

## FORT LOGAN MENTAL HEALTH SERVICES FOR THE DEAF

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Fort Logan Mental Health Center is located on approximately 230 acres in southwest Denver, part of the site of the old Fort Logan Army Post which has been deeded back to the State of Colorado. The Center began in 1961 as another of Colorado's state hospitals, providing treatment for psychiatric and alcoholism problems in cooperation with community mental health centers and alcoholism programs. Fort Logan Mental Health Center serves a population of more than one and one-half million in the Denver metropolitan area and northern Colorado.

Fort Logan Mental Health Center has always emphasized intensive treatment which permits patients to return to the community as soon as possible. Under the State Division of Mental Health, community mental health centers and clinics combine with Fort Logan to provide a comprehensive system of treatment programs. The community mental health centers arrange admission to Fort Logan and provide aftercare for patients who have been discharged.

Fort Logan provides a broad range of medical and psychiatric services for children, adolescents, and adults. In addition there are group homes, half-way houses, practice apartments, a resident half-way house for ex-convicts, and a state vocation rehabilitation office. There is also a family care unit that has responsibility for locating foster home placements for those patients who need a semi-independent living situation.

### THE DEAF SERVICES PROGRAM

The Deaf Services Program serves the deaf population throughout the state of Colorado. It has accomplished one of its first goals of removing all young deaf out of nursing homes and custodial care facilities. The program is now attempting to move deaf individuals out of facilities for the retarded throughout the state and provide programs for their eventual return to the community.

In the Deaf Services Program, general therapy is conducted by the chief psychiatric social worker, a nurse clinician, several mental health workers, and

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a doctoral student intern. These personnel also consult school programs, social service agencies, community mental health centers, courts, and probationary departments. Two psychiatrists are assigned to this program. One is full time at Fort Logan and is available on a regular basis of four hours per week. The other psychiatrist is a consultant and called in as needed. Other psychiatrists at Fort Logan are also on an on-call basis for emergencies. There is one psychologist responsible for testing the deaf patients. More than 60 people on the regular staff at Fort Logan are learning sign language including doctors, psychiatrists, nurses, social workers, team leaders, mental health workers, teachers, and the maintenance staff.

The outpatient program consists of 18 deaf clients who live at home and receive services once or twice a week. Marriage and family counseling, individual counseling, crisis intervention, and group counseling with parents of deaf children, hearing children of deaf parents and sibling groups are available. An adjunct to the outpatient program is the day care program in which the patient lives at home and participates in the program during the day. The outpatient's program is similar to that developed for the inpatients. Another aspect of the outpatient program is the extended care program in which deaf students are placed in other residential facilities for academic and therapeutic reasons while Deaf Services still maintains treatment responsibility.

Presently there are 18 inpatients, 3 females and 15 males, ranging in age from 13 to 55 years of age. Their needs include general communication skills; education, social, and vocational skill

building; psychiatric and medical attention; and community placements. Because their needs and abilities are diverse, their treatment programs are individualized as much as possible. The family of the patient is encouraged to participate in the patient's treatment. A typical weekly treatment outline is presented in the Patient Activity Chart.

Currently, the deaf inpatients reside in the designated Children's, Adolescent, or Geriatric units. There are some staff on each unit who can communicate in sign language. Eleven patients are now residing in the Half-Way House with 17 other hearing inpatients. They are responsible for weekly chores and maintaining their own rooms. At least two of the deaf patients will be moving into one of the practice apartments on the Fort Logan grounds soon. They will be responsible for cooking their own meals as well as the other normal duties involved in living independently in an apartment.

### EDUCATIONAL PROGRAMS

There are two daily programs specifically for the deaf patients that teach basic skills. The Prep Class contains five patients who have been diagnosed as mentally retarded and have lived in institutions all their lives. These patients have not learned to communicate by any method and have had no real education. The Prep Class prepares them for the work therapy and independent living skills programs by teaching basic sign language, time concepts, general attentiveness, and gross motor skills. The Adult Basic Education Class through the Colorado Department of Education is taught by a deaf teacher, a deaf teacher's aide, and one sign language-proficient volunteer. This class for 11 patients

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**PATIENT ACTIVITY CHART**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT./SUN.
7:00 A.M.- 8:00 A.M.	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
8:00 A.M.- 9:00 A.M.	REPORT	REPORT	REPORT	REPORT	REPORT	
9:00 A.M.-10:00 A.M.	O. T. PREP. CLASS	PREP. CLASS	PREP. CLASS	PREP. CLASS	PREP. CLASS	
10:00 A.M.-11:00 A.M.	INDEP. LIV. SKILLS TRAINING	WORK THERAPY	WORK THERAPY	WORK THERAPY	WORK THERAPY	
11:00 A.M.-12:00 Noon						
12:00 Noon-1:00 P.M.	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:00 P.M.- 2:00 P.M.	BOWLING	GYM	GROUP O. T.	COMMUNITY MEETING	GROUP O. T.	
2:00 P.M.- 3:00 P.M.	BOWLING	PSYCHODRAMA	SEX EDUCATION	GYM	SOCIAL HOUR	
3:00 P.M.- 4:00 P.M.	EDUCATION CLASS O. P. THERAPY	EDUCATION CLASS O. P. THERAPY	EDUCATION CLASS O. P. THERAPY	EDUCATION CLASS GROUP	EDUCATION CLASS O. P. THERAPY	
4:00 P.M.- 5:00 P.M.						
5:00 P.M.- 6:00 P.M.	SUPPER	SUPPER	SUPPER	SUPPER	SUPPER	SUPPER
6:00 P.M.- 7:00 P.M.	FAMILY THERAPY	FAMILY THERAPY		SIGN LANG. CLASS		
EVENING 7:00 P.M.- 9:00 P.M.	SOCIAL HOUR		SOCIAL HOUR		SOCIAL HOUR CAPTIONED MOVIES	

stresses basic reading, writing, and arithmetic skills as well as social interaction.

