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## A MODEL PLAN FOR SERVICES: IDEAL SERVICES AND METHODOLOGIES

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Ideal services and methodologies for the rubella population include a wide variety of interventions designed to meet the needs of these clients. In this section, a model plan of services is presented which provides for a habilitative system of interventions spanning the life of the client. Although the focus of the services suggested is long term, some short-term interventions are included as a means of initiating more long-term solutions. Suggestions are given on the areas of vocational/rehabilitation services, residential and leisure time activity services, and coordination of services.

### I. Vocational Rehabilitation Services

#### A. INTRODUCTION

##### 1. Purpose

The purpose of this outline is to identify specific needs of the rubella impaired client. In addition, this document will serve as a guideline to administrators and program specialists for the development of programs to adequately serve the rubella population.

##### 2. Nature

These guidelines are broad enough to be related to the general rehabilitation population but can be specified and adapted to the rubella impaired population. Adjustments will need to be made to meet the unique concerns of individual states.

##### 3. Objectives

- a. To clarify that the role of vocational rehabilitation in serving the rubella impaired population is to focus on persons who have reasonable expectations of gainful employment.
- b. To clarify that the existing deaf program is both inadequate and inappropriate for the whole rubella impaired population.

B. Due to the rubella epidemic between the years of 1963-65, approximately 12,000 or more individuals affected by prenatal rubella are presently approaching adulthood and are in prime years for vocational rehabilitation services. Because of the size of this population, there is expected to be

a large strain on the existing vocational rehabilitation service delivery system.

### C. REHABILITATION PROCESS

#### 1. Communication needs

- a. The Vocational Rehabilitation Counselor has to have sufficient communication skills.
- b. All service providers must use interpreters when appropriate.

#### 2. Case-finding and referral (specific to rubella)

- a. There is a need for early identification of children born with prenatal rubella syndrome and for early medical and educational intervention.
- b. In many cases of deafness and deaf-blindness, etiology is not specified. Identification of etiology is particularly crucial with the rubella population because of the unique implications of rubella regarding employment and vocational rehabilitation potential.
- c. There is a need to carefully gather background data regarding rubella clients. For example, teachers' observations of behavioral changes may have implications for choosing a plan of services.

### D. DIAGNOSIS AND EVALUATION

#### 1. History and examinations

Good history and examinations are important. These should include follow-through by more specialists, including visual, EDT, and psychological assessments. There is also a need to have informed, qualified, and educated doctors and evaluators with specific knowledge regarding rubella.

#### 2. Rehabilitation center

There is need to have a rehabilitation center with personnel qualified, experienced, and trained to understand the needs and implications of rubella deaf, deaf-blind or multiply handicapped persons.

