom multiuser microcomputer to access two Hewlett Packard 3000 minicomputers. This capability gives on line access to the prosecutor's information system and the Friend of the Court's information system. The Juvenile Court and the Friend of the Court have a cooperative arrangement to handle child support payments made for children who are wards of the court.

Automation at the Court has also included developing an adoption system and a financial bookkeeping system to handle the Court's need to account for reimbursement and restitution receipts, fines and program findings. On the accounts payable side, the new system will prepare vendor vouchers for foster homes, attorneys, institutions and other vendors. The financial system reflects the hybrid nature of the Court's financial transactions. (The Court must manage and track its own receipts and expenditures as a judicial branch of government, but the funds are handled by the county's treasurer.) The Court is planning to have on-line access to the county's IBM computer by early fall which will help provide up to date information for the Court's financial transactions and budget control.

Reflecting the on going commitment to automated information systems, the Court is considering other activities such as: development of a Crisis Intervention module; designing an electronic docketing system; and establishing an automated linkage to local child welfare agencies.

For further information contact: Philip J. Hamlin, Kent County Juvenile Court, 1501 Cedar Street, N.E., Grand Rapids, MI 49503, (616) 774-3700.

Residential CYCIS System From UPDATE on Human Services Computer Applications (see above)

RESIDENTIAL CYCIS is a computerized approach to monitor and evaluate treatment, to assess treatment effectiveness, and to study the process by which resources of a program affect the course of child development. The system registers children and members of their families, and tracks services provided to them. In addition there is a Treatment Tracking Component, based on the Devereau Behavior Rating Scale, which has been expanded to be relevant to both non-academic as well as classroom settings. The categories include significant sym-

General cont.

ptoms and important development characteristics on a five point scale. Ratings are made independently by a representative from each program component of Beech Brook, by the family, and by the child. Both Day Treatment and Residential Programs can be tracked to monitor the appearance, disappearance or changes in the intensity of the behavior. Ratings can be compared between staff, family and the child for further analysis of the progress of the child. Several composite scores have been developed to highlight behaviors and to indicate progress. Client goals are produced and are compared over time.

The Treatment Tracking Component of Residential CYCIS is proving useful in different ways. As initially foreseen, it facilitates case conferencing and treatment planning. It also enables the agency to compare scores over time in multiple ways and to review client and program goals. A recent development is the use of the data for performance measures and accreditation.

The Treatment Tracking Component advances the use of computers in human services areas to tracking of assessment and diagnostic indicators. In conjunction with service tracking it provides a powerful tool for agency accountability and client oriented service delivery. For further information on how Beech Brook is using its system, contact Mr. William Palliser, Beech Brook, 3737 Lander Road, Cleveland, OH 44124, 216 831-2255.

Pennsylvania Non-profit User's Group Being Formed From Cheryl A. Hurd, Cambria County Community Action Council, Inc., Lincoln Towers, 422 Lincoln St., Johnstown, PA 15901.

I am in the process of starting a statewide computer users group for non-profit agencies here in Pennsylvania and I'd love to share the CUSSN newsletter with my colleagues. Please send me 30 copies (or as many as you can) to distribute. I have found being a CUSSN member interesting, but lonely - there seem to be very few members who run non-psychological agencies. Perhaps with the dissemination of these copies we'll gain a few!

Petition for APA Division of Computers and Psychology From Amiram Elwork, Dept of Mental Health Sciences, MS403, Hahnemann University, Broad & Vine Sts., Philadelphia, PA 19102

We the undersigned Members and Fellows of the American Psychological Association request the establishment of an APA Division of Computers and Psychology. If this petition is granted, we agree to become members of such a Division, maintain a continuing interest in it and pay membership dues if required.

Our request is based on the belief that the computer age is having an impact on major and diverse aspects of human behavior, including work, learning and social interactions. This is affecting the profession and science of psychology in two ways. First, a growing number of professional practices within psychology are becoming computerized. Second, psychologists are being called upon to study the use of computers both within their own discipline and in society at large. To facilitate the development of this new field, there needs to be a forum through which proactive leadership can be expressed. The APA Division of Computers and Psychology is intended to provide such a forum.

