

## Panel Discussion

### CROSSROADS REHABILITATION CENTER

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**Panelists:** Eugene Petersen, project director; Barry Critchfield, counselor/social worker; Jan Moomaw, Work Adjustment Training coordinator; Alicia Marshall, Recreational Therapy/Housing coordinator.

**Moderator:** Dr. Douglas Watson, New York University Deafness Research and Training Center.

*Moderator:* Can you brief us on Crossroad's involvement with the deaf up to the time of the grant award?

*Staff:* Crossroads Rehabilitation Center at Indianapolis is a 41-year-old comprehensive rehabilitation center that has been working with deaf clients almost from the time it opened its doors. The beginnings of a special program for the deaf came 16 years ago when the Indiana School for the Deaf and Indiana Vocational Rehabilitation Services asked the Center to provide work experience for certain problem students. These students were originally served on a no-fee basis; later VR began to pay a fee for Vocational Evaluation and Work Adjustment Training. The program for ISD students was an ongoing part of the Center's services, in an upgraded format, at the time of the RSA grant award. In 1967, Indiana VRS saw the need for more comprehensive services for the adult deaf and negotiated a small increase in fees for deaf clients to fund employment of a specialist. In 1970-71, the Indiana VRS also funded a small pilot Communications Therapy program for the mentally retarded deaf. Most of the clients were children and youths from the Marion County Asso-

ciation for Retarded Citizens. This innovative program led to implementation of a Communications Therapy program at MCARC and was the foundation for Crossroads' own Communications Therapy program for deaf clients with minimal language skills. From 1967, which is as far back as a logbook of deaf clients goes, to the time of the grant award, approximately 350 severely handicapped deaf people had gone through the program and a substantial number of out-of-town and out-of-state referrals were being accepted.

*Moderator:* Just who are you talking about when you use the term "severely handicapped deaf people"?

*Staff:* While the Rehabilitation Act of 1973 classifies all deaf people as severely handicapped, even those in college-level programs, we are talking about deaf people who have multiple disabilities, who have been unable to make a satisfactory adjustment to their disabilities. We had 74 deaf clients in the program as of February 28, 1978, and counting deafness as one disability, these clients had over 190 disabilities. Developmental disabilities that interfered with normal development and led to referral to Crossroads included mental retard-

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ation, early severe visual impairment, cerebral palsy and epilepsy plus many rarer conditions. A large number were mentally ill and came to Crossroads from hospitals or out-patient psychiatric programs. A significant number had been in jail and were on probation at the time of entrance in our program. Sixty-one of 155 deaf clients served during the final year of the grant had histories of psychiatric treatment or detention. Another large group had severe personality disorders. While not diagnosed as psychotic, they still exhibited much eccentricity, emotional instability, and perversity of conduct, undue conceit and suspiciousness, lack of common sense, social feeling, self-control, truthfulness and motivation to work for a living. They were very difficult to work with. We also had many deaf clients who were developmentally deprived.

*Moderator:* What do you mean by developmentally deprived?

*Staff:* As distinguished from the developmentally disabled, these are deaf persons who have near normal or normal intelligence and no other serious physical disabilities who didn't have the opportunity to develop their potentials during the critical formative years. Some grew up isolated from educational and social experiences outside the home. Some have no formal language outside of "home signs" and gestures when they come to Crossroads. Others had had only one or two years of school or had been educationally misplaced. These people are often seriously lacking in social and independent living skills as well as academic skills. They have much vocational potential, but it is difficult to make up for the years of developmental deprivation. They tend to be long-term clients.

*Moderator:* How successful have you been?

*Staff:* Counting placement in sheltered employment on a transitional or long-term basis and clients who enter trade school and other post-secondary educational programs, as well as those placed in competitive employment in the home area, we achieved a 70 per cent success rate through the grant term.

*Moderator:* Have there been any cutbacks in staff or services since grant funds terminated?

