

U.C. Center gives disturbed adults

A SECOND CHANCE

"I'M FREE NOW," said the young man gratefully, "and I intend to stay that way."

At a very early age he had been the victim of a broken home and, unable to take the emotional strain, he became a schizophrenic. He was committed to Longview State Hospital in Cincinnati, where he spent fourteen years. But about five months ago he was referred to U.C.'s Rehabilitation Center, where he became a trainee in a program that focuses on personal adjustment and prevocational training. Now he holds a part-time job with the University and maintains his own apartment.

Dr. Julian Myers, Professor of Psychology and Director of Rehabilitation Counselor Training at U.C., heads up the program.

"What we're doing here is providing comprehensive non-medical rehabilitation, excluding technical vocational training," he explains. "But vocational rehabilitation is certainly one of our goals. It's just that we think focusing on jobs alone is totally ineffective.

"One thing we never do here is to call our people 'patients,'" Myers says, "because we don't want them to think they have a passive responsibility to get better. We call them 'trainees,' and we want them, as soon as they're able, to assume responsibility for what happens to them."

Most of the trainees have socio-cultural types of disabilities; that is, their handicaps result from some social or cultural factor such as parental rejection or a broken home. Many have emotional disorders, psychotic reac-

tions and neurotic behavior patterns. Retarded applicants are accepted if their retardation is not due to brain damage. But almost all of them have more than one disability.

"These people have not developed the social maturity and the cultural skills that are necessary to adapt to the community," Myers explains. "We take a lot for granted, like being able to use public transportation, handling money, being reasonably clean and well groomed, and obtaining certain vocational and educational skills. But these people, somewhere along the line, have missed the boat."

Some of the trainees have been institutionalized from the ages of four or five until they are in their twenties, and in most instances they have had very little education. The Center is trying to supply a "delayed development" for them, which in most cases is quite hard to do. And the counselors know that if the trainees were to receive only vocational skills without any of the other elements which are needed for stability in the community, then in no time at all they'd bounce right back to the institution.

The Rehabilitation Center is unusual in that it is in a university setting. Also, it is self-supporting.

"We started to apply for federal aid, but we decided just to get along on a shoestring. And we have," says Myers. Those who refer trainees to the Center help by paying small fees for them.

It all started a little over a year ago when U.C. granted Dr. Myers the use of an old house on University property



IN LIFE



Trainee, above, discusses personal problems with counselor. Sessions are frequent and help trainees become socially oriented. Trainees at the Center, left, make paper-mache candle holders, which will be offered for sale in Shillito's craft shop

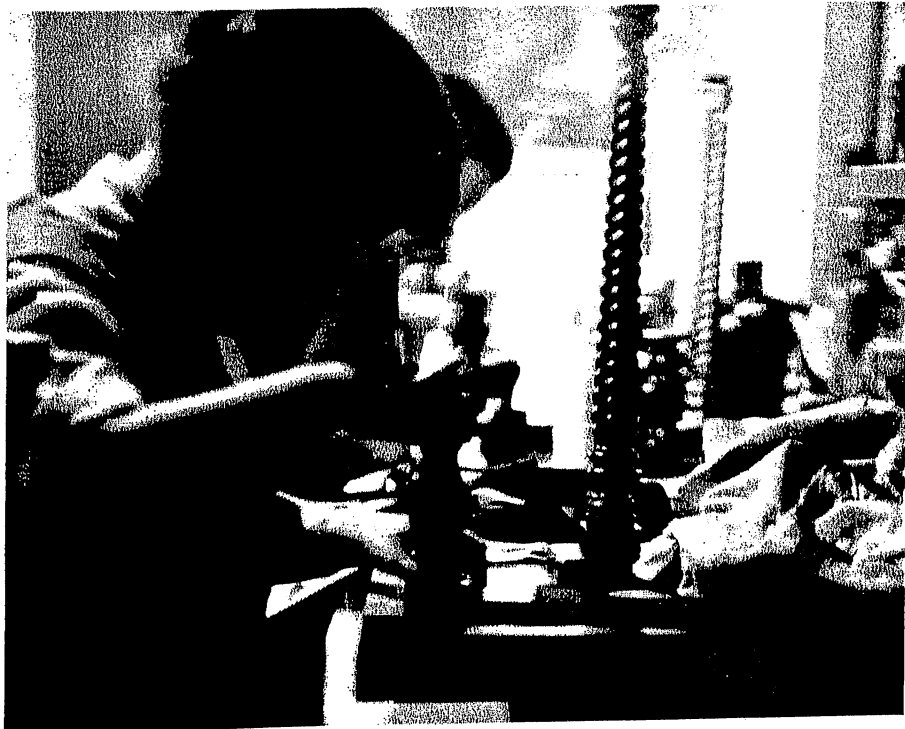


to serve as the Center he'd dreamed about for many years. "We opened our doors," said Myers. "But, for a time, nothing happened! We weren't even going to charge anything, even though we do today. Finally, after several weeks of waiting, we did get one client."

The first trainee was a woman on welfare who had never had a job and whose disabilities were rather minor. But the Center literally made her into a new woman. She was tutored, groomed, and given plenty of attention, encouragement and training over a period of months until finally she was motivated enough to find a job and hold it. Now she is proud to be a useful and productive citizen.