Scientific Issues in the Public Interest

Many respected scientists from a variety of disciplines, government officials, members of the media and the public generally agree that the development of the computer is a technological advance of historical significance. For example, Herbert Simon, a Nobel Laureate and psychologist refers to computers as the cause of a "third information revolution", the first two being the advent of written language and the printed book. Another widely held belief is that the computer will have major concomitant social and psychological consequences on people. For example, Daniel Bell, a noted sociologist, believes that

computerization may have an even greater impact on society than the industrial revolution. According to this view, whereas the industrial revolution was characterized by the fact that machines began to replace or improve upon physical behavior, the development of the computer will be known as that point in history when machines began to replace or improve upon mental behavior.

Our rationale for the formation of the Division is in part based on the belief that the application of psychological knowledge to the use of computers in society (e.g., at work, in education) will serve the public interest as well as the interests of psychology as a discipline. A failure to apply such knowledge may leave society ill-prepared to defend against the negative effects of computerization or to take full advantage of its positive impacts. In terms of their training, professional focus and ethical responsibilities, psychologists are uniquely qualified to help society understand, evaluate and improve upon the impact of computers on people. If we do not, who will?

Professional Issues in the Public Interest

There is another aspect of computerization which should be of concern to psychologists, namely the computerization of their own professional activities. At the most basic level, psychologists are already heavy users of computers for word processing and statistical analyses. Likewise, computerized data bases are making instant access to psychological literature more and more common. These applications, however, are only the beginning. Soon many other activities of psychologists will be computerized as well. We believe that this transformation will not take a smooth course. There will be much turmoil and controversy as psychologists discover the costs and benefits of computerization and as we search for the most appropriate ways to use computers in our work.

Computerized psychological testing provides a good example of the kinds of issues that psychology is likely to face with the advent of computerization. On the one hand, computerized testing appears to hold great promise in improving the reliability of psychological assessment. There is concern, however, with the extent to which computers will improve on the validity of psychological testing. That is, computer printouts tend to give psychological assessment results an aura of scientific validity even when it is lacking. Consequently, such information may be easily misinterpreted, misused or abused.

The computerization of psychologists' activities raises a number of other professional issues. For example, as major areas of professional expertise are computerized, will highly skilled Ph.D. level psychologists be needed in fewer numbers in the future? Will psychologists increasingly find themselves in competition with paraprofessionals trained to rely on computerized expert systems? How will these developments be reflected in standards for training and licensure in psychology? There is both a public interest and a professional interest at stake in these questions. The development of answers to them will require proactive leadership. This Division will help provide such leadership.

Opportunity for APA to Take a Leadership Role

There are many indications that a large number of psychologists are interested in the interface between psychology and computers. For example, a "Society for Computers in Psychology" with a present membership of about 800 persons has existed and held annual conventions for the last fifteen years. The undersigned represent a separate recently formed group of over 500 members and fellows of APA with a similar interest. Another indication of the spreading interest in this area is evidenced by the number of new scholarly journals devoted to this area (e.g., *Computers in Human Behavior*, *Computers and the Social Sciences*, *Computers in Human Services*) and the number of special issues of existing journals (e.g., *Journal of Science Issues*, *School Psychology Review*, *The Counseling Psychologist*) which have appeared in recent years. Finally, another indication of interest in this area is that in 1985 APA's

General cont.

Board of Convention Affairs made the interface of computers and psychology a topic of special focus for its Ninety Third Annual Convention.

We believe that the time has come for APA to take a leadership role in coalescing the various groups within its ranks who have an interest in this area, by creating an APA Division on Computers and Psychology. The formation of such a Division is consistent with APAs goal of advancing the science and profession of psychology as a means of promoting human welfare. Specifically, this Division will meet five needs:

1. Whereas persons interested in the interface of computers and psychology are scattered throughout the other divisions within APA, this Division will bring such individuals together.

2. The Division will assume a leadership role in giving this emerging field direction in developing a substantive body of knowledge.

3. The Division will provide a forum for the development of high standards of scholarship in the field.

4. The Division will encourage the application of psychological knowledge to the development of public policies that best control the impact of computers on people in society.

5. The Division will encourage the development of high standards for how computers are used by psychologists.

For more information, contact Amiram Elwork, Ph.D., Dept. of Mental Health Sciences, MS403, Hahnemann University, Broad & Vine Sts., Philadelphia, PA., 19102.

