IMPROVING TRAINING APPROACHES

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Introduction

The need for quality research in the fields of deafness, mental health and rehabilitation is undeniable. The funding of a Research and Training Center on Low Functioning Deaf Individuals by the National Institute on Disability and Rehabilitation Research (NIDRR) has the potential to advance the knowledge of this underserved disability group among rehabilitation and other professionals world-wide. NIDRR is to be applauded for its progressive thinking and action to serve this population which has long been ignored by the leadership in rehabilitation and other social service fields. The ultimate success of this effort, however, will be measured not in bricks and mortar nor in the volumes of research publications generated, but in the degree of improvement in quality of life experienced by the ultimate recipients of this research–low functioning deaf adults themselves.

Professionally, we are far from a comprehensive understanding of the basic concepts of motivation, cognition and affect, and how these interact with such factors as language, culture, psychology, social skills, and technology in the process of rehabilitation of lower functioning deaf individuals. Research helps us better understand how these factors impact on the lives of individuals and it also assists us as we design and implement programs which reflect this understanding. But even when high quality research is accomplished, there continues to exist a tremendous gap between the research and direct service communities. Without adequate communication, training and support programs, the best research findings will remain under-utilized and of little practical benefit in enhancing the quality of life for consumers.

Before examining training and dissemination needs, however, it will be instructive to keep in mind the needs of the individual clients who will be the ultimate recipients of quality research and training programs. An example illustrates this point:

> *A social worker encountered Maria working on a farm in a mid-western state. At the age of 16, she was profoundly deaf and had never received any formal schooling. Being the only deaf child in a family of twelve siblings, and traveling from state to state with her extended family in search of intermittent agriculture employment, she barely recognized her name and a few basic expressions in Spanish, the language of her family. She had also experienced many years of repeated physical and sexual abuse within the community in which she was raised.*
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> *Through the efforts of the Department of Social Services and Vocational Rehabilitation, she was enrolled in a comprehensive program for severely handicapped deaf adults, and placed in a group home with a number of*

other hearing-impaired peers and supervisors. She spent several months attempting to adjust to life in a "foreign," confusing sign language environment. Explosive outbursts were common, and physical restraint was often the only means of communicating with Maria during the early months of her first formal educational experiences. After approximately four weeks of intensive language and communication therapy in a total immersion environment, a light of recognition suddenly burst on her face one morning when she realized that she had a name sign, which was hers alone, and that other people and objects in her environment also had unique names and signs to represent them. A period of rapid sign language acquisition ensued, and within four months she as able to make herself understood, express her basic needs, and understand the basic communication of other people. This had an amazing effect on her tantrums and physical clashes with other people.

She quickly developed usable vocational skills, and was soon placed in a variety of training and supported employment situations. Eventually, she was hired in a competitive job as a sewing machine operator and was soon earning $200-$300 per week, while continuing with communication skill development and basic educational activities. Today, Maria is married and the mother of two children, and is living a relatively normal existence--one which would have been unimaginable without the investment of time, energy and emotion of many professionals in a cooperative effort.

Maria is, by no means, unique in terms of her overwhelming linguistic, behavioral, social, emotional and educational needs. Indeed, it may be reasonably argued that her hearing impairment was the least of the problems she experienced. While probably of average or above intellectual ability, she unquestionably fits criteria for being included in the population of low functioning deaf adults.

For many years, researchers and practitioners have attempted to call attention to the needs of hearing-impaired people with additional disabling conditions. In the late 1960's through the 1970's, several direct service program and research projects clearly identified this population, and described the enormity of the needs experienced by them. Unfortunately, most of the published findings and recommendations of these projects have not been heeded or implemented, and only a small percentage of those persons in need of comprehensive rehabilitation services are currently receiving them. The vast majority of such persons continue to be unemployed, underemployed, institutionalized, or on public assistance, all of which results in a tremendous burden on the whole of society, as well as a shocking waste of human potential.

Recently, a study was conducted at a large residential school for the deaf in which each student enrolled in the regular deaf education program was assessed for additional, undiagnosed, handicapping conditions. A total of 391 students were assessed using numerous measures including behavior rating scales, medical information, school records, achievement test scores, intellectual ability scores, measures of emotional stability and ratings of adaptive behavior. Of this sample of "normal" hearing-impaired children, 66% were identified as having additional handicapping conditions, including learning disabilities, emotional disturbance, and mental retardation. Of course, not all of these students will become "low functioning" deaf adults – indeed, many will attend college and go on to lead relatively successful lives. But this study points to the tremendous number of students being served in

educational programs with needs which go beyond those which would be expected in schools for "normal" deaf children. Current estimates run as high as 2,000 such young people leaving educational programs annually.

