PREPARATION OF THE HEARING IMPAIRED FOR AN ADULT VOCATIONAL LIFE

ROBERT G. SANDERSON

(A talk given to the Oklahoma Council for the Hearing Impaired, Tulsa, Oklahoma, May 13, 1972)

Letting Go

The child's mother insisted on going with him to the homebuilding site where a contractor had agreed to give him on-the-job training that we recommended and that his technical school instructor also highly recommended. A day later the contractor called to tell me that the boy did not show up for work; and a call to Mother brought forth the angry reaction that the person who was to train him was also deaf and could communicate with him in the sign language (which he knows to a fair degree); therefore she refused to permit him to continue on the job and instead put him back in school. She wanted him to be oral because the world is oral . . . . *The child is 26 years old.*

The girl is now receiving psychiatric treatment. She had been going with a boy for about two years with the bitter opposition of his and her parents. He has a fairly decent job – nothing remarkable, but it could support them. In his words to the counselor, "I had to stop going with her because my mother wouldn't let me marry her and if I did mother would kick me out". He still lives with his parents. He is 35 years old and the girl is 24.

His mother wanted him to be an electronics engineer despite his poor eyesight and severe hearing loss. He tried awfully hard . . . . terribly hard, and failed miserably. Then it was an electronics technician. . . . with total failure. The educational deficiencies were just too much to overcome. Mother wanted this or that awfully bad, and the boy tried, oh how he tried! As they say, these deaf children are the gamest of them all; they've got more

Mr. Sanderson is Coordinator, Services to the Adult Deaf; Division of Adult Education & Training, Utah State Board of Education.

sheer guts than anybody. But now he is under psychiatric treatment. He is 25 years old.

This girl-child has a learning disability; a real nice kid, really, not troublesome in school. Nothing remarkable – just reached her potential and at 21 "graduated" – a euphemism, you understand. When time for employment came we noticed and tried to break up an established habit pattern: every time a small thing went wrong, she walked off the job and home to Mother, who believed every word the girl said. Then she slowed down, goofed off, refused to work, and when scolded ran home to mother again, who angrily clobbered the boss for cruelty. . . ad nauseum. When we took her away from Mama and tried to get her to live alone and develop independence, Mama invaded the lodgings and argued with the caretaker about "letting her baby go out with such unsavory females". So to a new job; carefully we laid plans to teach the girl independence and secured Mama's promise to cooperate (at last!) – how to take care of her wages, ride the bus, pay her fare. . . . and Mama would be waiting at the bus stop to take her home and be sure she had a good meal instead of that stuff at the boarding house for girls.

She is now under psychiatric treatment.

"Mr. Sanderson, it is unbelievable – incredible, really – what these parents have done to their children". That is what the psychiatrist told me.

I suppose that the rehabilitation counselor sees more than his share of deaf, human wreckage, and if he is not careful, he may tend to tar all mothers with the same brush, and of course it would be unfair to do so.

Yet it is specifically noticeable that almost without exception, the most severe problems we meet are those deaf persons who have aggressive, domineering mothers who *will not let go* of their children and let them grow up. And the overwhelming majority of them also demonstrate the familiar obsession with oralism so well documented by Dr. Eugene Mindel and other psychiatric investigators. (Mindel and Vernon, 1971).

So what has all this to do with my theme today?

Preparation for adult vocational life for the hearing impaired begins at home; but if there is too much mama in the background, the counselor's difficulties with this complex disability of deafness are immeasurably compounded.

Let me consider for a moment these words, "hearing impaired". It is a global term, encompassing every degree of hearing impairment, and these are the people in our caseload. But the problems of those who have only *slightly impaired hearing* are *vastly different* from those who are *hard of hearing,* and those who are hard of hearing are yet a different breed from those who are *deaf.* The dividing lines between the categories are vague and ill defined. A description of these differences is important simply because the approach to preparation for an adult vocational life is different for each category although there are certain basic principles that are common to all people.

I have identified within my caseload at least 15 different types of hearing impaired persons based on their educational backgrounds; and I suspect that it is likely that careful study could further differentiate, but for the practicing counselor it should serve to give him a picture of the type of client he is dealing with. Keep in mind these are *educational* categories, not medical categories of deafness.

