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UTILIZATION OF EXISTING/POTENTIAL PROGRAMS AND FACILITIES FOR SERVING MULTIHANDICAPPED DEAF PERSONS IN REGION IV

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Workshop participants representing rehabilitation services among Region IV states met to identify existing facilities with potential for serving multihandicapped deaf people. Although the etiology of deafness may be rubella or other conditions that result in deaf clients with multiple handicapping conditions, it was generally concluded that most existing rehabilitation programs are currently unprepared to serve the most severely handicapped deaf clientele. However, many programs do have potential for effectively serving at least some individual clients. There appears to be minimal need for new facilities to serve the rubella deafened client. It is obvious that frequently the lack of continuity of services among these programs may negate their potential for rehabilitation. However, the adaptations needed, which require minimal financial resources, are basically in four categories:

- (1) Policy – In some instances existing policies for serving clients inadvertently discriminate against the multiply handicapped clientele.
- (2) Program – Frequently a wide range of services and the flexibility for unique services needed by multihandicapped deaf clients are not traditionally available.
- (3) Personnel – In many instances, training and experience of staff members are not adequate nor sufficiently diversified for the multiple handicapping conditions caused by a combination of disabilities which occur among the rubella deafened clients.
- (4) Facilities – There is a lack of accessibility to facilities for clients

with severe communication problems which are combined with impaired vision *and* lack of independent living skills.

In some instances the aforementioned areas may be major barriers to serving multihandicapped deaf clients which, with only minimal adaptation, could lead to effective services for one or more clients. The following is an outline of suggestions within each of the four areas listed which enhance service delivery.

1. Policy
 - a. Facilities and programs primarily serving only a single disability could be expanded to more comprehensive client needs.
 - b. Sheltered workshops might expand their type of sub-contract work to include work stations appropriate to clients with multiple sensory impairments and their level of production capacity or work activity units may be added.
 - c. The traditional evaluation and assessment techniques could be adapted and the time to take a more comprehensive appraisal could be extended beyond the traditional vocational assessment limits to include total life skills potential. The traditional evaluation will require flexibility in time to administer and techniques for administering due to the logarithmic effect of multiple handicaps. The evaluation process might also be interrupted for personal and social adjustment training to determine the client's ability to acquire certain skills before decisions can be made regarding vocational potential.
 - d. Services to multihandicapped clients (such as deaf-blind, and behavioral

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disordered individuals) may necessitate a special allotment of funds or the establishment of an order of selection for prioritizing services to this population.

- e. The achievement of independent living skills may become the minimum potential for the most severely disabled client. In some instances substantial gainful employment may not be a realistic goal in the near future.
 - f. Facilities serving severely involved rubella deaf and/or deaf-blind clients may require 24 hour care including instruction in self-help skills and attendant assistance beyond those rehabilitation services currently being provided. Accessibility to appropriate living and transportation arrangements are imperative to all rehabilitation services for many of these clients.
 - g. Networking of facilities and agencies via cooperative agreements are extremely important to the multihandicapped population. Agencies equipped to provide components needed with a client may include Services to the Blind, General Vocational Rehabilitation Agency, Mental Retardation Services, Social Services, and others. The traditional "turf" guarding behaviors are often inhibiting factors, particularly to the complications presented by the diversified rubella population.
 - h. Categorical funding at both the local and state level, as well as the federal level, may be necessary to meet the rehabilitation needs of multi-sensory involved clients who also manifest additional mental or behavioral disorders as identified among the rubella deafened population.
 - i. Definitions and guidelines for serving the multihandicapped population must be developed at the local, state, regional, and national levels.
2. Programs
 - a. Programs and facilities designated to serve the multihandicapped deaf people will need access to and information about special equipment such as low vision aids, physical adaptive devices, telecommunication devices, and other equipment at least on a temporary or loan basis while serving the specific client with special needs.
 - b. Restructuring of programs, flexibility, and creative design of existing assets for meeting the specific needs of a unique client should be mandatory to serve the multihandicapped population. For example, complete physical, psychological, and other assessment techniques may not be completed prior to some form of training and even placement in sheltered work situations. Suspension of evaluation may be necessary to provide specific academic training before task evaluation can be completed. Diversified training modules may be required for some clients.
 - c. A wide array of support services may be necessary (and must have available options) to integrate rubella (multihandicapped) deafened clients into ongoing systems. These may include, but are not limited to, guides, interpreters, special tutors, attendants, recreational or leisure time activities, and readers. Although these may not be feasible for full time regular facility personnel to handle, they will be necessary on an intermittent basis. Special assistance even during work break, lunch, and transportation may be necessary.
 - d. Training activities will be essential to all support or ancillary staff and other practitioners, as well as professional persons within the facility, program, or workshop. An awareness of the multiple handicapping conditions and appropriate remediation techniques will be needed by all staff. For example, the deaf-blind client may need special assistance even from food services personnel. In many instances, *appropriate* behavior stemming from multiple disabilities may be observed by the novice as bizarre and inappropriate.
 - e. Safety procedures must be considered for multi-sensory impaired

