# Clinical Rehabilitation

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**The assistant director of the Connecticut State Bureau of Rehabilitation Service tells about a new method in vocational aid.**

SPEEDY vocational adjustment is important to the successful rehabilitation of returning servicemen who have suffered war injuries. So is it also for many handicapped civilians, who for the first time have found industry willing to give them a job.

A year ago I directed a study of a group of veterans of World War I. All were residents in a veterans home. A total of 369 men were interviewed and their case records studied. The purpose was to determine what could be done to help some of them back to self-support. Twenty men were selected as most likely to profit from rehabilitation service. They were enrolled in a standard machine operation course and provided with transportation, maintenance, appliances when needed, work tools, work clothing, and so on. Seventy-five percent of the group completed the training successfully, and 90 percent of this group were offered jobs consistent with their ability, skill, and interests. The mean wage offered was $42 a week.

The experiment on the whole was a failure. Its lack of success indicates the difficulty of rehabilitating a person who has been unadjusted for a long time. Only 30 percent of the men were faithful workers for three months or more; 10 percent failed to investigate the job opportunities offered; 13 percent failed to report for work after having been told by an employer that they were hired; 45 percent accepted work, worked successfully for varying periods of time (average one month) and then, for one reason or another, quit the job. Alcoholism was the cause of the low rate of success in eight out of nine cases.

There are other reasons for speedily completing the vocational rehabilitation of the civilian handicapped. Industry still needs to make a maximum utilization of manpower. Many handicapped individuals have been employed who, in normal times, would be difficult and expensive to adjust or rehabilitate. But alert personnel men are looking to the future and planning to release workers whom they cannot continue to carry on their payroll as production decreases. Handicapped workers who have not achieved full productive ability will naturally be affected. One of the difficulties will be union seniority, for those most likely to go will be the severely handicapped who have only recently secured work. The time for maximum readjustment is now, before they are laid off, or while opportunities for employment in other jobs are still present.

### A Clinical Program

Since 1942, the Connecticut State Bureau of Rehabilitation Service has been experimenting with a clinical procedure which has demonstrably speeded up the rehabilitation process. Three weaknesses in earlier plans led directly to its development. First, neither the personnel nor the techniques of the psychology departments of our universities and colleges had been extensively used in solving the adjustment problems of the physically handicapped. Indeed, psychologists were generally ignorant of the existence of our rehabilitation service. Second, the medical profession in general was little aware or interested in problems of rehabilitation. Medical reports which came to us on individual cases were disjointed, impersonal, and routine. Third, employers either feared to hire handicapped persons, or were apathetic about the problem and misunderstood our service. Since the final goal of an adjustment is satisfactory employment, such an attitude was perhaps the greatest barrier in the rehabilitation of large groups of physically handicapped.

The plan began with a program designed to achieve as rapidly as possible a more complete utilization of the combined resources of psychology, medicine, and industry.

### How the Clinic Operates

A description of the first clinic, held Sunday, March 15, 1942, at New Haven, will make clear how the clinic plan operates.

At 8 A.M. twenty-five persons entered the doors of the department of psychology of Yale University. All were unemployed or maladjusted because of a physical handicap. Five of them had orthopedic defects of arms, legs or fingers; five were cases of arrested tuberculosis; five had a cardiac heart condition; five had vision defects; and five had hearing impairments.

Immediately four rehabilitation caseworkers began to interview them personally, and fill out forms calling for background information regarding educational and occupational history, family relationships, and the like. When the interview was completed, each applicant, accompanied by his informational blank, went to the psychological testing rooms where a staff of four Yale psychologists, assisted by a rehabilitation psychologist, arranged and administered suitable tests. From there he went across the street to the New Haven Hospital, where four physicians, an orthopedist, an otologist, a cardiologist, and a chest specialist, were waiting in separate clinical rooms. Clients, doctors, employers, and social workers then all sat down to luncheon together, while the psychologists scored papers and studied the results.

At 2:30, the psychological and medical results were completed and a "vocational jury," made up of these experts and personnel men from industry, was ready to go into action to judge the employability and adjustment needs for each of the twenty-five handicapped. The procedure of the jury was as follows:

1. While the client waited in an adjoining room, the rehabilitation supervisors, physicians, and psychologists summarized the educational, medical, and psychological data that had been entered on his informational blank.

2. The client was then ushered in for an interview with the jury. He was given full opportunity to talk freely about his problems, his likes and desires. Members of the clinic questioned him informally about his interests, training, and job goals.

