The Psychological Evaluation of Prelingually Deaf Adults

Roger M. Falberg
INTRODUCTION

The author has often been requested to list the tests he uses with prelingually deaf adults. This has come about, in part at least, because of the growing number of rehabilitation counselors for the deaf who are attempting to interest individual psychologists in the evaluation of prelingually deaf persons, and to educate these psychologists to the basic language and communication difficulties inherent in early severe deafness. The following article is an effort—not to set standards in the psychological evaluation of deaf people—but to describe the tests that this writer finds most useful, and why. It is hoped that the rehabilitation counselor for the deaf will then be able to provide an interested psychologist in his home community with a starting point.

While specific tests are named in this article, this should not discourage other psychologists from experimenting with other tests when evaluating deaf adults. It should be emphasized, however, that tests which are verbally-oriented should be used with extreme caution, if at all. The basic premise of verbally-loaded tests is that the subject has had an uninterrupted opportunity to acquire comprehension of spoken and written English language from the moment of birth to the time of testing, and that such acquisition has come about because the subject possesses normal or near-normal hearing. If that assumption is not met, as when early severe deafness interrupts and distorts the language-learning process, then the basic premises of the test are not satisfied. This does not mean that the test is inadequate. It simply means that the test was not designed for a prelingually deaf person, and that the hypotheses of the test's author cannot be applied to such testing situations.
No psychological evaluation should ever be undertaken solely for the purpose of obtaining scores. This is especially true in the case of the prelingually deaf. The purpose of any psychological evaluation is to obtain a better understanding of the client as a person. However, because of communication barriers, testing of prelingually deaf persons is often done in such a way as to make the client appear to be nothing more than the scores he has obtained. This emphasizes the need for ability to communicate with the client before an evaluation may be termed “complete.” The author is deaf, for example, and considers himself unqualified to completely evaluate normal-hearing persons. Too much would be lost. In the administration of the Verbal Scale of the WAIS, for example, subjects would be taken aback by the need to repeat, wondering if they should alter their responses the second time to make them more correct. They would gradually lose confidence in the examiner’s ability to really understand them, and in the entire testing procedure. The examiner would be totally unaware of vocal nuances and inflections given by the subject, and would be unable to confidently evaluate how the subject feels about having to work under pressure, etc. In view of this, it is difficult to understand how the reverse procedure — testing of prelingually deaf subjects when being unable to communicate with them freely and without restraint — would be acceptable.

Yet it must be recognized that psychologists who are able to communicate with deaf adults are extremely scarce. Therefore, in the article that follows, efforts will be made to point out where the use of interpreters might be especially valuable and to offer hints as to how the nonsigning psychologist can make himself understood by a deaf client.

It should be noted that many of the techniques described below were developed by the author in collaboration with Richard E. Thompson and Leon O. Brenner while the writer held the position of Psychologist for the Deaf Adult Project in the New England Rehabilitation-for-Work Center at Boston, Massachusetts. Portions of this article are excerpted from a report written for and submitted to the director of that Project — Mr. Clifford A. Lawrence. Mr. Lawrence has given permission for such excerpt, with the provision that the reader understand that the Project in Boston no longer offers intensive psychological evaluation as one of its services.

An objective psychological evaluation may be said to include the following elements: assessment of intellectual functioning, memory and perception, scholastic achievement, vocational interests, vocational
aptitudes, and personality. The first five elements will be explored in some detail, but, for various reasons, the field of personality testing will not be discussed intensively *per se.* Instead, each section will attempt to suggest how the psychologists may use the various tests to obtain insight to the client's personality. Unstructured personality tests such as the Rorschach and the Thematic Apperception Test, which are usable if the examiner is able to communicate adequately with the deaf client, deserve separate, more intensive treatment than can be given here.

**ORIENTATION**

The psychologist must realize that deaf people, in general, are not as sophisticated about psychological tests as are the rest of the population. This has come about partly because not very many schools for the deaf are able to offer psychological evaluations for their children due to the scarcity of competent professionals available for such work. Thus, it is vital that some time be spent in orienting the deaf client to what is going to happen in the evaluation and to why he is being evaluated. (If the client is referred by a rehabilitation counselor skilled in manual communication, basic orientation can and should be done by the counselor. However, the psychologist should *make sure* that it has been done.)

