The Role of the Social Worker in Services to Deaf Persons

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In discussing the role of social work in service to deaf persons, certain preliminary observations should be shared from the outset. First, this author as a professional trained in the fields of education, rehabilitation, and counseling, can by no means profess to represent the views of professional social work, per se, lacking the qualifications to do so. However, as a general deaf specialist, I am acutely alarmed that the valuable contributions which the field of social work might make to better mental health practices in the field of deafness have not received appropriate recognition. Service often perceived as social work practice tends to be no more than a few, isolated, highly visible aspects of practice; social studies of clients, family consultation, foster home placements, and other examples of tangible assistance (Hurwitz, 1969). Secondly, and more important, we propose to consider the role of the social worker not in terms of past or current accomplishment, but rather of future potentialities and expectations. Recommendations of potential means and areas in which the social worker might effectively contribute to the field of deafness are drawn from the general literature, colleagues in social work, and the author's experience in counseling with deaf adults.

This paper presents first a general review of current developments in the field, relating these findings to the urgent need for reevaluation of our service programs; second, a brief resume on the apparent underutilization of social work expertise in the field. Third, to examine future expectations of the social worker and means by which this profession can attain its appropriate status and role in the field of deafness. Fourth, to propose a course of action by
which the Professional Rehabilitation Workers with the Adult Deaf might be instrumental in promoting greater acceptance and participation of social work in the field of deafness.

**Current Developments in Deafness**

The last ten years we have experienced significant developments in every field of service for the deaf. Community Service Agencies, a multitude of research and demonstration projects, the NTID, employment of rehabilitation counselors for the deaf in most states, the model elementary and secondary schools for the deaf, the COSD, and countless other programs have materialized and provided an unprecedented level and scope of services to the deaf population. In the midst of this period of substantial growth and progress, we have also, however, witnessed alarming research findings which earmarked a significant proportion of the deaf population as catastrophically handicapped to vocations and society. This large segment of the deaf population has been found (Lunde and Bigman, 1959; Boatner, Stuckless, and Moores, 1964; Williams, 1965; Kronenberg and Blake, 1964; DiFrancesca and Hurwitz, 1969) to exhibit serious deficiencies in the area of communication, achievement, social effectiveness, interrelationships, emotional adjustment and occupational attainment.

In discussing the prominent characteristics of the multiply handicapped deaf clients in the St. Louis, Missouri program, for example, DiFrancesca and Hurwitz (1969) found that it is not the lack of innate functional capabilities that limited their clients' performance. Their clients did have sufficient intelligence, motor and coordination skill and motivation to function on normal levels. However, the clients' deficient social and emotional functioning stultified achievement and precluded employment. Hurwitz (1969) at the Houston, Texas Conference on Mental Health further states that "much of the work that will involve us in the future years will be in the prevention of psychosocial retardation among our deaf young people" (p.68).

These findings indicate that many of our deaf clients are experiencing difficulties because they have not been provided those basic services necessary to assist them in achieving a more
satisfactory level of social-emotional adjustment. In re-examining and establishing our service objectives for the next decade we must consider all potential resources. The nature of deafness is such that it demands the most sophisticated knowledge and practice we can provide. Even if such ideal treatment were available we would probably still struggle with severe adjustment problems in this population. We would be remiss then, to establish service priorities without exploring potential contributions social work practice could make to the field of deafness.

The Current Utilization of Social Work Expertise

Hurwitz (1969) in a vivid and penetrating critique on the contributions of social work practice on the mental health of the deaf found: that this (contribution) could be described as miniscule; that there was not a single book on deafness written by a social worker; professional articles on the subject were few and superficial; the actual number of social workers practicing in the field of deafness is extremely small. These observations are reflected elsewhere in the literature by the 1963 VRA workshop proceedings for the Orientation of Social Workers to the Problems of Deaf Persons (1963) and a recent article by Chough (1970) in the PRWAD Journal.

It is difficult to reconcile this apparent underutilization of social work practices with the severe psychosocial retardation many of our clients exhibit. A tenable explanation to account for the underutilization of those very practices which could conceivably alleviate the incidence of psychosocial retardation among the deaf was alluded to by Hurwitz (1969) when he stated “social work utilization, in and of itself, is not an adequate yardstick for measuring the adequacy of mental health programming except insofar as underutilization of social work expertise, it would seem, almost always goes hand-in-hand with underutilization of other essential mental health resources” (p.66). The primary concern here is that basic practices relating to the healthy development of individuals and groups are not being made available to large segments of the deaf population. That this condition exists is evident in the large numbers of deaf young adults experiencing great difficulty in the transition from school life into the general society.
There is nothing mystical or supernatural about social work, as we are using the concept, but only the practice of good mental health principles with groups and individuals in helping them achieve a state of adjustment between themselves and their external environment. The author feels that employment of social work expertise, with the deaf, in the traditional areas of psychosocial evaluation of home and family; consultation to other staff in diagnosis, evaluation, client planning, training, counseling with clients and families; liaison between client and community resources could substantially facilitate the development of better mental health practices in the field of deafness.

