

10-1967

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Recommended Citation

Vescovi, G. M. (1967). Developing Community Casefinding Resources in Vocational Rehabilitation. *JADARA*, 1(3). Retrieved from <https://repository.wcsu.edu/jadara/vol1/iss3/6>

DEVELOPING COMMUNITY CASEFINDING RESOURCES IN VOCATIONAL REHABILITATION

GENO M. VESCOVI

CASEFINDING

There isn't anything mysterious about casefinding in rehabilitation. It is simply seeking out and locating disabled people who are apparently in need of some kind of help and sending them somewhere in the community where they will receive that help. Casefinding can be carried out by an individual or an organized group and it can be as simple or complicated a "process" as they care to make it.

This article attempts to focus upon some major responsibilities that should be carried out by an organized group planning to do casefinding of deaf people for and in close cooperation with a state vocational rehabilitation agency.

THE NEED: "EFFECTIVE" CASEFINDING

Effective casefinding among deaf people occurs when the casefinding group has substantial time to invest, is not afraid of involvement with deaf persons and community sources which may help them, and has a strong desire to see that something constructive results from its efforts. Without this kind of dogged concern, casefinding is little more than short-sighted, intermittent, misused energy.

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THE PROBLEM

The main problem hindering implementation of effective case-finding among deaf people is the paucity of rehabilitation services geared to the actual needs of most deaf candidates for rehabilitation. In few states can the identification, location, and subsequent referral of deaf people to state rehabilitation agencies be followed by the provision of timely, relevant services. Under this circumstance, conscientious follow-up by the casefinding group to insure reasonably adequate and careful handling of deaf people would be almost pointless. In this regard, at least, we should disabuse ourselves of the notion that it is better to do "something" for the deaf (even if it leads nowhere!) rather than nothing.

It should be noted, however, that reasonably adequate rehabilitation services are slowly but steadily becoming available in more communities across the nation. In addition, the development of effective case-finding of the deaf by a group of determined and vigorous people in a community without good rehabilitation services may actually provide the impetus for vocational rehabilitation agencies to upgrade their own services while being instrumental in securing new, needed services elsewhere in the community.

UNDERSTANDING THE STATE AGENCY

A major responsibility of any organization contemplating the development of effective casefinding would be to consult with state vocational rehabilitation agency officials. The aim: To familiarize the organization with the state agency general operations and its services in particular. The understanding that should result from this can guide the organization's planning. It would increase the likelihood of sound cooperation between the state agency, the casefinding group, and deaf rehabilitation candidates.

The extent or depth a casefinding group can and should involve itself can largely be determined by what it learns about the state agency's philosophy, image and community role.

When a casefinding group actually locates deaf people for referral to a state agency, it tacitly admits acceptance and approval of the agency's philosophy, i.e., what it wishes to achieve for the disabled, how it regards their worthiness as human beings, and its image, i.e., the respect, faith and confidence it elicits from the community in

which it functions. More than a few state agencies do not receive such unreserved acceptance and approval from their general communities, or from deaf leaders and many people in those communities. Too often this kind of indifference (if not rejection) of the state agency is undeserved and occurs because these people have insufficient knowledge of its methods and expectations as set by law and regulations. It is with these very people, however, that the casefinding group must be in frequent contact. Therefore, if the organization is ignorant of the agency's operations it would be a poor propagandist for it. The net results would be a reinforced indifference to or rejection of the agency, disfranchisement for itself, and ineffectual casefinding.

The chief *community role* the state agency assumes is that of purchaser, or procurer, of services for the disabled. In doing this, it tries to work closely with individuals or governmental or private organizations who have some contact with the disabled and relevant services to offer them: e.g., a physician for a medical exam., a hospital for corrective surgery, a speech and hearing center for speech lessons, a private rehabilitation center for personal adjustment training, a state welfare department, etc. These associations place the agency in the advantageous position of having extensive knowledge of community resources and perhaps, of specialized services, programs, projects, and information pertaining to the deaf people and deafness. If made available to the casefinding group, such knowledge would obviously help its casefinding of deaf persons.

It would be wise for the casefinding group to learn, also, about the state agency's *eligibility requirements, casefinding techniques and limitations, and range of services* it either provides itself or purchases elsewhere for the disabled.

