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A STUDY OF CLOSED CASES: IMPLICATIONS FOR THE ADMINISTRATION OF DEAFNESS REHABILITATION SERVICES

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STATEMENT OF THE PROBLEM

This study seeks to examine the reasons why the cases of some deaf clients are closed unsuccessfully after having entered the vocational rehabilitation process. Unlike most other studies of this nature, the present study attempts to identify predictors of unsuccessful rather than successful closure, to analyze case trends that lead to unsuccessful closure, and to make recommendations on case management strategies. This study was requested by the Advisory Committee on Deafness for the NYS Office of Vocational Rehabilitation as a means of developing recommendations on case services and staff training.

In fiscal years 1981 and 1982, it was observed that one out of four deaf clients whose cases were closed by the agency during those years was unsuccessful in finding employment. Although the "success rate" for all deaf clients is relatively high, concern has been raised about the individual plight of unsuccessful clients. What were the reasons for closing these cases? What factors contributed to the lack of success? What differences exist between successful clients and unsuccessful clients?

The identification of such reasons and factors may lead to corrective measures that improve the delivery of vocational rehabilitation services to deaf clients. Such improvements may reduce the hardships experienced by some clients, and may result in more efficient use of limited agency resources.

REVIEW OF LITERATURE

In the process of selecting variables for the present study, twenty-five previous studies on the topic of successful versus unsuccessful case closures were reviewed. Very few studies involved deaf clients exclusively. Most studies were performed on populations with a variety

of primary disabilities, most used only biographical information as variables, and most focused on factors leading to successful case outcomes. Bolton (1979) comments that prediction studies in rehabilitation are not comparable due to mixed disability samples and differences in referral criteria, criterion definitions and measurements, predictor variables, and methods of analysis. Bolton also remarks that no study should be reported for a mixed disability group nor are broad categories of physically disabled, emotionally disturbed and mentally retarded sufficient. Bearing this caution in mind, among the twenty-five studies reviewed, the variables found most frequently to have significant relationships to the client's status at closure were: previous employment, age, type of disability, source of support, and education.

Four studies treated primary disability as a variable and attempted to make comparisons between disability groups in connection with rehabilitation outcomes. Type of disability seems incongruent as a predictor of outcome, especially with regards to deafness. Bolton, Butler, and Wright (1968) found that clients physically disabled tended to be more successful than clients with emotional disorders or mental retardation. However, Scheinkman, et. al. (1975) discovered that clients with a sensory loss were less successful than clients with other disabilities. Worrall and Vandergoot (1980) noted that deafness was the best predictor for successful rehabilitation outcome. In contrast, Demann (1963) found that deafness was one of two disabilities that significantly predicted non-successful outcomes for rehabilitation clients.

Bolton (1975) examined biographic, psychometric, and rehabilitation data for three samples of deaf clients. The samples were drawn from three different rehabilitation training and counseling center programs. Each sample had

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different characteristics. It was found that characteristics and abilities of deaf clients which contribute to a successful rehabilitation are specific to the client population and the treatment program.

In a study of urban, hearing impaired young adults in a work study program, LaFitte (1978) used ten client variables to measure the differences between rehabilitated and non-rehabilitated clients. Those variables proving significant with both univariate and multivariate analysis were age, race, secondary disability, previous employment, mode of communication, and education. Those variables with the least contributing effect were degree of hearing loss and onset of disability.

Pitts (1980) found that, for state VR clients, successful rehabilitation closures were significantly correlated with level of placement, achievement of employment goals, and amount of time in employment prior to closure. Similar to LaFitte's study, Pitts found no significance between rehabilitation outcome and hearing impaired background.

Sanderson (1982) reports that Watson (1972), in an unpublished doctoral dissertation, concluded that multivariate analysis of biographical variables is effective in identifying potential non-rehabilitant deaf clients. The variables of family income, age, source of support, and work status were found to be the best predictors of outcomes. Other significant variables were race, origin of disability, previous rehabilitation services, and marital status.

