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FUNCTIONS OF PSYCHOLOGICAL SERVICE PROVIDERS TO THE DEAF

As the work groups began their task of defining functions and designating competencies, it seemed likely that two issues might hamper their deliberations: first, the marked heterogeneity of the work groups in regard to discipline, background, and experience; and second, the problem of designating which functions were specific to which setting.

Information previously distributed to conference participants had provided the following broad differentials concerning setting and related psychological specialists: (1) school psychologists are those who deal mainly with school-children and involved figures, and assist schools in the development of all children and in the identification and management of atypical children; (2) clinical psychologists are those who deal mainly with individuals presenting problems of personality, emotional adjustment, or mental illness and can be found mainly in mental health settings; (3) counseling and rehabilitation psychologists are those who use their specialized training in the educational, vocational, personal, and rehabilitation counseling of the physically or mentally handicapped or others in need of and seeking guidance.

However, in regard to the deaf, many settings cut across age groups as well as psychological problems, hence deal with similar situations. As it turned out, the issues diminished in importance as discussions progressed. In fact, the heterogeneity of the groups proved an asset since, because of their very diversity, it became possible to branch out over a far wider range of experiences, viewpoints, and proposals than would otherwise have been possible. Actually the greatest handicap proved to be the limitations of time under which the groups were working. It was agreed that what could not be dealt with at this first Conference would be scheduled for a subsequent meeting.

The following represents in summary what was accomplished in regard to "functions" at the Spartanburg Conference.

Functions Actually Performed by Psychological Service Providers to the Deaf

It was the judgment of several of the work groups that a good way to start discussion moving was with a run-down of the functions psychological

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service providers to the deaf were actually performing. From this beginning, discussion could progress to a consideration of the functions they should be expected to perform. Accordingly, in Work Group 4 (Hearing and Speech setting) each participant was asked by the Group Leader to list the psychological services conducted in that person's particular facility. The composite list is quoted as follows:

1. Provide basic support to staff who deal with the hearing-impaired
2. Testing services
3. Counseling
4. Family planning and adjustment
5. Interpretation of test results to staff and parents
6. Coordination with other specialists
7. Collection, analyses, and dissemination of research data
8. Obtaining basic background and case history information
9. Providing inservice growth for staff (teaching, work shops, etc.)
10. Early identification of hearing-impaired children
11. Group services for deaf adults: counseling, life planning, etc.
12. Set up general program of psychological services
13. Interpreting psychology of hearing-impaired to other professionals
14. Training other psychologists
15. Counseling for vocational planning and adjustment
16. Developmental assessment of young children
17. Maintaining professional organization affiliations
18. Develop and implement objective measurement instruments and norms
19. Clearing house for other agencies in community
20. Communication with parent groups, legislative groups, community agencies
21. Publicizing services; aggressive case finding
22. Collaboration in case management
23. Psychotherapeutic intervention
24. Developing and evaluating new programs for the multi-handicapped and the exceptional
25. Counseling older adults; progressive hearing loss
26. Effecting real world contact for deaf groups; planning for affective, social and expressive experiences
27. Planning and developing physical facilities suitable for psychological practice (getting us out of closets)
28. Advocacy services
29. Plan parent programs
30. Educational guidance
31. Counseling for acceptance of disability
32. Teaching (teacher-training programs and others related to deafness)
33. Write grant applications

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34. Planning and effecting improved quality of programs and services
35. Outreach to deaf circles for an 'inner' look
36. Group counseling
37. Crisis intervention
38. Counseling for management of day-to-day problems
39. Recruiting other professionals to serve the deaf

It is noted again that this is a composite listing and does not represent all the functions expected of individual workers, although there are numbers of full-time experienced psychologists to the deaf who do perform almost all these functions single-handedly. One of the participants reported on her facility in which comprehensive services are rendered and sufficient staff is usually available. Here, psychological functions are generally divided up among staff members, either psychological staff, or among the psychologists and such related professionals as social worker, counselor, etc. Another participant reported that in his facility in which comprehensive services cannot be rendered because of insufficient personnel, certain basic ones are carried out on an ongoing basis. Others may be added from year to year as needs dictate and staff permits, while still others are dealt with on a referral basis.

But however and wherever psychological services are conducted for the deaf, the consensus of the Conference was that they should be 'quality' services; that the deaf deserve no less.

