

# UNDERSTANDING THE REHABILITATION CHALLENGE OF MULTIHANDICAPPED DEAF CLIENTS THROUGH THE CASE STUDY APPROACH

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Each rehabilitation service provider present at the seminar was requested to gather a case summary of a young hearing and visually impaired client with whom they worked. The case descriptions included here are verbatim cases representative of the kinds of information included in casework activities with these clients.

The cases were presented to small discussion groups and the participants were charged with reaching a group consensus on the feasibility for rehabilitation services. In addition, the groups were obligated to identify services needed, appropriate facilities and personnel to accomplish "rehabilitation", and estimate costs per case.

The reader should initiate his own review of these cases. The examination should focus on the need for specialized policies, programs, personnel, and facilities necessary for rehabilitative services to this multihandicapped population. After careful review of the cases, the reader will become somewhat more aware of the diverse characteristics of the rubella affected clientele.

In studying these cases, readers might attempt to answer the following typical rehabilitation service provider questions for themselves: (1) Do the disabling conditions constitute a vocational handicap? (2) Is there a reasonable expectation that services will lead to employment?

## CASE SUMMARY I

### I. Identifying Information:

Justin Tyme is a 16-year-old deaf-blind (rubella imposed) male referred to the school for the deaf-blind by parents when he was six years of age. The parents wanted to find appropriate educational placement

for Justin. (He was becoming of school age.) He attended a one-week summer workshop (1971) for deaf-blind children and their parents at the state school for the deaf and blind. (He and his parents were good participants.) He began an educational program at a public elementary school in his home town in September 1971.

### II. Description of Disability:

#### A. PHYSICAL FACTORS

Justin has a profound hearing impairment with no useful, functional hearing. He also has a severe visual impairment with fair mobility vision – useful but very defective near-point vision. He holds materials 3 to 5 inches from eye. He wears prescriptive glasses occasionally. Benefit from them has not been proven.

Right eye: Aphakia; Nystagmus, Micro cornea. Visual Acuity FC

Left eye: Aphakia; Nystagmus, Micro cornea, corneal opacity. Visual acuity FC

Cataract surgery 1965 right eye.

Cataract surgery 1970 left eye.

Good general physical health. No restrictions of activity prescribed.

#### B. PSYCHOLOGICAL FACTORS

No one psychological test has been devised and standardized which can truly define a rubella impaired deaf-blind child's level of mental competence.

Parts of several tests have been administered to Justin on various occasions throughout his school life. The most recent testing included much of the Merrill-Palmer Scale of Mental Tests. His scores are:

1979 at age 14 83 MA 5 years 10 months

1980 at age 15 87 MA 6 years 3 months

## UNDERSTANDING THE REHABILITATION CHALLENGE OF MULTIHANDICAPPED DEAF CLIENTS THROUGH THE CASE STUDY APPROACH

The scores should be considered only as an indicator of an approximate level of function.

### C. EDUCATIONAL EXPERIENCE

Justin's academic achievement level coincides quite well with his psychological evaluation score. It is in the pre-school through first grade range. Communication: He has a receptive sign language vocabulary of more than 300 words and concepts and a voluntary expressive sign language vocabulary of approximately 20 words. (The most used expressive words are "eat", "drink", "more", "toilet", and "hello" — the other expressive signs are seldom used.) He can copy printed words and can print his name from memory. His printing is legible, but barely so.

Teachers say that Justin is not an academic child. He much prefers motor and hand-eye coordination tasks. He is very good in prevocational tasks and has been able to stay at the same task for periods of 1½ hours without a rest or diversionary period.

Justin does not yet know the concept that money is earned for work accomplished. He has learned that money has value and can be exchanged for goods. He does not yet know the value of the various denominations of currency. He cannot make change.

### D. FAMILY, SOCIAL AND ENVIRONMENTAL FACTORS

Justin is the oldest of three children in an intact family. All of the members of the family are in good general health. From the point of view of attitude, the family has a reasonably realistic and accepting attitude toward Justin. Unlike some families having a deaf-blind child, this family really seems to enjoy Justin and seems to include him in most of their activities. While Justin does not interact in a way that is usual for a 16 year old, he seems to be willing to be included in the family's activities even if he will stand back from full participation.

