

10-1967

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Recommended Citation

Miles, D. S. (1967). Integrated Rehabilitation Services for the Deaf. *JADARA*, 1(3). Retrieved from <https://repository.wcsu.edu/jadara/vol1/iss3/5>

INTEGRATED REHABILITATION SERVICES FOR THE DEAF

DOROTHY S. MILES

INTRODUCTION

There is no longer any question as to the need for and value of vocational rehabilitation programs in the life of the deaf person. This *Journal* and the organization it represents indicate in themselves how thoroughly the fact has been established in the last decade. During the uphill years, however, rehabilitation efforts were necessarily directed at those deaf individuals who were the most available candidates—those who could benefit from on-the-job or skill training programs, from college education at Gallaudet or elsewhere, and from post-graduate programs. The success achieved with these clients has helped to generate enthusiastic acceptance by the Vocational Rehabilitation Administration of Programs with even broader scope than those aimed directly at employment, so that today VRA contributes as much to the social and cultural advancement of the deaf community as to its material progress.

Of recent years, in line with the nation's growing concern with its "underprivileged" members, as exemplified by the War on Poverty and other movements, increasing emphasis has been placed on the rehabilitation—or, as Falberg (1967) reminds us, the habilitation—of deaf individuals functioning at a much lower level than were formerly given consideration. These individuals, semi-literate at best, retarded in all phases of their development—educationally

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emotionally, socially, though not always mentally—dependent, passive and immature, are the institution inmates and small-town “dummies” of the past.

The new emphasis has opened the door to these people. A parallel tendency, that of establishing services for the deaf within existing rehabilitation facilities for the disabled, resulted in the setting up within a short time, of three different VRA projects: those sponsored by Morgan Memorial, Inc. at Boston Massachusetts (VRA No. AD-1576); by Hot Springs Rehabilitation Center at Hot Springs, Arkansas (VRA No. RD-1932); and by the Jewish Employment and Vocational Service at St. Louis, Missouri (VRA No. RD-1804)

These three projects, while not identical in scope and detail, are sufficiently similar in clientele and in overall objectives to have been able to pool their common experiences in the preparation of the preliminary draft of a guideline: “Patterns for Effective Rehabilitation of Deaf Adults.” In March, 1967, a workshop sponsored by VRA and hosted by the St. Louis JEVS was held in the Gateway City, with two major objectives:

1. To demonstrate the effectiveness of integrated services, and the feasibility of such services being established in similar facilities throughout the nation.
2. To review the proposed “Guidelines” and obtain suggestions for revisions and additions.

A total of almost forty participants was drawn mainly from various state DVRs and from private rehabilitation agency personnel, these being representative of the wider audience before whom the work of the three projects might usefully be brought. Special guests at the workshop included Dr. William Usdane, Chief of the Division of Research Grants and Demonstrations of VRA; Dr. Boyce Williams, Consultant to the Deaf and Hard of Hearing of VRA; Mr. Robert H. Prouty, Rehabilitation Facilities Specialist of Missouri DAR; and Mr. Issac Johnson, Assistant Regional Director, VRA Region VI.

THE RATIONALE

The two extreme approaches in the various professional fields engaged in work with deaf persons are those that postulate, on the one hand, that deaf persons are normal and should be treated like

everyone else, and on the other hand that deaf persons are quite different and should receive specialized attention divorced from their hearing environment. In practice, there are few—if any—establishments able to hold rigidly to their philosophy and the truth, as always, lies somewhere between the two.

The supposition that low achieving deaf persons could be included among that 20 per cent of the population for whom rehabilitation centers are specifically developed—that they share with other members of this population an inability to make use of on-going health, education and welfare services in their community—encouraged the trend toward integration. In Boston, tentative efforts in this direction began in 1960; in Hot Springs and St. Louis the first deaf clients were enrolled the following year. It was quickly realized at all three centers that, while an integrated program was feasible, there must nevertheless be a certain amount of specialized activity and programming if the needs of deaf clients were to be properly met. Pilot projects to demonstrate this were undertaken and were followed—in 1964 at Boston and in 1965 at the other two centers—by initiation of the current projects.

WHY INTEGRATE?