*Staff:* No. As a matter of fact, we are recruiting a third communications therapist, another Work Adjustment Training supervisor and an audiologist. Other staff expansion is being considered. A contract has been let for finishing of the upper level of a 5500-square-foot wing constructed in 1975, which will house speech and hearing services, including an audiological suite, and an expanded Vocational Evaluation department. The present Vocational Evaluation area will become available for Communications Therapy and office space. Plans are being made to lease a satellite facility to permit expansion of the center's Industrial Services. When effected, this will make it possible to accept a larger variety of subcontract work and some of the space now used for Industrial Services will be available for WAT. We are also working on a community job stations project to supplement Center-related WAT.

*Moderator:* Where will the money come from?

*Staff:* For the time being, from fees for services and income from subcontract work.

*Moderator:* Where do the clients come from?

*Staff:* We have had clients from 21 states and Guam. We served a total of 90 deaf clients in February, 1978. Thirty-three were from Marion County, 18 from Indiana outside Marion County and 39 were from out of state.

*Moderator:* Where do the out-of-town clients live while in training?

*Staff:* We have a string of 25 foster homes, a group home, which houses eight to ten clients at a time and three semi-independent living apartments.

*Moderator:* How do you find foster homes and how do they work out?

*Staff:* Through paid and donated advertising in local newspapers, TV and radio and word of mouth. It took a long time to line up the string of foster homes, but the majority now work out well; some provide the best family atmosphere our clients have ever experienced. When a foster home doesn't work out, it is diplomatically phased out. Regular house parent meetings are held, sign language classes offered and we work with the foster parents to

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set up independent living skills and training programs. The staff at the Center is available at any time to help in emergencies.

*Moderator:* What about the semi-independent living apartment complex?

*Staff:* There was a need to give clients actual exposure to independent living to give them practice and test their readiness for this step before they left our program. We lease four apartments in four separate buildings in a small complex. One is occupied by a supervisor who provides standby supervision and emergency help. The clients pay a weekly rent, which covers electricity, buy and prepare their own food, do their own laundry and housework and are responsible for getting to work on time. Some deaf clients placed in the apartments can't make it and have to be returned to the foster homes; some are given a second chance at a later date. Due to the level of clients we work with and client flow-through, we almost never have all the beds filled. The furnishings, some of the rent and the supervisor's salary have to be subsidized. Still, it is hard to think of an alternative to this last step to independent living in the community.

*Moderator:* What do the deaf clients do evenings and weekends?

*Staff:* We have a recreational therapy program, which provides organized recreational therapy about three evenings a week. Some of the deaf boys and girls participate in Special Olympic basketball for the handicapped and two of the teams will go to the state finals later this month. Other organized recreation includes swimming, bowling and excursions to parks and other areas of interest. Some local churches have programs for the deaf, including some recreational programs, and the Lions Club has sponsored picnics. An all-day trip to Kings Island, near Cincinnati has become an annual event. The Indianapolis public schools sponsored Adult Basic Education classes for the deaf two nights per week at the Indianapolis Deaf Club. The purpose of recreation is to teach the clients how to use their leisure time properly and effectively.

*Moderator:* What system do you use in Vocational Evaluation?

*Staff:* Most deaf clients are in Vocational

Evaluation for five weeks, with half the time spent in paid production. Most deaf clients go through the Hester Evaluation System, which gives us an idea of their functioning level as a guide to tailoring the balance of Vocational Evaluation to the client's capabilities and also provides us with a computer printout of feasible jobs as a starting point for career counseling. We used selected portions of the JEVS, Valpar and some clerical tests plus facility developed job samples which measure attention span and work tolerance. We have put a few clients through parts of the COATS with the help of an interpreter. With the types of deaf clients we work with, we find situational assessment of the clients while in paid production very helpful. Some deaf clients will look bad in testing but do well once they are in paid production while others show much potential in testing but exhibit all kinds of vocational problems when faced with the discipline of paid work in a semi-competitive setting.

*Moderator:* Just what is Communications Therapy?