The dependent variable identified as closure status has received some attention in the literature. LaFitte (1978) cautions that the meaning of rehabilitation, as defined by a 60-day employment criterion, is simplistic and limited in scope. This opinion is shared by others including Bolton (1979), Emenor (1980), Harkmeester (1975), and Thomas, Menke and Poole (1976). Yet the variable remains a frequently utilized measure of success or failure and is used in this study as well. A second dependent variable, reason for closure, seems not to have been used in any previous studies involving deaf clients.

METHODOLOGY

Within the definition of hearing impairment, the New York State Office of Vocational Rehabilitation (OVR) makes a distinction between hard of hearing clients and deaf clients. While

both groups have a hearing loss of 40 dB or more, in the better ear, hard of hearing clients rely on aural or spoken communication while deaf clients rely on visual communication, i.e., manual communication, speechreading, writing, and gestures. All OVR clients who have been classified deaf are also considered severely disabled. The Rehabilitation Services Administration (RSA) has developed a coding system which classifies clients into either deafness or hard of hearing categories. For the purposes of this study, those clients classified as deaf, RSA Codes 231-259, will be observed.

Sampling Plan

A master list of all deaf clients whose cases were closed in fiscal years 1982 and 1983 was obtained. It was determined that 639 deaf clients were closed as rehabilitated (Status 26) and 243 were closed non-rehabilitated (Status 28 and 30). To ensure a representative sample population, a weighted stratified random sample was drawn determined by the number of closure types (Statuses 26, 28, 30) reported by each local OVR office. A sample of 492 deaf clients was drawn of which 354 were closed successfully into Status 26, 81 were closed into Status 28 after receiving services and 57 were closed into Status 30 without receiving services. It is from this sample that conclusions will be drawn.

Measurement Plan

This study attempts to include, but go beyond, biographical information to search for other variables which may have important influence on outcome. Three sources of information were used in this study. Biographical information was collected from the sample cases. Then, a survey questionnaire was sent to each of the 111 counselors who provided services to the 492 clients at the time of case closure. Eighty-two responses (74%) were received from the counselor survey. From these responses, variables on service were created. Finally, a weighted, stratified sample of 44 cases was drawn randomly from the larger sample of 492 cases for the purpose of reviewing actual case files for non-biographical information. Additional variables were obtained through such reviews. In general, all variables (biographical, service, case review) were examined in relationship to dependent variables of reason for closure

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and status of closure. Statistical methods involving chi-square and stepwise discriminant analysis were utilized.

RESULTS

The random sample drawn from the population of all deaf cases closed during fiscal years 1982 and 1983 resulted in a fairly even distribution of males (N = 242) and females (N = 250). Most of these clients were white (81.7%), resided in urban areas (78.7%), and prelingually deaf (86.4%). A relatively large percentage of these clients were of hispanic origin (26.6%). Most clients were single, while nearly one out of five was married. More clients depended upon financial support (Table 1) from their families (50.0%) or from public assistance (35.3%) than from their own earnings (11.6%). Nearly half of the clients reported a family income of over \$600 per month. Most clients (85.4%) had no history of being former clients of a state vocational rehabilitation agency. Two out of three clients (66%) in this study were served by Rehabilitation Counselors for the Deaf (RCD) at the time of case closure.

Based on counselor survey responses, it was observed that a large percentage (76%) of clients were served by counselors who indicated that they ordinarily use sign language when communicating with deaf clients. In contrast to this communication method, smaller percentages of clients were served by counselors who ordinarily rely on speech (99%), writing (10%), or interpreters (4%) for communication. Almost half (45%) of the clients in this study were served by counselors who rated their communication skills as "good", while the proportion of clients served by counselors who rated their communication skills as "fair" (29%) or as "poor" (26%) was approximately the same. Moreover, a high percentage (62%) of clients were served by counselors who rated their knowledge of deafness as "good", while the remaining clients were served by counselors who rated their knowledge as "fair" (16%) or as "poor" (22%).

