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EVALUATING REHABILITATION WORKSHOP SERVICES FOR DEAF CLIENTS:*

A Review of the Literature

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The San Francisco Community Rehabilitation Workshop's (CRW) Project for the Deaf has attempted to provide a model vocational rehabilitation program for deaf clients in California. The authors assisted at CRW in the evaluation of their direct services.

Throughout the development and implementation of the CRW evaluation, the authors reviewed a number of models presented in the evaluation literature. There was evidence in the literature that goal oriented approaches were most frequently used in rehabilitation program evaluation. A number of authors believed that the critical issue in evaluation was the determination and clarification of objectives since so much of the focus of evaluation lies with the extent to which objectives and goals are met. Others pointed out that rehabilitation evaluation should assess the extent to which the achievement of program objectives can be attributed to activities performed in the program.

Since the authors have completed a large scale evaluation of workshop services for deaf clients, they believed that they could produce some useful recommendations for others who might be carrying out similar evaluations by pinpointing some evaluation issues and indicating where these issues have been discussed in the deafness literature.

Literature was searched to aid in deter-

mining the state of the art in the evaluation of deaf rehabilitation workshops and programs. Because so few rehabilitation workshop programs for deaf persons exist nationwide, there is obviously little information on the evaluation of such programs. Moreover, if other rehabilitation workshop programs have been developed, but have not been funded through the State or Federal Rehabilitation Programs, chances are they have not been reported in the rehabilitation literature.

In 1973, Glenn and Thornton reviewed the literature on survey studies of the occupational conditions of deaf persons. They also reviewed the literature on demonstration projects which were conducted in conjunction with existing rehabilitation facility programs. The review of demonstration studies focused upon programs whose clients were low achieving deaf youth. They included studies at Morgan Memorial Inc., (Lawrence and Vescovi, 1967), Hot Springs Rehabilitation Center (Blake, 1970), St. Louis Jewish Vocational Service (Hurwitz, 1971) and the Chicago Jewish Vocational Service (CJVS, 1972). The conclusions of Glenn and Thornton from the literature review were that "at least one-half of low achieving deaf young adults can be rehabilitated (more properly, habilitated) with a core program of vocational and so-

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cial services. But, a substantial number of deaf clients required more intensive services than are currently being provided. Poor communication skills constituted the single most critical barrier to effective rehabilitation services and subsequent vocational and community adjustment" (N.P.G.).

There was apparently no attempt in this review or in the projects reviewed to address issues of program evaluation.

Glenn and Thornton (1973) interjected program evaluation in their own Hot Springs Rehabilitation Center Project. They indicated that one of the purposes of the project was to evaluate the effectiveness of a comprehensive rehabilitation facility in rehabilitating severely handicapped deaf adults. This evaluation was carried out through client outcome studies consisting of contacting the clients' DVR counselors and requesting basic information relating to the employment status of the clients. The results of three follow-up surveys taken during the third, fourth, and fifth years of the project showed that among all clients (including dropouts), one-half were in competitive employment working in mostly semi-skilled or unskilled areas. Upon looking only at graduates of the program, it became clear that program completion improves the clients' probability of placement in competitive employment; two-thirds of the program graduates were competitively employed.

Glenn and Thornton (1973) reported that 55% of the deaf clientele served at the Hot Springs Project completed their programs and 50% of the non deaf disabled clients completed their programs. Their final report suggested the following:

The major problem of programs of this nature for the deaf is communication skills and a remedial program to upgrade his/her deficiencies are important vital components of the multiply handicapped deaf individual's rehabilitation program.

The critical components of a successful rehabilitation for multiply handicap-

ped deaf clients include: an appropriate and flexible vocational evaluation; a broad in-depth program of personal, social, and work adjustment services; educational and special tutoring in communication skills building; recreation services; individual and group counseling; a structured independent living program; job skills training; and services directed toward job readiness and preparation for placement.

Since multiply handicapped deaf clients have been denied the opportunities or failed to develop academically, socially, and vocationally, provisions must be made by facilities to implement a broad range of adjustment services if rehabilitation continues to serve the deaf client. This project clearly showed that the multiply handicapped deaf client can be prepared through classroom instructions at a "Practicum" to live independently in the community. Since this important service component its implementation opens new horizons is often neglected, it is emphasized that for the deaf (N.P.G.).

Although the Glenn and Thornton work was rich with ideas, recommendations, and suggestions, it did not provide a comprehensive system of evaluating service provisions for deaf clients. Only the follow-up studies they made resemble what is traditionally meant by program evaluation.

In the last few years, two major documents have been developed for the area of deafness programming. The first is *Deaf Evaluation and Adjustment Feasibility* (Watson, 1976) which sets forth guidelines for work evaluation and adjustment feasibility of deaf persons. This work was done in cooperation with the Region IV Task Force on Vocational Evaluation of Deaf Persons. The second is the *Model State Plan for Vocational Rehabilitation of Deaf Clients* (Schein, 1977) which was developed in conjunction with the CSAVR Committee on Services for the Deaf. The *Model State Plan* presents

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guidelines for deafness rehabilitation program evaluation as an integral part of program development.

