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THE MULTIDISCIPLINARY TEAM IN VOCATIONAL REHABILITATION OF THE DEAF: ADD AN EDUCATIONAL PSYCHOLOGIST

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Given the complexity of the task that faces rehabilitation facilities for the deaf, it is not at all surprising that the use of a multi-disciplinary team has become both vital and productive. Hampson (1975) has described an excellent model for such a team which includes the following personnel: a social worker; a psychiatrist; a personal/social counselor; vocational counselors; audiologists; speech pathologists; teachers; and paraprofessionals who serve as trainers. The service potential of such a team is tremendous and is fascinating to see in operation. The concern of this paper, however, is not what such a team can do, for that is relatively obvious. Instead, the focus is on those roles and functions that such a team may have difficulty performing without an additional team member. Specifically, we are hypothesizing that an educational psychologist is a necessary addition and that he could better perform the following functions:

A. Program and instructional design:
B. Guidance of the implementation of A;
C. Guidance of in-service training;
D. Management of in-house evaluation and research.

Each of the above demands knowledge and skills which few disciplines, other than educational psychology, unite. In general, the educational psychologist brings to a setting expertise in human development and learning; in instructional design and implementation; and in measurement, research design, and statistics. His knowledge and skills are essentially generic in that they represent processes and strategies of analysis which are not limited to any one curricular area, thereby allowing effective application in a wide variety of instructional settings.

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The specialized rehabilitation organization generally has 4 basic functions:
1. Assessment. Assessment of the status in a variety of areas of the incoming client. The information gained by the various specialists must be integrated by the team to establish a set of baseline data on the client's entry behavior (knowledge, attitudes, and skills). On the basis of this information the team moves to the next general function, that of objective setting.

2. Objective setting. Drawing upon the preceding, the team must identify what changes in the client's knowledge, skills, attitudes, and behavior are both realistic and necessary for vocational placement.

3. Strategy Selection. Given entering behavior and objectives for each client, the next task is to integrate these two components into a series of specific instructional and therapeutic programs. This demands the selection of client-specific strategies—those means by which the program expects to move the client from point "X" to point "Y" in knowledge, attitudes, and behavior; this can be further systematized through the use of programmatic behavior modification.

4. Evaluation. The evaluation component must occur continuously at two distinct levels; that of the individual client and that of the program, in toto. Without constant analysis at both levels, the effectiveness of the individual program and of the program as a whole, is difficult, if not impossible, to follow and to communicate to others. Two types of evaluation must evolve–formative and summative (Bloom, Hasting, and Madaus, 1971).

Formative evaluations are those probes that provide short term feedback vis-a-vis instructional success. They must occur frequently enough to allow program changes when obviated (sic). This would be analogous to a diagnostic test being given at the end of a unit of study. If the client has reached mastery of that unit's material, he may go on. If the client fails to demonstrate mastery he is recycled with a modified instructional program through that same unit, without moving into the next level of difficulty. Summative evaluation, on the other hand, allows end-of-program decisions to be made with regard to the success or failure of the client or of the program to meet the overall set of goals and objectives established previously.

5. Research. The final function of the vocational rehabilitation setting is one that most frequently gets lost in the concern for day-to-day operation. Research on the vocational rehabilitation of the hearing impaired should be ongoing so as to take full advantage of the unique setting and its potential for generating new understanding and increased sophistication of the field in general.

Given the above hypothesized function, one might well ask which tasks could more effectively be carried out with an educational psychologist in residence. I would suggest that in all probability the entire system would benefit if the individual were a full time employee and had as his sole responsibility such facilitation. The functions which most often fail to be met remain unmet primarily because the specialists alluded to earlier are heavily involved in assessment and in day-to-day client contact. They have little time to design curricula or to carry out extensive research and evaluation even if they do collectively possess the requisite skills. Further, the professionals have even less time to train the paraprofessionals who, in many rehabilitation systems, do much of the client instruction and training. In summary then, the functions that the educational psychologist would serve include the following:

1. Inservice training of staff in such areas as behavior modification, instructional design and implementation;

2. Program and instructional design including processes such as task analysis, objective formation, strategy selection, and implementation;

3. Design and implementation of an evaluation system providing data for the staff to use in assessing their success at various levels;

4. Design and implementation of the research function.

While each of the above can be carried on as a sideline by various members of the "basic team," leaving such tasks at a part-time level can only result in incomplete and disjointed efforts and results.

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