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A GOAL-ORIENTED MODEL FOR REHABILITATION OF ADULT DEAF PERSONS

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Terms such as "accountability," "goal-setting," "program evaluation," and "measurement techniques" have recently come to assume a somewhat awesome place in the language of rehabilitation counseling. The increasing number of facilities seeking accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), the national emphasis on the Individual Written Rehabilitation Plan (IWRP), and Congressional emphasis on measuring effectiveness as well as efficiency have all combined to create varying degrees of confusion and threat to the individual rehabilitation counselor. To many, program evaluation and accountability are synonymous with change and judgment, two highly threatening concepts in today's rehabilitation structure.

The vocational rehabilitation counselor or facility person specializing in obtaining and providing services to deaf and hearing-impaired individuals may have a somewhat different reaction to program evaluation. To him, accountability and goalsetting may be little more than terms that one occasionally hears at general rehabilitation conferences or administrative meetings or something required by the model state plan for rehabilitation of the deaf. It is only natural that these concepts may seem far removed to the specialist working with deaf persons as his is a long-neglected and only recently established discipline. In attempting to initiate programs for a client group

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which has been traditionally overlooked, the specialist in deafness may have never really given thought to developing and implementing a system of goal-setting or program evaluation for his clients. It is the purpose of this paper to describe the design and implementation of a program evaluation model for the Comprehensive Services for the Adult Deaf Program at the Cleveland Hearing and Speech Center. It is hoped that, in describing this design and implementation, a model of program evaluation will be illuminated which has applicability to other facilities and personnel serving the adult deaf population.

THE COMPREHENSIVE SERVICES FOR THE ADULT DEAF (CSAD) PROGRAM

The CSAD program, one of four operating departments of the Cleveland Hearing and Speech Center, was funded by the Bureau of Vocational Rehabilitation in 1973, to provide previously lacking services to the 74,000 hearing-impaired residents of the five county area surrounding greater Cleveland. Approximately 125 clients per year are served, most of the clients being profoundly deaf adults between the ages of 20-35 with limited education and poor verbal and communicative skills. Within the core vocational rehabilitation program, the following services are provided: work evaluation, remedial education, work adjustment, home care and personal skills training, job readiness training, job tryouts and on-the-job training, placement services, and follow-up services.

In addition, the CSAD program provides supportive services such as vocational counseling, interpreting, placement assistance, personal or family counseling, referral services, and tutoring to any deaf adult in need of assistance and unable to secure such help through another agency. Also, the CSAD program generally serves as an advocate on behalf of the deaf community and as a source of public information about deafness. Continual efforts are made to increase the public's knowledge and acceptance of deaf adults, particularly with regard to the employment potential of deaf people. The program further seeks to mobilize community resources on behalf of the deaf through special events, training programs, and a continual effort toward inter-agency cooperation.

DESIGNING A PROGRAM EVALUATION MODEL

Early in 1974, the Cleveland Hearing and Speech Center selected the CSAD department to participate in a program evaluation project sponsored by the National Association of Hearing and Speech Agencies (NAHSA). Consultants for the project were the staff of the Human Services Design

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Laboratory at Case Western Reserve University. Although a number of hearing and speech centers from across the country participated in this project, the CSAD program was the only rehabilitative component serving an exclusively deaf and hearing-impaired population.

The process of designing a program evaluation model for the CSAD program began by supplying the consultants with a complete description of the elements of the program. This description material included:

- I. Systems Descriptions
 - A. Cleveland Hearing and Speech Center
 - B. CSAD program
 1. formal name of organization, address
 2. descriptive materials
 - a. services provided
 - b. delineation of staff relationships
 - c. job descriptions
 - C. Characterization of the system in terms of past, present, and future
 - D. Resources and Constraints
 - E. Characteristics of the service region, the client population, and service needs
 - F. Client staffing patterns

After discussing and clarifying the above descriptive materials, the consultant staff then assisted the CSAD program in completing the second stage of developing a model for program evaluation. This second stage included the creation of the following:

- II. Program Objectives
- III. Specification of Activity and Outcome Indicators for Each Objective
- IV. Methodology for Implementing Objectives
- V. Specification of Decisions and Characterization of Select or Adjust Decisions
- VI. Determination of Decision Utility
- VII. Implementation Plans

With the technical assistance provided by the consultant staff, a model for program evaluation in the CSAD program was developed and implemented. The system can be perceived on two separate levels: first, evaluation of an individual client's progress in the program; and, second, evaluation of the effectiveness and efficiency of the overall program.