Nevertheless, and with due recognition of the problems inherent in collecting biographical data on deaf individuals, the Region IV Task Force did set forth recommendations for the data base requirements in workshops with a deaf population. These guidelines consist of seven broad information categories that are considered central to the initial assessment of deaf clients. These include: personal data, medical information, ophthalmological and optometric information, audiological and otological information, educational information, communication skills, and narrative referral information.

Yet even with these recommendations, the *Model State Plan* warns that over-emphasis upon intake details may delay and frustrate the deaf client. The Task Force suggests a general rule of thumb, namely, that each multihandicapped deaf client must be evaluated as a whole person and to the fullest extent possible.

The situation whereby few program evaluation studies have been developed in the deafness field has left deafness researchers in a technical quandary. Evaluation studies have been so scant in the field that institutional policies, organization and manpower development, research designs, data collection strategies, and service delivery itself have been developed or taken place with little guidance from evaluation research. A recent evaluation report by Clarkson and Ostrander (1977) of a program of basic job skills and basic education for the adult deaf and severely hard of hearing used only simple descriptive information in evaluating their program. When evaluation strategies have been employed they have been taken from areas of vocational rehabilitation that are outside of deafness programming.

Presumably a number of explanations can be offered as to why there has been so little sophisticated evaluation of programs for deaf clients. Wincenciak (1976) provides a most

articulate explanation. She points out that deaf rehabilitation programs are a very new, experimental phenomenon and for those in charge of creating workshops from scratch, the idea of program evaluation may appear to be extremely difficult and vague. She says:

To (the vocational rehabilitation counselor or facility person specializing in obtaining and providing services to deaf and hearing impaired individuals) accountability and occasionally goal-setting may be little more than terms that one hears at general rehabilitation conferences or administrative meetings or something required by the model state plan for rehabilitation of the deaf. It is only natural that these concepts may seem far removed to the specialist working with deaf persons. The specialist in deafness may have never really given thought to developing and implementing a system of goal setting or program evaluation for his clients (pp. 25-26).

From this statement, Wincenciak goes on to describe one of the most well-developed models of program evaluation of services to the deaf in rehabilitation literature. Her article describes a goal oriented rehabilitation center, the Comprehensive Services for the Adult Deaf (CSAD) Program serving the greater Cleveland area. Approximately 125 clients are served there per year; most of the clients are profoundly deaf adults between the ages of 20 and 35 with limited education and poor communication skills. With technical assistance provided by consultants, a model for program evaluation at CSAD was developed and implemented. The system existed on two separate levels. The first level was concerned with the evaluation of an individual client's progress in the program. The second level focused upon the evaluation of the effectiveness and efficiency of the total program. Goal setting and "Program Evaluation Review Technique" (PERT) charting were utilized to monitor specific client change and development. Goal setting and the specification of indica-

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tors for completion of each of the goals were used to create the program evaluation system. In addition, this program evaluation system had a means of obtaining and reporting the information necessary to make judgments about progress made toward the stated objectives. Moreover, the entire goal setting model was also applied to the process of staff performance appraisal.

The CSAD program is an efficient system of program evaluation which makes case flow analysis simple. CSAD devised a way to control the flow of information; "a system of making daily, weekly, and monthly reports of the number of clients served and the services provided . . . (and a) daily log was created to assess time spent by staff in various . . . activities" (Wincenciak, 1976, p. 29). The benefits of such careful record-keeping are obvious to any service provider. To quote Wincenciak (1976):

At any given time, the supervisor has at his disposal the client records (complete with goals, expected and actual outcomes), the individual staff member's objectives, the overall program objectives, financial records, daily staff logs, program statistics — all of which become tools for him to utilize in making both daily and long-term plans and decisions (pp. 30-31).

The eventual goal of this sort of model is the establishment of a comprehensive system for obtaining, recording, storing, retrieving, and, above all, utilizing information about the client. The payoff is in increased predictability of client rehabilitation outcomes.

Another method of program evaluation that has been utilized in rehabilitation has been the calculation of benefit/cost ratios. Basically this ratio represents the amount of return per unit of investment. For example, a benefit cost ratio of 15/1 means that for every dollar invested there is a \$15 return.