SERVICES TO THE DEAF March 31, 1972

EDUCATIONAL CATEGORIES OF DEAF AND HARD-OF-HEARING CLIENTS IN THE CASELOAD

Code:		Caseload # 01	02	03	04	Total
1.	Deaf. Pre-lingual. Manually oriented. Sp. Educ.	15	26	8	2	51
2.	Deaf. Pre-lingual. No Sp. Educ.	0	1	0	0	1
3.	Deaf. Post-lingual. Manually oriented. Sp. Educ.	8	0	1	0	9
4.	Deaf. Post-lingual. No Sp. Educ.	4	0	0	0	4
5.	Deaf. Pre-lingual. Orally oriented. Sp. Educ.	6	16	13	0	35
6.	Deaf. Post-lingual. Orally oriented. Sp. Educ.	0	8	4	0	12
7.	Deaf. Multiple disabilities. Sp. Educ.	0	9	0	1	10
8.	Hard-of-Hearing. Pre-lingual. Orally oriented. Sp. Educ.	9	0	3	2	14
9.	Hard-of-Hearing. Pre-lingual. Manually oriented. Sp. Educ.	3	0	0	0	3
10.	Hard-of-Hearing. Post-lingual. Manually oriented. Sp. Educ.	0	5	0	0	5
11.	Hard-of-Hearing. Post-lingual. Orally oriented. Sp. Educ.	2	17	7	0	26
12.	Hard-of-Hearing. Pre-lingual. No Sp. Educ.	6	1	33	4	44
13.	Hard-of-Hearing. Post-lingual. No. Sp. Educ.	12	22	23	1	58
14.	Hard-of-Hearing. Multiple disabilities.	2	5	0	0	7
15.	Deaf, hard-of hearing, multi.-disab., – illiterates, non-verbal, etc. – No Educ. Not otherwise classified	0	2	0	0	2
	TOTALS	**67**	**112**	**92**	**10**	**281**

I believe the descriptions given herein are clear enough; but there is always some overlapping.

Now, how does one approach preparation of the *hearing impaired* for an adult vocational life?

Cautiously!!! – especially when the client is a teenager, and, as too frequently is the case, is unknown to the counselor.

Taking Hold

Thorough, basic casework is vital for the rehabilitation counselor. He begins – or should – with a study of the social, cultural and economic

environment of the client. He sorts out his own reactions to things he discovers that are unpleasant to him, and puts them aside so he can consider the client's own functioning. He carefully documents his discoveries, such as the motivation factor (strong, fair, or weak); the slant of the education, its strength and its deficiencies; the spoiling of the child (has Mama given the child everything his heart desired? Has Mama forever done his work for him, whether lessons or chores?); is there malnutrition amid plenty? Is there grinding poverty? Is the youngster isolated among well meaning people, or, even worse, is he forced into an uncomfortable mold – the mold that Mama has made with her loving, misdirected hands? Is the person from an urban, suburban, central city area – or the farm? And, most critical of all, how is *his self image?* Does mama bring the client to rehab, and tell the counselor what should be done? What is the deaf youth's response to Mother? Or does the youngster come in alone and interact independently with the counselor?

Soon a picture of a personality should begin to emerge. Then, and only then, should the counselor begin to apply his knowledge of evaluation results.

There are theories about when a counselor should take particular steps, but many of these theories rest upon extremely shaky ground when dealing with deaf persons simply because so many of the ideas are language (verbally) based. My own approach is pragmatic, based in part on the background information furnished by the client, by my appraisal of his responses and his parent's responses to my probing, by medical and school information and data from whatever sources I can find. It does not concern me too much as to a theoretical beginning point for any part of the process; of more immediate concern to me is *the client's readiness* – and my ability to move in terms of caseload pressures – for a particular step.

I may begin with objective evaluation – such as the Weschler Adult Intelligence Scale, or perhaps the General Aptitude Test Battery. I have found the GATB to be a very good test because of its correlations with numerous occupational areas. The G, V, and N subtests, as usual, appear to discriminate against the deaf person; yet they do give us a rough comparison of where he stands with respect to the norms on the hearing population, and they become meaningful when other tests are not available. The GATB is readily available throughout the country at almost any state employment office on brief notice; and counselors trained to administer the controlled test find that it is easy to administer. Its limitations are those of time and numbers; It generally takes me approximately two hours to administer the test to three or more deaf or hard of hearing persons who are reasonably close to a mythical "average"; and up to three hours to give it to those clients who have learning disabilities or neurological involvement of the hands (cerebral palsy for example). For best results I have found it necessary to wait until I have been able to get three clients together at the same time. Occasionally I can administer to two persons, but only when I am sure that there will be a definite competitive factor.