3. After the client had left the room, the jury discussed his case in order to clarify the information and arrive at a recommendation. This was the most important phase of the clinic procedure, for it insured integration of the diagnoses and conclusions of the different experts. The personnel men and employers who were members of the jury were able to get a well rounded picture of the occupational, physical, and mental capacities of the handicapped person. Definite recommendations for follow-up were formulated as a result of this clinical discussion.

The same procedure was followed with each of the twenty-five handicapped persons who came to take advantage of this first clinic.

The State Bureau of Rehabilitation Service undertook responsibility for following up the recommendations of the clinic. These usually fell in one of six categories: ready for selected placement in a specified occupation; vocational training; arrangement of appliance; further psychological study; job training; further medical study. In many cases, referral for further study, or for training arrangement or job openings was made immediately or early the next day. The client's progress was carefully watched so that the success of the adjustment could be determined.

Similar clinics, with minor revisions, followed quickly and periodically in other Connecticut cities — Bridgeport, Waterbury, Hartford, New London, Meriden, Norwich. In each area an educational process went on. More psychologists came into the picture. Physicians, social workers, and more than one hundred leading personnel men participated in Connecticut's "vocational clinic juries."

Psychologists and others will be interested in knowing how the clinic tests and recommendations stood up in actual practice. A follow-up study of 136 clinic clients who were psychologically tested and for whom definite recommendations were made, found 84 percent working successfully at skill levels recommended by the psychologist and 16 percent doing jobs which were unrelated to their aptitudes as measured. This does not necessarily mean that the clinic psychologists failed to catalogue properly the 16 percent according to skill levels, but rather that the specific opportunities and categories recommended by the psychologists were not always readily available.

### Employment Results

Employer reaction to the plan is indicated by a statement by Alfred C. Fuller, president of the Manufacturers' Association of Connecticut. Said he, in part: "The extent of the results of this democratic learning process involving all participants in a clinic cannot be properly evaluated for many months, perhaps years to come. Already it is known that the clinical method has caused a large number of employers to hire hundreds of disabled workers listed with the Workmen's Compensation Commission, in addition to those placed at clinics. Now, for the first time in American history, employers throughout the nation are eagerly seeking an opportunity to employ disabled men and women because they have proved their efficiency. Follow-up reports about the work of the physically handicapped who have been placed have been glowing and heartening."

Some of the reasons for this favorable reaction were revealed in a survey covering sixty-three Connecticut manufacturers who were employing the physically handicapped. Altogether 1,008 permanently handicapped persons were employed in their plants, which represented a cross section of the large and small industries in every county. Handicapped workers represented slightly over 2 percent of the total working forces. Studies of their reliability and productivity showed that they were well above average. They were reported to be rarely absent from work without sufficient cause, and their proneness to accident was negligible. These characteristics of handicapped workers have been confirmed by employers. The assistant to the vice-president in charge of production of a large Connecticut industry maintains that "from the standpoint of productivity, reliability, and susceptibility to injury, the records of physically handicapped employes compare very favorably with normal employes."

The chief industrial engineer of a small plant which employs approximately 150 workers has made this brief analysis on productivity and reliability of the handicapped in his plant: "Satisfactory, 91.7 percent; above average, 66.7 percent."