#### 3. Evaluations

There is a need to send a specific

## A MODEL PLAN FOR SERVICES: IDEAL SERVICES AND METHODOLOGIES

- “trouble-shooter” who is knowledgeable in the effects of rubella with the client for diagnostic examinations. There is also a need to assist physicians in better understanding the implications of rubella.
4. Psychological assessment  
Psychological assessment of all rubella clients should include family and social history and notation of any behavioral disorders. There should be a psychologist who is well-versed in the effects of rubella associated with the proposed rehabilitation center for rubella clients.
- E. DETERMINATION OF ELIBILITY**
1. The person who makes this decision must be knowledgeable in the effects of rubella.
  2. All general counselors should consult RCD's or other appropriate persons in determining eligibility of rubella clients.
  3. The person making the eligibility decision must be able to evaluate the skill level of the client and ensure that the agency can assist this client toward employability based on services that are available.
  4. If the rubella client is ineligible, the VR Counselor needs to be able to explain and give information to other available services and responsible agencies. Vocational Rehabilitation recognizes the need for these other appropriate services and needs to make the written recommendations as to the client's need for these other services.
  5. The client needs to be informed of his right to re-apply for services.
  6. The VR Counselor, in dealing with client, needs to take full advantage of Statute 06.
- F. INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM (IWRP)**
1. In writing the IWRP, the counselor and client need to identify any problems that might cause difficulties related to the vocational objective; e.g., determine functional limitations specific to rubella and state them on the IWRP.
  2. When special circumstances arise due to problems related to rubella, make sure appropriate accommodations are justified.
3. Questions to be answered include: “What are implications of available services?” and “Are qualified staff members and vendors available?”
- G. SPECIALIZED, COMPREHENSIVE CENTER FOR RUBELLA CLIENTS**  
Ideal services would include a specialized, comprehensive center that is centralized and possesses resources specific to rubella. This center would offer the following services:
1. Adjustment services
    - a. Communication – qualified interpreters, instructors, counselors.
    - b. Social and work adjustment skills.
    - c. Individual counseling, etc.
    - d. Developmental education.
    - e. Independent living skills.
    - f. Mobility training.
    - g. Low-vision aids.
    - h. Medical services.
    - i. Family involvement and counseling.
  2. Vocational training
    - a. Specific training areas for job skills appropriate to the job market.
    - b. OJT/Job Exploration.
    - c. Vocational trainers aware of the specific implications of rubella who are appropriately trained.
    - d. Utilization of community/state schools through the employment of qualified interpreters.
  3. Therapeutic recreational services.
  4. Residential services.
  5. Sheltered Workshop and/or Work Activity Center.
  6. Outreach services including mobile units and trainers/teachers.
- H. JOB PLACEMENT**  
The ideal service delivery system would include a “specialist” to identify, locate, and/or recommend appropriate job areas for placement. This individual could also encourage and assist in the employment of persons with congenital rubella.
- I. FOLLOW-UP**  
Follow-up services should be provided following placement and should ensure adequate knowledge of transportation and independent living as well as on-the-job adjustment.
- J. POST-EMPLOYMENT SERVICES**  
Post-employment services should be avail-

**A MODEL PLAN FOR SERVICES: IDEAL SERVICES AND METHODOLOGIES**

able to all rubella clients.

**K. ADVISORY COMMITTEE**

A consumer/parent advisory committee should be established to assist in increasing public and legislative awareness.

**L. COORDINATION OF SERVICES**

Involvement of other agencies, including mental health agencies, sister rehabilitation agencies, and human resource agencies, should be encouraged to better serve the rubella population. Coordination of services should be encouraged.

**II. Residential and Leisure Activity Services**

- A.** A state model living/opportunity community for rubella impaired adults should be established to provide a continuum of habilitation services for this unique population. (A unit within this model should be appropriately staffed and equipped to accommodate deaf-blind persons.) This model community should serve persons sixteen years old and over who have some minimal independent living skills. Dr. Richard Brill's article on a model community for the deaf (published in the *American Annals of the Deaf* in the early 1970's) would be a good reference in establishing a rubella model community. A resident population of 50 to 350 persons is recommended.

Ideally, each state should have one of these communities. However, it might be wise to begin with a region-wide community which then could be replicated when the need becomes apparent.

While this would be an ideal residential training and vocational community for the rubella deafened, it is a *MUST* for rubella impaired deaf-blind adults.

This on-going work/living center should provide:

1. A knowledgeable staff who have communication skills and expertise in the ramifications of rubella.
2. Residential Services (a home-like atmosphere).
3. Diagnostic Services.
4. Medical Services.
5. Educational Services (Academics – mobility training; Communication skills – daily living skills; Recreation skills – prevocational skills; Independent Living Skills, etc.)
6. Vocational Training Services (Counsel-

ing and Guidance, Evaluation and Adjustment).

7. Behavior Modifications.
  8. Leisure Activities (Arts/Crafts, Drama, Sports, Religion, etc.)
  9. Travel (off-campus learning experiences, employment opportunities within or outside this model community).
  10. Information and referral services.
  11. Short-term Respite Care.
  12. Counseling – Group – Family – Individual
  13. Intern Training Opportunities for: research teachers, psychologists, medical personnel, therapists, social workers, counselors' aides, interpreters, resident counselors, etc.
  14. Vocations – (on campus: farm, factory, greenhouse, shopping center, including a crafts outlet, food services, hospital (aides), janitorial/custodial, education and recreational aides, etc. Some clients will live on campus and work off; some will live in town and work on-campus.)
- B.** For the rubella impaired individuals who can be served in other communities, their housing, recreational, and support services should be uniquely designed to meet their individualized needs. (Suggested support services are: interpreters, aides, advocates, electronic devices, TTY's, transportation, counseling, coordination of services, etc.)