*Staff:* About one-third of the deaf clients enter the program with minimal language skills. In many cases, their only means of communication is through crude pantomime, acting out and home signs. They do not even know that things have names. Communications Therapy was set up to get real two-way communication going in the shortest possible time. The emphasis is on teaching concepts, not just words. To this end, Communications Therapy makes much use of field trips to expose the clients to experiences they will want to talk about later, role playing and videotape playback of classroom activities to reinforce more structured drills. Sometimes videotapes are made on field trips and these tapes generate much spontaneous communication. Peer interaction and modeling also play important roles in stimulating communication.

*Moderator:* Can you tell us something about your Work Adjustment Training program?

*Staff:* Work Adjustment Training has always been an integral part of Crossroads' program for the deaf and was considerably strengthened and improved during the grant

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term. The deaf clients are integrated with clients with other disabilities in the workshop setting, which attempts to simulate, as far as possible, a competitive work setting. At one time during the grant term, a maximum of 80 clients were in WAT, with an average caseload of 70-75. Of these, between one-third and one-half were deaf. Crossroads is fortunate to be located in the center of an industrial area that supplies a large variety of subcontract work we can use in WAT. Subcontract billings this year will be close to one million dollars. We handle subcontract work for about 80 different companies, which provides a variety of work to test different skills and also enables the clients to earn enough to sustain motivation while in training. WAT clients earn anywhere from 20 cents to \$4 per hour. The latter is unusual, but many clients earn more than the Federal minimum wage for competitive industry. Sometimes this leads to a problem when we want to place a client in competitive employment and this means a temporary reduction in earnings. However, we have been able to get around this problem. Crossroads has six distinct shop areas which makes possible an effective system of in-house promotions. A client normally begins in Shop A and has to meet certain behavioral and production standards before moving to Shop B. Meeting additional requirements allows him to work in one of the Industrial Services shops at Crossroads. This promotion results in the client being able to work more hours with more complex, better paying jobs. While staff members emphasize the prestige involved in each promotion, peer pressure is probably just as important. Conversely, the threat of demotion to one of the beginning workshops because of poor behavior is quite a deterrent.

Many other techniques are used to modify certain behaviors in the deaf clients in WAT. They include contracts, charts, rewards, modeling and role playing. Role playing is often very effective. A client is given a supervisor's blue uniform coat while a staff person assumes the role of the client. This makes it relatively simple to teach basic work habits without the use of sign language. Another technique that has proven effective is the use

of signature cards. In this method, the client is given a card with a specific behavior, such as no fighting for the day, written on it. Each day the client successfully completes the behavior goal, he presents the card to his supervisor to sign. This technique works even when clients can't read or write and have only minimal language skills. Rewards are as reality oriented as possible. In addition to increased earnings for higher production, special privileges and attention from the staff are effective. One very popular reward is going out to lunch with a staff person.

Punishments for poor behavior include loss of break time, isolation from the shop for a specified time, loss of recreational privileges and — for more serious offenses — suspension from the program for a day to a few weeks. Discharge is seen as a last resort and done only when a client becomes a threat to himself or others or where continuation in the program will likely do more harm than good. Because of the type of clients we work with, severe behavioral problems are expected and usually dealt with without discharge.

*Moderator:* What happens after WAT?

*Staff:* Several things can happen. We can place clients in competitive employment; send them home with a recommendation for placement in competitive employment near home; help arrange admission in a post-secondary educational program or trade school; discharge them to our Industrial Services, where they can remain on an interim or long-term basis without further cost to VR or while continuing in Communications Therapy with VR paying only for CT; recommend placement in a sheltered workshop near their home or, rarely, discharge them as non-feasible for a vocational program at that time.

*Moderator:* What are Industrial Services?

*Staff:* Crossroads' Industrial workshops. In an effort to create a more acceptable impression in the community and with the business world, we have changed our name for the workshops to "Crossroads Industrial Services." The words sheltered, rehabilitation, handicapped and workshops have been dropped in our communication with the public to further erase many of the preconceived notions

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that are attached to them. We no longer refer to our workshop clients as such, but rather, refer to them as workers.

*Moderator:* What directions do you see the program taking in the years ahead?

