

AN ALTERNATIVE APPROACH IN SERVICE TO DEAF INDIVIDUALS: COMMUNITY COUNSELING

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Counseling as a means of facilitating psychological and social development among deaf people has finally been accepted as a necessary service in a majority of schools and social service agencies in this country. Yet, what has been lacking in the literature for the growing number of counselors is discussion of options on the most appropriate methods for providing effective counseling services to the largest number of deaf individuals. As the history of the counseling profession has shown, it is only through a professional dialogue of issues such as this that fruitful research on counseling outcomes can have its birth.

I propose that professionals in the field consider a non-traditional approach in attempting to provide counseling services to deaf individuals; that is, community counseling (Lewis & Lewis, 1977). This generic term has also been referred to in the literature as outreach counseling (Drum & Figler, 1973), environmental manipulation (Matheny, 1971, Pulvino, & Kandor, 1971), a social-activist model of counseling (Atkinson, Froman, Romo & Mayton, 1977), and activist guidance (Dworkin & Dworkin, 1971; Ivey, 1973; Menacker, 1976).

All of these approaches have a number of things in common: 1) Counselors should take an active role in providing assistance to clients rather than a passive role; 2) counselors need to give greater attention to the social and physical environments of clients; and 3)

counselors should be devoting a greater proportion of time providing programs and services to individuals *before* problems occur rather than spending most of their time providing patchwork services *after* problems occur.

Formally, community counseling is a multifaceted human service approach which combines educational programs, environmental manipulation, and paraprofessional service in order to 1) help deaf people live more effectively and 2) avoid problems most frequently encountered by deaf consumers.

To date, the variety of counseling approaches that have been used with deaf people are straitlaced, traditional models which are most appropriate for middle class, highly educated, experientially rich individuals. The only exception can be found in behavioral counseling approaches which, although focusing on help to those individuals with low verbal ability, is still rooted in a traditional model of counseling.

In a recent article by Scott (1978), a number of definitions and approaches used by counselors with deaf persons were analyzed. Scott concluded that there was a relative lack of agreement concerning what constitutes the area known as counseling with deaf people and, further, there appeared to be a multiplicity of types of counseling used with deaf individuals. However, as one peels away the layers of uniqueness between these approaches, one finds three distinctive threads

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running through all approaches that are based on a traditional philosophy of counseling that has never been proven to be effective with hearing people nor with deaf people.

Traditional counseling practices are predicated on the assumption that the problem exists within the client; community counseling takes the approach that the environment is the major inhibiting factor to an individual's growth and development. Traditional counseling focuses on the amelioration of maladaptive behavior; community counseling focuses on acute problems of normal human development and stresses prevention of future crises. Traditional counseling theories presume the necessity of service by academically trained professionals; community counseling recognizes the value of the peer as an effective resource.

First, most counseling approaches used with deaf clients presume that a problem exists within the client and, therefore, the client is responsible, with support and assistance, for making personal changes and adjustments in order to live a productive, fruitful life. This philosophical approach has been espoused in a number of writings including, but not exclusive to, Goetzinger, (1967) Mykelbust, Neyhus, and Mulholland (1962), Norton (1978), and Thompson (1964). The validity of this assumption must be questioned based on what we know of the physical and social environment constraints placed on deaf people. If the nature of deaf people's physical and social environments could be conducive to learning, loving, playing, and working, would we, as counselors, be seeing even as much as one-half of the personality problems that are presently being referred to our offices? If our world were such that deaf people were in the majority and hearing people were in the minority and, therefore, their environment was our environment, hearing people would be waiting in line to be seen by deaf counselors who claimed that the problem lies with hearing people's adjustment to the deaf world. Community counseling proposes to focus on enhancing the physical and social environments of clients. The role of the community counselor is to analyze these environments and appropriately manipulate

them to enhance deaf people's lives.

Secondly, most counseling theories assume that the primary responsibility of counselors lies in healing maladaptive behavior on the part of deaf people. Very little attention is paid, theoretically or practically, to normally developing deaf people who are experiencing acute problems of daily living. Further, only perfunctory concern is given to preventive educational programs. Community counseling targets its attention on problems of daily living rather than pathological problems which are clearly in the province of psychotherapists, psychologists, and psychiatrists. Also, community counselors devote a great deal of time to the design and implementation of preventive programs that focus on eliminating future problems.

The third thread that runs through most counseling approaches with deaf people is the assumption that personality changes of clients can only occur and be successful under the guidance and direction of a skilled, professional counselor or therapist (Williams & Sussman, 1971; Sanderson, 1974) and that, further, this personality change can only take place by way of a direct relationship with this professional who somehow, some way, has the sole ability to effect change in individuals. Very few, if any, counseling approaches contradict this philosophy. Yet this assumption has not been supported through research. There is a great deal of practical evidence showing that the best people to provide direct services to a clientele are persons who have successfully mastered similar problems. Clear examples of this evidence are the successes of such programs as Alcoholics Anonymous, Weight Watchers, Big Brothers, and in student residence hall advisors and rape prevention programs. Community counseling respects the power, affiliation, and trust of significant others in the lives of people. One of the major roles of a community counselor is to provide training and support to groups of individuals who may be potential short-term helpers to individuals.

