TRAINING IN DIAGNOSTICS AND EVALUATION FOR THE SPECIALIST IN DEAFNESS REHABILITATION

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When one speaks of the subject of diagnosis and evaluation, the question immediately coming to mind is, "Where does the counselor fit into this scheme?"

My talk today will give my impression not only where the counselor fits into the scheme, but how the client, counselor and evaluator can work together for optimal rehabilitation.

The client is referred to the counselor because he has a need or a problem and he hopes the counselor may help him with it. He comes to the counselor with certain basic qualities and he has certain fears, anxieties and expectations. He may come in with a very low verbal vocabulary, restricting his communication to signs and gestures. Words with which he is familiar may often be misspelled.

The counselor, on his side, must have an understanding of the common difficulties of his clients and be prepared to cope with them. By being prepared it is meant that the counselor must have a thorough understanding of the psychosocial aspects of deafness; he must be fully aware of the language and communication barriers brought on by the disability; and he must be skillful enough to communicate with his client on any level and by any method. Communication is so essential that if the counselor does not possess those skills he is doing an injustice by even attempting to serve his client.

I might add here that our counselors do not work with deaf people. Rather, they work with people who are deaf. There is a distinction. To use the term "deaf people", the counselor opens the way to a stereotyped individual who is subject to prescribed evaluation and diagnosis and all too often is squeezed, kicking and fighting into a mold in which he does not belong. That may explain in some measure why almost every other deaf man you meet is, in some way, connected with printing. Far too seldom does the counselor look at a person as an individual who has particular qualities and needs that are unique to him and who is different from anyone else. At the

University, the counselors are taught that each person he comes in contact with is first an *individual* and secondly a person who happens to be deaf.

Without trying to address myself to a particular client group, I would say it is rare when you cannot obtain some previously gathered data on a client whether it be educational, vocational, psychological or social. It is during the crucial initial interviewing phase of the rehabilitation process that the counselor can be most facilitative or harmful to his client. This is where he and his client must become involved on a strong impersonal level, and to do this communication must flow as smoothly as possible.

The counselor must be willing to make an emotional investment in the person and together they must make decisions on the validity of the previously gathered data. Together they must decide what other areas, such as vocational, psychological, social, educational or interpersonal, require further exploration and evaluation.

The deaf person at this stage becomes stabilized and direction toward realistic, obtainable goals is initiated.

With this approach, the client becomes a co-manager in his case. He has an emotional investment in his future because he has helped to decide what his future will be.

I imagine you are beginning to wonder if I am ever going to get to the topic of evaluation and diagnosis. The client and the counselor have already done evaluation to a degree, but before I go any further, I would like to quote from an article written by Roger Falberg. The article is entitled "The Psychological Evaluation of Prelingually Deaf Adults", and the quote is:

> "No psychological evaluation should ever be undertaken solely for the purpose of obtaining a score. The purpose of any evaluation is to obtain a better understanding of the client as a person."

To broaden it somewhat, evaluation must be undertaken with a set purpose in mind. Definite questions must be asked of the evaluator, whether they pertain to vocational, psychological, medical or social evaluation. The client must have input into the formulation of the questions being asked, and he must definitely be involved in the interpretation of the results. Too many times in the past, deaf people from early childhood to old age have been unnecessarily prodded, poked, looked into, around, under and above and for reasons unknown to them, due to the unrealistic evaluation techniques employed. It is time we stopped this stereotyped attitude and start looking at the individual.

When the evaluator receives a letter containing all the necessary background information from the counselor, he is given specific questions to answer. These questions are those the counselor and the client are unable to answer. The evaluator does not need to spend time seeking answers to questions that are already known. The evaluation can thus become more precise and everyone benefits.

The client is aware of why he is being evaluated and understands the purpose. He may be poked and prodded, but at least he knows why. Scores are obtained for a reason, and data are collected with an overall goal in mind.

The counselor's responsibility does not end here. He must be sure that those who do the evaluation have an understanding of deaf people. He must insure that effective communication persists into evaluation even to the point of seeing that an interpreter is provided. After all, what good is an evaluation if the client and the evaluator do not understand each other.

The counselor must be involved in selecting appropriate diagnostic tools and he must create an awareness of their strengths and weaknesses as they relate to the measurement of deaf people.

With the appropriate type of evaluation, the diagnosis can be made with a much greater degree of accuracy and with much more confidence. By far, however, the most important thing to remember is the fact that the client must share in the process and rightly so because he must live with the consequences.

In concluding, I would like to plagiarize from a student of mine. He ended a term paper with these remarks: "Diagnosis for what? For application and treatment – that's what."