Needs of Low-Functioning Deaf Individuals

Descriptions and definitions of this population vary widely and consistency in describing this group of people is a goal which the field needs to pursue. Perhaps the best working definition parallels that advanced by U.S. Supreme Court Justice Brennan when attempting a definition of "obscenity" when he said, "I can't precisely define it, but I know it when I see it." Such a definition also applies to the population under consideration here, and it is incumbent upon researchers, when studying this population, to be sure they are consistent in describing the target audience they are attempting to serve. Rather than attempting to establish exclusionary criteria, a definition should be advanced which simply identifies the needs of the individual and matches those needs with available services, while acknowledging that the individual in question has needs which go beyond those typically found in deaf adults (Austin, 1983).

It is difficult, if not impossible, to categorize all the needs by this diverse group of people, and it is even more difficult to attempt to prioritize these needs. Suffice it to say that administrators, rehabilitation professionals, direct service providers, and researchers have all identified some of the following needs as being prevalent within this group of people: communication deficiencies, emotional problems, behavior maladaptation, additional physical handicapping conditions, educational deficiencies, cultural deprivation and other, previously unidentified conditions.

Functionally, these difficulties translate into deficiencies in a number of relevant areas including independent living skills, vocational success, academic development and social competence. Such individuals not only slip through the so-called "safety net" in social services, but many times, they re-define the needs of the entire support system. But to change entrenched social service systems often requires political and administrative clout, and this group quite literally has no voice to advocate for its needs.

As a group, low-functioning Deaf adults are politically impotent. Not only do they lack the ability to directly influence decision-makers, they are also, for the most part, without a viable advocacy system to lobby for their needs. Too often, such people are categorized within the general catch-all category of "hearing impaired," or at the very best, among the "deaf." But to assume that a low-functioning deaf adult has the same needs as a college-bound, high-functioning deaf student, is to presume that students attending Harvard University have needs similar to people in the inner cities whose daily existence is one of basic survival.

While rehabilitation and other service agencies have been tasked with meeting the needs of the most severely disabled in the population first, a quick review of service outcomes within the field will convince the casual observer that conditions in 1992 are functionally no different than they were in 1971. It may be seen as somewhat ironic that those individuals with the most promise of success are the ones who consume the vast majority of federal and state educational and rehabilitation service dollars.

Any research or training program intended to service this population must focus on functional, rather than theoretical, outcomes. Practitioners serving this population need to have available instruments and training materials which will guide the development and improvement of functional outcomes, such as independence, social skills, communication enhancement, and the level of employment, independent or supported, of which

each individual is capable. Along with the improvement of direct services to low-functioning deaf adults, however, should be a comparable commitment to prevention programs, to reduce the numbers of low-functioning deaf adults who enter society every year. Such prevention efforts need to begin at the earliest possible moment, and research efforts need to be coordinated between the medical and educational communities such that families and children can receive appropriate services early enough to enhance the potential for educational and vocational success prior to resorting to remedial and habilitative efforts at the adult level. There are numerous examples of adults who have succeeded in spite of seemingly overwhelming handicaps and limited opportunities, and such individuals would provide a rich resource for research to determine what factors may have contributed to their success, given the obstacles they face.

As one looks to the future of this population, a number of concerns become quickly apparent. The population that can typically be described as low-functioning deaf seems to be increasing. Added to the numbers of "normal" deaf individuals who are failing in mainstream and residential educational settings, there are other groups of deaf people who will need the attention of rehabilitation professionals in the future. These include persons who are addicted to drugs and alcohol, persons who are incarcerated, and a sizable number of traditionally underserved individuals who are hard of hearing. As one views the future, all of these populations have the potential for a tremendous drain on resources, and all have been traditionally underserved in the strictest sense of the definition. Research and training efforts will have to be directed at developing strategies for improving services to each of these populations and systems, as well as service providers, will increasingly be taxed to the limit once the enormity of the problems presented by these groups begin to be fully recognized.