Most often, the reason for the evaluation will be more readily accepted by the client if it is stated in terms of his vocational goals — or lack of goals.

If the client has a definite goal, it can be explained that while the examiner is basically sympathetic to this goal, the client must demonstrate to the referring counselor and to the examiner that he is capable of achieving this goal. This is sometimes more easily done if an analogy within the client's experience is used: "Not all boys who wanted to play quarterback on the school's football team were able to play there. Some of them later found they were happier playing end or guard instead." The foregoing example is much more briefly and concisely stated than is usually possible. During an actual interview, the examiner would have to break this explanation down into much more simple and concrete terms. The explanation must be dwelt upon and elaborated so that the client feels that even if he does not qualify for what he wants, the evaluation will have positive, concrete results in terms of a recommendation defining what kinds of work he is best suited for.

If the client has no definite goals, then the evaluation should be presented in a positive manner as a procedure that might help him find
what kind of work is best for him. However, caution must be exerted, inasmuch as some deaf clients are liable to interpret this as meaning that the evaluation will result in a recommendation for “Job X at Company Y on the second shift, to start Monday”! The client should understand clearly that the recommendation may be quite broad and generalized.

Care should be taken to discuss at some length the client’s stated vocational goals. Are they really his, or are they suggestions from his parents or friends? What are the motives behind the goals? The prelingually deaf client who says he wants “IBM work” may not have the vaguest idea of the amount of training necessary to enter this occupational area.

Another purpose of the orientation interview is to permit the psychologist to obtain some idea of his client’s communication skills. Much has been written about the prelingually deaf person with very poor communication skills, but occasionally a prelingual deaf person will amaze the psychologist who, fearing the worst, finds completely unexpected levels of verbal competency in either the written or the spoken word. Such individuals are relatively rare, however. Even so, the orientation interview will help to alert the psychologist to the verbal level of his client, and to make his plans accordingly.

The atmosphere of the orientation interview should be informal. If the psychologist cannot communicate with the client adequately, an interpreter skilled in manual communication should be called if the client indicates willingness to have such an interpreter summoned. The same interpreter could be used during testing sessions later whenever appropriate. Even when an interpreter is used, the psychologist must be relaxed and cheerfully willing to take as much time as necessary to repeat, rephrase, and clarify as much as is needed. He must keep in mind at all times that it is his facial expression rather than his tone of voice that the deaf person is relying upon as a “mood-conveyor,” and that a frown or a grimace of impatience will be noted immediately and interpreted unfavorably. He must be on his guard against a vacant smile and repeated nodding, which often indicate that while the client does not understand, he insists he does for fear the psychologist will think him to be “stupid” if he admits he does not. If satisfactory rapport and understanding are not achieved in the initial interview, a second should be scheduled.

However, even the author has had to evaluate some deaf clients whose communication limitations precluded all meaningful orientation. These clients were unfortunates who either were confined at an
early age to institutions where they had no exposure to educational opportunities whatsoever, or who were unable to benefit from exclusive reliance upon oral training and had no usable lipreading, speech, reading, writing, or manual communication abilities. In such cases, testing will need to proceed on the basis of a feeling on the part of the client that the examiner likes him, will take time to pantomime and otherwise act out very simple things, and is genuinely interested in trying to understand any effort the client makes at communicating. Very often such clients have long been mere pawns of the manipulative efforts of their parents and others, and the novelty of sitting alone with someone and having that person make every effort to communicate with him can do wonders for establishment of good rapport and cooperation in the test sessions that follow.

EVALUATION OF INTELLECTUAL FUNCTIONING

The Performance Scale of the Wechsler Adult Intelligence Scale has long been relied upon to produce the best estimate of the level of intellectual functioning in deaf adults. It offers a variety of situations under which behavior can be observed and abilities can be measured. Instructions can be given in pantomime, and even deaf persons who have no communication abilities whatsoever, oral or manual, can be tested.

Because of the extensive use of this test by both psychologists and rehabilitation counselors in the evaluation of the prelingually deaf, it will be discussed in some detail below.