The educational program for the children and adolescents who cannot attend school off campus is set up under the special education department. They attend the hearing classes with volunteers who interpret in sign language. Other school age deaf patients attend the public school program for the hearing impaired and vocational programs at the local technical school which has a program for deaf students.

There is also a Sex Education Class for some of the adult patients. The patients' questions regarding anatomy, reproduction, sex, and relationships are discussed in a question and answer format as well as structured lessons. The nurse clinician reports that the patients are able to openly discuss the various topics.

The independent living skills program is geared to teach whatever is necessary for a person to live independently or semi-independently. The patient develops cooking, laundry, house cleaning, mending, and grocery shopping skills. There is usually a great deal of discussion on the use of leisure time, group and individual interaction, and how to receive help in case of an emergency. As part of the independent living skills program, a patient may live in a practice apartment for three months. The patients are supervised in weekly group discussions or individually if needed.

### VOCATIONAL PROGRAMS

For most of the patients there is a work therapy program that consists of three components. First, is the evaluation unit where the patient works at various jobs at the sheltered workshop on the

Fort Logan grounds. The patient is constantly evaluated on skills, attitude, and adjustment while being paid for the work. The second component is employment out in the community at an industrial shop. This aspect of the program often involves learning to ride a bus across town and making transfers. Again, evaluation is constant and more demands are made on the patient. In the industrial shop the patient earns on a piece-rate basis. The highest earner recorded in Fort Logan's history is a seventeen year old deaf boy. The third component is on-the-job training. Vocational Rehabilitation is involved in assisting with this portion of the program. The patient is placed on a job and at the end of three months the employer may hire the patient or extend the job training for another three months.

County occupational technical schools are also utilized for those patients who are 16-21 years old. The students are mainstreamed into regular vocational skill classes and receive supportive help from Speciality Resource Teachers. In the program they learn a trade which provides them with salable employment skills.

### THERAPY

Although individual counseling is available to all the patients as needed, the focus of therapy is on group counseling. Presently there is an adolescent group and an adult group both of which focus on present problems and future goals. Values and social skills are dramatized through role playing and creative dramatics.

Most of the patients are involved in a weekly psychodrama group that was just recently initiated. The director of the psychodrama is on the Fort Logan

staff and his work with the deaf patients has been very encouraging. All the patients also attend a weekly community meeting where plans, problems, important events, and changes in the program are discussed. Role playing and mime are often employed to illustrate appropriate ways of expression and enhance the patients' involvement and participation in the concerns of the program.

### SOCIAL PROGRAM

Insofar as possible, it is the goal of the Deaf Services Program to provide a normal social environment for the patients. In the evenings and on weekends, the patients often play cards, talk, go swimming, watch a captioned film, attend a sports event, or have a special party during their social hours.

### RECREATIONAL AND OCCUPATIONAL PROGRAMS

Recreational and occupational activities are scheduled for one to two hours per day. Once a week, many of the patients go bowling at the local bowling alley. Organized games such as volleyball, baseball, or basketball are played during the Gym period twice a week. Exercise and weight lifting groups as well as physical therapy are also made available to the patients. In the occupational program the patients are involved in such activities as pottery making and ceramics, various crafts, making decorations for holidays, and other leisure time activities.

Since this has been only a brief overview of the facets of the program it may be of interest to include the progress of one client to further explain the treatment program for deaf patients at Fort Logan. One patient, Harry (not his real name), is the youngest child in a family

of eight siblings. He was born deaf and attended a residential school for the deaf where he developed adequate communication skills of signing and writing. After he graduated from high school he began working in his home town and was seen at the local mental health center for six months for depression and suicide attempts. He was diagnosed as schizophrenic and given medication. He had seven or eight admissions to the state mental hospital. After the Deaf Services program was opened, Harry was admitted to Fort Logan because he was hearing voices, had poor impulse control, and had developed uncontrollable behavior.

For the first month in the Deaf Services Program, Harry's behavior was disruptive and often had to be restrained and secluded. He was fearful of being killed. A treatment plan was devised in which limits and consequences of his behavior were clearly defined to him. He was integrated into the different facets of the program and soon began relating to the staff and other deaf patients in an improved manner. It seems that the structure of the program and the opportunity to communicate with other deaf and sign language proficient staff enabled him to feel more secure. He became more helpful and cooperative and his psychosis diminished. When his family finally came to visit him they indicated that Harry appeared to be doing much better than he had in many years.

As he progressed through the aspects of the program with success, his medication decreased and he received good evaluations from the program supervisors. In work therapy he has been productive, punctual, and dependable. He has developed very good relationships with his supervisor and fellow em-

ployees. He has now been placed on on-the-job training for three months and is soon expected to begin full time employment. Efforts are being made to arrange a semi-independent living arrangement for him, possibly living in an apartment with a roommate. Now, after a year of treatment, Harry is ready to move back out into the community as an independent contributing member of society.

For next year's budget, the Deaf Services Program has proposed a self contained Deaf Unit for inpatients. This unit will be a total learning environment

which will house 24 patients and require a staff of six nurses, three mental health workers, three resident supervisors, two full time teachers, one occupational therapist, one full time social worker, one recreational therapist, one full time social worker, one recreational therapist, and a research evaluator. The director, Ron Johnson, intends to hire as many deaf staff members as possible to provide proper role models for the deaf patients. The staff in the Deaf Services Program is truly dedicated to helping deaf people become independent and self-providing members of society.