THE IWRP AND DEAF INDIVIDUALS: A CHALLENGE TO EXCEL

Richard P. Melia, Ph.D.

If Congress had not enacted the Rehabilitation Act of 1973 with its provisions for an Individualized Written Rehabilitation Program (IWRP) for each person served in VR, by now those of you represented in this room would have invented an IWRP for deaf clients. Clearly the basic concerns found in the legislative history of the IWRP are one and the same as basic principles for rehabilitation casework standards for the deaf set at St. Louis in 1966. That was the workshop, by the way, that led to the forming of PRWAD.

The congress wrote in § 102 of the Rehabilitation Act that the IWRP is to be developed jointly by the vocational rehabilitation counselor or coordinator and the handicapped individual (or, in appropriate cases, his parents or guardians). Harry Troop wrote in the casework standards report "that effective counseling implies that an effective means of communication be established between the counselor and the client." He went on to say: "Counseling, in order to be effective and of benefit to the deaf client, must be dialogue, not monologue; there must be an exchange of thoughts, ideas, desires, needs, and feelings. Counseling is not counseling when the counselor does all the "talking," it is dictating."

The IWRP provision in law is detailed as far as legislation goes. Many counselors and clients do not know that the basic ingredients of the IWRP do stem directly from the law. They were not written at HEW, an exercise in that detailed regulation-writing you hear so much about. Rather, it is the law itself that says that each IWRP shall include, but not be limited to (1) a statement of long-range rehabilitation goals for the individual and intermediate rehabilitation objectives related to the attainment of such goals, (2) a statement of specific vocational rehabilitation services to be provided, (3) the projected date for the initiation and the anticipated duration of each service, (4) objective criteria and an evaluation procedure and schedule for

determining whether such objectives and goals are being achieved, and (5) where appropriate, a detailed explanation of the availability of a client assistance project.

I make my claim that this too is the direction services for deaf clients was heading in 1966 as I re-read Harry Troop's words on the rehabilitation process. He said, speaking of individual goals, that "these might simply be: to help, as purpose; to move forward throughout the plan of services, as the direction; to secure employment, as the goals."

But he didn't stop there. And this is really why I feel that professionals in services for deaf clients have been in the forefront of knowing what its all about in goal-oriented planning with substantial client involvement. Harry went on to say:

> But rehabilitation is not that simple; the issues are not that clearly defined. It must, at times, have as part of its purpose, bringing about an understanding of the client by the counselor, acceptance of the counselor and his role by the client, bringing the client up to a point of understanding and accepting his disability—and so much more.
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> The direction might well include selection of a feasible and realistic vocational objective, reaching a point of social adjustment necessary to complete the plan of services, recognizing the need for and value of moving ahead in the plan one step at a time—and so much more.

While the above description may not be the IWRP, word for word, the underlying philosophy is the same. Why then, if prior to passage of the law, we knew what needed to be done, is the IWRP a challenge for us today? The answer appears to be that in rehabilitation generally, and in deafness rehabilitation in particular, we are always operating with a "stacked deck."

And from what I know about some past poker sessions that Boyce Williams, Harry Troop, and some others in this room took part in, you know what a "stacked deck" is.

Many people have written and spoken on the extra time and effort it requires, even for a person skilled in communication with deaf people, to interview and counsel a deaf client. We are all familiar with the statistics on reading levels, particularly among the pre-lingually deaf who encountered the schools before the schools encountered P.L. 94-142.

It is encouraging to learn from the inventory of the Model State Plan that while in 1973, only a handful of agencies had a State Coordinator of Services for Deaf Clients, in 1976, 38 states had an SCD. And that number has grown, as is evidenced by people here today. It is encouraging to learn that 50 States now have Rehabilitation Counselors for Deaf Clients (RCD).

But despite these gains, and these are great accomplishments, we still face the "real world" where most clients served in VR who have a primary

disability of deafness, are assisted by VR counselors, and make their way through a network of service providers, who are inadequately skilled in serving deaf individuals.

That is the essence of the deafness – IWRP "stacked deck."

But don't go away just yet. Knowing that the ideals of client involvement, skilled evaluation of rehabilitation needs, concise and logical step-by-step organization of services with precise functional outcomes delineated for each service, and all the other good concepts of the IWRP run head-on into the realities of basic communication skills, lack of orientation to deafness, clients who don't quite fit the goal-attainment process ideal, and so on is not an acceptable reason to throw in the towel.

Rather, rehabilitation of deaf clients offers a great opportunity to excel in quality services. Before I get carried off as a code 522 – that's rehab for "other character, personality, and behavior disorders" (although Ralph White and others of you more expert in codes might argue that I should be a 580 or 510) – let me explain.