What advantages are there in the establishment of special services for the deaf within existing comprehensive vocational facilities? Apart from the obvious financial and material benefits of using an agency building with its plant and resources rather than starting from scratch there are a number of less visible benefits:

1. The existing facility provides the deaf person with a structure within which to initiate and develop its resources. It relieves program personnel of concern with administrative detail other than those directly connected with the program and its clients. Many of the established practices, activities and community contacts can be utilized by the deaf program, while the backing of the facility's Board and Administration can be invaluable to instigate or stimulate action at both government and community levels.
2. The integrated approach minimizes the difference between the deaf client and the person with a disability other than deafness. In many cases it may even provide the deaf person with ego-

satisfying experiences, since unless he possesses additional handicaps he will usually function better in concrete work or training situations than the non-deaf disabled. The integrated environment is, moreover, the first level of a graduated approach to the realities of competitive employment. Achievement and adjustment is compared not only with those of fellow deaf trainees but with the entire clientele, and the clients are exposed—though not abandoned—to supervision by hearing persons without special communication skills.

3. The staff of a specialized, program for the deaf risk falling into the trap of insularity—the narrow approach that may result in straying towards one or the other of the philosophical extremes mentioned in the opening paragraph of this section. Integration provides the staff member with constant exposure to professional thought and action on a broader spectrum, to divergent viewpoints and expectations that act as a system of checks and balances on his own. As one of a rehabilitation team he is able not only to draw on the experience of other members but, since he is called upon to justify his actions, to examine, revise and clarify his thinking on a variety of issues. Professional and personal growth is thus assured, and the quality of service to the deaf client consequently upgraded.

SOCIALIZATION WITHIN THE INTEGRATED FACILITY

What are the particular emphases that call for a separate program within the facility and that require staff with special skills and knowledge? The major points are restated below.

1. All staff members in a program providing service to the deaf need a grounding in the language and communication problems of their clients. At least one member should be adept not merely in the use of manual language but in the esoterics of non-verbal communication at its most basic level. Since client motivation is often a function of his social adjustment, specialized knowledge is required by the staff of the deaf subculture into which the client will be absorbed, and of its activities in the locality of the rehabilitation center.
2. The all-pervasive nature of the handicap calls for a breadth of services extending far beyond that normally offered by a rehabilitation center. In many areas, such as language training,

a specialist is necessary. In other areas, where the regular program would turn its clients over to ancillary services the program for the deaf must provide its own follow-through, and the staff should be sufficiently varied and flexible to do this.

3. The program must be geared to the special needs of its clients at two significant levels:
 - a) The emphasis is on visual, concrete learning situations. Less use is made of conventional counseling sessions and more of on-the-spot instruction and reality experiences.
 - (b) The breadth and depth of services offered requires a relatively long period of evaluation, training and follow-up. Successful rehabilitation involves guiding the client through a graduated series of activities, not only in the vocational area but in all phases of his daily living:

WORKSHOP PROCEEDINGS

The rationale outlined above represents some of the basic concepts and interim conclusions of the three projects as they were presented before participants of the March workshop in St. Louis. Highlights of the actual proceedings, together with noteworthy suggestions for revisions and additions to the guidelines, are set out below.

Proceedings commenced on the morning of March 22 with the presentation of background data on the type of client most frequently referred to rehabilitation centers. In the sociological overview presented by Gary Blake, Coordinator of the Hot Springs Project, interim research statistics were cited that portray the typical center client as a youth in his late teens or early twenties, with an average IQ but around 4th grade reading level, frequently possessing disabilities in addition to deafness. The client's environment has usually been protective and limiting. A survey of educational systems and facilities, and of the deaf sub-culture, was included in this overview. In describing the developmental patterns of deaf clientele, Sidney Hurwitz, Coordinator of the JEVs Project, enlarged on the types of environment contributing to the characteristics of dependency, passivity, anxiety and depression frequently observed in the project clients. He cited low expectantions on the part of significant adults (parents, teachers, etc.), lack of experiential opportunity, repeated failure and consequent fear of failing, and isolation—both emotional and geo-

graphic—as contributory factors. To round off the data, a profile of the vocational behavior of deaf clientele was presented by Geno Vescovi, Coordinator of the Boston Project. Lack of motivation and limited understanding of competitive demands and standards were seen as major obstacles to successful placement.