Instructions for the Digit Symbol subtest can be conveyed to the client by simply pointing to the row of models and allowing him to see that each number has a symbol below it. Thereafter, the standard directions can be followed for the samples. At the start of the test itself, the examiner tells the client to “Do as many as you can until I (rap the table).” Instead of saying or signing “rap the table,” the examiner taps the table with the tip of his flat palm. Rapping is a signal that most deaf people are accustomed to, and it is more considerate to use this for a “Stop” signal than to jab the client on the shoulder with a finger or a pencil. One moderately audible rap with a flat hand will suffice to permit the deaf person to feel the vibration and stop; thumping several times or hitting the table with a fist is jarring and not conducive to client-examiner rapport.

The standard instructions do not contain any admonition to the client to “work fast.” Since the standard instructions should be ad-
hered to as closely as possible at all times, the word "fast" or its sign language equivalent should be avoided when administering the part of the test that will be included in the final score.

A supplementary technique that has been found useful is to permit the client to reach a point approximately midway in the third row, and to note his progress every 30 seconds. In this way, it can be determined whether the client is actually learning the symbols and gaining speed, or whether he is simply referring to the models each time and is proceeding at a steady pace. When the client has reached the middle of the third row, he is halted and told that he has done well. He is then asked to do the fourth row very fast. His subsequent performance and behavior enables the psychologist to determine whether the client is able to maintain his initial pace, increase it when he is praised for previous achievement, or whether added time pressures introduce increased anxiety and interfere with efficient visual-motor functioning.

In speeded-up industrial conditions, the knowledge of the client's ability to operate under pressure can be extremely valuable. Of course, only that portion of the standard test completed correctly within the first 90 seconds is included in the final score, and the supplementary technique is not used at all if the client begins working on the fourth row during the standard administration of the test — i.e., completes more than three rows within 90 seconds.

In the Picture Completion subtest, the psychologist who can use the language of signs will often find it easier to make the instructions understood if he uses the sign gone for the word "missing" in the picture. (The sign referred to here is that made by drawing the right hand down quickly through the left, as if the right hand were vanishing into the left.) The psychologist who does not know the language of signs will also have better luck with "gone," or "not there," meanwhile shaking the head slowly and pointing to the picture. (Never move the head while speaking, as this interferes with lipreading. First speak the word or words, then shake the head.) Nearly always, however, the client catches onto the idea after seeing the first item even if he does not comprehend the instructions. Therefore, it is best not to spend a great deal of time on the instructions for this subtest, but to open the book of pictures to the first item as soon as one is finished giving the instructions.

Even in this relatively simple test, where the client can legitimately indicate his response by pointing to the missing part in the picture, ability to communicate can be very helpful. In one instance, a subject made a sign in response to item two which indicated he believed that
the tail had been drawn into the pig's rectum. This gave the examiner his first clue to severe emotional disturbance.

The Block Design subtest can proceed without any instructions at all, with the examiner simply building the first design and then indicating by pointing from his blocks to the subject's.

The most difficult subtest in the Performance Scale, as far as instructions are concerned, is probably the Picture Arrangement subtest. Perhaps the best way is to follow standard instructions, which specify that the cards are to be laid out before instructions are given. With normal-hearing subjects, one can give the instructions while the subject is studying the cards; with deaf persons, of course, this cannot be done. (In fact, it will probably be disconcerting to the client if he looks up and finds that the examiner was talking to him while he was studying the cards.) Some subjects will spontaneously reorganize the cards correctly, others will look questioningly at the examiner. While the standard instructions can be paraphrased quite closely in the language of signs, the examiner not conversant with this language should point to the pictures, allow the client to look at them again and then back at the examiner, and then shake his head and say: "They are wrong. You make them right."

A supplementary technique suggested by Wechsler (1958) is for the examiner, when the subject has readjusted the cards, to ask the client to tell the story that is in the cards. This technique is extremely helpful in clinical personality assessment of deaf adults as well, but can be used only by an examiner thoroughly conversant with the language of signs or with the assistance of an interpreter.

The Object Assembly subtest can be administered with a minimum of difficulty in giving instructions. A simple gesture to "go ahead" after the pieces have been laid out will nearly always suffice.