Family work history: The father, age 39, has worked as a mechanic for a large motor car company for 12 years. The mother, age 38, has worked as a teacher's aide in a public school for 8 years. The total annual income for the family is approximately \$16,000

which is used rather sensibly except for the father's occasional spurts of gambling.

Siblings: A brother, age 11; a sister, age 14. Both are average students in school. Brother seems to be quite athletic and will, it is predicted, become quite a star athlete.

### E. CLIENT'S ATTITUDE

Justin is reluctant to initiate most social interaction. He has not yet found a way to voluntarily include himself in most social activities. He can be extremely stubborn about doing certain tasks at certain times. These stubborn streaks are not easily predicted — but they are slowly diminishing in number. Justin does not care about his appearance. He is generally a messy person with little regard for neatness or cleanliness.

He does not think of himself as a worker nor as having the potential of becoming a worker. He does not have the concept of working to earn money. His temperament can be described as usually apathetic but pleasant, occasionally reticent, occasionally stubborn.

### F. COMMUNICATION ABILITY

His receptive communication skill is limited to gestures, manual signs, and some printed words as previously stated in Educational Information. His expressive communication skill is minimal. He occasionally uses a sign voluntarily — most of these signs are basic signs which he has found will serve him, such as eat, drink, more, toilet, and a few more.

### G. PAST WORK HISTORY

There is no previous work history.

### III. Description of Vocational Handicap:

Justin's impairments of vision and hearing are coupled with a communication disability which have caused him to have severe social gaps which will perhaps cause him more difficulties than will his lack of work skills.

### IV. Plan of Services:

From the brief information included in this case, the reader should attempt a plan of services utilizing the resources available within the local community.

## CASE SUMMARY II

### I. Identifying Information:

Erin is a 20 year old (d.o.b. 1/23/61) single

## UNDERSTANDING THE REHABILITATION CHALLENGE OF MULTIHANDICAPPED DEAF CLIENTS THROUGH THE CASE STUDY APPROACH

female who resides with her family. Erin is the oldest of the siblings and the only one with a physical disability. She has been referred to the Commission for the Blind by the state school for the deaf and blind. It appears that Erin has reached her maximum potential at the school and needs vocational and career planning.

### II. Description of Disability:

#### A. PHYSICAL FACTORS:

Erin is in good general health. While attending the state school, she was never absent for any extended period because of her health. She does walk with a limp but does not have any other motor impairments.

Her visual acuity is count fingers (CF) at 4 feet OD and 20/200 OS. The left eye occasionally has nystagmus and convergence movements independent of the right eye. Both corneas show band keratopathy. She also has bilateral posterior subcapsular cataracts with the right eye being worse than the left. She wears bifocal eyeglasses which correct her vision to such a degree that she can read large print.

Erin has a severe to profound bilateral sensori-neural loss and wears a Widex A2-H hearing aid. Her audiometric curve shows good hearing in the low tones with a rather sharp drop at the 500 cycle tone. Her average loss for speech in the left ear is 75dB and 77dB in the right ear. Her SAT score unaided was in 80dB sound field as compared to 25dB aided. Her voice quality is better than one would expect in view of her loss.

#### B. PSYCHOLOGICAL FACTORS

Erin was administered a series of tests to evaluate her intellectual development. Tests and results were as follows:

Weschler Adult Intelligence Scale:

I.Q. 65 performance

Hiskery-Nebraska Test of Learning  
Abilities:

Memory for Digits 8.0

Memory for Pictures 8.0

Puzzle Blocks 7.0

Peabody Individual Achievement  
Test:

Reading Comprehension 2.2

Reading Recognition 2.2

Motor-Free Visual Perception Test:

Perceptual 8.8

Social Age 9.3

Intelligence: The performance of the WAIS was used to measure Erin's cognitive development. Erin's I.Q. is determined to be 65. This score does not include her verbal abilities. This score places her in the mild range of retardation. It is felt that this is the minimum she would score. The performance part of the WAIS uses small pictures and is timed and could have contributed to the lower scores.