In 1976-1977, one of my jobs in RSA was to be Project Officer for the Program Administration Review (PAR) which studied the IWRP. Assisted by JWK International Corporation and the Evaluation Committee of the CSAVR, RSA organized and conducted a review of 19 agencies (10 General, 9 Blind). Over 1650 IWRP's were reviewed by RSA Regional Office Staff. Agency policies were also studied, and counselors interviewed.

Each agency which was reviewed received a report from the RO and was provided with recommendations for corrective action. But the implications for us here today are to be drawn from the overall findings combining totals from agencies and the more than 590 counselors.

We found that IWRP forms are seldom written in non-legalistic, easily understood language. Special adaptations to explain client rights and the IWRP process are the exception, not the rule. Many agencies had no references or inadequate notations in their policies and procedures for emphasizing the need for facilitating the communication process for individuals whose mode of communication is other than English.

We found that in many IWRP instructions for counselors, as well as on the IWRP forms, intermediate objectives were confused with services. You might ask: What is the difference?

An *intermediate objective* is a step which must be achieved before the long-range vocational goal can be attained, i.e., those medical, social, personal, vocational *outcomes* which must be attained and upon which the attainment of the long-range goal is dependent. Intermediate objectives are to be formulated and written in performance terms. It is the IO that can be measured using objective evaluation criteria, an evaluation procedure, and a schedule.

A rehabilitation *service* is an activity necessary to bring about the desired outcome. It is how the intermediate objective can be reached.

In our case reviews, we found that IWRPs were too seldom framed in terms of intermediate outcomes. When this finding is coupled with the evidence that client involvement is infrequently noted on the IWRP itself, a picture emerges of weakness in what must be regarded as the key components of the IWRP.

RSA is now working to get the following position understood:

> Intermediate objectives are not categories of rehabilitation services. Rather, they are steps necessary to achieve the long-range vocational goal, and these steps are to be systematically set out in writing in terms of specific outcomes. i.e., stated in clear, specific, unambiguous terms of:
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> - What the client will achieve (intermediate objective);
> - How it will be known that the client has adequately achieved the objective (objective evaluation criterion);
> - When the client will achieve the objective (estimated date of attainment); and,
> - What method of evaluation will be utilized to assess whether the objective has been reached (evaluation procedure).

I must give credit to Jerry Abbott of our RSA Region III office for clearly stating these points. Jerry led the PAR reviews in his region, and from his experience, observed that we in RSA needed to clarify our guidelines on the IWRP and intermediate objectives.

Jerry also wrote: "The challenge facing State VR agencies is how to best meet the legal/regulatory/policy requirements relative to the intermediate objectives in such a manner that is both meaningful and relevant to the client and the counselor."

I know that I have not said anything in the past few minutes to convince you that I am not a code 522. But it is in just the areas of overall weakness in the IWRP process – client involvement, client understanding, clear and precise statements of what the rehabilitation accomplishments will be to be achieved through intermediate objectives – that I believe you – as specialists in the delivery of services to deaf clients – can excel.

Despite the "stacked deck" facing us, the long-standing problems of deafness rehabilitation, IWRPs for deaf clients can be the rallying point implementing on a wide scale basis the principles and concepts of deafness casework standards and evaluation that have emerged.

In the Model State Plan the overall goals are stated for quality deafness rehabilitation procedures. In recent publications such as Deaf Evaluation and Adjustment Feasibility: Guidelines for the Vocational Evaluation of Deaf Clients, made available through the fine efforts of Region IV, the University

of Tennessee, Auburn University, and New York University's Deafness Center, we have the criteria needed for moving into monitoring and assessing of the quality of deafness rehabilitation services under IWRPs.

Projects such as Nebraska's Deaf Innovation Project and South Carolina's Section 304 project have worked to develop new methods stressing adequate communication, client understanding, living skills evaluation, and pre-vocational assessment of vocational readiness. All of these areas are where specification of appropriate intermediate objectives, and how to involve the client in their use, present rehab counselors with their greatest challenges.

But the size and organization of the deafness rehabilitation network is an advantage in addressing these problems. We can excel in IWRPs for deaf clients because we now have the tools and mandate to do so. The tools are the IWRP, the ready identification of our target population consisting of deaf VR clients, the many emerging assists for working with deaf clients (evaluation procedures, communication aides, etc.), the training capability through our fine R&T and deafness orientation programs, and the core of specialists in the States – the SCD's and the RCD's. The mandate is the Congress' call through the IWRPs purpose.

In this workshop we need to explore all of the angles, exchange information, set some goals and intermediate objectives for ourselves in terms of quality IWRP procedures and processes, and set out from Phoenix to set the pace for the rest of rehabilitation.

Let's make deafness rehabilitation the model for all disability areas in client involvement, rehab assistance, and quality vocational outcomes.

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