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DIAGNOSTIC EVALUATION AND ADJUSTMENT FACILITY (PROJECT D.E.A.F.)

ERNEST E. HAIRSTON

PURPOSE

Set-up by an expansion grant from the Rehabilitation Service Administration of the Department of Health, Education and Welfare, in cooperation with the Ohio Bureau of Vocational Rehabilitation, Project D.E.A.F. was established to expand Goodwill Industries of Central Ohio's rehabilitation program by providing a comprehensive program of in-depth vocational rehabilitation services to the deaf, especially the multiply-disabled deaf individuals who cannot adequately benefit from regular services provided elsewhere.

These expanded services have enabled more of Ohio's deaf clients to become vocationally rehabilitated and to become more productive members of the competitive working society.

CRITERIA FOR CLIENT SELECTION

Project D.E.A.F. serves those clients:

- a. who are at least 16 years of age,
- b. who do not rely on hearing for communication or have not been trained to use amplification,
- c. who have poorly developed or non-existent communication skills,
- d. who are in good general health,
- e. who are able to meet their own personal needs and to use public transportation,
- f. whose individual needs can be met by services offered at the Center.

Mr. Hairston is Project Director for D.E.A.F. at Goodwill Industries, Columbus, Ohio.

A composite sketch of the average client presents a semiliterate, educationally deprived deaf individual, about 20 years old, who is also slightly mentally retarded and emotionally immature; who has been dismissed from or has dropped out of a school for the deaf at an early age and or has attended special classes (oral oriented) in a public school; who functions on the second to third grade educational level; who was unemployed during the past year and has never held other than odd jobs; who lives with parents or relatives; who is not socially accepted by average or above average deaf persons; who knows a few signs—but uses mostly homemade signs and gestures with some attempted “mouthing” of words; and who has no idea of preference as to the type of work he would like to do.

The above is a description of the average client and fits the majority of our referrals; however, exceptions are noticed in individual clients. The ages range from 16 to 54; communication skills fluctuate from non-existent to pure oral or completely manual; some have no formal education, whereas others have completed 12th grade in public schools; nearly all are socially and or emotionally immature; many have never worked before, while others have had a variety of jobs—some skilled. Disabilities, in addition to hearing loss, include mental retardation, epilepsy, cerebral palsy, brain damage, illiteracy, social and emotional immaturity, partial sight, hyperactivity, sociopathic behavior, and educational deprivation.

25 per cent, or 31 of the 124 clients, were either referred from state institutions, such as Columbus State Institute and Orient State Hospital or have been committed at one time or another.

During this report period, which covers 9 months, 61 additional clients enrolled in the Project, bringing the total number of clients served to 124, including the 24 clients in the Project as of January 7, 1970--77 males and 47 females. OF the 100 clients who are no longer with the Project, 47 are successfully employed, 23 are in training and /or continuing their education, 3 became housewives, and 13 are awaiting follow-up; for the remaining 14 it was judged that further project services, training, or employment was non-feasible, and they were terminated with recommendations for other types of services, such as medical, psychological, etc.

Based on the above figures we have been successful with 73 per cent of the clients who have left the project. When one considers the severity of the cases and the fact that most would not otherwise

have been successfully employed or have received training, the results are commendable. The percentage could be much higher if the 13 clients awaiting follow-up were not hindered by over-protective or unreasonable parents, prejudiced employers, turnover in counselors, overt behavior or psychological problems. For example, at least three former female clients in their early twenties were not allowed to get jobs or complete their programs because they were "needed at home." Another client, a 24-year-old male, whose only disability was deafness and semi-illiteracy, was withdrawn from the project by his mother when she was told her son would have to learn to ride the city buses to and from the Center as part of his work adjustment training. At least 10 of the 13, if not hindered by outside forces, could be working today.

Of the previously mentioned 14 clients for whom services were decided "non-feasible," 12 came from and had to return to state institutions such as Massilon State Hospital, Gallipolis State Institute, Columbus State Institute, Apple Creek State Hospital, and Orient State Hospital. Although we have had some successful cases referred from state institutions, for a majority (68 per cent) of them, project services were judged non-feasible and they had to return to the institutions. For example, a 17-year-old illiterate, hyperactive, mentally retarded male from Columbus State Institute went through 3 weeks of evaluation and 8 weeks of work adjustment without making much progress. Because of the amount of medication he was required to take he could not stay awake long enough to complete his assigned tasks. Although he received individualized tutoring he was only able to learn to print his first name and to imitate a few simple signs. Often he would do mischievous things like turning the thermostat all the way up or vice versa, and pouring water over the pressing machines in the dry cleaning areas. He was unable to learn to use public transportation unaided despite the numerous times he has been shown. Another example is a 23-year-old hard-of-hearing, mentally retarded woman from Orient State Hospital who had enough hearing and speech skills to carry on a fairly good conversation, but who could not read nor write. She would repeatedly violate plant regulations, disregard orders, and refuse to do any assigned task except ironing. She returned to Orient State Hospital and refused to complete her program when she was recommended for the Homemaking Service Training Program, stating that she did not like the other girls in that program.

From the above two examples one is able to obtain an idea of the

type of clients we are not able to rehabilitate unless they are ready for and able to benefit from our services. These 2, as do the other 12, have deeply-rooted problems that the Project, at present, is not designed to solve. Our screening of potential clients is such that we do not reject a case if we think there is a possibility that he could be helped.

TRAINING

Training areas include: upholstery, shoe repair, dry cleaning, offset printing - multilith, typing, key punch operation, major appliance repair, janitorial, food service, and power sewing. A majority of our clients end up in unskilled jobs -- i.e., assembly line workers, machine helpers, food service workers, and janitors. However, some become postal clerks, steam pressers, keypunch operators, shoe repairmen, small appliance repairmen, and the like. In each job there is an opportunity for advancement or promotion, depending on the individual.

ACTIVITIES

Along with the on-going services provided by the project (work evaluation, work adjustment, remedial education, sex education, counseling, group sessions, communication classes, occupational and social adjustment classes), recreation has been added. The recreation program consists of weekly bowling games; holiday parties; participation in activities of the deaf community, such as at the Columbus Association of the Deaf Club, and watching basketball games at the School for the Deaf, etc. Although recreational activities are not mandatory for clients, a majority of them participate. This gives the staff opportunities to observe clients in a social setting and to help them evaluate their social adjustment.

Another activity which has been added is a class in grooming for female clients. It especially benefits clients from state institutions and those who are socially deprived.

STAFF

Due to the expanded services within the project it was necessary to hire a project aide whose main duties consist in assisting the work adjustment counselor in providing pre-vocational

services and the evaluator in assessing the vocational interests, abilities, and aptitudes of clients. This increased our staff total to five, including the director and secretary.

The close interaction between clients and staff members, both formally and informally, has been a major factor in successful rehabilitation.

COMMUNICATION

Methods of communication with the clients vary according to the individual client and the ability of Project staff to relate to the client. Generally, the simultaneous method is used—a combination of manual alphabet, language of signs, and speech.

Classes in manual communication have been set up for staff members and employers who come into contact with deaf clients, as well as for clients who may need instruction. There is also a class in communication skills for deaf clients.