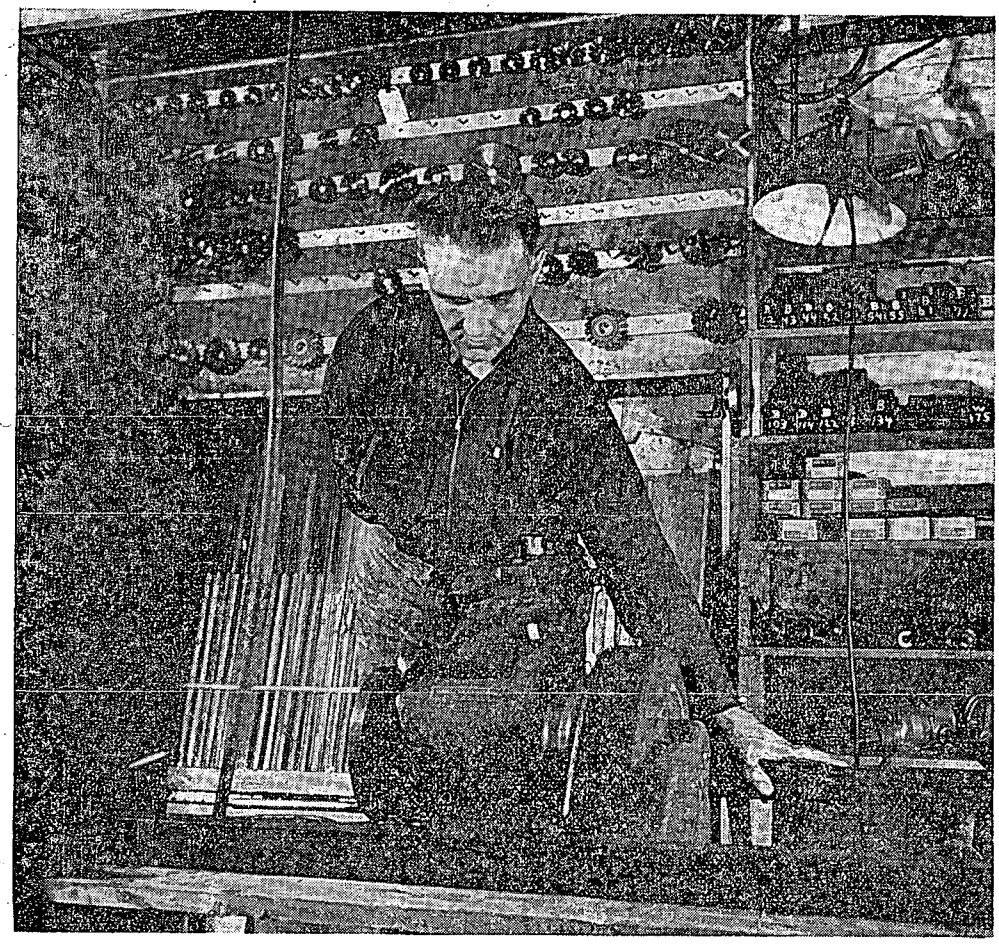
### For the Future

More than two years of experience in clinical rehabilitation has resulted in several changes and adaptations of clinical procedures. The clinic has become a regular part of our state rehabilitation program. Clinic schedules are made several weeks in advance and are posted in offices in each of our district areas. A full time medical officer is attached to our clinics as well as a staff psychologist. Five more psychologists and five medical social workers are being added to our clinic staff. An average of three clinics a week are held in the state, but it is planned, when necessity arises, to expand this schedule. We realize that while the general setting in which the clinic program operates today differs markedly from the situation in March 1942, the end of the war will bring even more rapid changes.

We know that war's end will require rehabilitation services for many displaced handicapped workers, whose war skills will need reconversion through training and guidance; that handicapped veterans whose disability was not war connected will look to their state rehabilitation services for benefits not available under veteran auspices; and that personnel men who will be obligated under Selective Service Law to reemploy many returning servicemen will keenly feel the need for case histories, giving physical and mental diagnoses.

Above all we know that we must move rapidly, that opportunities now missed to rehabilitate handicapped servicemen and civilians will be difficult to recapture in some indefinite future. Our experience has demonstrated that the use of clinical procedures as an approach to this problem is a logical and fruitful development.

The problems which we are about to face in returning soldiers to civilian life, and the adjustment of displaced war workers, are not insurmountable, if we maintain our balance in spite of acute spasms of effort and confusion. We must coordinate the skills and techniques we already have. Those who are to do the job of adjustment cannot maintain an excited interest in rehabilitation, but must have a cool, clear scientific interest.



Handicapped workers have proved to be above the average in reliability and productivity

# California's Youth Authority

OTHO H. CLOSE

**The chairman of the California Youth Authority and superintendent of the Preston School of Industry tells of his state's comprehensive program for cutting down crime among youth and handling young offenders.**

IN recent years, lawyers, judges, prison officials, and other specialists in the correctional field have come to realize that crime prevention efforts, if they are to be successful, must find more effective methods of dealing with young offenders than are currently in practice. Theories of just what such methods involve have pointed up the desirability of an integrated correctional program for youthful offenders, under which the disposition of each case would depend not on the whim or personal philosophy of the judge, but upon the demands of scientific treatment. Such theories were embodied in the model Youth Correction Authority Act drafted by the American Law Institute in 1939 [see "Treating Youth Crime," by Charles L. Chute, *Survey Midmonthly,* October 1940, and "Youth Justice," by Curtis Bok, *Survey Graphic,* June 1940], but nowhere have they been tried out on a statewide basis except in California. California began its experiment with the passage of a Youth Authority Act in 1941.

