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THE TWO SIDES OF HABILITATION/REHABILITATION SERVICES FOR THE DEAF

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The Federal/State partnership that makes up Vocational Rehabilitation as we know it today came into being 60 years ago. When President Woodrow Wilson signed P.L. 236, 66th Congress on June 2, 1920, the intent was to extend some of the vocational rehabilitation services being made available to World War I veterans to civilians (U. S. Department of Health, Education and Welfare, 1970). Like veterans, most of these handicapped civilians had been employed and had lived independently before they became disabled; they needed only retraining for jobs they could handle in spite of their new disabilities. It was many years before VR became involved in the habilitation of young handicapped people who had never worked. Even after the deaf became eligible for VR services, many deaf people never heard about it until years after they had completed their education and entered competitive employment. In the early years, the great majority of deaf VR clients were adults who had lost their jobs and were looking for quick help in finding other employment. Retraining was seldom involved.

In a way, this was tribute to the superior vocational training offered at residential schools for the deaf. High school graduates not interested in continuing their education had little trouble finding and keeping jobs on their own. It was also a reflection of the high mortality rate among deaf infants with multiple birth defects and the invisibility of those who survived. These unfortunate children were not usually accepted by schools for the deaf. Some were subsequently placed in institutions; some were mainstreamed in programs for hearing children with other disabilities; some became "attic" children; some learned survival on the streets. VR counselors rarely saw these multiply disabled deaf people as adults. While there were few specialists in deafness rehabilitation and no professional interpreters in the early years, communication in VR offices wasn't an obvious problem: The clients who were adventitiously deaf had good language and speech and the others could carry on a written conversation. Those who could not communicate well with the VR counselor often failed to return after the first or second visit and were dropped from the counselor's caseload. Not infrequently, these deaf people would then find some kind of work on their own.

A small number of deaf VR clients were students on their way to Gallaudet College. Originally, students at Gallaudet received scholarships through their

congressmen on the same basis as students at West Point and Annapolis; later, this practice was abandoned but increased Federal appropriations to Gallaudet took up the slack. VR's financial contribution was limited to putting up bus or train fare to Washington, D. C. In at least one state, this amounted to a one-way ticket, with the student expected to find his own way home.

Thus, in the beginning, rehabilitation of deaf clients was comparatively simple and inexpensive compared to that for other disability groups. Top level VR administrators could hardly be faulted for not recognizing the need for special counselors for the deaf or the magnitude of the task facing VR as appreciable numbers of multiply disabled, severely handicapped deaf people started showing in the VR offices. They were even less prepared to handle the financial strains these new directions imposed on division budgets.

Even when these new directions were finally recognized, the thrust of VR services for the deaf remained with high functioning deaf people because their needs were most easily met through immediate placement in competitive employment or assistance in attending one of the many new postsecondary education/career programs for the deaf springing up around the country.

The snowballing expansion of postsecondary education/career programs for the deaf has been one of the most significant developments in the last two decades: As recently as 20 years ago, Gallaudet was the only liberal arts college for the deaf in the world. Gallaudet has seen more expansion in the last 20 years than in the previous 96 years put together.

Fifteen years ago, there were four postsecondary education programs offering special support services for the deaf. All are still in business. Ten years ago, there were 17 postsecondary education programs for the deaf. All are still in business. Three years later, there were 27 such programs listed in the first Guide to College/Career Programs for Deaf Students (Stuckless and Delgado, 1973). The third edition of the popular Guide (Rawlings, Trybus, Bisser, 1978) listed 55 postsecondary education/career programs for the deaf in the U. S. plus five in Canada. As of this writing, there are an estimated 200 such programs.

True, many programs are little more than interpreter services set up to comply with Section 504; they lack counseling and support services. But they are opening new doors for certain high functioning deaf people. Some of the established new programs are accepting a few multiply disabled but capable deaf students. There are now approximately 3,000 young deaf adults in postsecondary education/career programs with VR support. Another large self-contained college, the Southwest Collegiate Institute for the Deaf at Big Spring, Texas opened in September 1980, and will eventually offer both liberal arts degrees and vocational training.

