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## What the PRWAD Means to the Adult Deaf Person

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## WHAT THE PRWAD MEANS TO THE ADULT DEAF PERSON

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ALBERT T. PIMENTEL

Rather than attempt to develop a firm picture of what the PRWAD means to the adult deaf person as my assignment suggests, during this initial year of the organization's existence it appears more reasonable to focus on the potential impact that we should have on the lives of deaf adults in the years ahead. In order to access this potential, a review of the past status of professional workers with the deaf may prove helpful.

From the historical point of view of the professional, work with deaf people had been largely limited to activity with infants and children. Almost totally, these early professional personnel were educators. It would thus follow that professional preparation was geared to child growth and development concepts in terms of its implications to deafness. As an outcome, professional literature in this area of specialization was largely child oriented in nature, with almost a total void of professional activity and interest in deaf people beyond the formal school years of life.

Pursuing this line of thought further, one finds that the allied fields of medicine, psychology and audiology, by virtue of their adjunct relationship to the educational needs of deaf children, followed similar lines of child orientation. This appeared to have occurred as a normal matter of course, possibly reflecting the level of educational literature available as a point of departure from which other disciplines could begin. Intrinsically, the concept of developing professional knowledge upward from birth has been quite natural to the behavioral sciences, and therefore a normal process to have anticipated in any area of human activity, including professional activity with deaf people. Implied throughout this background of past professional activity seemed to have been the concept that adolescence

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stomach than the eye, or the engineer who prefers to design bridges rather than electrical components? This is not to say that the physician—irrespective of his special interest and skill—should not have a basic knowledge of physiology, or the engineer a basic knowledge of physics, or the rehabilitation worker to the adult deaf a basic knowledge of rehabilitation processes.

I once came across a definition of the generalist as a person who learns less and less about more and more until finally he knows nothing about everything. In fact, of course, the generalist is as important as the specialist.

But we choose to call ourselves specialists to the deaf, and to identify with the PRWAD. Accordingly, we must be prepared to answer two basic questions related to specialization: (1) Do we share a body of knowledge and skills with other rehabilitation workers not particularly oriented to working with the deaf? (2) Do we possess special knowledge and skills peculiar to providing special services to the deaf? If we cannot respond affirmatively to both questions, then we should burn our charter and quietly fade away.

If, on the other hand, we can respond affirmatively, we are committing ourselves to a basic policy. We should aim toward selective membership, accepting as full members of PRWAD only those who meet both the above prerequisites of the specialist. Frankly, I would not be interested in membership in a professional group whose only condition for membership were an interest in deafness. I'm interested in taxes but I doubt my eligibility for membership in a society of tax accountants.

If our responsibility includes encouraging basic rehabilitation skills and special skills for serving deaf persons, then we ought to consider associate or student membership provisions.

This brings us to the point of professional standards. I do not belong to the Registry of Interpreters for the Deaf. I should not expect to be admitted to the RID, at least until there arises the demand for interpreters in the one-hand method of the Language of Signs.

One frequently used definition of a profession is the development of certification or licensure. I do not propose that we immediately develop licensing procedures for rehabilitation workers with the adult deaf. This would be premature without prior licensing for all rehabilitation workers. However, membership in the PRWAD should signify that a person has a basic qualification in providing rehabilitation services to the adult deaf. Psychologists are not licensed nationally, yet full membership in the American Psychological Association denotes a certain level of training and general preparation as a

psychologist. I am sure that the A.P.A., by establishing selective membership requirements, has had a major influence on the upgrading of training of psychologists. Membership in the A.P.A., to most psychologists, signifies acceptance into the professional psychological community.

Full membership in PRWAD should indicate basic qualification to provide professional rehabilitation services to the adult deaf. Nothing more, nothing less. This is not to say that the non-member is not equally qualified. I am not proposing a "closed shop." However, membership should convey that the member is qualified.

Membership in a professional group implies responsibilities. The member has a responsibility to his association, and the association has a responsibility to its members. PRWAD should be an extension of me, and I of it. When I come to a convention of this association, I do so as an individual member, not as a representative of my employing institution. I prefer to pay my own dues. If it were otherwise, I would have to restrict my activities, weigh my deliberation, cast my votes—not in terms of what I personally consider best as a professional worker, or what I feel is best for PRWAD—but what I feel is best for my employing institution or agency. We all consider our employers regularly at other times. As a PRWAD member, I want an independent professional voice.

PRWAD has had an auspicious beginning. *The Journal of Rehabilitation of the Deaf*, and indeed it is a journal, would not have been possible without skillful editing and writing, nor without welcome, appreciated and necessary institutional support. But as we grow, as we come of age, let's aim for self-sufficiency. Let's perceive our association rather like a demonstration project. We need help in growing. But using the demonstration research principle, let's aim for increasing local support. Who should provide local support? We, the members of PRWAD. We apply the self-help concept to our deaf clients. Let's apply it to ourselves.

In conclusion, permit me to recall an already-overworked adage: "You get only as much out of something as you put into it." Let's use our human resources to build an association which, in tandem with other associations and institutions, significantly advances thoroughly professional rehabilitation services to deaf adults.