*Staff:* Our intake statistics show a steadily increasing proportion of new clients have histories of mental illness or criminal detention; others have severe personality disorders and have failed in other programs or need to be separated from bad home or environmental situations. Because there are so few rehabilitation programs for the deaf that can work with such people and because Crossroads has evolved a strong exit program for the mentally ill deaf, we expect to be asked to accept more such referrals in the years ahead. Another factor that will affect program directions is the establishment of new programs for the severely handicapped deaf in other states. Massachusetts has just activated an evaluation center for the deaf; Louisiana is planning to set up its own Vocational Evaluation and Work Adjustment Training Center for the deaf, deaf-blind and blind. We do not think this signals the end of referrals from other states; we expect other states will continue to look at Crossroads for help with deaf clients who cannot be served at the local level. However, if we were to replace 25 of the 75 deaf clients now in our program who present relatively uncomplicated developmentally disabling rehabilitation problems with 25 deaf clients with severe personality disorders or psychosis, our present resources would be spread too thin to adequately cope with the problems these people present.

*Moderator:* What are some needs that will have to be met if you are to meet this challenge?

*Staff:* We will need a structured, professionally staffed half-way house and screening center for new clients. Some new clients have to be moved from several group and foster homes until we can find a satisfactory placement; others are not ready for placement in foster homes on arrival. This will be expensive because of the 24-hour staff required. We need a full-time housing and independent living skills coordinator and a full-time social worker

and a full-time trained counselor. At present, staff people have to double up. If we are going to accept many more mentally ill deaf clients and more with severe personality disorders, we will need more of our psychologist's time if not a full-time psychologist qualified to work with the deaf. We think it is rather unrealistic to expect VR fee income to cover all the ancillary services and the core staff needed to coordinate the program and give the clients the depth and quality of services they need. We would like to have hard Federal money for the core staff and ancillary programs on the same basis as TVI at St. Paul and Delgado at New Orleans. Finally, we need more appreciation of the dimensions of the problem on the part of referring VR agencies and enough free-supported time in the program to complete rehabilitation. When it takes high functioning deaf people four or five years to go through college and get ready to work, it isn't realistic to expect the multiply disabled, severely handicapped deaf with minimal communication skills, little or no schooling and no work experience to get ready for the demands of competitive employment and independent living in 18 months or less.

*Moderator:* Time is running out and I notice several people have questions.

*Audience:* Where do you get your subcontract work?

*Staff:* We have a full-time marketing director to line up subcontract work and we are fortunate to be located in an industrial area that has many such jobs. We do work for about 100 different companies, with the bulk of the subcontract work coming from Western Electric, Ford and Chrysler.

*Audience Comment:* I have never seen another rehabilitation center with such a variety of good-paying subcontract work. Some of our clients come home with several hundred dollars in savings.

*Staff:* While some clients earn good money, we have a long-standing policy of suggesting VR cut basic maintenance when a client begins to earn enough to pay part or all of his basic maintenance. We don't want to dampen motivation by requiring clients to give up almost all they earn for maintenance, but we

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try to encourage independence through a sort of weaning process where VR maintenance is progressively reduced while the client's contributions increase.

*Audience:* What happens to the clients discharged as non-rehabilitated?

*Staff:* Some return to the hospital; a few to jail. Others go AWOL or refuse to return after going home for a visit. Sometimes a VR agency withdraws financial support or claims it has reached its limit and can't authorize another extension. A few over-protective parents withdraw their "children" unwilling to face up to the long-term consequences. Sometimes a client becomes a threat to other people in the program and we have to discharge him to protect others. We have observed a delayed effect: Some clients after discharge from Crossroads are given a chance in another program and straighten out. This has been true of several

high-functioning deaf clients with severe personality disorders.

*Audience:* Given the type of clients accepted, I think Crossroads' 70 percent success rate is fantastic. If it screened clients as strictly as some other programs, it would have an even higher success rate.

*Audience:* Do you make use of volunteers from the deaf community?

*Staff:* Yes. Deaf people have been especially helpful in one-to-one work with the clients in communications therapy. They have also helped with recreation. Central State Hospital has a very large volunteer program and had a full-time volunteer coordinator for its unit for the deaf. Since we have had as many as 18 in- and out-patients from Central State in our program for the deaf, this volunteer effort is very important.