Concurrent with the expansion of undergraduate programs has been a dramatic increase in the number and variety of graduate level programs that accept and provide special services for deaf students. More and more deaf people are earning advanced degrees and are moving into administrative level positions in education, rehabilitation, and science.

In some ways, the deaf people in the U.S. never had it so good. This is fortunate because, without expanded postsecondary educational opportunities, even the best of them would find it difficult to compete in today's job market and many others would have to put up with even worse unemployment. (In fairness, it should be noted that general rehabilitation is guilty of much the same bias in favor of postsecondary education for other categories of the disabled.)

Offsetting the rosy picture for high functioning deaf people has been the plight of the multiply disabled, severely handicapped deaf who are often forgotten and who are not being well-served even though their needs are many times greater than the high functioning deaf. The cost to society for neglecting their special needs is becoming more and more unacceptable, but people at the budget making level have been strangely reluctant to come to grips with the problem of providing adequate habilitation/rehabilitation services for this special population.

There are very few deaf people at the policy making level in Washington and hearing professionals who do become interested, informed, and involved in deafness tend to fade out of the picture as administrations change. But the contributions of deaf people should not be underestimated: If it hadn't been for the forceful advocacy of Boyce R. Williams in the Deafness and Communicative Disorders Office of the Rehabilitation Services Administration, deafness might still be a minor concern of the Rehabilitation Services Administration. The DCDO exists only by executive discretion, but Mr. Williams and his staff do influence policy. In the office of Special Education, Captioned Films and Telecommunications Branch, Division of Media Services, Dr. Malcolm Norwood has direct input into policy making and budget preparation. Nevertheless, it can be said that habilitation/rehabilitation of severely handicapped deaf adults has never received much attention in Washington. Congressmen and many high-level officials naively continue to believe their needs are being met by the post secondary education programs.

To their credit, educators of the deaf have been acutely aware that the percentage of multiply disabled deaf children is increasing and they have repeatedly voiced concern for their vocational future as adults.

The keynoter at the historic 1967 National Conference on Education of the Deaf at Colorado Springs observed:

A milestone in my own education was a realization the complexities of modern deafness. I had not appreciated the extent to which "old-fashioned deafness" ... cases in which deafness was a single handicap . . . had given way to complex conditions in which deafness is only a part of a multiple handicapped child's problem. I hadn't appreciated that the very successes of modern medicine had brought us face to face with a growing population of such multiple handicapped youngsters. The complexities of modern deafness... its subtleties, its gradations, its nuances . . . have, for all but the most general purposes, rendered the term "deafness" almost meaningless (Babbidge, 1967).

At another landmark workshop that same year, the National Conference for Coordinating Rehabilitation and Education Services for the Deaf at Las Cruces, N. M., it was stated:

As far as the Office of Education and the Social and Rehabilitation Agencies are concerned, services, for the deaf cut completely across agency lines. It is almost as if they were one agency . . . People must be sufficiently concerned with the problems of the deaf to override the problems of their own agencies . . . In summary, if somebody can point out where the major problems are, concerned people will find a way of solving them (Moss, 1967).

Nevertheless, five years later, in a random survey of 18 State Divisions of Vocational Rehabilitation conducted by the University of Arizona, it was revealed that 60% of the deaf clients being served were unable to qualify for enrollment in existing postsecondary educational facilities due to such factors as low educational achievement, poor communication skills, and behavior problems (National Association of the Deaf, 1972).

The national census of the deaf population (Schein and Delk, 1973) found that one-third of the adult respondents indicated they had one or more additional handicaps.

The Rehabilitation Act Amendments of 1973 specified that priority be given to the most severely handicapped. But as far as the multiple disabled and most severely handicapped deaf people are concerned, its impact was diluted when framers of the act went on to classify all deaf people as severely handicapped. VR administrators can (and do) say they are giving priority to the severely handicapped when they sponsor high functioning deaf people in colleges and trade schools while the most severely disabled deaf people continue to receive less than half measure.

