JADARA

Volume 4 | Number 3 Article 15

October 2019

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Edna P. Adler
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EDNA P. ADLER

Deafness is a multiple handicap for every person it afflicts. Regardless of age of onset and type of hearing loss, level of intelligence and life station, deaf adults share in common certain basic handicaps that stem from sheer inability to hear.

Deprivation of opportunity to monitor their own speech, of power to comprehend fully the speech of others and to gauge interfering background noise are continuous hinderances to effective oral communication for all deaf people. Also, there is the frequent inconvenience, occasional embarassment and even danger to deaf persons that result from their unawareness of auditory signals. Another problem peculiar to deaf individuals is their inability to make independent telephone calls using regular telephone equipment. Happily, this problem is being reduced as special equipment affording visual communication by way of normal telephone facilities becomes more available.

In spite of the complexities of their compound disability, it is well-known that most deaf people have adapted themselves so completely they they are able to function as normal adults. This paper is not being presented, however, to extol on the adjustive capacity of deaf people who are otherwise normal. Its purpose is to discuss the deaf adult who has not made a satisfactory life adjustment. The additional handicaps and disabilities that an estimated one hundred thousand deaf adults contend with have been well-documented. Handicapping conditions and disabilities in deaf adults which have been recorded by professionals serving them are 1) communication deficiency; 2) undeveloped or poorly developed

language skills; 3) brain damage; 4) delayed learning; 5) mental retardation; 6) emotional disturbances; 7) behavioral disorders; 8) vision impairment; 9) cerebral palsy; 10) epilepsy; 11) limited vitality and other health conditions.

In view of the current significant developments in the area of service to severely handicapped and multiply disabled deaf adults, a review of the progress that has been made in establishing effective service programs for them may be timely. Professionals working with this population at comprehensive rehabilitation centers, at sheltered workshops, at community speech and hearing centers, at hospitals, at institutions, at halfway houses, at schools for the deaf, at State vocational rehabilitation agencies and at adult basic education programs will soon receive copies of the report of a national conference on improved rehabilitation services to multiply disabled deaf adults which has just become available. The report of a meeting of vocational rehabilitation counselors and facility people serving the deaf held in Hot Springs earlier this year will provide additional guidelines on service to this group when it is published. The steering committee of a National Task Force on the Low (Under) Achieving Deaf Adult which met in February is presently engaged in exploring ways and means for implementation of the recommendations made at the meeting which focus mainly on facility development.

Public Law 89-333 which authorized funds for support of special State vocational rehabilitation projects to develop innovative efforts to meet the needs of severely handicapped and multiply disabled people has done much to stimulate interest in better programs for deaf people. Even before this 1965 legislation, research and demonstration projects sponsored by the Social and Rehabilitation Service were investigating the vocational adjustment of deaf people including the severely handicapped and multiply disabled. An early experiment in personal adjustment training for deaf adults who were declared non-feasible for vocational rehabilitation services due to severe personal, social and occupational adjustment problems proved conclusively that with special services and trained staff they could be helped to achieve their employment potential and a better place in the community. This program was the forerunner of later programs where various other techniques of service were developed.

It is interesting to note that the first Social and Rehabilitation Service research and demonstration project in the area of deafness, which was funded in 1955, concerned emotionally disturbed deaf adults. Since then, important knowledge has been developed at other projects also on emotional disturbance in deaf adults and its treatment. This information is invaluable to psychiatrists, psychologists, social workers, vocational rehabilitation counselors and nurses in their work with mentally ill and emotionally disturbed deaf adults.

Another early research and demonstration project on deafness investigated the extent of profound hearing loss among patients at an institution for the mentally retarded. Unique training techniques including Manual English were demonstrated with mentally retarded deaf adults and children enabling all to develop better communication skills and to assume greater self-care. A good percentage of the adults advanced enough to qualify for vocational training, employment and restoration to the community. A just completed innovation project sponsored by a State vocational rehabilitation agency demonstrated communication training to mentally retarded deaf children for better later rehabilitation.

Presently, twenty-eight residential schools for the deaf conduct diagnostic, evaluation and adjustment training programs where deaf youth, including the severely handicapped, still in school, can acquire needed academic and work skills. Vocational rehabilitation counselors stationed at these school centers help prepare the deaf youth for their difficult transition from school to employment and serve as follow-up agents as they adjust to work for which they have demonstrated aptitude and interest.

Training in skills essential to employment and effective community living is provided at most programs for severely handicapped and multiply disabled deaf adults. However, a curriculum that might serve as a guideline to instructors anywhere has not yet been developed. Completion of a manual on expanded sign designed to serve as a language development tool for severely language handicapped deaf adults is now being refined and enlarged.

Visual training media suitable for low achieving deaf adults is practically non-existent. This is a distressing situation in view of

their characteristic visual orientation and low language control. The assistance being given by Media Services and Captioned Films, United States Office of Education, in supplying visual media projector equipment and films being distributed to programs for severely handicapped and multiply disabled deaf adults represents an important start in the development of critically needed visual media services for rehabilitation facilities. Early plans for a directory of available visual media suitable for deaf people with special personal, social and work adjustment training needs are now being made.

It is possible that less than 200 deaf adults receive, at any one time, the in-depth, long-term adjustment services that they need in order to achieve their vocational potential. Vocational rehabilitation counselors are generally unable to find the special kind of training facilities to which they can refer their disadvantaged deaf clients. One highly qualified program is known to have a long waiting list. In view of the thousands of deaf adults who now and in the future will need special diagnostic, evaluation, treatment services, adjustment training, placement and follow-up services that are essential to their rehabilitation, it is imperative that more programs be developed and maintained.

It is therefore very encouraging to know that expert attention is now being focused on the neglected vocational rehabilitation needs of the bottom half of the deaf population. The future appears to hold bright promises of more abundant and appropriate services for severely handicapped and multiply disabled deaf adults. An urgently needed first step is the planning and development of a model regional residential facility where research, special service techniques and highly trained staff can combine to develop effective guidelines for other similiar programs. A library of visual media patterned on the training needs of deaf adults which will be available to facilities serving this population is already on the planning boards.

Research on better service and training techniques for the many deaf adults with learning disorders caused by brain damage needs to be undertaken.

Training in services to severely disadvantaged deaf people should be available to vocational rehabilitation counselors wishing to specialize in this work.

Research to develop or adapt existing training materials required by deaf adults to help them improve their reading, writing and computing skills for better employment and social opportunities is an urgent need.

Greater use of adult basic education facilities as a resource for personal, social and occupational adjustment training for disadvantaged deaf adults with appropriate curriculum and media should be pursued in more communities.

Community social clubs of the deaf need to be encouraged to sponsor adjustment training programs for marginal deaf adults in cooperation with local vocational rehabilitation staff.