The afternoon session of the conference was held at a large manufacturing concern in the community. Here, a panel of five employers from various fields, all with long-term experience of deaf workers, discussed their employment potentialities and problems. In general, the employers expressed favorable opinions of the performance of their deaf employees, who included a number of rehabilitation placements. They were, however, realistic in their assessment of the problems to be faced, seeing the deaf person as requiring a relatively longer period for adjustment and training on the job and for establishing good working relationships with other employees. This panel presentation was impressive not only for the subject matter discussed, but as a demonstration of how rapport can be established and developed between rehabilitation agencies and industry to the benefit of both.

The morning of March 23 was devoted to a tour of the JEVS plant, followed by a case presentation of one of the clients in training. The JEVS team was joined in this staffing by their Clinical Consultant, Dr. Nicholas Colarelli of St. Louis University. Here the intention was to show through a specific example how plans were formulated at successive stages of a client's development. The case under discussion was that of C.E., a 33-year old male who had been institutionalized from the age of eighteen. At the time of staffing, he had developed from a very primitive state to the point where he was ready to move into the community. The main question to be considered was whether residential change should precede employment or vice versa. The session incidentally demonstrated the teamwork involved in such decision making. As Dr. Usdane pointed out later in his summing-up, rank did not necessarily dominate. His observation was that perhaps "closeness to the client defines who will direct the team."

The theme of the afternoon session was "Patterns of Service." This covered specific descriptions of the three projects by Gary Blake and Sidney Hurwitz for Hot Springs and JEVS respectively, and by Clifford Lawrence, Director of the Boston Project.

The final panel discussion on March was titled "Administrative Problem: Manpower, Money and Modus Operandi." The panel con-

sisted of the three Executive Directors of the participating agencies, Dr. Gordon Connor of Morgan Memorial, Inc., Dr. Gerald Fisher of Hot Springs Rehabilitation Center, and Mr. Harry Kaufer of St. Louis Jewish Employment and Vocational Center. Mr. Robert Prouty spoke from the DVR standpoint. Among the points emphasized at this session was that, while professionally trained personnel who could also communicate with deaf persons were invaluable, they were unfortunately rare, and much use could be made instead of young persons with "natural" talent under professional supervision. Flexibility is essential; the aim should be not merely to find persons to fit a particular service need but to discover what each staff member could do best and permit him to develop along these lines. Each program detailed its particular difficulties in obtaining referrals, in financing services, and in planning ahead towards the time when VRA funds were no longer available. The discussion also covered how new projects can be financed: By application to the Division of Research and Demonstration Grants of VRA for financing of a pilot study, which can be approved up to \$15,000 with a matching of 5% from the applicant center, and may be followed by a 3- to 5-year grant on the basis of results obtained.

The aforementioned document—"Patterns for Effective Rehabilitation of Deaf Adults"—was reviewed by the conference for evaluation of its potential effectiveness as a guide to programs that wish to provide services to the deaf. Conferees endorsed the general content of this preliminary draft, urging its publication with minor modifications. In addition, the conference laid stress on three basic concepts that might be highlighted in the guidelines for their importance and relevance to effective rehabilitation of the deaf. These are

1. Rehabilitation is not necessarily vocational. The goal of employment may not always be reached, but the client may benefit personally and socially from a program that alters his pattern of dependency and isolation.
2. Rehabilitation may be seen as an extension of special education. If this is true, a far greater degree of cooperation should exist between the schools and the rehabilitation agencies. The agencies could provide the schools with information as to the common traits observed in children who later become clients of these agencies; the schools could refer their "problem cases"

at a much earlier date to the rehabilitation agencies. It was felt that this was especially true of schools where the oral system was in force, since pupils who made no progress under this system might be referred elsewhere.

3. Rehabilitation is joint endeavor on the part of DVR and the rehabilitation facilities. There is need for substantially improved liaison and cooperation between DVR and the rehabilitation facilities, especially in states where DVR has no special counselors for the deaf.

REFERENCES

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