The major problem confronting social work would appear to be to establish more effective communication with educators, the deaf community, families, rehabilitation specialists and other professionals currently providing services to the deaf. This communication-identification problem is being vividly demonstrated at this moment. What we have, in effect, is a counselor, competent though he may be in his own speciality, being asked to present a paper representing the field of social work. This exemplifies the present state of affairs in the field of deafness very well. Social workers are not considered to discuss their own discipline! This is not an isolated illustration either, as all too often we witness evidence of those disciplines with traditional responsibility for the deaf child-adult experience difficulty in giving up what they feel is their historic role. The needs of our clients dictate, however, that we adopt a more progressive viewpoint and utilize all available expertise. Social work must define and clarify the role and contributions it can make, to identify critical areas of deficiency in current services and demonstrate how its expertise can significantly contribute. It is only when social work has gained acceptance by those currently responsible for service to the deaf that the deaf child or adult will readily receive benefit of its expertise. Otherwise, the current situation of public and professional ignorance regarding the potential contributions social work can make to the field of deafness may be perpetuated indefinitely.

Priorities In The Seventies: The Role of Social Work

Professional social workers have traditionally engaged in three primary areas of practice: social casework, social groupwork, and
community organization. Caseworkers employ techniques of interpersonal influence, group workers attempt to influence individuals through group involvement, and the organization worker has promoted collective problem solving, program evaluation and implementation. Social work is concerned with the process of the person's total socialization within the total community. The social worker is a professional with a complete knowledge of community resources available, an understanding of the environment and of a person's reactions to stress and the world around him. In this respect the social worker could bring a unique arsenal of skills to the field of deafness that is not generally available.

Social workers functioning as integral members of the treatment team could conceivably make significant contributions to the field of deafness by the following means:

Providing social work services directly to the deaf individual and his family, obtaining an early psycho-social study of the family in order to more effectively assist in mobilization of family resources to meet the problems presented by the handicapped child.

Functioning as full members of the treatment team: as an integral member of the educational team who participates in planning and decision making, in assessment of student needs and in programming for meeting these needs; the rehabilitation worker performing psychosocial casework with clients and families; in the speech and hearing clinics to help parents with their feelings about their child and his deafness, or the adult about his loss. Performing all those functions which fall within his particular area of expertise.

Perform the functions of mental health generalists, sponsoring and promoting better mental health practices in the field of deafness by making the needs of the deaf and potential means of prevention known to the professional and lay community.

Assist the deaf community to organize and more effectively communicate its collective needs, plan means by which the
group can better achieve these services, i.e., Community Service or related programs, on a level consistent with their needs, planning with, not for the deaf community.

Sponsor the establishment, in major communities, of a referral service that is familiar with the availability of local services for the deaf or means by which they can be obtained. This would require the service of staff thoroughly familiar with the art of effectively getting the client and needed services together. This is an especially critical point when working with the deaf, who are generally apprehensive and unsophisticated when it comes to utilizing general community services.

Actively recruit and encourage the staff of local social work agencies to acquire communication skills and knowledge of the unique problems associated with deafness, enhancing their contributions to the field.

Assume a more visible and aggressive role, clarifying, to other professionals serving this population, the contributions which social work practice can provide.

The priority of social work for the seventies, in the field of deafness at least, would appear to be that of gaining acceptance by the deaf consumer, agencies and professionals currently responsible for service to this population. Social work expertise in the form of casework, group work or community organization are vital, necessary services and must be made more generally available to the deaf population. It is our responsibility to plan and implement means by which this need can be communicated and social work gain acceptance as an important member of the team responsible for service to the deaf.

Promotion of Social Work Participation: On the Organizational Level

The Professional Rehabilitation Workers with the Adult Deaf, as the major organization of professionals working with the deaf, would appear to be the most appropriate means of promoting the
greater participation of social work in the field of deafness. Its membership represents all the major service disciplines and collectively provides the bulk of current services to deaf persons. It would be both appropriate and advisable for members of the PR-WAD who are concerned about the underutilization of social work in deafness to collectively organize and submit recommendations to the parent organization for a general plan of action. From my own knowledge and concern I would submit the following recommendations:

That concerned members of the PRWAD informally organize a special interest group devoted to more effective communication and dissemination of research and practice developments concerning social work and deafness.

Recommend, through the PRWAD, that programs of social work education explore means of exposing and training students to work with the deaf.

Encourage university training programs already in existence to include and recruit social workers in their orientation programs to deafness. Encourage Gallaudet to offer undergraduate courses in the area.

To establish communication with the appropriate committees in the National Association of Social Workers (NASW) and Child Welfare League of America (CWLA), informing them of the tremendous needs in social work service for the deaf, requesting their assistance in establishing programs for training social workers to work with the deaf.

Encourage programs and schools currently serving deaf persons to become familiar with the contributions social work can make to their programs, suggesting that they seriously consider the addition of social work expertise to their service programs, not creating just a position, but qualified social workers.

Promote, through its membership, the acceptance of good mental health practices, attending to the
social-emotional adjustment of clients as well as their educational, communication and vocational needs.

In summary I would like to reiterate that to provide essential mental health services to the deaf population the field of social work must first gain acceptance by the professional community serving the deaf. The lack of acceptance at this time would appear to be a function of the very diverse, ambiguous character of social work practice and its failure to define a systematic body of knowledge and values. The responsibility for rectifying this situation clearly rests with these concerned professionals who are prepared to accept this challenge. I hope that the general review of the current situation and suggestions of possible courses of action offered earlier in this paper will serve as a basis upon which more specific and relevant recommendations can be formulated in our group discussion following.

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