Stewart (1978) projected a total of 94-185 hearing impaired developmentally disabled deaf persons in the U. S. in 1970. Even today, few of them are receiving adequate habilitation/rehabilitation services and disabilities do not stop with the four "legal" developmental disabilities of autism, cerebral palsy, epilepsy, and mental retardation. In the few rehabilitation centers that offer comprehensive services for the most severely handicapped deaf, a sizable proportion of the clients will have histories of hospitalization for mental illness. Others will have severe psychological and behavior problems. Some will be on probation for criminal offenses; others are alcoholics; many have used or still use drugs. In addition to the deaf clients with mental/behavior problems, there will be many who were culturally and educationally deprived as well as clients with severe visual and physical problems. Deaf clients in a rehabilitation center program tend to be more heterogeneous than young deaf adults in educational settings and much harder to work with.

A study of the economic status of deaf adults for the period 1972-1977 (Schein, 1978) disclosed a disturbing picture of economic decline in the deaf population in recent years. Labor-force participation by deaf people had declined from 65.5 percent to 61.3 percent. Personal income as a proportion of the national average declined substantially... from 74.6 percent of the national average in 1971 to 64.2 percent in 1976. Unemployment increased from 9.6 to 10.9 percent... and this was prior to the current business recession.

Since the postsecondary education/career programs for the deaf all claim high success rates for deaf graduates, the decline in economic status noted that Schein obviously was at the expense of the bottom half of the deaf population. To quote Schein's report, "Clearly, the situation demands swift corrective action."

What has been done and what is being done to meet this challenge?

Twenty years ago, there were no special rehabilitation programs for the multiple disabled deaf. A few were being placed in rehabilitation centers and workshops where regular staff did their best to help them. Many more were being warehoused in hospitals and institutions.

Fifteen years ago, there were two State-owned and operated rehabilitation centers that tried to provide special services for the multiple disabled adult deaf. The complexity of the task was just beginning to be recognized outside educational circles.

Since 1965, at least 10 programs for multiple disabled, severely handicapped adult deaf people, including four large research and demonstration projects, have

bloomed with grant money and died or cut back drastically when grant funds ran out. Research findings and recommendations in the area of the severely handicapped deaf have yet to be implemented on a substantive basis.

Steps are being taken to accept some rubella youths in postsecondary education programs, but if academic standards are to be adhered to; this will take care of only the top part of the 1963-65 rubella generation.

It is difficult to determine just how many rehabilitation centers now offer comprehensive habilitation/rehabilitation services for the most severely handicapped deaf. In some facilities, one or two staff people with good American Sign Language skills and real empathy for the deaf are rendering effective services to a handful of deaf clients, but it is likely there are not more than 10 rehabilitation programs for the multiple disabled deaf that offer truly comprehensive services. Some are serving average or slightly below average functioning deaf clients, not the most severely handicapped types. It is not known how many will survive. But it is known that many hospitals for the mentally ill are being phased out in favor of community mental health centers and many of the deaf patients still in hospitals are being referred to rehabilitation centers for vocational and adjustment services.

For FY 1980, the Rehabilitation Services Administration had 31 applications for Public Law 95-602, Section 311 grants in the area of the most severely handicapped deaf and enough money for only one.

A comparison of Federal support for postsecondary education/career programs for high functioning deaf people with sharply fewer complicating problems, with that for habilitation/rehabilitation programs for the most severely handicapped deaf, is revealing. This discrepancy is highlighted in the Federal FY 1976/1980 budget support for six "hard money" postsecondary education/career programs at Gallaudet College, National Technical Institute for the Deaf, California State University, Northridge, Seattle Community College, Delgado at New Orleans, and Technical-Vocational Institute at St. Paul with six RSA service programs for the most severely handicapped deaf. The figures do not include monies for construction, the MSSD and Kendall School on the Gallaudet campus, or VR case service expenditures at the usual 80%-20) Federal-State ratio. From 1976-1980, federal appropriations for the post-secondary education programs was increased by 11 million dollars while funding for special programs for the most severely handicapped deaf has shrunk to a few hundred thousand dollars.