It may be of interest to you to know that I have been accumulating data on GATB tests that I and one of my counselors have administered to deaf teenagers in Utah over the past several years. In a small-scale, preliminary study, "oral" males and females were compared to manually oriented males and females in the same age ranges. Those with multiple disabilities or known neurological problems were eliminated. Mean scores showed no significance differences at either .01 or .05 levels of confidence. There were individual differences, of course; but the one difference that was most noticeable was the score of the deaf child of deaf parents – the only one in either group – and it was so high it stood out like a sore thumb. However, limited studies like this must be treated with a great deal of caution and should not be generalized to a larger population because of the problems inherent in accurate and representative random sampling in such a small population.

To the counselor who is faced with immediate decisions, and who is familiar with the client and his environment, GATB results are very helpful. Another advantage of the GATB is that it applies so broadly to so many of the educational categories of deaf people.

As a matter of caseload management, a rehabilitation counselor finds it most convenient to buy the services of a trained clinical psychologist. Whether results are reliable will depend in large measure on the clinician's knowledge of deafness.

The Counseling Process

When the counselor and the client have achieved mutual readiness, they may begin to explore the highways and byways of occupational selection. This may be very quick if the individual knows what he wants and the counselor believes the choice is feasible and attainable – or a frustrating and drawn-out process if the client is wishy-washy and quite unsure of himself. . . or downright aggravating if Mama wants her darling to be a doctor, or at least a lawyer.

This process is well documented in numerous publications; so, rather than to attempt to lead you through this particular jungle, I would rather tell you of what we are trying to do to remove some of the guesswork from occupational selection, and speed up the process for the counselor who has to carry a heavy caseload.

A cooperative program between the Utah School for the Deaf and the Division of Rehabilitation Services has been undertaken. An evaluation facility has been established at the school, and a rehabilitation counselor stationed there directs a program of evaluating each registered client of rehabilitation. Student-clients are moved through various vocational areas quarter by quarter; each instructor becomes a vocational evaluator and turns in regular reports covering a broad range of skills, aptitudes, and adjustment

activities. The school is paid to evaluate, using its personnel and equipment. When new equipment is needed, such as business machines, costs are worked out in advance and are pro-rated among the clients to be evaluated, and Rehabilitation is billed by the school.

The program begins as early as age 13, although 14 and 15 are the usual ages. By the time the client is ready to leave school we have extensive data on him in a number of vocational areas – and he, too, has developed his own desires to a certain degree. The counselor is then reasonably sure of how to guide the client, whether into a job, on-the-job training, advanced vocational training at a post-secondary school, or further academic training.

It works very nicely. . . *when Mama lets go.*

* * * * * *

Preparation for an adult vocational life really begins at home, when the baby learns to say, "Bye, bye Daddy go work!". . . when the baby sees daddy come and go regularly, and when he sees Mother send Daddy off with a kiss and they greet him with another kiss at the end of the day.

Preparation continues through the pre-school years, when he accepts the fact that work is productive and good, no matter what Daddy does; that work purchases the wherewithal of life, the auto and the home. Preparation begins when he sees Dad and Mom planning a vacation very carefully so they can get the most use out of the short two weeks he earns each year. Preparation continues as he learns by seeing – and hopefully by hearing, or having explained to him the necessity of calling in to the boss when Daddy is sick, or taking time off only when it is essential; of planning and budgeting, of care in spending the limited family income. It continues – if Mother and Dad are wise – as a youngster and teenager when he is required to carry his own full share of the family load, such as cleaning his own room and his mess, helping with the yard work, with washing, polishing and waxing the family car even when he would rather be off playing with his friends.

If all these things are done for him by his mama just because he is a poor little deaf dear, then he has *too much mama.*

Or daddy, as the case may be. Male chauvinist that I am, I must admit that I think very little of the father who abdicates his responsibilities in the face of Mama's temper. *He lets go too soon.*

SUMMARY

Preparation for an adult vocational life for the hearing impaired begins in the home, where patterns of behavior are established in early childhood. A knowledge of the cultural environment, of the type of educational background from which the client comes, and thorough casework is vital to successful rehabilitation counseling. The influence of a domineering and

overprotective parent may result in severe personality and adjustment problems with which the rehabilitation counselor may be confronted. An operational evaluation plan is described.

REFERENCES

Mindel, Eugene D., and Vernon, McCay. *They Grow in Silence.* Silver Spring, Maryland. The National Association of the Deaf, 1971.

Sussman, Allen E., and Stewart, Larry G., editors. *Counseling with Deaf People.* Deafness Research and Training Center, New York University School of Education, 1971.