The act, as originally passed, followed with only a few deviations the design of the law institute's model. Later amendments carried it even further, bringing into its area of concern the whole subject of delinquency prevention and research. In 1942, because of this broader approach, the word "correction" was dropped both from the title of the act and of the agency it established. Today, the California Youth Authority, as its name implies, is concerned not only with the diagnosis, classification, and treatment of youthful offenders, but also with causes of delinquency and programs of prevention.

The California Youth Authority is composed of three members, who exercise broad powers in diagnosis, classification, and treatment of young people under twenty-one committed to its jurisdiction. Under the law, the Authority may also "establish or assist in the establishment of any public council or committee, and may assist and cooperate with any existing agency, having as its object the prevention or decrease of delinquency among youths . . . and may cooperate with or participate in the work of any such councils, or any existing councils, including the improving of recreational, health and other conditions in the community affecting youths."

Another provision of the law enables the Authority to "enter into contracts with colleges, universities, and other organizations for the purpose of research in the field of delinquency and crime prevention and of training special workers, including teachers, institution employes, probation and parole officers, social workers and others engaged . . . in the fields of education, recreation, mental hygiene, and treatment and prevention of delinquency." The sections of the act in which these preventive features are contained have gained the Authority more support than any of its other provisions.

The Authority could accomplish little during the first two years of its existence because of the very limited size of the appropriation carried with the act. So little money was available that two of its members offered to work part time and without pay. A full three-man board, with offices and expenses, would have absorbed nearly the entire appropriation.

In its first fifteen months, the Authority made a survey of the delinquency problem within the state and, at the request of the governor, rendered assistance to the State Department of Institutions in reorganizing The Fred C. Nelles School for Boys at Whittier. Though it had a temporary administrative office at Sacramento for several months, most of the work was done at the Preston School of Industry at Ione. With the cooperation of the Department of Institutions, the Authority set up a diagnostic clinic at the Preston School, which could accept enough cases to furnish an example of what might be achieved under the act.

In spite of the financial difficulties, the Youth Authority made sufficient progress in the beginning to win support at the 1943 legislative session. Bills were passed then, transferring the state's three correctional schools to the Authority from the Department of Institutions. The Authority was also given jurisdiction over the division of probation, transferred from the State Department of Social Welfare. It received an appropriation of approximately $1,000,000, exclusive of the institutions' budgets, to begin a program of organization. Considering the size of the problem in the state, the sum was hardly adequate. Moreover, the war has also made changes and reorganization very difficult.

As an economy measure, the Authority still has only one member working on a full time basis, with salary. He has been designated as director. The other two members are working on a part time basis, without salary, until the end of the present biennium. This situation has further limited the scope and activity of the Authority.

The Youth Authority now has headquarters in Sacramento; with branch offices in Los Angeles and San Francisco. Karl Holton has acted as director since August 1, 1943. He has been largely responsible for whipping into shape a much more effective working organization than was anticipated a year ago.

The work of the Authority at present is organized under four divisions: diagnosis and classification; treatment and training; placement and probation; and delinquency prevention. An embryo department of statistics has also been established as a part of the general program.

### Diagnosis and Classification

As soon as funds are available and buildings can be constructed, the Authority intends to establish two diagnostic centers in the two large population centers in the northern and southern parts of the state. These clinics will be small institutions where cases may be studied prior to classification. The diagnostic clinic begun at the Preston School of Industry in 1942 has been expanded so that it is receiving from fifty to sixty boys per month. Diagnostic facilities have also been set up for the reception of delinquent girls, at the Ventura School for Girls and the new Los Guilucos School for Girls near Santa Rosa.

The clinic located at Ione is an integral part of the Preston School of Industry. The school is paid a per capita cost for the care of boys sent there for diagnosis and classification. The clinic's staff solicits the aid of the school staff in making diagnoses. The presence of the clinic has necessitated many changes in the institution but, in some respects, it has helped to strengthen the program of the school. Cases are under observation from three to eight weeks, and sometimes longer, before final classification by the Authority. The type of treatment an offender is to receive, and the institution in which he is to receive it are determined by this classification.

The Youth Authority's clinic at the Preston School receives cases from the Juvenile Court, as well as from the criminal courts of the state. The Youth Authority Act provides that Juvenile Courts may, at their discretion, commit juvenile cases to the Authority and the Authority may accept them at its discretion. But it is already evident that the Juvenile Courts of the state recognize in