Knowledge of the particular *eligibility requirements* of a state agency helps the casefinding group determine whom to refer and why, helps it avoid spending inordinate amounts of time locating and referring obviously inappropriate referrals. For instance, deafness, *per se*, does not automatically qualify a person for state agency services. Deafness must, in some manner, be a handicap, or impediment, or obstruction to his satisfactory functioning *in employment*, or, it must be substantially impeding or delaying his opportunity and ability to prepare himself for eventual satisfactory employment. Knowledge of eligibility requirements also helps the casefinding

group avoid misleading and misinforming deaf people and their families, avoid raising false hopes and generating disappointment, discouragement, and inconvenience.

Most state agencies leave it to their individual counselors to develop and maintain *casefinding techniques*. Limitations to effective casefinding among deaf people are seen in that: (1) Each counselor handles a large caseload of various disabilities and only a few of them are likely to be deaf. He has no time to learn special communication techniques (sign language, fingerspelling, lipreading) nor to seek out, associate with, and be consistently in contact with prime sources of referrals such as deaf leaders, state associations for the deaf, clubs, schools, and churches serving the deaf, and speech and hearing centers. (2) The counselor has no time to form special depth knowledge about deafness and the pernicious problems it causes for people. Knowledge of these limitations whenever present in a state agency helps the casefinding group determine how much help the counselor will need and to what extent it can realistically help him. For example, can it help *instruct* him about each referral it locates, i.e., to interpret the deaf person's known communication predilections, dependency habits, relationships with family, peers, and neighborhood people, and his attitude about receiving public help? Can it help the counselor arrange interviews (more than one is often needed) with the client and his family, and can it interpret for the counselor and the client in sign language, fingerspelling, natural gestures, and pantomime when needed and until the counselor and client are secure in mutual rapport and are ready to begin planning a rehabilitation program? Does it have the time and skill to be of such help? Can it convince the counselor if it does?

As for the state agency's *range of services*, the casefinding group should know which of the services are *directly* provided by the counselor or other staff members of the agency, and which services the counselor purchases or otherwise procures from the community. Direct services given are usually counseling and guidance and occasionally vocational and psychological testing. Purchased or procured services almost always are: medical examinations and treatment, psychiatric examinations and treatment, hospital treatment or corrective surgery, vocational training, personal evaluation adjustment-training, maintenance, transportation, and others. Since neither the counselor or other agency staff members are knowledgeable about

special psychological testing needs of deaf people, even this service must be purchased from the community, and there is little guarantee that even then the service will be competently administered. Also, since the counselor is not familiar with communication methods of the deaf, he rarely can provide relevant personal counseling, and this service is one he can't buy from the community and simultaneously maintain a vestige of control and responsibility for his client.

What all this means is that the casefinding group should be able to inform deaf people—or those responsible for committing the deaf to rehabilitation programs—what they can expect, service-wise, from the state agency and from community resources. The deaf client and his family have a right to know how much time, effort, and patient cooperation they are being asked to invest.

In sum, good intentions are praiseworthy but cannot in themselves guide a casefinding group. Intentions must be disciplined by sound knowledge and understanding. Only then can the casefinding group know how involved with the state agency it should and can become, and how and when to intervene. Though the state agency alone cannot do effective casefinding of the deaf, and could use some help, it would not be wise for it to accept "help" that is likely to degenerate into "obstruction."

UNDERSTANDING SOME PROBLEMS OF DEAF PEOPLE NEEDING REHABILITATION

Another major responsibility of the casefinding group would be to learn about the problems some deaf adults have which require professional rehabilitation help. It is almost senseless to carry on casefinding without such knowledge. Some of these problems are outlined here.

First, there is the physical adult, prelingually deafened, who was never formally educated (even though he may have been physically present in a school for any length of time.) He is illiterate, cannot communicate well with anyone, lacks insight into self, people, events and happenings, is emotionally underdeveloped and grossly dependent on relatives or friends for close supervision. He usually stays home and "home" is in a rural area or a less privileged neighborhood of a big city. He sometimes "acts as if" he were mentally retarded or mentally ill and, once responsible people

stop caring for him, is actually treated as such, e.g., he is committed to an institution for the retarded or the insane. He is rarely "known" to anyone, deaf or hearing, outside of his immediate environment. (The school he may have attended does not keep track of him.) He may be receiving subsistence money from a public welfare department. He sometimes can be located through inquiries made of state, city or county welfare departments, institutions for the retarded or insane, state bureaus of old age and survivors insurance, public health agencies, or hearing and speech centers. His greatest needs are: competent diagnosis and evaluation of his strengths and potentials (educational, personal, social, vocational), then engagement in a lengthy (minimum of six months) rehabilitation-oriented program strongly emphasizing education, social skills, and work orientation.