In the field of rehabilitation, like everywhere else, financial accountability is a concern. However socially desirable a program

may seem, it eventually should earn the economy more than it uses up. The way the benefit/cost ratio is usually determined in a rehabilitation program is:

$$\frac{\text{benefit}}{\text{costs}} : \frac{\text{client's increased earnings}}{\text{program costs}}$$

The Rehabilitation Act of 1973 mandated a study of the needs of severely disabled people. A comprehensive needs study was published in 1975 (Urban Institute). One aspect of severe disability considered for this Study was benefit/cost analysis. The study's findings have direct implications for deafness rehabilitation services:

1. In Fiscal Year 1972 the average benefit/cost ratio for the total rehabilitation population was 20.37/1.
2. The average benefit/cost ratio for severely disabled was 11.12/1.
3. The average benefit/cost ratio for deaf persons with no speech was 13.61/1.
4. The average benefit/cost ratio for deaf persons with speech was 8.07/1 (N.P.G.).

The figures above show that:

1. On the average, the benefit/cost ratio for the total rehabilitation population was about twice that of the severely disabled population.
2. Deaf persons with no speech had a higher rate of return than did severely disabled in general . . . in fact, they had the highest benefit/cost ratio of all the severely disabled.
3. Deaf persons with no speech had a much higher benefit/cost ratio than those with speech.
4. Persons aged 20-24 years old had the highest return of any age group.

According to the study, prevocationally deaf clients came out ahead because they were younger, "with higher earnings at closure, more change in the number with earnings, more with earnings at closure, and lower average service costs than clients with other severe disabilities" (Urban Institute, 1975, N.P.G.).

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Benefit/cost figures may be another appropriate way to comparatively evaluate deaf programs. The problem with these figures is that they are difficult to translate into program change strategies. In addition, there are now so many formulas available to calculate the benefit/cost ratios that comparing workshop figures with national figures may be misleading. They are probably best used to assist a program in examining itself over a period of months or years.

Our literature review has pointed out the many difficulties in addressing evaluation of rehabilitation programs in general, as well as those that specifically serve deaf clients. The majority of follow-up studies in vocational rehabilitation have operationalized rehabilitation impact and benefit sustention by using two variables, the percentage of rehabilitants still working at follow-up and the change in rehabilitants' means earnings between closure and follow-up. This has occurred for several reasons. First, the current reporting system of the state-federal VR program often collects scant data beyond single indices of work status and economic gains. Second, the many attempts to validly measure outcomes other than employment status have failed. Yet, few would argue that the value of a rehabilitation workshop is solely vocational. Obviously, progress in other areas may be as or more beneficial. However, no one has been able to reliably and objectively measure these "extra-vocational" benefits.

The unreliability of extra vocational measures when applied to hearing clients may, in fact, become more pronounced when applied to deaf clients. Hence, the general impression is that some sort of goal oriented approach will yield the most reliable measure of client outcomes. In addition, Bolton (1972) has shown that improved vocational functioning may be independent of psychological adjustment. Therefore, we cannot assume that improved psychological functioning is prerequisite to or necessarily a concomitant of vocational success.

Conclusions and Recommendations:

In conclusion, the investigators have become aware of many of the difficulties in measuring the effectiveness and efficiency of services provided to the deaf. On the basis of their literature review, the following issues have been identified.

1. Goal oriented approaches should be used both for program evaluation and client evaluation. Program and client objectives should be clarified so that an evaluation can examine the extent to which achievement of the objectives can be attributed to activities performed in the program.

The authors developed an evaluation program with the mission, goals, and objectives of CRW firmly in mind and in so doing worked in a coordinated and consultative manner with the management and staff of CRW. The CRW personnel were brought into the evaluation process from the initial preparation of this project's proposal partly because of the philosophy of the investigators, but also because there is some evidence that involving service delivery personnel in the evaluation process leads to improved quality and efficiency of services.

2. Vescovi (1974) pointed out that effective service delivery to deaf persons calls for a deliberate attempt to monitor and guide and to set standards and criteria of performance for those who are given or assume the responsibility for serving deaf people. Accordingly, SFSU believed that taking ambiguity and uncertainty out of the evaluation process through the involvement of the CRW personnel would allow them to understand how goals are developed and how progress is measured and would ultimately lead to their own performance improvement as they saw the value of evaluating themselves.

The coordinator of the program should be assisted in using data to set performance standards. Use of a goal setting approach can help to evaluate staff performance by observing how well goals are being met by

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clients served by different components of the program. Monitoring of case files needs to be done to insure that forms are being properly used by the staff.

3. Spaniol (1975) lists four possible purposes for doing program evaluation: program justification, policy analysis and planning, organizational development, innovation and change.

Evaluations can help agencies determine whether other services should be provided. A major purpose for conducting program evaluation is to decide upon the most needed areas and directions for change in the serv-

ice delivery program. The study of innovation and change is likely to benefit both general rehabilitation facilities programs and deafness rehabilitation programs. Since deafness rehabilitation remains in a formative stage, any way that agencies like CRW can give a basic structure to the concept of service provision will be significant. Further, the study of change within CRW allows for the establishment of the process and the understanding of the method by which innovation can be brought about in CRW and other agencies in the future.

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