GOAL-SEEKING: THE INDIVIDUAL REHABILITATION CLIENT

As each new client enters the CSAD program, he spends his first three weeks in the work evaluation unit undergoing extensive testing in academic,

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vocational and independent learning skills. Near the end of this evaluation program, the evaluator formulates recommendations for the individual's program with the agency. These recommendations are specific as to outcome and, whenever possible, measurable. The evaluator presents the results of his testing to each client individually and discuss each recommendation with him.

Immediately following the completion of work evaluation, a post-evaluation or goal-setting staffing is held for each client. Present at these staffings are the CSAD staff, the Vocational Rehabilitation counselor involved, and any outside agency currently involved with the client. The evaluator presents his findings, conclusions, and recommendations, and the group as a whole arrives at a probable vocational goal (if none has been established previously by the client and his counselor), program objectives, and an estimated length of time needed to accomplish the objective. A time to re-examine progress toward the objectives is also established. Program objectives, whenever possible, are specific and measurable, e.g. to raise the client's reading score, as measured by the Nelson Reading Test, from a 3.5 to a 4.0 grade level within a period of 3 months. Expected progress measurements are also established, i.e., that the client is expected to attain a reading level of 3.7 at one month, 3.8 by the second month, etc. In the case of a minor, a parent conference is then arranged and these goals are related to the client's family. The work adjustment counselor has responsibility for discussing this information with the client.

Each individual CSAD staff member is responsible for reviewing the post-evaluation staffing notes for each client and formulating his lesson plan to accomplish the stated objectives in the given period of time. In the example used above, the remedial education instructor would have responsibility for creating a daily lesson plan for a 3 month period of time which would allow the client to progress one-half grade level in his or her reading ability. The creation of the lesson plan, then, becomes somewhat of a Program Evaluation Review Technique (PERT) process, beginning with a time framework and objective, then progressing backward through the steps and time periods necessary to arrive at the specific objective by the given date.

Staffings to evaluate the client's progress toward the stated objectives are held either at the time recommended at the post-evaluation staffing or as staff members feel the need. Each program objective is reviewed and progress toward that goal is discussed. Actual outcomes are entered beside the expected outcomes determined at the original staffing. If the client has not made the expected progress in the anticipated length of time, the reasons for the lack of success are sought. If an objective is not reached because of some error or inefficiency on the part of the staff, a basis is created on which to critically evaluate the program's operations and make indicated adjustments. If the objective is not reached because of some inadequacy on the part of the client, the reason is sought and the client is either terminated or a new, more realistic set of goals is set up.

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GOAL-SETTING FOR PROGRAM-WIDE EVALUATION AND DECISION-MAKING

The same type of goal-setting system which is used to evaluate an individual client's progress and make decisions about his rehabilitation plan is also employed in order to evaluate the effectiveness and efficiency of the total program. Objectives are written for the program on a yearly basis by the Program Coordinator with the input of the staff and the advisory committee. Sample objectives for the CSAD program during one fiscal year might be as follows:

Purpose: To provide vocational rehabilitation and supportive services to the hearing-impaired community of the five-county area surrounding greater Cleveland.

Objective #1: To provide vocational rehabilitation services (i.e. work evaluation, remedial education, work adjustment, personal care, and job readiness training) to 120 clients between July 1 and June 30.

Objective #2: To successfully place 65 of these clients in competitive employment, sheltered workshops, or homemaking situations.

Objective #3: To decrease the average length of time a client spends in the program from 12 to 10 weeks.

Objective #4: To initiate a fund-raising drive which will net \$10,000.00 in additional revenue for the operation of a public awareness program during the next fiscal year.

Objective #5: To develop and implement 5 in-service training workshops during the year to meet the needs of the CSAD staff.

Objective #6: To investigate funding for a community service component to the CSAD program for the purpose of providing such services as interpreting, referral, and counseling services.

Next, indicators for each of the goals are specified. These indicators basically state how one will know when the objective has been fulfilled. For example, in objective #1, the indicator would be the number of clients actually served by the program during the year; for objective #2, the number of clients placed successfully; for #3, the actual average number of weeks a client spends in the program, and so on.

