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THE NEED FOR COORDINATED SPECIALIZED SERVICES FOR THE VOCATIONAL DEVELOPMENT AND ADJUSTMENT OF THE HANDICAPPED POPULATION

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This topic, "The Need for Coordinated Specialized Services for the Vocational Development and Adjustment of the Handicapped Population," really presents two problems: the first is that the topic is rather complex and almost defies a neat development and easy presentation. The second is that it is extremely important and deserves treatment from a more experienced person than I. If you will take seriously these two limitations, I will endeavor to share my ideas with you. Perhaps the complexity of the subject and my particular perspective of it will make the presentation somewhat provocative. Very briefly, I should like to look at the setting of special services for handicapped people, give you my perception of some of the needs of the handicapped population as I have recognized them in working primarily with deaf people, identify some special services, establish some coordination targets, and conclude with a few comments concerning an impetus for coordination.

THE SETTING OF SPECIAL SERVICES

All special programs and services for the handicapped are subject to certain adjustments in our society which should be periodically documented, for these programs and services change along with characteristics of the society in which we live. Although I cannot identify all of the changes currently affecting the setting of special programs, I can describe enough of them to illustrate how they are related.

One of the most important conditions affecting the provision of special services to handicapped people is our present economic situation. As you know, funds are very tight. Money buys less and less. This affects the provision of special services very drastically as special programs can no longer be funded separately and are merged into general education programs with a great deal of rationalizing about the value of integration.

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In other words, the special needs of the handicapped are not so important nor are they so special when money is tight. It is unfortunate that we are going through a stage in which the economy is readjusting, and educational and service programs for the handicapped are suffering.

Partially as a spin-off from the pressures which some minority groups have been able to apply to the society at large, handicapped people are receiving more attention than they have in decades before. All minorities are more visible now. Although this is a phenomenon of the present, it should be viewed with some skepticism. We know that blacks, as a minority, have received a great deal of recognition. Chicanos and Indians are having an opportunity to be recognized or "understood." Disabled persons, even within particular categories of disability, also have their day. It is quite popular now for colleges and universities to initiate programs for college-age deaf students. This is long overdue and a development which we at Gallaudet College support completely; however, we are reserving judgment until we can see the resources developed on these campuses which deaf students need desperately in order to succeed. But handicapped people are being recognized, not only as people, but as citizens with rights and responsibilities in this nation.

You can identify still other conditions which are affecting the programs and services available to handicapped people. The economy, individual rights and responsibilities, mobility, a tight labor market, inflation, frustration over the commitment of national resources—these are conditions which also affect programs and services.

NEEDS OF THE HANDICAPPED POPULATION

As I discuss this topic, I should like to call to mind one of my limitations. I work with and for deaf people. I am not experienced enough to speak of the needs of handicapped persons generally, but I can speak from my own knowledge of the needs of deaf people and interpolate from that base. I think the needs of handicapped persons can best be seen in three categories: the need for medical and technical services, the need for professional programs and services, and the need for fundamental human rights.

Some of our best work is done in meeting the needs of handicapped people through medical and technological advancement. Physicians have made and are making tremendous strides in providing prostheses, therapy, and technical assistance. Progress, I think, has been most vivid in the area of providing motor and other movement skills for physically handicapped although much remains to be done in removing architectural barriers. Success has not been as good in the area of providing technical assistance for deaf and hard-of-hearing persons. Even though amplification has vastly

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improved, the instrumentation which enables a desirable degree of aural discrimination for deaf people has not yet been perfected.

Handicapped people obviously need more professional programs and services. They need the products of these programs in the form of skilled personnel to work with them, and they need access to professional preparation themselves. If the area of deafness is a suitable example, and it may not be, I discover a greater need for professionally trained teachers and counselors than in any field I have ever experienced. As schools and classes are functioning, what this means is that many of these programs are staffed with persons who do not meet minimum professional standards. Allowing some leeway for overly complex and otherwise poor standards, handicapped persons are still not receiving the quality of professional skill which is available to non-handicapped persons.

The greatest of all needs of handicapped persons falls in the area of human values and relationships. Not long ago I was reading James A. Michener's great novel, *Hawaii*. In one of the sections of it he describes the treatment of lepers about one hundred years ago. Of course, there was no known cure, as there is not now for this dreadful disease. But I submit to you that the inhuman treatment of the leper by the citizenry in those times was as bad as the disease itself.

We have made tremendous strides in the acceptance of handicapped people. But the myths still linger; the prejudice is there; and acceptance is often a veneer. As handicapping conditions often take one out of the mainstream of life, acceptance and involvement with this society is one of the greatest needs. We have more worlds to conquer before we can be considered a humane society in the eyes of handicapped people.

