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Directions for Rehabilitation Counseling with Deaf Persons

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DIRECTIONS FOR REHABILITATION COUNSELING WITH DEAF PERSONS

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Rehabilitation services have evolved at a very rapid rate since their initiation in the late 1940's. This evolution has not only been in terms of variety and availability of services, but also in terms of ideology and scope. The vocational rehabilitational amendments of 1968 translated this developing ideology into a mandate for action. Rehabilitation services are now truly in the era of the "invisible disability."

This ideological shift from the "visible handicapped" to the "invisible handicap" has had major impact upon the professional rehabilitation counselor. In his multi-faceted role in the rehabilitation process, C. H. Patterson has pointed out that he is "...required to function as a coordinator, an eligibility and compensation expert, a dispenser of physical restoration services, a social worker, a placement expert, a public relations man , and a dozen other things--including office clerk " (Patterson, 1960). To further complicate an already complex situation, various agencies or centers, due to differences in philosophy and approach, may place special emphasis on any one or several of these particular skills.

It has only been in very recent years that the role of the rehabilitation counselor has come sharply into focus as being primarily that of a counselor, that is, an expert in human relations whose major objective is to facilitate positive behavioral and personality changes in his client. Unfortunately this responsibility has caught many professional rehabilitation workers unprepared, and because of this, some have even been moved to call for a return to physical restoration services only.

The Rehabilitation Counselor and Counseling

Traditionally counseling, per se, has occupied a relatively small percentage of the rehabilitation counselor's energies. His role in working with such aspects of the rehabilitation process as physical restorations placed a premium upon case coordination and the purchasing of services from other specialists. Thus counseling of individual clients was seemingly limited both by time and apparent need.

Counseling has been defined in a variety of ways by past writers. Rogers (1942) defines counseling as a series of direct contacts with the individual which aims to offer him assistance in changing his attitudes and behavior. He defines a counselor as anyone who deals with individuals who are maladjusted, perplexed, or failing.

According to Bordin (1955), counseling and psychotherapy are terms which have been used to apply to interactions which occur when one person referred to as the counselor or therapist has taken the responsibility for making his role in the interaction process contribute positively to the other person's personality development.

Hahn and MacLean (1955) define clinical counseling as "a process which takes place in a one-to-one relationship between an individual troubled by problems withwhich he cannot cope alone and a professional worker whose training and experience have qualified him to help others reach solutions to various types of personal difficulties." These authors go on to say this about the purpose of counseling: "The major mission is to organize learning situations in such a manner that the client, after gaining new perception and insight into his problem, will change his behavior from what it was to something more personally satisfying and socially acceptable."

In describing the functions of the counseling process, Leona Tyler (1953) states that it concerns itself with attitudes rather than actions, and that emotional rather than purely intellectual attitudes are the raw material of the counseling process.

The American Psychological Association (1956) has defined counseling as a process designed "to help individuals toward

overcoming obstacles to their personal growth, wherever these may be encountered, towards achieving optimum development of their personal resources."

In general then, counseling is seen as a helping process aimed at facilitating positive behavioral and personality changes, and concerns itself with feelings and attitudes, cognitive processes and environmental factors.

Counseling With Deaf People

Although rehabilitation counseling with deaf people has come a long way in recent years, much of the "counseling" offered to the deaf, unfortunately, is still characterized by stifling paternalism, by over-reward for, and acceptance of minimal performance, by directing, demanding, cajoling and advice-giving. The resulting "help" is usually reacted to by either dependence and lack of independent action, or rebellion and acting-out behavior. This problem is further complicated by the communication problems inherent in manual language and duality of meaning of many signs such as mental health insanity or counseling advising.

If I sound overly critical of rehabilitation counselors in general, let me hasten to point our that many agencies and comprehensive centers are fully cognizant of the need for counseling services, and do, in fact, provide excellent counseling programs. In addition, several counselor training programs around the country have had considerable insight into the changing focus of rehabilitation services and client needs and are doing an excellent job of providing counselors who are well prepared to meet these needs.

The particular variety of counseling which is sometimes available to deaf persons is, however, undoubtedly due to our own initial lack of knowledge and understanding. Counseling deaf persons requires specialized communication skills as well as considerable patience and understanding. The learning of manual communication, however, provides only the opportunity to understand. At first sight, most counselors are struck with the fact that the thoughts and feelings of deaf people are devoid of abstract ideation and symbolism. This, in turn, seems to preclude communication which is both diagnostic and therapeutic. The counselor

who is open to experience and willing to empathically explore his client's feelings, however, unavoidably finds that this concreteness is more in the expression of feelings than in the feelings themselves (Abdullah, 1969).

Slowly, however, research and experience are breaking down the stereotypes which have lingered so long with the deaf. We finally seem to be aware that the beliefs that deaf people were lacking in intellectual ability, that they were capable of only extremely concrete thinking, and that they were "paranoid" are more often a reflection of our own imperfect measurement devices, our lack of communication skills and our own biases and prejudices.

Perhaps one of the more useful concepts to emerge has been the view that the average deaf counselee is better understood as having relatively normal reactions to an abnormal situation, and is more aptly termed as having an "Underdeveloped Personality" (Hurwitz, 1969). Hurwitz characterizes persons with underdeveloped personalities as being "...highly dependent people, lacking in initiative, fearful of new events. Their limitations bind their energies to the immediate present. They do not make effective use of whatever mechanics and knowledge they possess for communication and are equally inept in socialization and self-sufficient functioning. Serious defects in work orientation exist. Such individuals, within the very limited purview of their experience and personality structure, tend to view reality correctly but lack adequate adaptive responses."