Sub-Test Given:

Digit Symbol — Erin was required to fill empty spaces that correspond to the numerals 1 to 9. Erin scored extremely poor on this sub-test. On a scale from 1 to 19 where 9 and 10 are average, Erin scored 0. This indicated that Erin has a visual-hand coordination problem that restricted her from copying forms quickly.

Picture Completion — This sub-test is composed of 21 pictures in each of which an important detail is missing. Erin scored near average on this task. The results of this task showed that Erin was a visual learner.

Block Design — This sub-test is composed of a series of ten (10) designs that were to be constructed from patterns presented in a booklet. Once again, coordination was a factor in her performance and her less than perfect hand coordination could have reduced her score.

Picture Arrangement — A set of cards are presented in scrambled order. One is required to be able to put them in proper sequence within a time limit. Erin scored far below average in such an ability. It showed that Erin lacks logical, sequential thought and that she failed to perceive the implications from the pictures regarding how they fit together to tell a story.

Object Assembly — Four (4) jigsaw puzzles make up this sub-test. One needs to organize the parts into a whole without knowing what the whole was before beginning. Erin scored below average at a scale score of 5. To be sure of the reliability of the WAIS — the Hiskery-Nebraska Test was administered. In each area, her performance reflected these same weaknesses.

## UNDERSTANDING THE REHABILITATION CHALLENGE OF MULTIHANDICAPPED DEAF CLIENTS THROUGH THE CASE STUDY APPROACH

In the area of academic achievement, Erin was strong in recognizing first grade words. Erin seemed to rely on a sight word vocabulary and appeared to lack an understanding of the phonetic approach. Her reading comprehension was at the same grade level as her word recognition grade level of 2.2. Math — Fourteen (14) math skills were measured by the Key Math Diagnostic Arithmetic Test. When her scores were averaged, it showed her to be working at the 2.0 grade level. Her weakest areas were in fractions, multiplication, and measurement.

Erin impressed the service provider as being a young lady who understood social niceties. She was helpful, friendly, and willing to converse about whatever arose in the conversation. Erin was basically an independent person around the school who was responsible for her own self-care. She was also trusted to obey and to help other students. However, though she seemed to be a model student here in the residential setting, Erin was quite the opposite at home.

Since Erin has been enrolled at the Commission, we have received reports from her mother of severe temper tantrums in the past on Erin's part. The latest indication is that Erin has improved greatly at home, with her worst behavior being an "emotional upset". Usually Erin becomes upset when she cannot have what she wants, however irrational her requests are, e.g., a new color T.V., a \$4,000 electric organ.

Some of the problems that have occurred in the home as reported by Erin's mother are as follows:

- 1) Erin has chased her mother around the house. Upon being caught, she beat her mother, bruising her. This action is complicated by the fact that the mother is slightly handicapped herself and lacks sufficient mobility to escape from Erin's blows.
- 2) Erin has hurt the neighborhood children. Since doing this, Erin has been restricted from playing with other children at home by their parents.
- 3) Erin attacked her speech therapist. The cause for such action was that Erin learned she could not receive an elec-

tric organ she wanted.

- 4) Erin beat her mother when Erin was told she would not receive an operation to change her into the bionic woman.
- 5) Erin has pushed her mother down and subsequently looked for a knife or gun. Those concerned feel that Erin would carry out her threats against her mother if the means were available.
- 6) Erin has refused to help herself at home. Her mother is required to care for her completely. Erin does very little around the house and will have a tantrum if made to do as told. Erin's tantrum behavior was used to threaten the mother.
- 7) Erin seems to enjoy a world of fantasy at times.
- 8) Erin attacked a houseparent and beat the houseparent's head against the floor when being asked to explain her behavior toward another client.

Erin seems to have a "Jekyll and Hyde" personality. At home she has obviously learned that she can employ her anger to force her mother into allowing her to do as she pleases. When Erin exhibited that kind of behavior at the Commission, she was punished immediately by telling her to pack her clothes and return home for a week and to think about what she had done.