The variables identified as communication skills and knowledge of deafness are composite measures. Communication skills was constructed through the combination of eight communication items (e.g., ASL, fingerspelling, use of interpreter, etc.). Knowledge of deafness is composed of six items relating generally to the area of deafness. Both composite measures are based

on self-rating scales completed by counselors.

TABLE 1
Primary Source of Support
At Referral

Source	N	Percentage
Current Earnings	57	11.6
Family, Friends	245	50.0
Private Sources	1	0.2
Public Assistance	173	35.3
Other	14	2.9
Total	490	100.0

TABLE 2
Decibel Loss

Level	N	Adjusted Percentage
Moderate (38 dB - 70 dB)	78	19.5
Severe (71 dB - 90 dB)	117	29.2
Profound (91 dB or greater)	206	51.4
No Record	91	<i>missing</i>
Total	493	100.0

Most clients (86.9%) in this study were less than three years old at the onset of their deafness (Table 3). Almost one out of five clients (19.5%) was recorded as having at least one additional disability. The nature of secondary disabilities was not examined in this study.

TABLE 3
Onset of Deafness By Closure Status

Closure	Prelingual	Prevocational	Postvocational
Status 26	306	28	18
Status 28	71	6	3
Status 30	48	8	1

TABLE 4
Family Income At Referral

Income (Dollars)	N	Percentage
0 - 99	96	19.5
100 - 299	56	11.4
300 - 599	110	22.4
600 and above	230	46.7
Total	492	100.0

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TABLE 5
Age At Onset And Multiple Disabilities

Multiple Disabilities	Prelingual		Prevocational		Postvocational	
	N	Percent	N	Percent	N	Percent
Yes	79	18.8	9	21.4	6	28.6
No	342	81.2	33	78.6	15	71.4
Total	421	100.0	42	100.0	21	100.0

Approximately one out of four clients (28%) was closed unsuccessfully after a determination of eligibility was made. The reasons why these cases were closed unsuccessfully were recorded according to ten statistically-coded categories. Most cases were closed into one of three categories including "unable to locate or contact or moved" (29.1%), "refused services or further services" (25.2%), and "failure to cooperate" (25.2%). The remaining closures were coded according to one of the other seven categorical reasons.

The application of chi-square tests revealed several significant relationships between independent and dependent variables. Independent variables were categorized into biographical, service, and case review variables. Dependent variables included closure status and reasons for closure.

There were three biographical, four service, and two case review variables found to be significantly related to the dependent variable of closure status. Among biographical variables, significant relationships were found with variables identified as secondary disability, family income, and education at closure. The four significant service variables included those identified as caseload size, years of professional counseling, communication skills, and number of services provided. Finally, the two case review variables found to be significantly related included degree of hearing loss and attention to secondary disability, although the sample size on which these findings are based is relatively small.

In relationship to the dependent variable of reasons for closure, one biographical variable and two service variables were found to be significant. The biographical variable of secondary disability was significantly related to reasons for closure. The service variables identified as caseload size and communication skills were found to be significant. No case review variables

were significantly related.

Discriminant analysis was used to test the simultaneous effect of variables upon closure status and reasons for closure. Variables were entered into analysis through a stepwise method according to variable categories. Significant relationships were found with biographical and service categories for both closure status and reasons for closure. No significant relationships were found among case review variables.

A set of four biographical variables and a set of four service variables were found to be significantly related to closure status. Among biographical variables, significant variables were family income, geographical location, previous closure, and secondary disability. Significant service variables were number of services, years of professional counseling, caseload size, and number of deaf clients served.

A set of five biographical variables and a set of five service variables were found to be significantly related to reasons for closure. Within the category of biographical variables, significant variables were age at referral, secondary disability, family income, gender, and education at closure. Among service variables, significant variables were years of professional counseling, number of services, sign language skills, communication skills, and caseload size.

DISCUSSION

This study examined both bivariate and multivariate relationships between independent variables which were subdivided into three categories, and dependent variables which involved the type of and reasons for case closures. The results supported some previous research findings while contradicting others. At the same time, the study explored relationships among new variables which were recommended by previous research reports.

