Community Referral Services

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One of our first projects at the Counseling and Community Services Center for the Deaf in Pittsburg was to establish contact with existing community agencies. This was done with a three-fold purpose in mind. First, we wanted to inform them of the services of the Center, which include interpreting and consultation to the personnel of these agencies. Our second objective was to collect detailed information on the scope of agency services which could then be used in making appropriate referrals of deaf clients. Finally, after establishing what services existed, we wanted to decide what new referral sources should be created in order to serve the needs of the deaf population of Western Pennsylvania.

The first objective, that of dispensing public information about the work of the Center, was carried out in several ways. A formal announcement describing our functions and purposes was sent to the 450 community services listed in the Directory of Health and Welfare Services in Allegheny County. This announcement brought numerous immediate referrals, which indicated that the agencies with deaf clients welcomed the availability of the services of the Counseling Center.

Unfortunately the warning must be given that many of the agencies who made referrals tended to try to abrogate a major share of the responsibility for the deaf client to the Counseling Center. In most cases the services requested extended beyond consultation and interpreting because the prob-

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lems encountered by these agencies were mainly ones of their personnel being unable to effectively work with deaf persons. However, one of our initial purposes, as stated in our proposal to the Social Rehabilitation Service of the Department of Health, Education, and Welfare was to establish an effective working relationship *between* the Counseling Center and all appropriate local community services. It was clearly not our purpose to *duplicate* the services of other agencies. Consequently, as each referral occurs the Center's staff has attempted to orient the agency to the problems of the client. Frequently this has entailed rather intensive preparation of particular individuals within that agency to work with the deaf.

An excellent example of the need for this orientation occurred recently. I received a telephone call from the psychological consultant of a local agency who is working with the hearing son of two of our clients. This "professional man", who holds a Ph.D. degree and is also a former minister, had the misconception that communication between deaf parents and their hearing children would be inadequate; therefore, it would be difficult for deaf parents to raise well-adjusted, normal children. We all know that this is most incorrect; but had this counselor continued to work under this wrong premise because of his ignorance of the deaf and their capabilities, a great injustice would probably have been done to our clients.

On several occasions we have worked with orienting the establishment as a whole to the needs of the deaf. Such was the case when a client, with aspirations of becoming a commercial artist, was accepted into one of the finest art schools in the city. The faculty were truly concerned about communicating with this young man and requested help in learning how to fingerspell. One of our counselors taught a course at the school, and this also concluded an orientation to the problems of deafness and how to deal with them. Not only did this young man feel welcome when he started classes, but he is doing very fine work because of the ease of communication between student and faculty.

Experience has taught us at the Center that prior to our attempts at orientation, agencies were often reluctant to
involve themselves in working with a deaf client.

Since the Center has been in existence for almost three years, the word has spread from agency to agency about the usefulness of our services. Several newspaper articles in the *Pittsburgh Press* have described our work and resulted in numerous referrals. But perhaps our greatest advertisement is the word of the deaf people themselves. Many of them carry the card of the Counseling Center and feel confident to show it when the need arises for interpreting or other assistance. One young man saved $500 to pay for the birth of his first child because he and his wife did not have hospitalization. It was a complicated delivery, and the costs totaled $1,300. Our client paid the $500 he had saved and wrote a note to the business manager promising to pay $60 a month until his debt was finished. Communication broke down, and the hospital could not get this young man to understand that it was not their policy to accept partial payment. The hospital was prepared to take rather drastic action when our client asked that the Counseling Center for the Deaf be brought into the case. We were able to make the rules clear to this young man, and also erase some serious misconceptions that the hospital had about this man's integrity and intentions to pay. The business manager was so pleased to know of our services that he publicized them at a meeting of representatives from all the hospitals in Western Pennsylvania.

The second objective, that of understanding what community referral sources exist, was also aided by the previously mentioned 450 letters that were sent to county agencies. Of the organizations contacted in this way, 97 returned post cards we had enclosed which indicated that they had served one or more deaf persons in the past year and estimated how successful they had been with these clients. It was only as deaf clients started coming to the Center that we were able to determine the effectiveness of these services.

A hearing person in need of assistance can find his way to the appropriate agency or easily be directed to it for help. But a deaf person, even if placed in contact with an organization that could help him, frequently fails to receive needed services because of his communication problem. His fear of
not understanding may prevent him from seeking help. If he does apply, his problems in understanding the counselors or case worker, and his problems in being understood may cause him to withdraw from the relationship.