The next step in implementing such a program evaluation model is to create a system for obtaining and reporting the information necessary to make judgments about the progress made toward the stated objectives. At the CSAD program, a system of making daily, weekly, and monthly reports of the number of clients served and the kinds of services provided was developed. A daily log was created to assess time spent by staff members in various kinds of developmental or supportive service activities.

The entire goal-setting type of model was then applied to the process of staff performance appraisal. Each staff member actively participated in re-writing his or her job description. This was done to assure that the staff

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member and the program coordinator had a common understanding of what was expected of the staff member. Goals for the individual's performance during the forthcoming year were then established. The program coordinator assisted the employee in developing these goals in any possible manner and stressed that it was the coordinator's role to facilitate the employee's attainment of these goals in any reasonable fashion. It was further agreed that these goals would be employed as the criteria for assessing the employee's performance at the end of the year.

Finally, the program evaluation system having been designed, it became the coordinator's role to introduce the system to the staff, explain the methods, and coordinate the implementation. This was done with patience and utmost attention to the staff members' reactions and concerns about the impact of the system upon their daily activities and responsibilities. As a result, the staff was able to see the value of a program evaluation model to themselves and their clients, and quickly came to accept the idea and assist in the implementation of the system.

UTILITY OF THE PROGRAM EVALUATION MODEL

It was quickly apparent to the staff and management of the CSAD program that the program evaluation model was to effect a number of significant benefits. First, the system provided a much more effective way of evaluating not only what had been done for an individual client, but also how well these services had been provided. The system eliminated maintaining a client in the program for excessive periods of time when he was not making sufficient progress or was actually job-ready. Staff members, VR counselors, clients, and administrators alike now know exactly what it is that will be done for a client, approximately how long it will take to achieve the desired results, and how the staff will know when the client is ready to be terminated.

Secondly, the program staff now knows exactly what is expected of them both in terms of serving an individual client and in terms of their overall performance during the year. Each staff member knows that if goals are consistently unfulfilled or progress is continually lacking, he will be asked to answer for the situation. Employee insecurity and a high-threat environment seem often to result directly from ambiguity and uncertainty; a well-designed program evaluation system eliminates much of the threat and does a great deal to increase motivation and job security.

Finally, a well-designed system of program evaluation is advantageous to those responsible for the overall management of the rehabilitation programs. Statistics and other pertinent facts pertaining to the program are easily accessible and available for reporting. At any given time, the supervisor has at his disposal the client records (complete with goals, expected and actual outcomes), the individual staff member's objectives, the overall program

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objectives, financial records, daily staff logs, program statistics — all of which become tools for him to utilize in making both daily and long-term plans and decisions. A simple review of these resources provides the supervisor with a clear picture of where the program is functioning and what modifications may or may not be advisable.

Thus, in conclusion, the Comprehensive Services for the Adult Deaf staff found program evaluation to be a useful and viable tool for planning services, measuring progress, and making decisions which had bearing upon the program and its clients. Although not a difficult procedure to design and implement, a program evaluation model is time consuming to develop so that it will be a useful tool for the entire program and its staff. Implementation is also costly in terms of time and must be undertaken cautiously so that the program evaluation system is seen as a tool to be used rather than something to be feared or avoided. Given the willingness of a facility to invest the necessary time and energy, a program evaluation model can be a true asset in assisting the facility to provide more expeditious and higher quality services to its deaf and hearing-impaired clients.

REFERENCES

- Able, Robert L. *Health Facility Management: Principles and Practices*. (Denver, Colorado, 1973), 248-259.
- Bennet, Elanor and Marvin Weisinger. *Program Evaluation: A Resource Handbook for Vocational Rehabilitation* (New York, 1974).
- Blake, R.R., H.A. Shephard, and J.S. Mouton. *Managing Intergroup Conflict in Industry* (Houston, 1965), 35-42.
- "Program Evaluation in Rehabilitation Facilities." University of Wisconsin at Stout Consumer Brief (Stout, Wisconsin, 1974).
- Roman, Daniel D. "The PERT System: An Appraisal of Program Evaluation Review Technique." *Journal of the Academy of Management*, V, No. 1 (April, 1962), 57-65.
- Wilkstrom, Walter S. "Management by Objectives or Appraisal by Results." *Conference Board Record*, III, No. 7 (July, 1966), 27-31.