The subjects in this study were drawn from the total population of deaf clients closed

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successfully and unsuccessfully over a two year period by the vocational rehabilitation agency. As a result, the sample of cases represents clients residing in variety of geographical areas, both rural and urban, and clients involved in the full spectrum of vocational rehabilitation services. Also, this study examined the cases of clients who varied considerably in their age at referral. More than half (56.4% of the clients were older than 21 at the time of referral.

Bivariate Analysis

Among biographical variables, there were three variables significantly related to closure status and one variable significantly related to reasons for closure. Of these variables, secondary disability was significantly related to both dependent variables. Notably, secondary disability as a variable was found to be significantly related to closure status in the Lafitte (1978) study.

In relationship to closure status, it appears that a greater proportion of clients with secondary disabilities was closed unsuccessfully into status 28 than clients without secondary disabilities. In terms of reasons for closure, fewer clients with secondary disabilities were closed on the basis of "unable to locate or contact or moved" while more multiply disabled clients were closed because their handicap was considered to be too severe. There seems to be a trend, therefore, for clients with multiple disabilities to be considered eligible for services, to be provided training and other services, and to be closed unsuccessfully due to complications arising from the severity of disability.

Clients with less family income available to them tended to be closed unsuccessfully. Clients with the least amount of family income were disproportionately closed into status 30. It seems possible that clients with little or no family income are not capable in many instances of developing a rehabilitation plan because they cannot supplement vocational rehabilitation support with other personal sources of support. The variable of family income was also discovered by Watson (1972) to be a good predictor of outcome.

There was a direct and significant relationship between the amount of formal education received by the client at the time of case closure and the type of closure achieved. Clients with less education were more likely to be closed

unsuccessfully. Almost half of the clients whose cases were closed unsuccessfully had received less than a twelfth grade education at the time of closure.

Among service variables, communication skill was found to be significantly related to both dependent variables. Clients were more likely to be closed unsuccessfully when they were receiving services from counselors who rated their own communication skills as fair or poor. Conversely, clients receiving services from counselors with good communication skills were more likely to be successful. Analysis of the relationship between communication skill and reasons for closure revealed that discrepancies in observed and expected frequencies were due not to variable themselves but to sampling limitations.

Years of professional counseling experience was also significantly related to closure status. It appears that a greater number of clients were closed into status 28 by counselors with the least amount of experience, while a fewer number of clients were closed into status 28 by counselors with the most experience. Furthermore, a greater number of clients were closed into status 30 by the counselors with the most experience. Presumably, the most experienced counselors possess better skills in determining vocational feasibility among clients, thereby avoiding the authorization of costly and unsuccessful programs.

Caseload size was examined and found to be significantly related to closure status and to reasons for closure. In order to reduce the effects of other intervening variables, only RCD caseloads were examined. Notably, the majority of clients (66%) in this study were served by RCD's at the time of case closure.

The results revealed a discrepancy involving status 30 closures for clients who were included in caseloads which ranged between 100 and 120 clients (active cases only). A greater number of clients were closed into status 30 by counselors with this middle-range caseload size. Further analysis did not suggest that such a discrepancy can be attributed to any one counselor nor to any specialized nature of caseloads. When the relationship between caseload size and reasons for closure was examined, it was found that a greater number of clients in mid-size caseloads were closed for "failure to cooperate."

Expenditures on successful and unsuccessful

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cases were examined. Although no significant relationships were found, it was observed that fewer clients were closed into status 28 when considerable amounts of funds were expended on case services. However, caution is advised in interpretations which suggest that a direct relationship exists between the amount of money spent on a case and the likelihood of successful closure. Such a conclusion seems to have been reached in Pitts (1980). Cost is not necessarily linked with the appropriateness or effectiveness of the training or rehabilitation service provided.

Variables were entered into in a discriminant analysis through a stepwise method according to variable categories. The intent of this method was to identify and analyze the simultaneous effect of variables upon closure statuses and reasons for closure. Sets of variables within biographical and service categories were found to be significantly related to both dependent variables.