In 1976, direct Federal financial support for post-secondary education/career programs for the deaf was \$26,924,000 in operations money allocated in FY 1976 to Gallaudet College, NTID, CSUN, TVI, Delgado, and Seattle Community

College. (This does not include any money for construction or the Model Secondary School for the Deaf and Kendall School on the Gallaudet Campus.) Only \$650,000 was allocated by RSA in FY 1976 to six rehabilitation center programs for the most severely handicapped deaf. In FY 1980 operations allocations to the six postsecondary education schools totaled \$38,977,000, a \$12 million increase over 1976. This also does not include money for construction of the MSSD and Kendall School. At the same time, RSA support for new special rehabilitation projects for the most severely handicapped deaf was cut to \$357,158 which permitted funding of only one new program out of 31 applications. None of the figures include VR case service money for tuition and maintenance.

Sources: Department of Health, Education, and Welfare Section of Appendix to the Budget for Each Fiscal Year; American Annals of the Deaf, Directory of Programs and Services; Gallaudet College, NTID, and Deafness and Communicative Disorders Office, RSA.

Granted, Rehabilitation money is a complete separate item in the Federal budget from Education money, but there still has been a high degree of coordination of efforts in behalf of high functioning deaf people. Rehabilitation money flows to colleges for tuition, fees, room and board, not to mention transportation, books, and so on; education picks up the cost of special services and staff . . . which often exceeds basic tuition and maintenance.

But this coordination of services seems to stop for the severely handicapped deaf as soon as they pass high school age. From that point, education focuses on high functioning deaf people... The people most capable of making it on their own... while the burden of continuing the habilitation of multiple disabled deaf people... the people most in need of continuing, comprehensive services... falls on rehabilitation.

This wouldn't be so bad if rehabilitation enjoyed a level of funding anywhere near that of postsecondary education, but this is not the case. As a result, many deaf people with vocational potential continue to sit in hospitals and institutions or vegetate at home; others are expected to complete training within an unrealistic time frame; and almost all multiple disabled, severely handicapped deaf people miss out on the extracurricular activities and support services considered essential for postsecondary education.

This is not said to begrudge post secondary education a single dollar. If high functioning deaf people are to remain competitive in today's labor market and avoid frustrating underemployment, they must have access to higher education and training. If anything, the level of support for post secondary education programs for the deaf around the country needs to be increased. But it makes no economic sense to deny the severely handicapped deaf a chance to become

employable, pay taxes, get out of hospitals and institutions, get off welfare and SSDI, and live independently in the community. James Hanson, Iowa's SCD, sums up the current situation well:

One of the cardinal frustrations with which we all cope, is the double message . . . even the triple message, the old Catch-22, if you will. For example, we are encouraged to give priority service to the severely handicapped and also increase production all within the context of tighter budgets. It has always troubled me that, for some reason, it is easier to support a five-year college plan for a capable deaf client than it is to support a six-month work adjustment plan for a multi-handicapped deaf client. All we require in the way of demonstration of success for our college student is a grade point average of C or better. However, for our severely handicapped client we require detailed progress reports every four weeks and panic begins to set in if that client isn't showing dramatic progress at the end of 12 weeks.

We kid ourselves if we believe there are short-term solutions to the complex handicapping conditions of our severely disabled deaf clients. Programming for this group requires the highest level of skills, it calls for more research, it takes time, and most certainly it cannot be done without significant funding. In a nuclear age, we are operating on a model T philosophy when it comes to commitment to effective services for our severely handicapped deaf. Wishing will not make it so (Hanson, 1980).