Second, there is the physical adult, also prelingually deafened, who is barely literate even after years and years of "formal" schooling. He is highly suggestible, easily manipulated, has minimal self-awareness and a gullible, child-like approach toward people, happenings, events. He is often disowned, rejected, or barely tolerated by his family and usually relates to them when he needs food, shelter and a quick dollar.

He is often a drifter, a "peddler" easily recruited, a naive law-breaker, an intermittent "fringe participant" in activities with deaf or hearing people. He is often known to clubs or other organizations of the deaf, the Salvation Army, Red Cross, and bus depot clerks, as well as hotels and boarding houses in run-down neighborhoods, and the "Y." His greatest need: Lots of hard, meaningful counseling at his level of communication ability, preferably with a male counselor, competent diagnosis and evaluation of his strengths and potentials (educational, personal, social, vocational), as much upgrading in educational and social skills as he will stand still for, on-the-job training or placement in a job where the rewards from work outweigh by far the satisfaction (misfelt or not) of aimless wandering.

Deaf adults having the above problems are the hardest to locate, the least receptive to abstract explanations about services they might expect to be given, the most susceptible to mishandling and to receiving "stop-gap" services (e.g., a hearing-aid instead of good counseling), and speech lessons instead of in-depth psychological

and social evaluation. The most critical need is for close and thorough preparation as soon as they are located to insure sufficient cooperation during the referral process from the casefinding group to the state agency and immediately following. This group is the most in need of services that are not likely to be available.

Third, there is the adult, usually prelingually, but sometimes postlingually, deafened, who while literate, is naive, immature, and inexperienced, but who is able to communicate satisfactorily with hearing and deaf people. He is not unduly dependent upon his family (is in stable rapport with them), is socially active, and has insight into self. He is often known to, if not always active in, deaf clubs and other organizations for the deaf. He is located in schools for the physically handicapped, public or private elementary and high schools, in the selective service system files, in business and industry, and sometimes through labor unions. He often settles for, and spends years in, jobs that are beneath his ability. His greatest need after leaving school is to be helped to continue to develop intellectually, emotionally, and vocationally, and towards these ends he can benefit from skilled counseling and guidance, trade, technical, or business school training, and college. Since he is flexible enough in communicating with hearing people, he often is able to obtain skilled counseling from the state agency counselor. The other services are available to him although they may not be especially geared to his needs, with the exception of Gallaudet College which provides special methods of instruction that offset the negative impact of his hearing loss.

Deaf people in this problem category are usually not difficult to locate, but recruiting them requires persuasion and careful planning. The young deaf adult just leaving school is often hard to recruit for pertinent rehabilitation services. He is too eager to start making money and is reluctant to put this off in favor of a long training period. He often marries too quickly and becomes hard-put to cope with family responsibilities, hence he takes almost any job offered him and foregoes training. He has generalized feelings of inadequacy about his past achievements and no little anxiety about losing his years-long dependence on the school and its environment. He often is reluctant to admit his need for help or to confront his own problems. He has mixed feelings about his rehabilitation prospects, even if the service opportunities have been explained

to him which admittedly, does often happen.

The older, job-experienced deaf adult may resist recruitment for services that could upgrade his skills because he fears monetary loss (he often has a family to support), fears losing time and independence, and is anxious about his ability to re-learn a skill or change jobs.