Family income was the most important variable in the set of biographical variables which best discriminated cases according to closure status. Age at referral was the most representative variable in the set of biographical variables discriminating cases according to reasons for closure. These variables alone and in combination with other variables have been found in previous studies to be related significantly to dependent variables.

Number of services was the leading variable in the set of service variables discriminating cases according to closure status. Sign language skills and years of counseling experience were found to be representative variables in the set of service variables discriminating cases according to reasons for closure. It may be that "what" is provided to clients has much influence on the type of closure, whereas "who" provides the service has much to do with the varying reasons for closing cases unsuccessfully.

CASE REVIEWS

A small, stratified random sample of cases (N = 44) was drawn from the 492 cases involved in this study. The purpose of this subsample was to examine some of the "real" reasons for closure that may or may not be reflected by the statistical reporting system and to observe some additional variables which cannot be retrieved from the data base of statistical information on

agency cases.

"Real" reasons for closure were derived from counselor casenotes, correspondence, or various reports contained in each casefile. Four variables were also derived from factual information contained in the files: type of secondary school, mode of communication, number of previous jobs, and number of documented face-to-face contacts between counselor and client. Three variables were developed through subjective interpretation of information contained in the files and were recorded on Likert scales: degree of family involvement, client locus of responsibility, and client speech ability.

The subsample of 44 cases was comprised of 33 cases closed successfully (Status 26), 5 cases closed unsuccessfully after services were provided (Status 28), and 6 cases closed unsuccessfully before any services were provided (Status 30). Most of these 44 clients were served by RCD's at the time of case closure.

Table 8 reveals that an equal number of clients with successful cases attended special schools for the deaf and mainstreamed classes at the secondary level of education. Among unsuccessful cases, however, most clients closed into Status 28 attended schools for the deaf, whereas most clients closed into Status 30 attended mainstreamed classes. The numbers involved are low and may not be statistically meaningful.

TABLE 8
Type of Secondary School Education
By Closure Status

Closure	Special School	Mainstream	Not Available
Status 26	15	15	3
Status 28	4	1	0
Status 30	1	5	0

N = 44

In terms of the client's preferred mode of communication, Table 9 illustrates that nearly half of the successful cases involved clients who used sign language as their primary means of communicating. Although the numbers are small, it was observed that more clients using sign language were closed into Status 28, while more clients using oral methods of communication were closed into status 30. In 8 out of the 44 cases it was not possible to determine mode

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of communication from any casenotes, correspondence, or reports.

TABLE 9
Mode of Communication
By Closure Status

Closure	MLS	Sign	Oral	Unknown
Status 26	5	16	7	5
Status 28	0	2	1	2
Status 30	1	1	3	1

N = 44

Among other variables observed, two variables were noted to suggest differences in their relationship to closure status. It was observed that clients who are successful tend to have had more face-to-face contact with their counselors in the course of their involvement in the rehabilitation system (see Table 10). Also, it was observed that clients closed unsuccessfully into Status 28 may be individuals who tend to rely on others to assume responsibility for their progress in the rehabilitation system, whereas successful clients and those unsuccessful clients closed into Status 30 seems to assume more personal responsibility for what happens and what does not happen to their rehabilitation program.

TABLE 10
Previous Jobs and Documented Contacts
By Closure Status: Mean Scores

Closure	N	No. of Previous Jobs	No. of Documented Contacts
Status 26	33	1.4	4.1
Status 28	5	1.0	3.0
Status 30	6	2.0	2.3

N = 44

When the "real" reasons for closure were examined in light of the statistically reported reason for closure, the following observations were recorded. The "real" reasons were obtained from comments and notes contained in the case file.

Regarding cases closed into Status 28, there were three out of five cases closed for the statistically reported reason of "unable to locate or contact or moved." In two of these three cases it appears that the cases were closed because the client failed to respond to letters inquiring

into the client's interest in services and to office appointments. Only written communication appeared to be used by counselors. In the third case the client was known to have moved to another state after having received a considerable amount of service from OVR. The counselor lost contact with the client and it was known that the client was not employed at the time of last contact.