SPECIAL SERVICES

Most handicapped people need the following special services: identification, diagnosis, prostheses, evaluation, special education, work placement, work and work improvement. Fortunately, several agencies accept responsibility for this rehabilitative process. The medical profession can and does do what is physically possible to restore a handicapped person to his maximum level of functioning. The medical profession, in recent years, has become concerned with the total rehabilitative process and is doing increasingly better work in the area of the psychological adjustment of handicapped persons as well as the physical restoration with the use of prostheses.

Vocational rehabilitation has broadened its authorization and its services in very wholesome ways. Counseling and other services provided by vocational rehabilitation now extend downward to reach younger people and include many disabling conditions which stem from mental and

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emotional conditions. Furthermore, rehabilitation services come near to being the most comprehensive effort for the restoration of handicapped persons which exists, and we should be proud that this concept and this organization are indigenous with the United States.

Finally, special education programs, suffering as they do periodically from drastic reductions and reorganizations, also represent a valuable resource. These programs, however, are still pioneering in ways to develop the full intellectual potential of handicapped people. And both vocational rehabilitation and special education programs are guilty of preparing handicapped people in order to accommodate the handicapping condition rather than exploiting the individual's potential for learning.

Both rehabilitation and educational programs must become advocates of handicapped people in the job market. In doing so, they must pioneer in helping handicapped people break into jobs which have never before been held by persons with handicaps. When this happens then we will know that we are placing handicapped people more in line with their potential.

COORDINATION TARGETS

With physicians, therapists, counselors, rehabilitation coordinators, teachers, supervisors, and still other professional personnel working with persons with various disabilities, how do we improve our efforts to work together so that specialized talent and energies amount to more? The only way to answer this question is for those professionals who work with handicapped people to accept and to strive for the following coordination targets or goals:

1. Specialized professional personnel must understand the full range of programs and services available to persons who have specific handicapping conditions. My first direct professional experience with deafness was in 1966 when I attended the Las Cruces Conference on the Coordination of Educational and Rehabilitation Services for the Deaf. As educators of the deaf, rehabilitation counselors and the deaf consumer came together in that meeting, they could not talk the same language and each made rather preposterous assumptions about the goals of the other. Before the meeting had concluded and after many heated exchanges, understandings of the roles which each could perform were beginning to emerge. There is no excuse for not knowing in depth the resources which are available to a handicapped person no matter what service you endeavor to render.
2. All professional personnel serving in a rehabilitative capacity should have an opportunity not only to know and to understand other professional services available to the handicapped, but they should

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also manifest a respect for other services. This is not a matter of politeness. When an individual respects services provided by others, he recognizes his own limitations and desires to seek the best possible professional assistance for his clients. It is easy to assume that you have those skills which can serve all handicapped people. We should rid ourselves of assumptions such as these and recognize the skill and expertise which others can give.

3. If we have proper understanding and respect as suggested above, we will have no reluctance in working with other specialized professionals. Increasingly we should have cooperative arrangements, including facilities which enable highly specialized professionals to confer and otherwise work together in the interests of particular clients. When cooperation of this nature is reached, specialized professions will have reached a milestone in their development. True professionals do have understanding of their limitations and the resources of other professionals. They do have respect for other professions. They are willing to work with and through other professionals.
4. Professionals know the value of using a systems approach in collecting and sharing information, and in making referrals. Why don't we do it? We must make full use of the clearinghouses which have been established and we must perfect those networks which enable our clients to have access to programs and services that will help them.
5. Finally, we must recognize once and for all that a handicapping condition does not suspend one's basic human and citizenship rights. We must involve the handicapped person on policy making groups, committees and boards where he can influence the formulation of policies affecting his life and the lives of his colleagues and friends. This is the most vital link—and most often the missing link—in the coordination of programs and services.

I submit to you these five coordination targets for the immediate future. If we could reach them, all handicapped people would benefit immeasurably.

THE IMPETUS FOR COORDINATION

There is a sense of urgency in acquiring a higher level of coordination and cooperation among those specialized professionals providing services to handicapped people. Aside from ethical considerations which would argue strongly for professionals working together, the sheer moral responsibility for making the best use of funds, facilities, and talent give an overwhelming impetus to the need for better coordination. Of course it is easy to discuss goals of this nature in the abstract. The real moment of

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truth comes when we, as professionals, sit down with a specific client. As you do so I hope that you will be secure enough, professional enough, maybe I should just say, big enough, to ask yourself questions like these: Who else should be sitting here with me? What other resources are available to the client and to me? What is the best possible source of assistance for this client and where can I find it for him? Who can help me help him most?

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