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- clientele. Special emphasis and explanation of safety procedures will be necessary and, in some instances, special provisions may be necessary, which places additional responsibility on staff and facility programming.
- f. A wide array of independent living skills must be adapted and designed which are appropriate to the individual client's needs. Assistance in use of public transportation, shopping, and home management are unique among individuals with both hearing and visual impairments, especially when clients are also illiterate.
 - g. Reinforcement systems or behavioral management techniques must be modified in order to accommodate persons who are multihandicapped from several disabling conditions. More extensive and consistent utilization of reinforcers by all staff within facility and living environments may be indicated. Programming at all waking hours may be needed.
 - h. A variety of specialized assessment procedures and instruments will be necessary. Curriculum and materials used in training may demand substantial revision to be effectively utilized in the rehabilitation process with multihandicapped clients.
3. Personnel
 - a. A variety of specialized competencies among professional rehabilitation personnel will be necessary to serve the rubella, as well as other multihandicapped deaf, population.
 - b. An awareness of the primary and secondary disabilities and the multihandicapping conditions imposed by the combined disabilities must be recognized by all staff including medical, counseling, supervisory and administrative, custodial, residential assistants, and others.
 - c. Staff must be available for transition of the client into the community. This may include assistance to potential employers, community service people, and locating and effectively using volunteer programs. In addition, liaison staff will be necessary between the client, the community, and the family. In some instances, rehabilitation teachers or home visitors will be a necessary extension of rehabilitation services.
 4. Facilities/Space
 - a. Architectural and environmental barriers must be minimized to accommodate the deaf-blind clients, including the installation of warning and appropriate communication devices such as smoke detectors, fire alarms, designated walkways, etc.
 - b. Space and equipment for instruction in independent living skills will be necessary for many rubella deafened clients.
 - c. Work activity programs with residential living and transportation will be necessary.
 - d. Accessibility to 24-hour care including supervised living, boarding, and various levels of semi-supervised living situations will be needed.
 - e. Group homes may be necessary even during sheltered or competitive employment.
 - f. The multihandicapped individuals may frequently have changes in their living and programming needs. While minimal supervision may be necessary for a short period of time, facilities should be prepared to switch on short notice to maximum supervision or even custodial services.
- The discussion group identified existing facilities throughout the region with potential for serving deaf multihandicapped clients, recognizing a substantial portion of the rubella deaf clients will have a wide range of disabilities which frequently will include deaf-blindness. The diverse disabilities among the rubella population complicates identification of existing facilities. Presently, a structured program at most facilities does not exist for multihandicapped deaf clients; however, some elements are available for providing some of the unique services needed. Again, networking efforts is the key factor in bringing this "potential" alive and making it a reality.
- Participants quickly noted gaps in the continuum of services often critical for multiple

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handicapping conditions. For example, facilities traditionally serving deaf-blind clients personnel frequently lack not only sign communication skills necessary for deaf-blind clients but also adaptations for the usual dependency on auditory cues used in preparing blind clients for independent living. Facilities geared toward serving deaf clients were seldom equipped to provide quality independent living skills for visually impaired persons. Other programs geared toward clients with mental retardation or those persons with orthopedic handicaps were inadequately staffed for meeting the rehabilitation needs of a visually impaired, deaf person compounded with behavior disorders and/or learning disabilities.

In addition, it was recognized that frequently an adjacent state may have a specialized competency at one facility which could complement services from the client's home state. As the participants began to identify programs within each of the eight states, it was obvious the numerous valuable specialized resources were scattered throughout the region as well as within a given state. In some instances an appropriate individualized rehabilitation plan might include more than one state and several different facilities. The danger of "compartmentalization" of services suggests extremely delicate networking including close case monitoring.

As the participants shared information about potential resources within their states, it was evident that the compiling of broad lists of programs and services would facilitate rehabilita-

tion of multihandicapped clients. With continued referral of multihandicapped deaf clients, some of the facilities may realize the *appropriate* services and the *numbers* of clients who need highly specialized programs. Thus, future services may be generated by sheer involvement of a client or consumer advocate's persistence in seeking a delivery system which would meet the diverse needs of this difficult to serve population of individuals.

Of course, it is conceivable that some unique needs of the clientele may not be met within each individual state boundary. However, one or two programs may exist in a neighboring state which may meet the specific client need. Because of the unique rehabilitation needs, facilities throughout the region should be explored. Some programs may be more appropriate to one type of client yet inappropriate for a client with an almost similar disability, but who has different handicapping conditions.

In summary, there were over 170 "potential" resource facilities for serving rubella multihandicapped and deaf-blind clients within the eight state region. However, the majority of the potential resources were observed to be lacking in the cadre of services considered appropriate to the fundamental needs of the case studies presented at the seminar. Therefore, the most cost effective approach seems to be modification of existing facilities and enriching the skills of present service providers. In light of these observations, "networking" appears to be a more effective approach to rehabilitation than a single center concept (see Case Study approach).