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COMMUNICATING THE INDIVIDUAL WRITTEN REHABILITATION PROGRAM TO A DEAF CLIENT

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The first concern in communicating the IWRP to a deaf client is that communication actually happen. The IWRP was designed as a way of insuring the direct involvement of the client in his/her rehabilitation planning. Involvement can not exist without effective communication.

Effective communication must be stressed. The counselor and client are involved in a decision making process that holds significant ramifications in every area of the clients life. The counselor and client must be able to give and take information freely with comfort and accuracy. In this instance it is essential that the client choose the mode of communication which is most comfortable and effective to him. It is, then, the responsibility of the counselor to adapt to the client's communication choice.

Ideally a deaf client will be working with a specialist counselor for the deaf who has adequate communication skills in manual communication. However, reality is frequently not ideal. In many instances there will not be a specialist counselor within reasonable geographic accessibility; in this case it is the counselor's responsibility to ascertain qualified interpreter services to facilitate communication.

This responsibility is a legal as well as ethical mandate. Legally, the client must be involved in writing the IWRP. Effective communication is essential to involvement and is therefore mandated. One must also bear in mind the necessity of providing accessible services to the disabled.

The appropriate use of an interpreter is not limited to those instances in which the client signs and the counselor does not. Some of the following situations may occur, requiring communication assistance.

The deaf client lipreads but cannot seem to lip read the counselor because of a beard, mustache, facial paralysis, etc. An oral interpreter would be necessary.

The deaf client neither signs nor lip reads, uses only written communication, but his notes are hard to understand and he answers written questions

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inappropriately. A qualified interpreter would be more familiar with the syntax and structure of this written language and could translate the ideas for both the client and counselor into language each can understand.

The deaf client lipreads but his/her speech is unintelligible or language is hard to discern. A qualified interpreter is not only familiar with the language patterns but is also familiar with frequently omitted or misenunciated sounds. This list could continue indefinitely but the point is that a qualified interpreter is a facilitator in more than the stereotyped and traditional sign language translating situation.

Furthermore, it must be stressed that the deaf client has a right to a qualified interpreter. A fully certified interpreter is the logical first choice. Other levels of certification, i.e., Comprehensive Skills Certificate, Expressive Interpreting Certificate and Expressive Translating Certificate, Provisional Certificate, and Non RID Certificate, should be considered in the order presented. If no interpreter is available with any of these certifications or if only a "translator" certified interpreter is available and the specific client requires a more skilled interpreter, one should be found.

This is where the assistance of the program specialist, like yourselves, is needed. In Texas we can contact our program specialist as a resource in determining what interpreter to use. We consult Mr. White if no certified interpreter is available to check the qualifications of a non-certified interpreter.

Your general counselor in Snake's Belly, Nebraska (population 1000, 400 miles from anywhere) does not know whom to contact for help in getting a qualified interpreter. He/she has easy access to the program specialist and should be able to use you as a resource. Your expertise in evaluating both the communication needs of the client and the adequacy and accessibility of interpreters will be essential in insuring communication. The program specialist, then, needs to be prepared to assist in:

- Referring counselors to appropriate resources for certified interpreters (RID Chapters, etc.).
- Helping find resources for isolated communities. Possibly initiating a policy of importing interpreters from the surrounding areas. (This would necessitate transportation reimbursement to the interpreter)
- Encouraging interpreters to become certified and devising ways to evaluate their skills when this is not possible.
- Helping the counselor unfamiliar with deafness to evaluate the clients communication needs and to arrange to meet them.

Finding a way to communicate effectively with a client should be accomplished long before the IWRP is written and by this time the counselor and client should be interchanging information and ideas readily.

The IWRP is divided into sections and each will be covered individually. Rather than suggesting ways to "word" the ideas I am listing

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important check points the counselor should be sure have been covered and are understood.

THE IWRP AS A WHOLE

The IWRP as a whole is designed as an outline of the total rehabilitation process. It includes the planning that lead up to it's initiation and the plans and activities that will follow.

Does the client understand:

1. What the IWRP is?
2. His responsibility in participating in the decisions being made?
3. That this plan is devised to be a complete plan around a final goal?
4. That it will be possible to re-negotiate in the future for additional services or even a different vocational objective?
5. If this is an Amended or Revised plan does he understand how it relates to the original plan and why it is necessary?
6. That he will have responsibilities in the ongoing process and ultimate outcome of the plan?

DIAGNOSTIC SERVICES UTILIZED

The counselor knows what diagnostics were utilized and why, but the client frequently has no idea why he has to go to an Otologist, Audiologist, Psychologist, Work Evaluation Center, etc.

Does your client understand:

1. The purpose and results of:
 - a. The general physical exam?
 - b. The Otological exam?
 - c. The Audiological exam?
 - d. The Hearing Aid Evaluation?
 - e. The Psychological Evaluation?
 - f. The Work Evaluation?
 - g. Any other diagnostic evaluations?
2. How each of these was used to help determine eligibility and feasibility.
3. What the outcome of these exams has meant in his needs in rehabilitation?

Ideally all these items have been covered before and the counselor may find it adequate to recount previous counseling sessions and summarize the importance of these services to the planning at hand.