Fourth, there is the deaf adult who cannot control his thoughts, emotions, or actions enough to get and hold a close friend, a good job, and a place among other people. He is alienated from society in that his perceptions of lived reality are demonstrably askew. He often does not have a clear sex identity, his judgments are based on whimsy, and his sense of responsibility is unpredictable as he is accountable only to himself. He may be prelingually or postlingually deafened, literate or not, with or without workable language and a means of relevant communication. If his family cannot cope with him, they commit him to a state or private institution for the mentally ill. If they try and succeed in coping with him, in keeping him "tractable," he is usually found at home, isolated. At times his behavior is or may seem bizarre and dangerous to himself and to others and he is put in correctional institutions. He can also be found as an out-patient of a clinic a general hospital, or a service hospital, all of which have special mental illness treatment facilities. Schools and clubs for deaf people, associations and churches for the deaf often have knowledge of him through contact with others who know him personally or who know of him. His greatest needs are for competent psychiatric evaluation (often available), individual treatment or therapy (rarely available), and special in-hospital or highly structured out-of-hospital rehabilitation programs with strong emphasis on psycho-social services, group therapy, educational, and work sample activities (extremely rare if not non-existent).

Deaf people with these problems are not hard to locate, and once located should be helped by a casefinding group that is competent, knowledgeable, understanding, and thoroughly oriented to their problems.

Fifth, there is the physical adult, prelingually deafened, whose brain has been damaged in infancy to such an extent that he could not develop basic intellectual skills or emotional stability. He is child-like in attitude and does not recognize problems as problems

but as situations that simply occur, in fragments, and to which he does not realize he must try to relate, or with which he must try to cope. Hence, he is at once open to well-meaning suggestions from good people and highly suggestible to harmful manipulation by the insensitive. He is often a product of slow-learning or "ungraded" classes in a school for the deaf, i.e., adjudged *trainable*—to care for his person, to observe school rules, to retain by rote bits of information relevant to himself, his peers, teachers, family. He is often labeled the "town character" or "village idiot;" in big cities he is often a hanger-about, not a real participant in, deaf club or other group activities—tolerated, not really accepted. He works at menial jobs having unexacting duties (often this is a sheltered workshop), and is subsidized by his family, who, if they still care about him, do not know what else to do with him. He often is adjudged to be "less than trainable" by family or school authorities and summarily dispatched to the nearest institution for the mentally retarded. At times—and no one ever really knows under what circumstances—he is committed to an insane asylum. His greatest needs besides simply being discovered are: good screening via competent psychological, social, and educational testing methods wherever he may be, whether an inmate of an institution, a "trainee" in a school for the handicapped, or at "work" in a sheltered shop.

If justified by screening and testing results, he should be given careful evaluation of his work potential, then personal, social, educational and work upgrading within his ability.

These people are located easily enough through public welfare departments, state or local health agencies, schools for the deaf, special schools for the handicapped, hearing and speech centers, sheltered workshops, clubs and organizations for the deaf—including churches, mental hospitals and institutions, asylums; institutions, hospitals or "homes" for the mentally retarded.

USING DEAF AND HEARING LEADERS AS AIDS TO EFFECTIVE CASEFINDING

No responsible casefinding group would refrain from securing the cooperation of deaf adults who are leaders in the deaf community. These leaders, because of their involvement in planning and carrying out many activities for deaf people and because of their interest

in and knowledge of their communities, could be a casefinding group.

There are other adult leaders of the deaf. They have normal hearing but are close to the deaf community. They may be ministers or laymen directing church activities for the deaf, volunteers helping run a social agency's services to the deaf, or sons and daughters of deaf adults who have had lengthy association with deaf people and consequently understand them very well.

These deaf or hearing leaders often know how to mobilize people so that help can be round for the potential deaf rehabilitation client when he needs it most. For example, they can help locate good housing, welcome the client to social and recreational get-togethers, provide him with the prospect of having suitable companionship while he undergoes evaluation or training and, perhaps, a sympathetic ear to encourage him. With this kind of support and cooperation the casefinding group has more "selling" ammunition when it recruits deaf people.

THE CASEFINDING GROUP'S OWN BIASES AND PHILOSOPHY

Sometimes a casefinding group could get carried away with its own private conception of deafness, deaf people and their needs. When this happens, cooperation with a state agency is almost not worth trying. So the casefinding group would do well to take a close look at its own opinions, biases, prejudices, and community role before it embarks on the type of work that calls for a simple, open-minded attitude about the deaf people it wants to help. This means that it must not be identified as a group that favors the "oral deaf" over the "manual deaf," or a group that advocates the "oral approach" and denigrates the "manual approach."

It must in fact be neutral, just as state vocational rehabilitation agencies are, in that it stands ready to try and help any deaf individual without regard to his communication preference, the philosophies of the schools he has attended, and anything else that gets in the way of good casefinding.