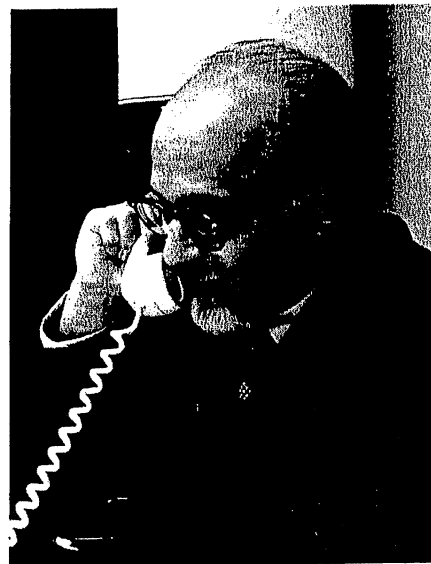
The next few cases were indeed difficult, because, as Myers points out, when you are new in the field and have just opened, many hopeless cases are directed your way as a last resort situation. But now, a year later, there are fourteen trainees in the program and as many more are on a waiting list. All the current trainees have been referred to the Center by Longview Hospital, the Veterans Administration or welfare cases by the Ohio Bureau of Vocational Rehabilitation.

The staff consists of only one full-
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Rehabilitation of trainee is informally centered around activities. Left, trainee works on a candlestick which she has constructed from an old bannister post

David Hizer, right, a U.C. student and Center Program Co-ordinator, works full-time with the trainees at the Rehabilitation Center. Dr. Julian Myers, Head of the Rehabilitation Center, far right, is very accessible to all of the trainees. His desk sits openly in the living room of the converted old house



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time person—David Hizer, who has just completed the Rehabilitation Counseling Program, a two-year graduate program in the College of Community Services that sponsors the Center. Also, there are four students in the same program who train at the Center, one or two volunteer students and three part-time instructors for craft activities. Also, on a part-time basis, a woman supervises the food preparation activities.

Counselors may begin the job-training with a "tele-trainer," where the trainees learn to listen for the dial tone on a phone. Then they try a telephone conversation. Later on, they might rehearse a phone conversation, asking for a job interview. Such simulated interviews help trainees to know what to expect in their first contact with business or industry.

"Our training procedure is quite informal and non-traditional," Myers ex-

plains. "We focus around activities in the relaxed atmosphere of an old house. For example, a couple of boys have just come back from shopping, and a kitchen crew has started to prepare lunch. Others are doing craft activities, preparing items to be sold through the craft shop."

Always, the major emphasis is put on social factors. That is, the Center tries to get the generally withdrawn, anti-social person to form a social bond with others. When they first arrive at the Center, many trainees won't look anyone in the eye. They won't talk, and they'll go off by themselves in a corner. At group meetings, they'll simply sit there, all "walled off" and away, and some run and hide to avoid eating with the staff and other trainees. But after about three or four weeks a fairly marked change occurs, and the "loners" begin to relate more comfortably with the others.

The first four weeks are the most

crucial, because if a person can make the initial adjustment he usually will continue well through the program and find a place for himself in the community.

Having made the first social adjustment, the trainee is exposed to a variety of skills, such as shopping, handling money, preparing lunch and whatever social amenities are involved in the food area. A teacher comes in twice a week and holds classes where everything is taught, from reading and writing to telling the time and craft activities.

Rehabilitation is a slow process and counselors take it easy with their trainees, allowing them to move along at their own pace. Discussion sessions are frequent. On a small scale, recreational activities are carried out and the trainees are exposed to museums and various industries in the city.

"It's very much of a composite type of a thing, and all we're hoping for is

to hit most of the social, emotional, educational, recreational and communication factors in such a way that these will blend to build an emotionally well-adjusted and productive citizen," says Myers, who believes that the transition must be gradual if it is to work.

And it has worked. One young man, referred to the Center by the Veterans Administration, is now going to technical school after a long history of psychiatric hospitalization. One girl had been supported by welfare for over ten years. She came to the Center, but got scared and left when counselors started talking about a job. Then, two weeks later, she found a job on her own.

Another man, who still comes to the Center on a part-time basis, works three mornings a week at a job the Center found for him at a florist shop. He adjusted in a remarkably short time. After only a couple of months he's getting along quite well with peo-

ple, and little by little is moving into a full-time position with the florist.

Not everyone has shown quick success. One fellow went on from the Center to study watch repair, but he left prematurely and consequently stuck with the job for only about three or four months.

"We're quite concerned with people when they leave," says Myers, "because we want to maintain contact as much as possible, so we can be ready to help them if we're needed."

The trainees are encouraged to be as busy as possible, which tends to keep them out of trouble—because, even though a fair amount of discipline is maintained, there is arguing and horseplay, and personality clashes are unavoidable.

Following the four-week evaluation period, most trainees are in the training program for at least thirteen additional weeks. But in order to get out with some degree of stability, trainees

require a minimum of six months, and sometimes as much as one or two years.

Dr. Myers feels that there is a tremendous need for many such small centers or units where this specialized kind of training can be given. "Just think, this type of center can be set up almost anywhere—in a YMCA, church, school or in an office building," envisions Myers, whose own program has already outgrown the converted two-story residence. "And this program, in one form or another, could be in every mental hospital, every school for the retarded and in every prison in the country. The possibilities are just unlimited!"

As the trainees leave the Center, they are armed with basic skills and perhaps prepared to enter vocational training. Some succeed and some fail, but all who come to the Rehabilitation Center are granted that second chance in life to become a part of the world around them. ■



Trainees are taught basic skills such as shopping, handling money and preparing food. Left, Dr. Myers shows woman how to use phone to rehearse a request for a job interview. Above, another trainee practices on a sewing machine