Conference Summary of Expected Functions

The summary in this section outlines psychological functions expected of service providers to the deaf. It was drawn together from the discussions of all five work groups. As such, it can be thought of as a resource pool from which specific functions related to particular settings and situations can be drawn. It is anticipated that refinement of the summary into specific functions for particular settings will be made at a future conference in conjunction with setting up guidelines for training programs.

SUMMARY OF FUNCTIONS

I. Service to the Individual

- A. Evaluation (assessment, diagnosis, differential diagnosis, intake, developmental profiles, eligibility, etc.)
 1. Case history (including multidisciplinary team findings)
 2. Testing
 3. Observation
 4. Interview
- B. Integration of psychological and team findings
- C. Interpretation of integrated findings
- D. Recommendations

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- E. Recording
 - F. Reporting (written and/or person-to-person)
 - 1. To individual client, where feasible
 - 2. To parents
 - 3. To facility administration and staff
 - 4. To involved professionals and agencies
 - G. Treatment
 - 1. Remedial intervention
 - 2. Placement
 - 3. Environmental re-structuring
 - 4. Counseling (client, parents, involved figures)
 - 5. Agency contacts and referrals
 - 6. Psychotherapy
 - 7. Crisis intervention and prevention
 - 8. Referral to other professionals and resources
 - 9. Cooperation with treating physician as in pharmacotherapy
 - 10. Special programs as for multihandicapped
 - H. Follow-up
 - 1. Evaluation of recommendations and treatment
 - 2. Re-assessment of individual as required
 - 3. Patterning of new recommendations and treatment as required
 - I. Case-finding
- II. Service to the Facility**
- A. In-service training of facility personnel
 - B. Foster preventive mental health philosophy and practices
 - C. Assist the administration in decision-making
 - D. Assist the administration in program evaluations and the development of new programs
 - E. Provide consultive services to facility personnel
 - F. Assist in personnel screening and problems
 - G. Publicize services and programs
 - H. Promote inter-agency contacts and collaboration
 - I. Provide consultive services to 'outside' agencies and professionals
 - J. Recruit other specialists
- III. Services to the Community (Deaf and Hearing)**
- A. Interpret the implications of deafness to public, community, parent, and professional groups
 - B. Serve as advocate for the deaf in community actions such as mental health, legislative, educational.
 - C. Act as friend to the deaf community: interpret hearing world, input current happenings, stress and interpret mental health to deaf individuals and families

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- D. Outreach to every available forum including mass media for public education and relations
 - E. Recruit quality workers for the field
 - F. Foster programs of preparation for such workers
 - G. Serve as community consultant on problems and issues involving the deaf
- IV. Research**
- A. Keep up with current research
 - B. Identify significant problems for research
 - C. Conduct research where feasible
 - D. Maintain records that can be used by researchers
 - E. Cooperate in selected research where feasible
 - F. Stimulate spirit of inquiry in staff
 - G. Review and analyze significant research with administration and staff and consider utilizing where feasible
 - H. Disseminate own research publications
- V. Administration and Supervision**
- A. Supervise staff psychological workers
 - B. Program in-service training for staff psychological workers
 - C. Provide orientation training for interpreters working with psychologists
 - D. Supervise psychological internes and 'outside' trainees
 - E. Evaluate psychological workers and psychological program
 - F. Self-study program to improve services
 - G. Maintain psychological equipment, test file, publishers' catalogues, etc.
 - H. Maintain psychological report file
 - I. Maintain psychological reference library
- VI. Continuing Professional Development**
- A. Maintain professional and personal integrity
 - B. Maintain membership and participate in activities of professional organizations
 - C. Keep current with related literature
 - D. Initiate and participate in professional institutes, workshops, conferences, continuing education courses, etc.
 - E. Cooperate with and serve as resource person to other professionals

American Psychological Association Delineation of 'Psychological Services'

For purposes of comparison with the functions of psychological service providers as delineated by the Conference, the following definition of 'psychological services' is presented as proposed by the Task Force of the

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American Psychological Association on standards for providers of psychological services (American Psychologist, 1975). The statement is quoted as follows:

The noncapitalized term "psychological services" refers to, but is not limited to, one or more of the following:

- A. Evaluation, diagnosis, and assessment of individuals, groups, and programs.
- B. Interventions for the remediation and facilitation of the functioning of individuals and groups, such as psychotherapy, counseling and behavior therapy.
- C. Program development services, including those relating to client habilitation and rehabilitation; training of staff in personnel development and management procedures; community participation and development; or company, institutional, and organizational policies regarding human resources.
- D. Consultation relating to the following: (a) clients (individuals, families, organizations, agencies, or educational institutions); (b) the administration and operation of facilities or organizations; (c) the community served by the individual, the facility, or organization; (d) the training and education of psychology staff; and (e) the conduct of research, research design, and dissemination of psychological research findings.
- E. The teaching of psychology in accredited academic institutions, per se, is not considered a psychological service that would require a state license, or certificate, or endorsement by the state psychological association by voluntary certification. (p. 687)

Conference participants had no access to this statement at the time of their deliberation on functions, since its publication took place some time after the conference. All the more noteworthy therefore is the similarity between the APA summary of psychological services and the somewhat more elaborate summary formulated by the Conference.

Points of Special Emphasis

The following are points of special concern raised by most of the work groups. They are quoted or paraphrased from group discussions.

The Tester Image: It was generally agreed that it was important to get away from the framework of psychologists as 'testers'. "This image is perpetuated by schools, employers, state departments, and by psychologists themselves, particularly those who do not feel secure enough with the deaf to do other than test. There needs to be broader outreach and public education in the field in behalf of psychologists: what they are and how they function."

The Team Role: "A unique feature of a psychologist's work with the deaf involves establishing relations with a far greater number of involved

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professionals and other personnel than is common to psychologists in non-deaf practice. Such team members include: family, educators, work evaluators, vocational rehabilitation personnel, vocational instructors, interpreters, physicians, ministers, audiologists, work adjustment personnel, welfare counselors, employers, and more. The psychologist needs to think "team", and must include as a major function the establishment of effective team relations."

Reporting: General dissatisfaction was expressed by all groups with the manner and language in which psychological reports are composed. Instead of conveying a meaningful and useable message, many reports do little more than review test results in technical terminology, thereby rendering them pretty useless for those who need to know, as one group expressed it, "where the client was; where he is; where he should be; and how to get him there." "Psychological reports should be precise, concrete, practical and prescriptive in nature, and should reflect the psychological, social, medical, family, and educational background in relationship to feasible, relevant recommendations." One of the participants further stressed the need to gear the language of a report to the comprehension of the receiver and stated that her reports on a given client were differently composed for parent, physician, rehabilitation counselor, and fellow psychologist.

Comprehensiveness of Evaluations: Another point of emphasis had to do with the fragmented nature of evaluations of the deaf with a tendency to reflect the setting in which the evaluation was made rather than the status of the individual. "There needs to be more concern for the totality of the individual, with members of evaluation teams in various settings improving communications among themselves in the service of the individual. There also needs to be recognition of the need for some deaf persons to be re-evaluated on a regular basis. This is most important for deaf persons with multiple handicaps and with the very young, with the major stress on the structuring of behavior rather than on such fragments as 'verbal' and 'cognition'."

The Time Element: Another important point of difference between psychological work with the deaf and the non-deaf is the time required, and the patience involved. Someone at some point in time computed that it took about four times as much of each in work with the deaf. The point was also made that vocational rehabilitation counselors are frequently faced with a quota system where they must rehabilitate a certain number of clients a year. "It must be recognized that working with deaf clients can take considerably longer than with the non-deaf for both rehabilitation counselor and psychologist alike."

Research: Research is included in this section not because it emerged as a topic of special concern in discussion but because of the lack of discussion in its behalf. Granted there was heavy weighting at the Conference in the direction of service, nevertheless it is the service people who do the

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utilization of research and it would be expected that they would have some comments to make in this regard. The one group that devoted any time to the subject was of the opinion that psychological research with the deaf had little to offer the 'utilizer', and categorized current investigations as of the "so what" variety. If the deaf are to profit from the findings of research, it is obvious there must be closer collaboration than there has been between service providers and researchers.

The following sentence quoted from the discussions of Group 1 seems an appropriate conclusion to this section on functions: "The psychologist to be effective must function in the clients' environment, and not in the four walls of an office."