We found that this had happened in many instances. Therefore, when we tried to refer the deaf person to an agency where he had previously been, we often met with resistance. Word had spread among the deaf community about certain people and agencies who made them wait for long periods of time without any service or who ignored them altogether. There was also complaints about certain professionals who, according to our clients, really did not believe that deaf people are capable of high-level employment. It was therefore a challenge to the Counseling Center to try to make these unsatisfactory referral agencies more understanding to the deaf and for us to offer more support to our client when dealing with them.

Before a person can actually be referred to another agency, there are several steps to follow. First, the client must be made aware of what the other agency can do for him. Then, if he agrees to the referral, he must give permission for the information he has given to the Counseling Center to be passed on to the new agency. Follow-up is the important last step to this procedure. The Counseling Center must be prepared to offer support to both client and agency, and to actively take the case again if there is still a need once the agency to which it was referred is finished with it.

Our third purpose was the expansion of present services and the creation of new ones for which the deaf have a need.

In some areas this involved only the finding of a consultant who would honestly approach his area with a knowledge of and feeling for the deaf.

Obtaining a satisfactory automobile insurance policy plagued many of our clients. They were either denied service altogether, charged unfair rates, or cancelled without reason. All this was done regardless of their driving record and simply because they were deaf. The Counseling Center secured
an insurance consultant who treats each deaf client as he would their hearing counterpart. He has also endeavored to secure fairer insurance practices for the deaf from those in Harrisburg who have authority over this area. The Center's staff can check with this man whenever necessary to see if the deaf person has a fair policy for his driving record.

A medical consultant was secured to whom we can send our clients when it is necessary to have an otological report. This was particularly helpful when in one of our adult education classes, fifteen people passed the Post Office Civil Service Examination. We needed an otological report on each one, and our medical consultant said that if we would bring them all together on the same night at the same place, he would do the examinations for two dollars each. The cost would have been much more than this if each person would have had to secure the examination on his own.

Many of our clients come to us with legal problems, and it soon became evident that we needed a legal consultant. This does not mean that if the deaf person has a lawyer of his own he must use ours. No, we work with many different lawyers, but it is a great help to our staff and clients to be able to receive legal advice when necessary, and by someone who understands the specific needs of the deaf.

In many cases the outside professional opinion that is so often needed when deciding what to do for a client is supplied by our psychological consultant. This man has had extensive training and experience in working with the deaf; and, therefore, we know that his evaluation is fair and his recommendations are realistic.

In the areas of business, medicine, law, and psychology that have just been cited, building an adequate referral system for most cases involved finding a capable person with whom the Counseling Center's staff could develop a working relationship. However, there were two areas in which the needs of the deaf were so great that one individual could not fulfill them. Those were in vocational evaluation and placement and in psychiatric diagnosis and treatment.
Unemployment and underemployment are undoubtedly the major complaints we hear from our clients. Several of the major industries in Pittsburgh refuse to hire the deaf and many others keep their deaf employees in lower positions throughout many years of employment. For example, one deaf man, a very skilled casket trimmer, was making $2.20 an hour after 28 years on the job.

It appeared that the deaf needed an agency which would offer them help in understanding what is expected of them on the job, selecting the right kind of job, and in actual placement. The Vocational Rehabilitation Center, a rapidly expanding agency with progressive ideas, accepted the challenge of helping the deaf with their employment problems. Through our expansion grant from the Social Rehabilitation Services of Health, Education and Welfare, a vocational counselor for the deaf was brought to the area and placed at this agency. It has been this specialist's job to orient the rest of the staff in working with the deaf, as well as to do counseling and placement with the many clients we have referred to him. The agency as a whole has been able to offer a complete vocational rehabilitation program to the deaf which includes testing services and workshop evaluation.

Specialized psychiatric services for the deaf are as much needed in Pennsylvania as they are in most other states of the country. Our staff has given assistance to patients from seven different hospitals, but the services needed are too extensive for the Counseling Center to fulfill. Our work in this area has been successful and rewarding, but we really haven't "scratched the surface" with what could and should be done. I can illustrate this with an example.

