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VOCATIONAL REHABILITATION COUNSELOR'S RANKINGS OF THE RELATIVE SEVERITY OF PROFOUND HEARING LOSS

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Vernon (1970), in a recent study of the potential, achievement, and rehabilitation in the deaf population, summarized data pertaining to the educational and vocational handicaps of the deaf person. He concluded from the data that "despite a normal capacity to learn and motor skills representative of the general population, the overwhelming majority of deaf people are being stifled in unskilled and semi-skilled manual labor" (p. 261). Vernon (1970) attributed the low vocational achievement to a grossly deficient educational system. Silver (1970), in noting problems of the deaf from an employer's point of view, indicated that not only do deaf individuals require longer to train, but they also lack social skills and often appear naive and immature. It appears, therefore, that a profound loss of hearing is a significant handicap in social, vocational, as well as educational areas of a person's life.

There would probably be a few who would disagree with the statement that deafness presents a significant handicap in all of the aforementioned areas. However, the relative severity of the handicap has not been so well established. It is quite possible, for example, that a profound loss of hearing presents greater problems in the educational area than in the vocational or social area, and vice versa. If differences in the impact of the handicap exist, they could well be valid considerations when plans and programs are being developed to aid the deaf individual function effectively in his environment. This study sought to determine if, in opinion of

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professional rehabilitation personnel, the relative severity of the handicap varied when the profoundly deaf individual is required to function in the vocational, social or educational area.

Methodology and Procedures

It was considered that a relevant assessment of handicapping impact could be made by having experienced rehabilitation personnel rank some common disabling conditions according to the severity of handicap they feel these conditions present in vocational, educational, and social areas. The assessment of perceived handicap was made by having vocational rehabilitation counselors and supervisors rank nine common disabling conditions (including profound hearing loss) according to severity of their handicap on the vocational, educational and social areas of functioning. Vocational rehabilitation personnel were utilized for the study because (a) as a profession they are familiar with a wide variety of handicapping conditions and (b) the rehabilitation process is one which takes into account the effects of a handicapping condition on the total individual McGowan and Porter, (1967).

Questionnaires were sent to 150 randomly selected vocational rehabilitation counselors and supervisors in the state of North Carolina. The questionnaire was structured as to separately obtain rankings of the perceived severity of (1) vocational handicap, (2) educational handicap and (3) social handicap that each of the following nine disabling conditions present to the individual.

1. Emotional Disorders (Schizophrenia, etc.)
2. Respiratory Disorders (Chronic emphysema, etc.)
3. Spinal Cord Injury or Disease (Paraplegia, etc.)
4. Mental Retardation (WAIS I.Q. below 75)
5. Bone, Joint and Muscle Disorders (Arthritis, etc.)
6. Visual Loss (20/200 in better eye)
7. Hearing Loss (profound impairment in speech frequencies)
8. Heart and Blood Vessel Disease (grade 2B)
9. Amputations (one arm or one leg)

The above nine conditions were selected as they are representative of broad disability groups with which rehabilitation counselors and supervisors have contact (Myers, 1965). The rehabilitation personnel were asked to rank these nine conditions according to the severity of handicap (vocational, educational and social) with number "1" representing the least severely handicapping and number "9" representing the most severely handicapping condition.

Of the 150 questionnaires mailed 81 (54 per cent) were returned and analyses were computed on the data contained within these questionnaires. Correlated tests were utilized to evaluate the significance of any rank differences.

Results

Table I presents the results of the data obtained from the first section of the questionnaire, the rankings of perceived vocational handicap. It can be seen that the counselors and supervisors responding did not view profound hearing loss as vocationally handicapping as they do the majority of the disabling conditions.

TABLE I

mean rankings of perceived vocational handicap

Amputations	(3.22)
Hearing Loss	(4.14)
Heart and Blood Vessel Disease	(4.30)
Respiratory Disorders	(4.57)
Bone, Joint, and Muscle Disorders	(4.63)
Visual Loss	(4.64)
Mental Retardation	(5.43)
Emotional Disorders	(6.54)
Spinal Cord Injury or Disease	(7.53)

Table II presents the results of the data obtained from the second section of the questionnaire, the respondents' ranking of the perceived educational handicap. The counselors and supervisors apparently viewed profound hearing loss as a relatively severe educational handicap, ranking below only emotional disorders and mental retardation as an educational handicap. This view is congruent with the data presented by Boatner (1965) and McClure (1968) that deaf students experience severe and formidable barriers in their attempts to acquire an education.

functioning. This suggests that plans and programs being developed for the deaf should take into consideration the possibility that a deaf individual may face greater difficulty functioning in educational and social areas than in vocational areas.

Boatner, E. B. : The need of a realistic approach to the education of the deaf. Paper given at the joint convention of the California Association of Parents of Deaf and Hard of Hearing Children, California Association of Teachers of the Deaf and Hard of Hearing, and the California Association of the Deaf, Nov. 6 1965.

McClure, W. J. : Current problems and trends in the education of the deaf. *Deaf American*. 113, 29-41, 1968.

McGowan, J. F. & Porter, T. L. : *An introduction to the vocational rehabilitation process*. Washington, D. C.: U.S. Department of Health, Education, and Welfare, 1967.

Myers, J. S. : *An orientation to chronic disease and disability*. New York: The MacMillan Company, 1965.

Vernon, M. : Potential, achievements, and rehabilitation in the deaf population, *Rehabilitation Literature*. 31, 258-267, 1970.