

October 2019

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Recommended Citation

Cassell, J. L. (2019). Serving Multihandicapped Deaf Clients: The Networking Concept. *JADARA*, 18(1). Retrieved from <https://repository.wcsu.edu/jadara/vol18/iss1/5>

SERVING MULTIHANDICAPPED DEAF CLIENTS: THE NETWORKING CONCEPT

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Robert Dantona (1980) suggests that rehabilitation planners may have until the 1986-88 period before the peak occurs in which approximately 546 deaf-blind clients a year will be entering the rehabilitation system. This projected challenge to service providers has been voiced time and again. Craig Mills (1980), speaking to a group of professionals at a conference on deafness and rubella, noted each had the responsibility "to be the catalyst to mount a crisis response to a critical need" (p. 4).

In response to the challenge and the need, professionals in the Southeast attended a conference under the auspices of the Regional Rehabilitation Continuing Education Program (The University of Tennessee) to deal with the projected impact of the 1963-65 rubella epidemic on rehabilitative services and problematic intervention for multihandicapped deaf persons. The activities of the conference revolved around a networking concept. Burkhalter and Walden (1981) define networking as "a cooperative relationship among information and service providers who collectively can deliver better services than could be provided by the same set of information and service providers operating as isolated, single entities" (p., 24). Further, Mills (1980) suggests "rehabilitation cannot be all things to all handicapped people" (p. 45), thus the networking approach sought to collect a varied group of professionals to address this specific handicapped group's diverse needs and to assess the resources available to serve them.

Networking appears most feasible for this group of individuals owing to the "bulge" characteristic that defines them. That is, the 1963-1965 epidemic created a significant increase in this specific category of individuals and at some point the incidence will recede and the "bulge" will no longer exist. Thus, the creation of facilities, specialized centers, and the like appears unwarranted. The most effective as well as cost-efficient approach is to link the most prevalent needs with existing services of the modification of such services. Likewise, networking lends itself to the provision of individualized programs since each cannot be subsumed under the rubric "rubella" and treated

with a patented approach as if they all belonged to one group (Woodrick, 1984).

The acceptance and enactment of the networking approach for this scattered client population is only the initial step. The strength of any real rehabilitation effort lies with the critical services each agency, rehabilitative setting, or service provider will actually make available.

The work of the professionals who attended this conference was guided by the following general objectives:

1. To focus on the needs and services available for multiply handicapped young adults whose deaf/blindness is due to rubella.
2. To classify the target population from this area for whom Vocational Rehabilitation (VR) will be responsible.
3. To determine the appropriate role VR agencies will fulfill in the restoration and rehabilitation of these individuals.
4. To stimulate awareness and preliminary planning of rehabilitation services through the case study approach.
5. To determine who (in the individual states) should be involved in planning for services.
6. To focus on state, region, and individual strategies for serving deaf-blind persons.

Although the multitude of interactions occurring among those present at the conference were not recoverable in toto, there were a number of specifics generated which can provide a framework to stimulate further discussion and focus on addressing the challenge and the need in serving these multihandicapped deaf individuals. The primary topic areas are introduced below with succinctness. Elaborations on the topic areas can be found in the articles that follow.

Multihandicapped Deafness: The Parent Experience. With the driving force of professional activities geared toward service entities for a particular client, one sometimes forgets the holistic nature of this and other handicapping conditions. Persons with disabilities are not isolated sets of experiences, personally or professionally. The rehabilitative experiences of a client are intrinsically linked with other life experiences, extraneous to the therapeutic envi-

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ronment. Most persuasive, the parent experiences are sobering exhortations to rehabilitation planners and service providers.

Implications of the Effects of the Rubella Virus for Vocational Planning. The effects of the rubella virus have been profound on those directly affected. Truly, the terms "multihandicapped" and "severely disabled" are exemplified by this group of individuals. The vocational implications present a true test of system and professional ingenuity and resourcefulness. Nowhere else is the "challenge" to vocational rehabilitation philosophy and practice more pronounced.

Demographic Summary of the Rubella Deafened Population. Demographics are basic to preparation of rehabilitation settings and the planning for continuance of services for any population of clients. Demographics also confront practitioners and administrators with an inescapable reality; but, hopefully, the negative perspectives gained are addressed by a strong optimism, i.e., the "challenge".

Coordination of Services to Serve the Severely Disabled Rubella Client. Within a networking approach the central theme is the maximization of available resources and ultimate utilization of services. The mechanism is cooperative agreements among potential agencies, facilities, and rehabilitative personnel. The outcome is more than verbalizing "quality" rehabilitative programs.

A Model Plan of Services: Ideal Services and Methodologies. A model, a paradigm, or whatever term one chooses to use, attempts to establish parameters or boundaries. The model presented by this group of interacting professionals must be regarded as only barely minimal in its exposition. Nonetheless, the comprehensiveness of the requisite interventions noted for these multihandicapped deaf individuals emerges as a clarion call of immediacy for ac-

tion. Elaborations on the content presented here are required at the service delivery level.

Utilization of Existing/Potential Programs and Facilities for Serving Multihandicapped Deaf Persons in Region IV. Although programs and facilities exist for serving persons with severe disabilities, most programs appear to be unprepared to address the needs of multihandicapped deaf persons. However, the potential does exist with the programs that have been established in the past. Adaptations, modifications, and accommodations will be necessary. These adaptations fall into, basically, four categories: (1) existing policy, (2) program specifics, (3) training and work experience of personnel, and (4) facility accessibility/space issues. The conference group activities identified approximately 170 "potential" resources and/or facilities for serving this client population.

Understanding the Rehabilitation Challenge of Multihandicapped Deaf Clients Through the Case Study Approach. Theory and philosophy are held accountable when practice encounters the source of a need. One question becomes, "How do the diverse characteristics of the multihandicapped deaf client mesh with the protocol of a rehabilitation system?" Also, "How do the rather well established parameters of vocational rehabilitation systems respond to a group of clients that sorely test the systems' limits and resources?" Several cases of clients who are multiply handicapped individuals were studied by those in attendance at this conference. Several of these cases are presented for the reader's edification, enlightenment, insight, and, possibly, judgment.

The potential barriers are clearly obvious in all the cases. The inherent struggle, personally and professionally, can be abstracted by anyone. The often unmentioned "challenge", hopefully, will not digress under such forces.

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