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BASIS FOR DETERMINATION OF VOCATIONAL OBJECTIVE

Does your client understand:

1. How his preferences, attitudes, ideas and input were assimilated into the final vocational choice?
2. What factors were taken into consideration:
 - a. Physical limitations
 - b. Intellectual limitations
 - c. Vocational Evaluation
 - d. Client preference
 - e. Previous experience
 - f. Counselors knowledge of job market
 - g. Availability of training
 - h. Personality characteristics

Again this is a review of previous work and the counselor should summarize how these factors resulted in the vocational choice.

INTERMEDIATE REHABILITATION GOALS AND OBJECTIVES

Does your client understand:

1. That there are successive steps in reaching the ultimate goals?
2. What his responsibilities will be in reaching these steps?
3. How they relate to the final outcome of the rehabilitation plan?
4. Why each is necessary?
5. What sequence they will follow?
6. How he has been involved in determining each step?

This portion requires some in depth negotiating. This is an area in which the client and counselor must agree on the necessity of intermediate steps in the rehabilitation process. The client must understand the importance of each step and must understand his responsibility in following through.

BASIS FOR EVALUATION OF CLIENTS' PROGRESS TOWARD PROGRAM OBJECTIVE

Does your client understand:

1. The need to monitor his progress?
2. How this assessment will be made?
3. His responsibility in reporting his progress, making his grades available, going in for medical checks, etc?
4. His responsibility in maintaining regular contact with the counselor?
5. His responsibility in notifying the counselor of address change, etc?

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The client needs to understand the necessity of evaluating his progress towards the goal planned. He should be aware of his responsibilities in providing information for this assessment. If the counselor is to receive his grades he should know beforehand.

THE LONG RANGE VOCATIONAL OBJECTIVE

Does your client understand:

1. How this objective was decided?
2. What the job duties of the objective require?
3. What training is required?
4. Whatever apprenticeships, trainee periods, union memberships, etc. are required for this objective?
5. What the prospects for employment in this area are?
6. How his disability will and will not affect his job performance?
7. What wages he can reasonably expect for this vocation?
8. What physical conditions, i.e., heat, cold, humidity, dust, noise, etc. he will be exposed to at work?

This information should have been covered earlier by the counselor and client. A review of the items will insure that both parties know what they are agreeing to.

SPECIFIC VOCATIONAL REHABILITATION SERVICES TO BE PROVIDED

Does your client understand:

1. What each listed service will entail?
2. What his responsibility is in assuring that each service is received?
3. That he can give feedback as to the quality of services at any time?
4. With which service he must participate in payment?
5. Under what conditions a service may be stopped?
6. The reason for the time limit expectations and their importance?
7. How these services will be accomplished and by whom?
8. What to do if there is some problem with services?

This is the central core of the program. The client and counselor should discuss all aspects of the planned services in detail and how each relates to the vocational objective.

THE TERMS AND CONDITIONS OF VOCATIONAL REHABILITATION SERVICES

Does your client understand:

1. What similar benefits are available to him?

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2. His responsibility in applying for these benefits?
3. His responsibility in reporting these benefits?
4. How to apply for, use and report these benefits?
5. That this IWRP is a commitment between himself and Vocational Rehabilitation?

The client must know and agree to all conditions before he is held responsible for upholding them.

CLIENT PARTICIPATION IN COST OF SERVICES

Does your client understand:

1. What he is responsible for paying?
2. How he is to go about this payment?
3. Why his participation in payment is necessary?
4. Under what conditions his participation in cost may change?
5. His responsibility in reporting change in financial circumstances?

VIEWS OF CLIENT

In this section the client's participation is essential. One of the most effective ways to complete this section is to hand the IWRP to the client, explain that it asks for his views of the vocational objective and services planned, and request him to write them. If he cannot do this, for reasons other than the inability to write, you will know that your communication broke down somewhere. This is a check point. If he has misunderstood, you have the opportunity to review the process with him and help him summarize the IWRP. A client who has participated actively in the planning process will have an idea of how satisfied he is with the IWRP as a whole.

If the client has limited language he may write sentences which are difficult to understand. Still, this is his section. If further explanation needs to be made, it can be documented in the Continuing Contact Report.

BEFORE THE CLIENT SIGNS THE IWRP

Does the client understand:

1. That periodic review and evaluation of progress is required?
2. How he is to participate in this review?
3. That there may be project grants or other assistance for which he is eligible?
4. What these benefits are and how to get them?
5. Under what conditions his case will be closed both in rehabilitated and in non-rehabilitated statuses?

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6. That this program is not a legal obligation of the Vocational Rehabilitation agency but a written commitment toward which the agency will provide services within the limits of its capabilities and legal regulations?
7. What his participation in the planning has been?
8. His rights to appeal?
9. The appropriate procedure to use in making an appeal?
10. The necessity for supervisory approval of any parts of the plan or the plan as a whole when this is required?
11. His responsibility in maintaining contact with the Vocational Rehabilitation agency regardless of change of address etc.

The check points listed are meant to be an outline of the information supporting the initiation of the IWRP. It is up to the counselor to communicate this information so that the client has a realistic knowledge of what the IWRP is and how it relates to him.

Again effective communication is the primary issue. The client has a right to adequate communication of all aspects of his Vocational Rehabilitation.