MMPI Software Law Suit Won From Tom Pratt, Applied Innovations, South Kingstown Office Park, Wakefield, RI 02879

Applied Innovations, Inc. (AI), a Rhode Island firm that develops and markets microcomputer-based software for the mental health industry, has announced a double victory in the highly competitive mental health marketplace.

The twin accomplishments occurred simultaneously: one in Washington, D.C. this August at the 1986 American Psychological Association Convention, where the firm introduced three new software products to aid mental health professionals with the scoring and interpretation of the widely-used Minnesota Multiphasic Personality Inventory (MMPI); and two in Minneapolis, where they successfully responded to a legal challenge by both National Computer Systems (NCS), a \$215 million public company and one of AI's competitors, and the Regents of the University of Minnesota.

Difficult timing, coupled with the size of the opposition in the legal skirmish, made the victories that much sweeter for the small firm. (AI has only 15 employees.)

"In the middle of preparing for our major trade show and the introduction of three new software programs, we were advised of the suit against us," explained AI President Tom Pratt.

Pratt surmised that there may have been a link between the release of the new products and the legal action. "News of our products leaked into the market in the summer of 1986. Had the legal attack against us by our competition been successful, we would have been enjoined from selling our MMPI scoring program. So, despite the size of the opposition, we fought to build a strong legal case against the plaintiffs. We filed our response to their motions, and both plaintiffs withdrew their motion 20 hours before the hearing."

As to why the plaintiffs withdrew, Pratt stated: "The plaintiffs were unprepared to respond to the strength of our arguments and were apparently left with no choice other than to withdraw. It's a great victory for us, and we are preparing a legal course of action to stop any further anti-competitive action by the plaintiffs."

Automated In-house Confinement Program Excerpted From Government Computer News, Vol 5#7, April 11, 1986.

A pilot program in Alameda County, Calif., will give new meaning to the term "house arrest" this month when officials

begin operating an automated in-house confinement program to ease jail overcrowding.

The program will permit judges to sentence low-risk prisoners to serve time in their homes. To keep tabs on their activities, at-home prisoners will wear electronic devices that let police monitor their whereabouts by computer. The program will begin as a six-month trial involving about 10 prisoners.

The crypto-telemonitor devices will be used for offenders who have committed non-violent crimes. "It's intended for people who are eligible to serve time but don't necessarily need to go to jail," said Susan Muranishi, head of research and development for the county administrator's office.

The device is an electronic wristwatch with a cryptographic program that randomly assigns each inmate personal codes for identification by a central monitoring computer. The system is being designed by Comsec, a company founded by two men who helped to develop the Alameda County program.

Al Borden, a Comsec founder and data security consultant to the county explained that under the system, a central computer dials the prisoner's telephone number at random intervals throughout the day and, through a voice synthesizer or pre-recorded message, requests identification. The computer can be programmed to call the prisoner at different prearranged locations such as at work and at home.

When called by the computer, the prisoner must respond by entering an identification code, which changes randomly throughout the day and appears on the watch's LED display at the touch of a button. The code is entered on the telephone's touch-tone keypad.

Resources and Materials

New Resources

I am writing to tell you about the Northern Rockies Action Group's new Computer Services Assistance Program (COMSAP), and how your organization can participate in it.

Becoming computerized has proven to be difficult for many nonprofit organizations. Initially, cost was a major barrier to most groups that were considering computers; however declining prices and improved product lines have reduced the importance of this constraint. An unfamiliar technology and a new language seem to be major roadblocks for many groups. Similarly, the news of some organizations bad experiences travels much more rapidly through the grapevine than success stories. When nonprofit organizations are seeking credible information and advice, the only place they can turn is to the sellers of hardware and software, who all too often have a vested interest in the information they provide.

COMSAP will provide on-site consulting assistance to nonprofits in Idaho, Montana and Wyoming on acquiring computer hardware and software, and how to more fully utilize the capabilities of the equipment and programs groups currently own. A seed grant from Mountain Bell is making it possible for NRAG to assist a limited number of nonprofits by conducting a free computer needs assessment. This will yield an evaluation of your organization's current state of (or need for) computerization, and an outline of suggested future priorities.