Two other Status 28 cases were closed for different reasons. One case was closed for the reported reason of "failure to cooperate." In this case it appeared that the client failed to show for several appointments after dropping out of a diagnostic vocational evaluation program sponsored by OVR. Again it seemed that communication with the client consisted of exclusively written correspondence. There was some discussion in casenotes that the client's behavior indicated an unwillingness to continue with rehabilitation services. In the final case, the client moved to another state, married, and became a client of the state's vocational rehabilitation agency. The case was closed on the basis of "client transferred to another agency."

There were six cases closed into Status 30 and three of these cases were closed for the reported reason of "refused services or further services." One of these individuals married and decided not to participate in any services. Another individual, after receiving diagnostic services for the purchase of hearing aids, decided not to purchase the aids. A medical consultant concurred with the client's reasons for such a decision. A third client was not qualified to receive financial support for college and did not want to receive counseling and guidance service. Consequently, no rehabilitation plan was developed and the case was closed.

Among the remaining three cases closed into Status 30, one client was reported to have not followed through on appointments and agreements and no plan was developed. This case was closed for the reason of "unable to locate or contact or moved." Another client was closed for "failure to cooperate." It seemed in this case that the client was experiencing serious marital problems and was responsible for the care of a child. The client did not respond to written correspondence and the case was eventually closed. A final case was closed for the reason of "no vocational handicap." No casenotes or reports provided any explanation of this reason

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for closure.

IMPLICATIONS

The following implications are drawn from the results of this study. Some implications identify factors that seem to lead toward unsuccessful closures, some pertain to case management trends in need of modification, and some suggest topics for further research.

1. Clients who present multiple disabilities may need to be evaluated more thoroughly during the eligibility determining process and may need to receive more enhanced support services during periods of vocational training in order to improve their chances for success. Measures such as these may reduce the number of multiply disabled clients who fail to benefit from training programs and various rehabilitation services.
2. Further study should be designed to determine if and to what extent clients are prevented from entering into training and rehabilitation services due to personal or family income limitations. Are low-income deaf clients systematically precluded from developing vocational plans which require expenditures of personal funds?
3. Extending formal education beyond the secondary level should be recognized as a significant factor leading toward the successful employment of deaf clients. Clearly, those deaf individuals whose education process is interrupted before completing 12th grade are at a significant disadvantage in deriving benefit from job training programs and in finding successful employment.
4. The skills and practices of experienced counselors should be studied to identify ways in which such counselors determine

vocational feasibility of clients. This information can be shared then with newly-hired rehabilitation counselors for the deaf or with general counselors who have only occasional responsibility for deaf clients.

5. The agency should continue to emphasize the importance and necessity of effective communication skills among staff who have deaf clients within their caseloads. This emphasis should be reflected in recruitment and hiring procedures, in the availability of continuing education programs and in-service training, and in supervisory matters pertaining to case assignments and case management.
6. The mode of communication preferred by the client also appears to be an important variable in the rehabilitation process. It was not a well-documented variable in counselor casefiles. Methods of assessing and documenting this client characteristic should be developed and promoted through in-service training, and further study should be conducted so as to clarify the importance of communication between counselor and client.
7. Client-contacting methods which do not rely on written correspondence should be developed and incorporated into case closure procedures.
8. Methods of communicating the availability of alternative services need to be developed and incorporated into case closure procedures for clients whose cases are closed unsuccessfully. Conveying information on specific assistance available through independent living centers, for instance, may provide some clients with practical information at an appropriate time.