The interpretation of the results of the WAIS Performance Scale need not vary greatly from the examiner's usual procedure. He should, however, be informed of the client's background. Deaf students coming directly from rural residential schools for the deaf sometimes do not do well on the Picture Completion test, for example, simply because they have not been exposed to many of the objects and situations pictured. One Midwestern adolescent was disconcerted by the picture of a lobster because she had never seen one before. Another thing to note carefully is whether the subject actually perceives interpersonal relationships taking place in the Picture Arrangement subtest. Often, the subject rearranges the cards correctly but has only the vaguest idea of what is taking place in the sequence. This can be traced to the fact
that deaf people — especially young adults — have not had the same opportunity to engage in meaningful interpersonal relationships that their hearing peers have had. This is often true irregardless of the educational background of the client — whether he attended day classes, an oral or combined residential school, or even public school classes. The Picture Arrangement subtest, therefore, may be assessing the deaf client’s social sophistication rather than his capacity for insight. The client will sometimes work out “logically” correct responses on the basis of clues in the pictures, but the inquiry will show he does not have a clear idea as to what is taking place.

The author sometimes administers the Verbal Scale of the WAIS by using a 6” x 9” looseleaf notebook with simplified versions of the questions typed on each leaf. This is felt to be preferable to attempting to use the language of signs for the questions, in that it holds the stimuli constant from administration to administration. Were one to use the language of signs, it is more than likely that the questions would never be delivered exactly the same way twice in succession; not only the signs used but facial expression and “body language” would vary from one administration to another. Another drawback of this practice is that it may delude the uninformed psychologist into believing that the resulting score is a valid IQ because the language of signs was used. Whether given in the sign language, or spoken, or presented in written form, the results of the Verbal Scale should never be used as an intelligence quotient. The reason has already been outlined in the Introduction; the questions presuppose uninterrupted normal hearing from birth and uninterrupted opportunity to acquire the knowledge and concept formation tapped by the questions by virtue of possession of the sense of normal hearing. These assumptions are not met in the case of prelingually deaf adults. Therefore, all reports carrying the result of Verbal Scales administered in this manner should contain a footnote warning the reader that the scores should not be interpreted in the usual manner.

While the simplified Verbal Scale does not yield a valid IQ, its use is often revealing. When the Verbal and Performance scores are relatively close (less than 15 points apart, with the Verbal almost always the lower score), they may suggest a person who has been making extra efforts to overcome his language handicap. If more than 20 points apart, the client may be more adverse to academic work or to the need to communicate by reading and writing than are other deaf people. Clinical examination of the subject’s responses is often revealing, and, as with the normal-hearing, can be indicative of his emotional state.
In single instance, a subject who tested very low on the Performance Scale actually came up with a Verbal score ten points higher than her Performance score. This factor alone ruled out the possibility that the subject was unemployable, inasmuch as it indicated a psychological background that was favorable to new learning.

In general, however, it has been found that even a simplified version of the Verbal Scale questions are too difficult for deaf persons who have less than third grade academic achievement. When used, extreme care must be taken that the subject not become hostile and uncooperative as the questions become more and more difficult. If the examiner cannot use the language of signs, an interpreter must be brought in. Even then, the examiner should take the pains to let the subject know that he understands that deaf people have a very hard time learning to read and write, and that he is merely using this test to find out how much the client can do. Young deaf people, especially those who are not academic successes, are sometimes inclined to be very defensive about their low reading comprehension levels. Unless they feel that the psychologist is understanding and sympathetic about this, rapport during further testing can be disrupted. Because of this possibility, it is always better to administer the Performance Scale first, then the Verbal Scale.

With deaf adults whose deafness is very recent and who have normal command of language, the notebook technique can also be very useful. In this case, the standard questions are administered, and the verbal responses of the subject noted. The Arithmetic test can be somewhat difficult, inasmuch as timing must begin as soon as the subject completes his first reading. One solution is to ask the subject to read the Arithmetic questions aloud, and to begin timing as soon as he completes the sentence. With adventitiously deaf adults who lost their hearing in the mid-teens or beyond, the Verbal Scale can thus be administered in such a way that the questions are not open to misinterpretation by poor lipreaders, and the results can be considered a valid estimate of intellectual functioning.