Over thirty-five years ago, Annie, a young deaf girl was placed in a state mental hospital at the time she left the school for the deaf. Her parents didn't know what to do with her or her sister—also deaf—who escaped the same fate by getting married. Annie was not psychotic then and somehow kept her sanity through these many years of confinement. Being an excellent worker, she became the housekeeper for the medical director of the institution and was such a valued employee-
patient that when he left that hospital for another one, Annie was transferred also. After this doctor’s death, a counselor at the hospital referred this woman to the Counseling Center. After talking at length with Annie, we found her to be a warm and sensitive person, who was not bitter about the circumstances of her life. Our plans for rehabilitating Annie had to be extensive. She hadn’t changed much in thirty-five years, but the world to which she would be returning certainly had. After months of preparing her to leave the hospital, she was placed in a half-way house and given employment as a house-keeper, a job she does superbly. Her adjustment to these surroundings went so well, that in a two months period she was given her complete freedom and is now a very happy and productive member of society. There are undoubtedly many “Annies” throughout the mental hospitals of our state and many other deaf people with different but just as treatable problems. Our first step toward remedying this deplorable situation has been to find a psychiatrist who is interested in working with the deaf. He is now in the process of learning sign language because he realizes that the use of an interpreter is very second-place to actual doctor-patient communication. One of the mental hospitals in the Pittsburgh area has expressed a desire to sponsor a mental health facility for the deaf, which would include inpatient and outpatient treatment, in addition to consultation services to schools for the deaf and other agencies in the area. In-service training including orientation and sign language instruction, is presently being carried on with twenty-five members of the hospital’s professional staff.

To illustrate how referrals to and participation with other agencies are an integral part of the work of the Counseling Center. We would like to describe one or our present cases. (It is not typical, but it is true.)

Mr. and Mrs. C., a deaf couple in their late 30’s, were first referred to us by the minister of the local church for the deaf. They have three hearing children, who are now 10, 8 and 5. After visiting with them several times, two problems were very evident. First, Mrs. C. had become very suspicious of all her friends and neighbors; and, second, this couple
were having marital difficulties. This problem was often provoked by Mrs. C.'s refusal to follow her diet, and this is important as she is diabetic.

Graduate students in Special Education and Rehabilitation at the University of Pittsburgh may choose to serve an internship at the Counseling Center. Our intern at this time had a social work background, and she was asked to visit with Mrs. C. regularly. While doing so, she noticed that our client often sat on her young children. This led us to think of the possibility of retinitis pigmentosis, which is characterized by tunnel vision and eventually blindness. Our intern accompanied Mrs. C. to an eye clinic where our suspicions were verified. Because this disease can be hereditary, we arrange for eye evaluations for the children; and the reports were negative.

With deafness, impending blindness, and uncontrolled diabetes, Mrs. C. needed help in taking care of her home. We contacted a local Children and Family Service Agency for a part-time homemaker. They were resistant to becoming involved because this couple is deaf, but we exerted considerable pressure, and they finally relented. The homemaker was a real help to our client; but after a year, her services were withdrawn, and we have not been able to replace them.

Mr. C. was forced to take a second job so he could have enough money to support his family. We helped him find this employment. His employment story is a sad, but typical one. For eighteen years, he has been a hard working rubbish dishwasher at one of Pittsburgh leading hotels. His take home pay after all that time was $230 a month. Just within the last week, he has secured upgraded employment. For two years we have been asking for jobs for the deaf with the County, and this man was able to get one of them.

With Mr. C. out of the home for long hours, and with Mrs. C.'s emotional and physical problems, it became evident that the two older children were having trouble in school. The Counseling Center contacted both of their teachers and the school social worker and explained the problems this family are having. We are able to relate to the C's. what they must do to try to help their children.
Over the past two years, the time we have been working with this family, the marital difficulties increased to the point where the wife insisted on a separation. To bring this about we had to work actively with the Board of Public Assistance, to provide money for Mrs. C. and her children; the Pittsburgh Housing Authority, to lower her rent because they live in a housing project; and Domestic Relations Court, to whom Mr. C. paid support.

Mrs. C. has recently developed other physical problems, including cataracts, which have forced her to be hospitalized. Because of this we have had to work closely with the hospital social service department and the medical staff. Time does not permit me to describe the numerous other contacts that have been made for this family.

At the present time, Mr. C. is back with his family, and Mrs. C. is in the hospital because of burns she received from a kitchen accident—undoubtedly because of her poor eyesight. We recently contacted the Office of the Blind about this case, and both of us are trying to plan for this woman's future and for her family. We know that this is going to continue to take a lot of our time as it has in the past, but we have no other choice than to offer our services and those of any other individual or agency that we can find to help.

Making the Counseling Center and its services known to the people of Western Pennsylvania, finding new agencies for referral, and creating needed services for the deaf are unending tasks. But, our success in accomplishing them is indicative of how much we can help many of the people who come to us for service.