TABLE 11

Degree of Family Involvement, Client Locus or Responsibility, and Speech Ability By Closure Status

Closure	N	Family Involvement	Locus of Responsibility	Speech Ability
Status 26	33	Moderately Active (2.5)	Self (2.1)	Fair (3.5)
Status 28	5	Moderately Active (2.2)	Other (3.2)	Fair (3.7)
Status 30	6	Moderately Active (2.5)	Self (1.8)	Fair (3.2)
Variables rated		(1) Active (5) Inactive	(1) Self (5) Other	(1) Good (5) Poor

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TABLE 12
Statistical Relationships Between Independent and Dependent Variables

Variable Names	Dependent Variables					
	Closure Status			Reason for Closure		
	Chi-Square	Discrim.	Order of Importance	Chi-Square	Discrim.	Order of Importance
Biographical						
Rural/Urban	—	S	2	—	—	—
Age at Referral	—	—	—	—	S	1
Gender	—	—	—	—	S	4
Race	—	—	—	—	—	—
Previous Closure	—	S	3	—	—	—
Education	—	—	—	—	—	—
Major Disability	—	—	—	—	—	—
Secondary Disability	S	S	4	S	S	2
Marital Status	—	—	—	—	—	—
Total in Family	—	—	—	—	—	—
Family Income	S	S	1	—	S	3
Primary Source of Support	—	—	—	—	—	—
Education at Closure	S	—	—	—	S	5
Service/Counselor						
Sign Language Skills	—	—	—	—	S	3
Caseload Size (RCD only)	S	S	3	S	S	5
Years of Counseling	S	S	2	—	S	1
Number of Deaf Clients Served	—	S	4	—	—	—
RCD/Non-RCD	—	—	—	—	—	—
Communication Skills	S	—	—	S	S	4
Service	S	S	1	—	S	2
Expenditures	—	—	—	—	—	—
Case Audit						
Number of Previous Jobs	—	—	—	—	N/A	N/A
Communication Mode	—	—	—	—	N/A	N/A
Deaf/Hard of Hearing	S	—	—	—	N/A	N/A
Multiple Disability	S	—	—	—	N/A	N/A

S = Significance beyond .05 level

REFERENCES

- Bolton, Brian; Butler, A.; Wright, G. Clinical vs. statistical prediction of client feasibility, University of Wisconsin, Regional Rehabilitation Research Institute, Madison, Wisconsin, Monograph VII, 1968.
- Bolton, Brian. Factors contributing to successful rehabilitation of deaf clients, *Journal of the Rehabilitation of the Deaf*, 1975, 9(2): 36-43.
- Bolton, Brian. The prediction of Rehabilitation outcomes, *Journal of Applied Rehabilitation Counseling*, 1979, 3(2): 16-19.
- Demann, Michael M. A predictive study of rehabilitative counseling outcomes, *Journal of Counseling Psychology*, 1963, 10(4): 340-344.
- Emener, William G. Relationships among rehabilitation counselor characteristics and rehabilitation client outcomes, 1980, *Rehabilitation Counseling Bulletin*, 23(3): 183-191.
- Haak McEster, P. "Catch 26" or the need to our measurement system of rehabilitation gain. *Journal of Applied Rehabilitation Counseling*, 1975, 6(3), 179-180.
- Lafitte, J. The rehabilitation potential of hearing impaired clients, *American Annals of the Deaf*, 1978, 123(6): 580-587.
- Pitts, J. H. Predictors of rehabilitation success and failure of a caseload of hearing impaired clients, *Journal of Applied Rehabilitation Counseling*, 1980, 11(4): 200-202.
- Sanderson, Robert G. The impact of certain social services on the vocational rehabilitation of deaf clients, Gallaudet College, Division of Research, Washington, DC, 1982.
- Scheinkman, Norman; et. al. The unsuccessful state vocational rehabilitation client: An analysis. Research Reports I-VI, University of Wisconsin Research and Training Center, Menomonee, Wisconsin, 1975.
- Thomas, R. E.; Henke, R. and Poole, D.A. Accountability in vocational rehabilitation: Difficulties with the "26 Closure" as a criterion. *Journal of Applied Rehabilitation Counseling*, 1976, 7(2) 67-73.
- Watson, D. A predictive model for the identification of potential nonrehabilitant deaf clients in vocational rehabilitation. Unpublished Doctoral Dissertation, Florida State University, 1972.
- Worall, John D.; Vandergoot, D. Indicators of Non-success for early vocational rehabilitation intervention, *Rehabilitation Counseling Bulletin*, 1980, 23(4): 282-290