MEMORY AND PERCEPTUAL FUNCTIONING

Three tests can be used to evaluate the client’s functioning in this area: (1) the Bender Visual-Motor Gestalt Test; (2) The Graham-Kendall Memory-for-Designs Test; and (3) the Weigl-Goldstein-Scheerer Color-Form Sorting Test.

The Bender-Visual Motor Gestalt Test. This test is so well known
to clinical psychologists that it needs no description here. It is not necessary to use any special techniques in its administration or in the interpretation of the results. Clients with no communication skills can be encouraged to draw the figures with little difficulty. With those clients familiar with manual communication, this mode of communication can be used to introduce the test.

The Graham-Kendall Memory-for-Designs Test. This test for perceptual dysfunctioning is useful in that an objective score can be obtained and any possibility of neurological impairment indicated by the Bender can be subjected to substantiation or contradiction. The test also provides an indication of how well the individual remembers what he sees, i.e., his ability to immediately recall visually perceived material. As with the Bender, it is possible to administer this test to persons with no communication abilities simply by demonstration. If it is administered immediately after the Bender, only a minimum of instructions is necessary. Nor is there any need to use a different approach to interpretation or evaluation of the client's drawings than that which is presented in the test manual.

The Weigl-Goldstein-Scheerer Color-Form Sorting Test. This relatively little-known test is part of a battery developed by Goldstein and Scheerer (1941) to assess abstract and concrete behavior. Originally, the test was formulated upon the concept that neurologically impaired patients find it difficult, if not impossible, to use abstract concepts in grouping and manipulating the test materials. In addition, although this facet is not explored or discussed by the authors of the test, the subject's behavior in the relatively unstructured test situation can be extremely relevant and helpful in clinical diagnosis. This latter feature alone justifies the inclusion of this test in a battery for the congenitally deaf.

The Weigl-Goldstein-Scheerer test places the subject in a situation where instructions are very minimal — Make groups that look right to you. The client's subsequent manipulation of the test materials is observed, his groupings noted, and he is asked why he grouped them as he did. With normal-hearing persons, the relatively abstract concept of “form” or “shape” can be assumed to be present in the person's vocabulary. With prelingually deaf persons, however, one must interpret responses more carefully. If the client groups casually according to a relatively abstract concept, but does not have either the words “form” or “shape” in his vocabulary, indications are that neurological impairment is not present. Rigidity and concreteness may be inferred when he tries to form stars, traffic lights, and other familiar objects.
After making one grouping, the client is requested to regroup the materials until he either becomes resentful or passively states he cannot think of any other way to group the blocks, or until it is clear that he is so anxious to please that he will continue to make groupings indefinitely. In this way, frustration tolerance is evaluated.

The Weigl-Goldstein-Scheerer test is valuable in that it assesses several dimensions of behavior. These are, to summarize the above discussions: (1) How does the individual react to an unstructured situation in which assistance and clues are kept to a minimum? (2) Does the individual readily incorporate abstract concepts in his approach to his environment? (3) How readily does he take offense when repeatedly asked to supply different solutions to the same task?

There have been instances where the performance of deaf clients on this test suggested severe emotional disturbance, as when they arranged the test materials in accordance with some internalized "rules" not suggested by the reality of the test situation.

SCHOLASTIC ACHIEVEMENT

Some estimate of the deaf client's current level of academic achievement is vital for rehabilitation planning. This is especially true when the client has only a minimal work history or no work history whatsoever. While such tests are not usually a part of a psychological test battery in clinical situations, their inclusion when evaluating a deaf person should be seriously considered if information on scholastic achievement is not available from other sources.

The usual complete battery of achievement tests can, for rehabilitation purposes, often be narrowed down to a vocabulary test, a paragraph comprehension test, and an arithmetic computation test. "Language" tests, which usually assess knowledge of rules of punctuation and capitalization and ability to use words grammatically and to detect incorrectly spelled words, can be included if the client desires clerical work or higher education. The more important scholastic achievement is for the attainment of the client's vocational goals, the more vital becomes assessment of scholastic skills.