Apart from the pressure on VR counselors to achieve a quota of successful closures or face serious consequences (Vernon, Bussey, Day, 1979), the current situation puts budget-conscious VR administrators in a bind. To support one client for nine months in one of the few rehabilitation centers set up to offer comprehensive habilitation/rehabilitation services for the severely handicapped deaf can cost VR from \$6,000 to \$8,000, whereas nine months at Gallaudet or the NTID will cost VR only \$3,000. This is because VR fees for tuition and maintenance in postsecondary education/career programs cover less than a fifth of the total costs. Federal hard money subsidies make up the difference and fund a host of important supporting services for the students. While each State agency has its own budget and doesn't usually worry about saving other State departments money, it helps put these figures in perspective to consider it can cost States \$24,000 to \$34,000 a year to keep one deaf person in a mental hospital, institution, or prison. Twenty years of hospital care can cost taxpayers \$480,000 to \$900,000. Long-term SSDI and welfare support also impose an unacceptable burden on taxpayers when a few years of habilitation/rehabilitation would enable many severely handicapped deaf people to succeed in competitive employment.

Summary

An increasing percentage of our deaf school leavers have multiple disabilities; others, excluded from school, are now of vocational age. Demographic studies show 33 percent of the young adult deaf population is now multiple disabled. But after many years of bargain basement costs, Vocational Rehabilitation finds it difficult to face up to current realities.

While attempts have been made to provide these multiple disabled deaf people with comprehensive habilitation/rehabilitation services, there has been a fragmentation of efforts and a serious lack of continuity.

Massive sums are being appropriated for postsecondary education/career programs for high functioning deaf people while Federal funding for programs for the most severely handicapped deaf has dwindled at a time when their numbers are increasing and their plight becoming increasingly precarious.

Vocational Rehabilitation is ill-prepared to cope with the 1963-65 rubella "bubble" now nearing vocational age. Many of these rubella children are not in schools for the deaf and have not yet figured in VR planning.

There has been a call for still more research while the unanimous findings and recommendations of previous research and demonstration programs have yet to be implemented on a substantive basis. It is not that we don't know how to help these people, but:

There is a tendency, as natural as it is evil, to work not with people who need you most, but with those who are most likely to be successful showcases for your agency. You like to pick winners, and that is understandable. People aren't bets on a horse race or stocks on a market table. Winners win with or without you. But those persons who are defeated, who need the most intensive work and the most specialized skills tend to fall by the wayside as agencies pursue successful statistics instead meaningful service (Young, undated).

With rare exceptions, high level rehabilitation administrators, educators, congressmen and state legislators do not appreciate the great heterogeneity of the deaf population. A few, like Dr. Babbidge, eventually begin to understand the complexities of modern deafness then pass from the scene as administrations change.

The mandate of the Rehabilitation Act Amendments of 1973 to give priority to the most severely handicapped is not being implemented in the area of the deaf. While profound deafness is a severe disability at any level from institutional

patient to doctoral candidate, the catchall classification of all deaf people as severely handicapped obscures the intent of the act and makes the term “severely handicapped deaf” all but meaningless, just as the now-popular “hearing impaired” obscures the dichotomy between the deaf and the hard of hearing. This legal fuzziness may actually harm high functioning deaf people (if we disregard the fact the VR Disability Codes can spell the difference between eligibility for services and rejection) because uninitiated hearing people may assume all deaf people are severely handicapped in relation to hard of hearing people and let the single factor of dB hearing loss bias their judgment and expectations. As a matter of fact, many hard of hearing people are more severely handicapped than high functioning deaf people who refuse to let their hearing disability handicap them.

Much discussion, but no action has been taken to implement “weighted closures” in the vocational rehabilitation process. A “26” closure is still a “26” closure no matter how difficult, time consuming, risky, or expensive. As Whitney Young said, it is only natural to bet on the sure things.

Many severely handicapped deaf adults lack the motivation and patience to complete a four-year training program, but this is all the more reason why they need truly comprehensive services while in short-term training. Too many of these deaf people show up in mental health clinics, VR offices, and community service agencies for the deaf a few years after “graduation” from rehabilitation center programs. Then the process has to be repeated . . . and will be repeated . . . until half measures are replaced by truly comprehensive services provided by qualified professionals.

It is long past time for top level policy makers and budget framers to stop imagining multiple disabled, severely handicapped deaf persons will go away if ignored long enough, weigh the negative economics of half-measures, and implement the intent of the Rehabilitation Act of 1973 by giving equality of services (if not priority) to those who need help the most.

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