When viewed from this perspective, it is not hard to see that directing and arranging may lead to the client's increased dependence on the counselor. Without acceptance and understanding, the client may come to feel that it is safer not to try than to try and fail. When he does make an attempt to assert himself and experiment with new feelings of independence, he will be grossly unprepared to do so and his behavior may be seen as acting-out or anti-social, and bring disciplinary action rather then growth. Finally, rehabilitation workers have recognized for many years that vocational training alone is unsuccessful without concomitant changes in the individual's self image, ego strength and interpersonal skills. Facilitation of these changes in counseling serves to make vocational training personally meaningful and thus increases the

chance of successful rehabilitation. Conversely, it appears that without counseling services, the rehabilitation process might well serve to reinforce and continue rather than end the invisible disability.

Rehabilitation counselors are in a unique position to offer effective counseling services to deaf people. Although deaf rehabilitation clients do share common problems such as limited communication and social isolation, their emotional and vocational needs are as varied as any heterogeneous group. Because of this, they require a great variety of vocational training programs, placement services, medical, educational and psychological services. Rehabilitation not only has both this variety of services aviailable to its clients, but it also can cross traditional boundaries to cooperate with other agencies and draw upon back-up personnel and specialists to meet an individual client's needs.

One of the greatest stumbling blocks encountered by mental health centers and psychiatric clinics which attempt to offer counseling services to deaf persons is the social stigma and fear which the deaf community itself attaches to persons struggling with emotional difficulties. Here again the rehabilitation counselor is in a unique position to offer counseling services to deaf people in that they lack the social stigma of mental illness which prevents many deaf persons from seeking help from other sources.

Finally, it is generally recognized that to be most effective, counseling services must be provided when and where they are most needed. Here again the rehabilitation counselor is in a unique position to offer services at critical points within the rehabilitation process and the initial post-employment period so that as the client experiences new social situations, new training experiences and new self knowledge and awareness, a helpful, understanding and an accepting person is nearby to make these experiences personally relevant.

New Directions

Perhaps the most profound as well as the most difficult new direction for counselors to deaf people is the move into the realm of

the invisible disability. This shift in concern and emphasis will demand concomitant changes in the rehabilitation counselor's training, the time actually spent in counseling, and the criteria for successful rehabilitation.

New rehabilitation counselors who are just beginning work n the field and in comprehensive centers often find that while they are well prepared for case management duties, they lack the training and experience to tackle more involved emotional incidents in their clients' lives. While several training programs are preparing their graduates for counseling extremely well, greater emphasis upon methods, techniques, and the helping relationship in counseling will undoubtedly appear in the training programs of the future.

Shifting the bulk of time spent with the client from case management to counseling will require rather sweeping changes within the various rehabilitation agencies. Two areas which seem most promising are the increased utilization of counselor-aides, and basic changes in the criterion of successful rehabilitation, namely case closure.

The use of subprofessional support personnel has a long precedent in the medical professions. The need and feasibility of support personnel in rehabilitation as well as education however, has only been recognized in most recent years. In 1968 a conference on the use of support personnel in vocational rehabilitation (Lucas & Wolfe, 1968) listed a total of forty-one rehabilitation duties being performed at that time by support personnel. Included in this list were virtually all duties performed by rehabilitation counselors, even counseling and testing. At that time the reporting committee called for a reexamination of the role of rehabilitation counselors, particularly in their function as supervisors of other personnel. Research reports since have indicated that support personnel functioning both independently and under the direction of trained counselors can produce positive results with their clients, and that their rate of successful counseling and case management may, at times, surpass trained counselors (Truax, 1967; Truax & Lister, 1970). These reports, though certainly not conclusive in themselves, serve to underline the fact that properly selected and trained support personnel have the ability to at least perform many case management duties which may serve to free the trained counselor for a more efficient counseling-oriented role.

In 1968 a study of uniformity and differential rehabilitation practices in the state-federal vocational rehabilitation programs was initiated under the auspices of the Council of State Administrators of Vocational Rehabilitation. Preliminary results of this ongoing research project indicate that "...such federal-state yardsticks of gauging effectiveness as rate of rehabilitation appears to be quite invalid as a measure of quality. That is, it is simply a measure of volume and appears to be negatively related to other indices of quality of services." The reports continue by stating that, "More sophisticated yardsticks of state agency performance that incorporate quality of service, volume, and average client benefit are needed."

These findings may tend to support what many of us have feared true: that rehabilitation counseling often ends precisely where it should begin and that the true measure of effective rehabilitation may be considerably more than the volume of clients served each year.

Finally, it appears that the lack of time devoted to counseling services in the past may prove to have been false economy. Several agencies now serving deaf persons have evolved programs of family consultation and education, of pragmatic training in activities of daily living, and post case-closure counseling. These programs reflect the increased concern that the individual client attain a high level of functioning and leave rehabilitation equipped to sustain the process of attaining independence, productivity and self-actualization.

Summary

In summary, it appears that while the practice of rehabilitation counseling with deaf persons has made considerable advances in recent years. It now faces even more rapid and far-reaching demands which may call for changes in ideology, staffing patterns, services and criteria for successful rehabilitation. Although these new directions will require changes by the various rehabilitation agencies and counselors themselves, it appears that the ultimate result will be another step toward the total rehabilitation of the individual, through self-determination and, hopefully, self-actualization.

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