Consideration should be given to the following suggestions:

1. Boarding Houses staffed and equipped to serve rubella impaired clients who need support services when living in large towns having vocational placement.
  2. Group Homes for rubella impaired individuals who need short-term support services occasionally throughout their lives.
  3. Activity and Recreation Center where clients may go for respite from their parents. (Available during weekends and other afterwork hours.)
- C. FAMILY SUPPORT SERVICES:**
1. Counseling
  2. Mobility training
  3. Communication modes
  4. Daily living and self-care skills training
  5. Recreational skills adaptation and training

## A MODEL PLAN FOR SERVICES: IDEAL SERVICES AND METHODOLOGIES

6. Development of methods of advocacy and parent involvement
7. Development and coordination of inter-family respite exchange.

### III. Coordination of Services

This subcommittee agreed to consider the ancillary topics that indirectly promote and encourage the development of services to the rubella impaired population. Although the focus of the subcommittee was long-range, several of the stated goals should be implemented immediately in order to facilitate the long-term solutions. Topics considered in order of priority are:

#### A. TRAINING FOR PROFESSIONALS

1. In-service training within agencies which currently serve the rubella impaired population should be developed to increase the competence of existing staff. The following components of the service delivery network would include:
  - a. Vocational Rehabilitation
  - b. Education
  - c. Developmental Disabilities
  - d. Mental Health
  - e. Private facilities
  - f. Employers and interpreters
2. Training could be provided by experienced staff in:
  - a. Education
  - b. Vocational Rehabilitation
  - c. Helen Keller National Center
3. University level training should be established to provide more advanced and in-depth study of rubella and its effects. Special coursework could be set up within already existing Rehabilitation Counseling programs, as well as Special Education programs.

#### B. PUBLIC AWARENESS

Public relations materials should be developed, including films, public announcements, information packets, and brochures, including information on rubella, its effects, and services available. Civic clubs could be utilized to fund and operate exhibits, fairs, and develop materials. This could be done in conjunction with the Helen Keller Center which would provide a national perspective.

#### C. COMMUNICATION AMONG AGENCIES AND FACILITIES

1. Concurrent workshops for all components of the service delivery network

regarding each other's function, role, and responsibilities. Cooperation and understanding would be promoted and avenues for consistent communication could be developed, in relation to serving the rubella impaired population.

2. Cooperation should be encouraged between existing professional and consumer organizations. State and regional task forces on rubella should be set up with representation from each interested organization. High priority should be placed on parent involvement and political action.
3. A Regional Newsletter edited by the Helen Keller National Center Regional Representative, or a similar regional figure, should be established on issues related to rubella.
4. Within each state, an interagency task force, with representation from each service delivery agency which might serve the rubella impaired population, should be established. The task force would bring special needs of the rubella impaired to the attention of various agencies and assist them in planning for meeting those needs.

#### D. TRANSPORTATION

1. Within each metropolitan area, a mini-bus system should be established to provide transportation for severely disabled adults. The drivers would receive training in handling low-functioning individuals, such as the rubella impaired. In addition, an assistant to the driver should be provided to meet the special needs of the rubella impaired and other low-functioning individuals.

2. In rural areas, a system of transportation could be provided using trained volunteer drivers, who would be paid for mileage. Volunteer drivers could be recruited from the senior citizen community or civic groups.

#### E. STATE COORDINATOR FOR RUBELLA IMPAIRED

Within each state, an individual should be designated to coordinate service delivery to the rubella impaired population in that state. The individual would initiate the public announcements and education, head the interagency task force, and perform other related duties.