Contents of Books, Magazines & Journals

This list is taken from CUSSnet, the CUSS electronic Network, thus, some of the information has appeared in previous CUSS issues. This list will be updated continually and distributed via the CUSSnet Poll. For a current listing, call one of the CUSSnet nodes listed on the inside cover. Thanks to Micki Blocker for entering this information into CUSSnet node 130/5.

Manual: Taking a Byte out of Computers: How to develop a Computer Information System for Discharge Planning Departments. Author: Bruce P. Pinohbeck, MSW and Angela Span, B.S. Length: 28 pages. It contains an 11-step approach and checklists. Source: Medical Center of Bever Co., 1000 Dutch Ridge Road, Beaver, PA 15009, ATTN: Social Service Dept.

Book: Microcomputers in Special Education: An introduction to instructional applications. Authors: Milton Budoff, Joan Thormann and Ann Gras Source: Brookline Books, POB 1046, Cambridge MA 02238

Book: The second beginner's guide to personal computers for the blind and visually impaired Author: The National Braille Press Source: Brookline Books, POB 1046, Cambridge MA 02238

Journal: Communication Outlook [This quarterly journal focuses on communication aids and techniques.] Source: Artificial Language Laboratory, Michigan State University. Issue: Winter 1985, Vol. 6, No.3.

Contents

- "Learners and Communication Aids in the United Kingdom" by M. Hope.
- "Alternative Assessment Procedures for handicapped infants and toddlers" by P. Zelazo, Ph.D.
- "Conversations with Non-Speaking People", (introduction taken from the book).
- "Code of Ethics", recently approved at the annual meeting of the Northeast Communication Enhancement Group (NCEG).
- "Computer Aided Response Acquisition with a Profoundly Handicapped Child", by W. Tracy, D. Bevans.

Newsletter: Communication Outlook [A quarterly journal focusing on communication aides and techniques.] Issue: Summer 1985, Vol. 7, No.1. Other: (Total pages in the journal = 27)

Contents

- "Communication Outlook: Expanding Augmented Communication", editorial to readers concerning the goals of COMMUNICATION OUTLOOK, by K. Portnoy.
- "Voice I/O Applications", by R. Rodman, Ph.D.
- "The Use of Words and Phrases On a Minspeak Communication System", by B. Baker.
- "An Alternative Communication Device", (electronic switching device), by L. Wholfeld and F. Rosenthal.
- "The Life of a Salesman" (technical aids salesman gives ideas for evaluating users and distributors of communications systems), by S. Crisafulli.

Newsletter: Communication Outlook Issue: Fall 1985, Vol. 7, No.2 (32 pages total)

Contents

- "A Communication Skills Learning and Improvement Program Application of Videodisc Technology to Training in Developmental Handicaps" by C. Coon, and H. Lambert, Ph.D.
- "Life of a Salesman, Part II." by S. Crisafulli.
- "Some Thoughts Concerning Communication and Individuals Experiencing Handicaps" by M. Merchen.
- "Hearing Impairments and Microcomputer Technology", by R. Hoyt, Jr.
- "Coming of Age in the Age of Computers", by J. Eulenberg, Ph.D.
- "Speech Recognizer Performance of Dysarthric Speakers: A Comparison of Two Training Procedures", by T. Moody, R. Rodman, Ph.D., and J. Price.

Newsletter: Micropsych Network Source: Professional Resource Exchange, Inc., P.O. Box 15560, Sarasota, Florida 34277-1560. (813) 366-7913.

Issue: Volume 2, Number 2. Total pages in journal = 42.

Contents

- "Review of MMPI interpretive system software" by L.C. Bernard.
- "Automated Client Intake Program in Basic", By R. Feil.
- "Psychworld Software Reviewed", by T.F. Pettijohn.
- "Book Review: PsychWare", by L. Ritt.

Magazine: M.D. Computing (Incorporates Medical Computer Journal) Issue: Vol.2, No.4. July/August 1985.

