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NATIONAL DEAFNESS REHABILITATION PRIORITIES OF THE ADARA MEMBERSHIP

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During the March, 1982 national conference of the American Deafness And Rehabilitation Association (ADARA) in Seattle, Washington, President Stephen Chough asked that the ADARA membership provide the national board with guidance regarding those deafness rehabilitation issues warranting priority ADARA leadership efforts. A survey (Appendix A) was subsequently developed and distributed to all members as a supplement to the May 1982 *ADARA Newsletter*. The survey included fourteen possible priorities generated by ADARA board members as well as five blank spaces for respondents to recommend other national deafness rehabilitation priorities. The survey asked that mem-

bers rank order the five deafness rehabilitation priorities that most deserve ADARA leadership.

Results

Ninety-two survey forms were returned to the ADARA home office. Since member respondents filled out the survey form sometimes ranking more or fewer priorities than requested, it was determined that results would be best reported showing cumulative totals for each priority on the survey. In addition, a sample of national deafness rehabilitation priorities added by respondents are reported.

TABLE 1
ADARA Membership Deafness Rehabilitation
Priorities

Survey Priority	Member Ranking					f(1-5)	Rank Order
	1	2	3	4	5		
1	7	12	5	3	4	31	4
2	31	9	6	4	2	52	1
3	5	4	5	4	5	23	9
4	6	5	4	7	7	29	6
5	3	5	5	8	4	33	3
6	0	3	3	4	5	15	10
7	1	7	10	6	5	29	6
8	2	10	14	6	5	37	2
9	1	0	4	5	5	15	10
10	2	9	3	6	4	24	8
11	1	2	2	4	4	13	13
12	0	1	2	3	1	7	14
13	7	3	6	4	10	30	5
14	1	1	0	6	7	15	10

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ADARA respondents most often registered support for priority number two within their top five choices. This priority recommends ADARA opposition against federal block grant funding that would reduce rehabilitation funding, single state agency integrity, accountability, commitment to deaf clinics, and the potential for more regional or interstate services for deaf clients. The second most frequently rated priority was number eight. This item calls for ADARA leadership in the commitment of greater funding for rehabilitation center programs for multiply handicapped deaf clients. The third overall membership priority seeks greater accountability from the Rehabilitation Services Administration and the National Institute on Handicapped Research regarding Vocational Rehabilitation services for deaf people. The fourth rated survey item was number one, a call for ADARA leadership in maintaining the specific language of P.L. 93-112 and P.L. 95-602. The fifth membership priority was a call for full cooperation with the National Association of the Deaf, International Association of Parents of the Deaf, the Registry of Interpreters for the Deaf, and other groups with deafness rehabilitation interests, whenever possible. In a tie for sixth priority in the ADARA member survey, respondents expressed a need for ADARA leadership in increased funding for independent living skill training for deaf clients and a strong ADARA commitment to the training of deafness and deaf-blind rehabilitation specialists.

Twenty respondents added ADARA priorities to the survey form. There was considerable overlap and duplication in recommended priorities from these members, but the following is a representative sample:

- ADARA should establish standards for licensing SCD's and RCD's.
- ADARA should work to increase the input of deaf people about deafness rehabilitation.
- ADARA should lobby for more mental health services for deaf rehabilitation clients.

- We need to increase our membership, - period!
- ADARA needs to promote research and service programs for the deaf offender.
- ADARA should be committed to establishing an RSA office for deaf-blind people.
- ADARA should foster more regional continuing education conferences.

Appendix A

ADARA Membership Survey of Deafness Rehabilitation Priorities

Bill McCrone, ADARA Board Member

The Executive Director, Officers, and Board of ADARA request a few minutes of your time to give us *national membership direction* about *ADARA leadership efforts in deafness rehabilitation*. Fourteen national deafness rehabilitation priorities are listed below for your review. They are not in any order of importance. We are asking you to number the top 5 deafness rehabilitation priorities that *you* think deserve ADARA organizational advocacy and leadership. Five blank spaces are also provided if we have overlooked some of your national deafness rehabilitation issues. Please forward your responses before June 1, 1982 to: ADARA Home Office, 814 Thayer Avenue, Silver Spring, Maryland 20910.

- 1. ADARA should be committed to the *specific* language of the existing rehabilitation regulations P.L. 93-112 and P.L. 95-602. We will resist administration efforts to weaken these regulations.
- 2. ADARA should be committed to resisting federal block grant funding that (a) reduces rehabilitation services funding, (b) reduces single state agency integrity, (c) reduces VR agency accountability, (d) reduces VR agency commitment to deaf clients, and that (e)

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- prevents the development of regional or interstate services for deaf rehabilitation clients.
- 3. ADARA should be committed to greater implementation of the Model State Plan with deaf consumers.
- 4. ADARA should be committed to major federal funding for deafness rehabilitation training and deaf-blindness rehabilitation training.
- 5. ADARA should be committed to greater accountability from Rehabilitation Services Administration/National Institute on Handicapped Research regarding VR services for deaf people. RSA is currently unable to evaluate their 2.7% closure rate with deaf VR clients since they have no reliable qualitative data or reliable information about the size of the working age severely disabled population in the U. S.
- 6. ADARA should be committed to continued RSA funding for professional interpreter training.
- 7. ADARA should be committed to increased funding for independent living skill training for deaf rehabilitation training.
- 8. ADARA should be committed to greater funding for rehabilitation center programs for multiply handicapped deaf rehabilitation clients.
- 9. ADARA should be committed to a thorough NIHR needs assessment study of deaf and multiply handicapped deaf rehabilitation clients.
-10. ADARA should be committed to establishing a legislative basis for the RSA Director of the Office of Deafness and Communication Disorders.
-11. ADARA should be committed to the Employment Tax (P.L. 95-600), providing for employer incentives for hiring disabled employees.
-12. ADARA should be committed to P.L. 94-455, providing for employer tax deductions to eliminate accessibility barriers.
-13. ADARA should be committed to full cooperation with NAD, IAPD, RID, and other organizations with deafness rehabilitation interests, whenever possible.
-14. ADARA should be committed to the recruitment of greater numbers of hearing-impaired rehabilitation professionals.
-15.
-16.
-17.
-18.
-19.