Erin was personally taken home by a Center staff member. Upon arrival, Erin's mother told the employee that if Erin was ever sent home for this reason again, she would place her in an institution for the mentally retarded because she could not control her. Upon Erin's return to the Center, she was placed in counseling, once a week, at the local mental health center. She has not shown any abnormal behavior since.

### C. EDUCATIONAL EXPERIENCE

Erin attended the State Multihandicapped School for the past three years. Before that, she attended the School for the Deaf. She made very little progress at the deaf unit because of her visual defects. Erin functions at 5.6 grade level in most areas. Erin communicates by using sign and her voice. She is an excellent signer and will correct you if you do not make the sign perfect while talking with her. She can hear what you are saying but does not understand and needs the signs for re

## UNDERSTANDING THE REHABILITATION CHALLENGE OF MULTIHANDICAPPED DEAF CLIENTS THROUGH THE CASE STUDY APPROACH

inforcement. Erin participates in most extra-curricular activities at night. She enjoys the exercise room and swimming. She occasionally will participate in bowling. Her teachers have described Erin as cooperative, intelligent, motivated, and confident at all times. She has a poor self-image but is making improvements daily. She is a hard worker and stays with a task. She reports to class on time and begins work without being told. She is a slow worker and appears always under pressure and tension.

### D. FAMILY, SOCIAL AND ENVIRONMENTAL FACTORS

Erin is the first born of a family of six. She is the only sibling with a physical or mental handicap. All other family members are in good general health except for a limp that the mother has. The family views Erin as a "mistake" and say she will "never amount to anything". They want her to succeed and get a job but continue to stop Erin from reaching her potential. Erin receives an SSI check monthly for about \$180.00. We have requested from Erin's mother to let Erin go to the bank with her and explain to Erin the process of cashing a check. We have also requested her to let Erin pay for her personal items herself instead of just telling her that it has been subtracted from the balance. Her mother agrees verbally but has not let Erin try for the last six months. The Commission is presently requesting the Social Security Office to let Erin become her own payee. Erin verbalizes positive attitudes toward her family and says that she loves them. Sometimes in the middle of a conversation she will say "I love my mother or sister". She never speaks of other members of the family. Erin's biological mother and father are divorced and the mother remarried. The father lives in Japan. Erin's step-father is in the Navy and leaves for eight weeks at a time for duty at sea. The mother is a homemaker and keeps small children in her home. The family resides in a 1600 square foot home with carpet and expensive looking furniture. Even though they are of middle class means financially, they are not of a middle class culture. Their home is not clean and the smaller children have been permitted to draw on the walls. The house had an odor of uncleanness. The

mother repeatedly makes statements that she wants her daughter to improve but does not realize the importance of her actions. She meets Erin's physical needs, but has no regard to her emotional and future needs.

### E. CLIENT'S ATTITUDE

Erin is always clean and neatly dressed. She is friendly and wants to be friends with everyone. It upsets Erin if she realizes that another student may not like her. She is willing to accept responsibility and often asks what can she do to help. Erin does not think well of herself and thinks that others' opinions are better than her beliefs. She tends to be very emotional and will physically attack another person in some cases.

### F. COMMUNICATION ABILITY

Erin communicates through voice and sign. She expresses herself in English word order both orally and written. For Erin to understand receptive communication, one needs to sign and use voice for reinforcement simultaneously. She does not know American Sign Language (ASL).

### G. PAST WORK HISTORY

Erin has worked for two summers in a vocational rehabilitation workshop. She had average speed but did not reach production level. Although she did not reach production level, she was of average speed as compared with other handicapped persons in her category. She got along well with her peers. Erin was always happy no matter how small the check as she had worked and been compensated for it.

### III. Description of Vocational Handicap

A vocational goal of factory worker has been set for Erin. This is the minimum level in which Erin could be qualified. At present, she is being evaluated in her independent living skills at the rehabilitation center. Upon completion, she will enter the Work Adjustment Program at the Center. It is felt that it will take Erin approximately 18 months to two years to complete her training.

### IV. Plan of Services:

From the brief information included with this case, the reader should attempt a plan of services utilizing the resources available within the local community.