Contents

- (Tutorial): "Minimycin: A Miniature Rule-Based System" by M. Walker, R. Blum, M.D. and L. Fagan, M.D. Pg. 21-27.
- (Software): "Emergi-Dos" by C. Sea, M.D., and A. Clark, M.D. (Twelve programs that can be used by the emergency physician). Pg. 28-33.
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VOLUME I: Lists 300 software packages designed with the non-profit user in mind. Each listing gives following info.: Applications, Users, Features, Costs, Hardware.

VOLUME II: Lists in-depth profiles of current computer-related giving programs of 200 corporations, foundations and government agencies. Each listing gives the following info: interests in the field, business profile, eligibility, analysis, contributions profile, applications process and sample grants.

Newsletter: **Communication Outlook** Date: Winter 1985, Volume 7, Number 3, Source: International Society for Augmentative Communication AI Laboratory, 405 Computer Center, Michigan State Univ., East Lansing, MI 48824-1042

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"Use of Computers To Initiate a Communication Bridge To Braindamaged Small Children," by I. Nebenzahl, Pg. 9-11.

Magazine **COMPUTERS IN NURSING, May/June 1986**
PUBLISHER: J.B. Lippincott Co., Subscriber Services Dept. P.O. Box 1600, Hagerstown, MD. 21741, ISSUE: Volume 4, No.3, 136 pages

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"Computer Training for Nursing Personnel: Suggestions For Training Sessions," P. Flaughner, 105-108
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"Putting the PC To Work in Continuing Education, E. Bell, 119

Newsletter: **Time Capsule, Spring 1986** Source: Rensselaer Polytechnic Inst., Time Support Center, Civil Engineering Dept., Troy, N.Y. 12180-3590, Other: The TIME user group consists of transportation professionals interested in exchanging experiences, ideas, software with other computer users in their profession.

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Example of Contents:

"Run cutting and Scheduling Software for Fixed Route Transit Service"

BOOKLET: **Computers: New Opportunities for the Disabled** Source: Pilot Books, 103 Cooper St., Babylon, N.W. 11702, Editor: Harold Remmes, Date: 1984

Contents

Why Computers for the Disabled
Computers in Business: The Great Equalizer
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Word Processing Programs
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Book: **Logo in the Schools** Source: Haworth Press, 28E. 22nd St., N.Y., N.Y. 10010, Editor: Cleborne D. Maddux, Other: This book is Volume 2, No.2/3, Computers in the Schools

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Book: **Data Bases in the Humanities and Social Sciences** EDITOR: Robert F. Allen, PUBLISHER: Paradigm Press, Inc., P.O. Box 1057, Osprey, Florida 33559-1057 Tel:813/922-7666, Other: \$62 for hardbound, and \$41 for paper

Examples of Contents

Natural Language Databases on Microcomputers by J.J. Pajmans
Formalization of Legal Information by C.G. DeBessonnet & others
Action, Data Bases and the Historical Process: The Computer Emulating the Historian by A.A. Beveridge and G. Sweeting

Magazine: **COMPUTER APPLICATIONS IN SOCIAL WORK AND ALLIED PROFESSIONS** PUBLISHER: CASW Editorial Group, City of Birmingham Polytechnic Dept. of Sociology and Applied Social Studies, Parry Barr, Birmingham, B42 2SU, Great Britain, VOLUME: 3/1, 1986

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Report: Veterans Administration: Rehabilitation R & D Progress Reports/1985 Editor: Seldon Todd, Jr.

Source: Office of Technology Transfer, Veterans Administration, 50 Irving Street, N.W., Washington D.C. 20422

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This report is an annual compilation of ongoing work in the field of rehabilitation research and engineering in the U.S. and abroad.

Chapters are:

Amputations and Limb Prostheses

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Ligaments and Tendons

Arthritis

Lower Back Pain

Muscular Dystrophy

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Journal: COMPUTERS IN PSYCHIATRY/PSYCHOLOGY Issue: Summer 1986, Vol.8, No.42, Address: 26 Trumbull St., New Haven, Conn. 96511

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"Studying Brain Function Through Advanced Computer Technology" .M. Russo, Chicago Med. School . . .Pg. 16-19

Software Review:

TEST PLUS: A Microcomputer Based System for Adult Personality Inventory . . .Reviewed by S.T. Meier . . .Pg. 21-22

REFLEX: Reviewed by W.G. Campbell.(data base system) Pg. 23-24

Book: NEW INFORMATION TECHNOLOGY IN MANAGEMENT AND PRACTICE Editors: Gordon Horobin and Stuart Montgomery Source: 1986 by Kogan Page Ltd, London, University of Aberdeen, Dept. of Social Work.