However, extreme caution must be used in determining vocational potentials on the basis of the scholastic achievement scores of prelingually deaf clients. In the first place, poor functioning in academic skills does not necessarily indicate a low potential for achievement. Nor does it necessarily indicate mental retardation or any of the other connotations such scores carry with normal-hearing persons. Deaf
women with fourth- or fifth-grade achievement scores in reading are often able to become successful typists or business machine operators, and deaf men functioning on comparable levels are perfectly capable of operating linotype machines. Scholastic achievement scores should be used only as guidelines, and the scores must be viewed in the light of other test results — particularly assessment of intellectual functioning. Motivation for work or for further learning are other factors that must be considered. Academic skills are only guides; they should never be seen as determinants.

Standard administration procedures in most scholastic achievement tests require the examiner to recite instructions for each test verbally while the subject is reading the instructions. This is not possible with deaf clients, of course, and to insure comprehension of the instructions — whether given verbally, in the language of signs, or by permitting the subject to read printed instructions — the examiner should work with the client on sample problems until he is certain that the nature of the task is understood.

Scholastic achievement tests such as the Stanford, Metropolitan, and California can be used with deaf clients. The publishers of the Metropolitan Achievement Tests provide special norms for deaf children with their Reading Test, if specifically requested. The Wide Range Achievement Test, on the other hand, is extremely difficult to administer to deaf persons because many subtests require verbal presentation and cannot be satisfactorily rendered in the language of signs or fingerspelling. If given verbally, it becomes a lipreading test rather than a test of scholastic achievement. The sole exception is the Arithmetic Computation subtest, which can be administered in the standard manner.

With deaf clients who are afflicted with cerebral palsy, and with some who work much slower than is really necessary, a good technique is to allow all the time needed for the completion of each subtest, noting the client's progress at the end of the time limit. Both "timed" and "untimed" scores are listed, and if the difference in grade level is significant, this could have much bearing upon the interpretation in terms of both achievement levels and personality. The cerebral-palsied client sometimes has no difficulty in finding the correct response, but does have difficulty entering the response in the small spaces in the answer sheets. The obsessive-compulsive client who agonizes over every alternative for fear of making a mistake often becomes more relaxed and can give a clearer picture of his capacities when he realizes he is not going to be pressured into making a hasty decision. While this tech-
nique is admittedly time-consuming, it can often result in a more adequate picture of the client's academic capacities.

When making recommendations on the basis of findings in scholastic achievement, the psychologist must consider whether or not the client might benefit from further tutoring in "weak" subjects. Prelingually deaf people often do not attain their highest capacities while in school, and may acquire motivation for more learning once they discover how much their progress in the world of work depends upon things they may have carelessly neglected while in school. Adult education programs for deaf people in the community should be located and their utilization encouraged by the psychologist if he feels that the client has the motivation and potential to benefit from further education.

VOCATIONAL INTERESTS

While deaf persons with adequate language skills can be given any one of the existing vocational interest tests, typical prelingually deaf persons do not have the reading skills necessary to understand exactly what is involved in the choices they are making when such tests as the Strong or Kuder are used.

Two vocational interest tests are appropriate under these conditions. They are the Geist Vocational Interest Inventory: Deaf Form: Males, and the California Picture Interest Inventory.

The Geist Vocational Interest Inventory. This test was developed specifically for use with deaf adolescents and adults. It consists of 26 series of three pictures each, showing people at work in various occupations. Included in the test's normative population were 1,659 deaf adolescents, college students, and adults. The pencil-and-paper portion of the test can be administered without regard to communication skills, but there is a "projective" test that requires ability to communicate with the client. The inquiry portion of the test, however, is optional and does not affect the scored interest profile.

The California Picture Interest Inventory. This test is arranged along similar lines as the Geist, and also uses a series of three pictures. Instead of merely selecting the picture he likes, however, the client is also asked to select the picture showing work that he dislikes as well. There are 53 series of three pictures, or a total of 159 pictures. Thirty of the pictures are repeated in Part II of the test, in which the client is asked to give a flat "like" or "dislike" judgment for each picture.

There are some problems in administering this test to deaf clients. About one-fourth of the occupations and professions shown are clearly
unsuitable for deaf persons (policeman, physician, and the military, for example), and in one series of three pictures, all are unsuitable for deaf persons.

In spite of this, the client's choices often tell a great deal more about how he sees himself in the world of work than could otherwise have been determined — especially for those with limited communication skills. If, for example, a client persistently chooses occupations unsuitable for people with severe hearing loss, it may be questioned whether that client is familiar with the world of work, or whether his self-image is out of line with his capacities.