Thus far I have presented three major differences in assumptions between community

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counseling and traditional models of counseling. Let me further elaborate on this differentiation by presenting what I feel are the major responsibilities counselors should assume if they are to implement an active approach based on the three stated assumptions. The implication of these responsibilities is that counselors should devote a major portion of their time in performance of these duties.

1. *Counselors should deal with future problem areas of their client population.* Counselors should utilize methods of determining significant future problem areas of their total clientele; identify common future problems of particular subgroups; and design preventive educational programs that can be implemented utilizing resources from within the institution as well as the community.

2. *Counselors should analyze and manipulate environmental factors.* Counselors should develop a rationale for dealing with forces in the educational, home, work, and play environments; gather information about the environments that encourages or inhibits the development of a deaf person; and point the way toward dealing with environmental factors so that the deaf individual's personality development may be benefitted.

3. *Counselors should identify and train people with helping potential.* Counselors should identify people who have the ability, interest, and perhaps some experience in helping their unique population; and offer on a formal or informal basis, systematic training in principles and exercises for improving the helping process.

4. *Counselors should utilize community resources better.* Counselors should encourage and direct deaf people to maximally utilize helping people and existing information which lies outside the institution or service organization; actively advocate the opening of social service doors that have been locked to deaf people in the past; and actively advocate local, state, and federal legislation that would enhance the lives of deaf people.

5. *Counselors should encourage self-direction in their clients.* Counselors should develop educational programs that increase

deaf individuals' potential for controlling and implementing the critical decisions in their lives. In effect, these programs would assist individuals to recognize that they can be the major agent in their own development.

There are a number of outcomes that could be anticipated if counselors with a deaf clientele re-prioritize their responsibilities within schools and social service agencies.

1. *Timing.* The community counseling approach would be better able to deliver help to clients at several different points in their development, from pre-awareness of a problem through the time when deaf individuals are acutely aware of problems or crises. In many cases, a preventive model would alert deaf clients to growth needs which would otherwise have remained hidden.

2. *Drawing the Unreachables.* A community counseling service will hopefully reach many subcultures of clients who traditionally resist counseling or are unaware of counseling services and will thus make a strong effort to equalize each individual's opportunity to obtain help with his/her development.

3. *De-emphasizing Remediation.* Traditional counseling service can often encourage the building of client problems because deaf people know there is a service which they can fall back on if they feel incapable of coping with problems themselves. By using a community model of counseling, the counseling service is less likely to contribute to the serious accumulation of a client's problems, since the counselor's frequent involvement and consultation outside the office will reduce the need for clients to use the counseling service as a remedial station.

4. *Spotting Environmental Problems.* One of the major goals of community counseling is to identify aspects of the physical and social environments which influence deaf people's lives. In this respect, community counseling acknowledges that positive growth and development are in part affected by forces which are external to the individual and that efforts must be made to harness external forces toward positive development and eliminate damaging forces in the environment.

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5. *Network of Counselors.* Through the utilization of peers or paraprofessionals, counseling can be provided to many more clients who desire it. As a side effect, the training of paraprofessionals in human relation skills can only enhance the lives of these helpers and may in fact crystallize career goals for them in the social service field.

Based on the concepts of community counseling, the major recommendation for 'counselors of the deaf' is to re-prioritize responsibilities. Traditional models of counseling typically provide service to only a small proportion of the potential clientele, emphasizes abnormalities of behavior, de-emphasizes environmental influences, ignores the immense influence of informal contacts by peers, and focuses on remedial service rather than a preventive approach. Community counseling attempts to reverse these conditions.

Community counseling does not ignore the benefits of direct individual counseling for a select clientele. Nor does community counseling deny that maladaptive behavior may be a direct result of deep-seated psychological problems. Yet this approach views counselors as experts in normal developmental behavior. Action counselors believe that personality re-organization should more appropriately be left to professionals who have received exten-

sive training in psychopathology and therapeutic techniques of treatment.

In order for counselors to assume the major responsibilities advocated by community counseling, counselor training programs will need to emphasize specific units of academic content usually only touched upon in typical counselor education programs. Emphases must be placed on A) theories of normal child and adolescent development, B) the environment and practical means of altering the environment to enhance human development, C) methods of educating and using paraprofessionals to provide service to deaf people, D) preventive program development to meet future needs, and E) expertise in consultation services.

Finally, community counseling, by its goals and techniques, commands counselors to take an active, progressive, and indirect role in providing services to clients rather than a passive, traditional, direct role. The greatest fear upon first reading of this approach is that community counseling may be a return to "paternalism" on the part of professionals working with deaf individuals. This is not the case. Community counseling does not advocate doing for the client. Community counseling advocates doing on the part of the counselor.

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