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Chapter 1. Information needs in social services: an overview: by Tom Wilson . . .Pg. 12-24.

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Chapter 3. Patterns of computer use in the USA by Elizabeth Mutschler . . .Pg. 46-62.

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Book: THE COMPUTER AS AN EDUCATIONAL TOOL Editor: 99 page book is edited by Henry F. Olds, Jr., Source: Haworth Press, 28 E.22nd St., N.Y., N.Y. 10010-6194. Other: The chapters are a compilation of "Computers in the Schools" Journal, Vol 3, No.1.

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"Information Management: A New tool for a New Curriculum", by Henry Olds, Jr. . . .Pg. 7-22.

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JOURNAL: Computers in Biomedical Research ISSUE: Vol. 19, Number 4, August, 1986, PUBLISHER: Academic Press, Inc., 1 E. First St., Duluth, Mn. 55802

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Journal: Computers and the Social Sciences Editor: Edited by Grant Blank, University of Chicago, Source: Paradigm Press, Inc., P.O. Box 1057, Osprey, Fla 33559-9990, Issue: Vol.2, No. 1/2, Jan-June, 1986, Other: This is a special double issue on statistical packages.

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Newsletter: **Micropsych Network** Source: Professional Resource Exchange, Inc., P.O. Box 15560, Sarasota, Florida 34277-1560. (813) 366-7913. Issue: Volume 2, Number 5.

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Newsletter: **Using Personal Computers in Nonprofit Agencies** ISSUE: number 14, 1986, PUBLISHERS: Center for Local and Community Research, P.O. Box 5309 Elmwood Station Berkeley, Ca 94705

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- "Special Emphasis on Spreadsheets" (Risks in Using Electronic Spreadsheets) by editor, A. Acacia.
"Finding Security in Spreadsheet Numbers" by M. Goldstein.
"MAC meets CP/M" (Macintosh users and CPM) by R. Athey.
"How to Make your Hard Disk Work Faster" by L. Magid

BASIC COMPUTER KNOWLEDGE FOR NON-PROFITS published by the Taft Group, 5130 MacArthur Blvd N.W., Washington, D.C. 20016, Price:

Upcoming Events, Conferences and Meetings

C-CAD Expo '87: High Time for High Tech for the Disabled, Dallas, TX, INFO MART, April 2-4, 1987, Contact: CCAD, 2501 Ave J., Arlington, Tx 75011 (817) 640 6613.

"MUMPS: An Investment for the 1990's"—Mumps Users' Group Sixteenth Annual Meeting, June 8-12, 1987, Atlanta, Georgia. The main focus will be on the effectiveness of MUMPS applications in the corporate and academic communities. Contact 4321 Hartwick Road, Suite 510, College Park, MD 20740, (301) 779-6555

Interactive Video In Nursing Medicine and Allied Health, (Second Annual Conference), February 11-13, 1987. November 3, 1986 is deadline for call for papers. Contact Gary D. Hales, Division of Health Administration, Dept. of Health Related Studies, Univ. of Texas Medical Branch, Galveston, Texas 77550 (713) 784-8326.

Nursing and Computers (International Conference), June 21-24, 1988 at Trinity College in Dublin Ireland. Will be hosted by the Irish Nursing Board. Contact Secretary, Irish Nursing Board, 11 Fitzwilliam Place, Dublin 2, Ireland, or call (01) 609788, Telex is 91212 ABAL EI.

HUSITA '87: "A Technology to Support Humanity", The First International Conference on Information Technology Applications in the Human Services or HUSITa, will be held in Birmingham England in Sept, 7-11, 1987. 500 word abstracts for presentations are due by 31 Dec 86. Contact: Walter LaMendola, U. of Denver, School of Social Work, Denver CO 80208 or Stuart Toole, City of Birmingham Polytechnic, Dept. of Sociology, & Applied Social Studies, Parry Barr, Birmingham, B42 2SU, England, Tel is 021-356-6911 (ext.303/301)

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