When interpreting the results of vocational interest tests, the psychologist should carefully take into account the apparent vocational maturity of the client. Young deaf adults fresh from school are likely to be very naive about the world of work. In many instances they have had no summer employment at all, and have not had the opportunity to exchange vocational experiences with their peers or others. Many, in fact, are unaware as to just what their own parents' jobs are. Interest profiles, then, should always be related to the client's vocational experience, his stated vocational goals, and his level of emotional maturity in order to arrive at an adequate interpretation of the profile.

**VOCATIONAL APTITUDES**

Most psychologists are fully conversant with the major problems in the use of existing aptitude tests with any type of client. These problems are inherent in the construct validity and predictive validity of the tests themselves. It is often difficult to estimate how well the test approximates the actual operations involved in various types of work, and how well success on the test will predict success on certain specific jobs. All of these difficulties, of course, apply to the use of and interpretation of these tests when evaluating deaf adults.

There are many aptitude tests on the market, and the psychologist considering including such tests in a battery for deaf adults should look for those that are least "contaminated" by the language variable. Those tests which are performance-oriented and where the examiner can demonstrate the task for the client are most likely to yield valid results. In others, such as the Revised Minnesota Paper Form Board, samples are included which the examiner can use to help the subject understand what is required of him even if he does not comprehend the printed instructions.

Some tests which the writer has found usable are: Selected portions
of the Flanagan Aptitude Classification Tests and the Flanagan Industrial Tests, the Crawford Small-Parts Dexterity Test, the Minnesota Clerical Test, and the Revised Minnesota Paper Form Board. Portions of the General Aptitude Test Battery may also be helpful, but it should be ascertained whether an interpreter was provided at the time of testing, since the test is administered only at state employment offices. In addition, the “G” score of this test, which is used as a critical factor for interpretation of the results by examiners in state employment offices, is contaminated by the language variable and cannot be confidently relied upon in setting the upper limits for vocational attainment in prelingually deaf adults.

CONCLUSION

It is clear that there are many factors to be weighed when organizing a test battery for prelingually deaf adults and when evaluating the results in terms of the individual deaf client. Certainly, the deaf client deserves only the best evaluation that he can be given, in order that the underemployment of deaf people as a whole may be alleviated. Already, too many rehabilitation counselors are bypassing psychological evaluations for their clients because the results of such evaluations often do not go beyond superficialities — such as the client’s poor communication skills, poor speech and language, etc. What the counselor needs to know is what the client can do. What are his capacities? What is he able to do in spite of the obvious difficulties?

To restore and renew the faith of rehabilitation counselors who work with deaf people in clinical psychology, fresh looks at old assumptions are needed. It has been demonstrated that extant tools can be adapted and used in the evaluation of prelingually deaf people if these tools are used with discretion and if the objective test data are coupled with professional insight into the handicap of deafness and direct or indirect communication with deaf people. It is up to psychologists to recognize that until they can provide deaf clients with the same quality of services that they provide to the nondeaf, they have not fulfilled their professional obligation to either the referring counselor or the deaf person.

REFERENCES


APPENDIX

Publishers of tests named in this article are as follows:

**American Orthopsychiatric Assn., Inc., New York:** The Bender Visual-Motor Gestalt Test.

**California Test Bureau, Monterey, Calif.** The California Achievement Tests; The Picture Interest Inventory.

**Harcourt, Brace & World, Inc., New York:** The Stanford Achievement Tests; The Metropolitan Achievement Tests.

**Psychological Corporation (The), New York:** The Wechsler Adult Intelligence Scale; The Weigl-Goldstein-Scheerer Color-Form Sorting Test; The Wide Range Achievement Test; The Minnesota Paper Form Board, Revised; The Crawford Small Parts Dexterity Test; The Minnesota Clerical Test.

**Psychological Test Specialists, Missoula, Mont.** The Graham-Kendall Memory-for-Designs Test.

**Science Research Associates, Chicago:** The Flanagan Aptitude Classification Tests; The Flanagan Industrial Tests.

**Western Psychological Services, Beverly Hills, Calif.** The Geist Picture Interest Inventory: Deaf Form: Males.