Training

The best research is of little practical value to low-functioning deaf consumers if it cannot be translated into products and services which can be implemented by direct service providers. The task of training is an enormous one, and there are significant problems in the area of "transportation" of research findings to those professionals in need of the results. In the field of deafness rehabilitation, the two most widely used means of "training" have been through publications in journals or handbooks which may or may not be accessible to "front line" service providers, and through presentations at conferences and training seminars which may or may not be attended by those individuals in need of the information, and the proceedings of which may or may not be accessible.

The professionals who provide direct services to low-functioning deaf people are a unique target audience, to which researchers need to direct their dissemination efforts. In many direct service programs, the communication/language instructors, behavior specialists, independent living skills instructors, and residential care personnel, may be deaf adults whose own English communication skills may be limited. All too often, because of budget limitations and program responsibilities, it is these vital staff members who are denied training opportunities through conference participation or inservice education. Often, it seems program directors and administrators are the ones given such experiences, and then expected to provide similar training to front-line staff members "back home." Whether this actually occurs, and to what extent, is left to the individuals concerned to determine.

Programs in this field tend to operate on shoe-string budgets, and very few dollars are devoted to the dissemination of information. Indeed, in the case of many training and direct service programs, if any funds are available for dissemination purposes, they are quickly used up in publications and materials which may have little distribution throughout the field, and may be inaccessible to many persons in need. While such efforts are to be applauded, what is truly needed in 1991 is an approach to training and dissemination which incorporates the technology available today, and which will access a much wider audience of individuals in need. Specifically, the target audience of "front line" training today should be deaf adults who provide direct services to consumers but who may have English reading deficiencies, although fluent in American Sign Language.

Traditionally, the fields of deafness and rehabilitation have suffered from a rather incestuous training approach. When one attends national conferences, one usually finds the same individuals in attendance; at some meetings they are participating, while at other times they are presenting, but in general, these conferences resemble the proverbial situation in which the minister is preaching to the choir. Those individuals who need to hear the messages, such as policy makers, legislators, as well as the direct service providers like dormitory counselors and independent living skills instructors, are rarely seen.

Recommendations

1. Much valuable research is done in fields outside of deafness, including special education, mental health, psychology, counseling, sociology and psychiatry, which could positively impact the services to low functioning deaf individuals. Unfortunately, the sheer volume of research which is generated every month prohibits most service personnel from accessing information which could be of benefit to their situation. It would be of great value to the field to have quarterly or semi-annual Research Updates which would summarize the relevant research being done in various fields, and translate that into a format easily accessible to service providers within the deafness rehabilitation community. Dissemination of this information could be provided via computer networking, audio tapes, video tapes, and/or the printed word. Such a project might be viewed as financially self-sustaining, since recipient individuals and organizations could be expected to provide compensation for the services rendered.
2. When valuable research findings are to be communicated to the field in general, consideration should be given to technological approaches such as satellite teleconferencing, where professionals, researchers, direct service providers and consumers could "meet" at various sites across the country and within a relatively short period of time receive training and updates on areas of common interest, as well as exchange ideas and provide immediate feedback to presenters. Such approaches are highly cost-effective when one considers the cost of staging a national conference and bringing together all the individuals associated therewith.
3. The deafness rehabilitation field needs to make much better use of the technology and innovation which is generally accepted and available to private industry. Costs for computer hardware and software continue to decrease, making such equipment more accessible to populations previously excluded. For deaf or other disabled people to fully participate in the vocational world of the

twenty-first Century, familiarity with the basic tools of this society is an absolute must.

4. Whenever conferences are held which deal with services to low-functioning deaf individuals, the proceedings of those presentations need to be disseminated through video tape or video disk. Again, the cost of such dissemination is far less than the cost for bringing all direct service providers together to receive the training.
5. In considering the technological advances which have been made recently, there would be great benefit to a consolidation of all relevant research in the fields of deafness rehabilitation into a single data base, using CD-ROM storage and retrieval technologies. With such devices becoming more readily available and cost-effective, it is likely possible to provide training programs, researchers and direct service personnel with access to all the data ever generated in the field, and have it available on a single disk, which could be updated annually with current information. Again, such a project could be viewed as a source of income to sustain itself.
6. Consideration needs to be given to utilizing computer-assisted instructional materials which are readily available and which are proving to be valuable adjuncts to individual instruction for both trainers and consumers. With a rapidly increasing population of disabled individuals, and with knowledge generally expanding at an exponential rate, some means of keeping abreast of advancements needs to be harnessed, or the best rehabilitation efforts will only result in clients falling less behind than they would otherwise do. If they are to succeed in the competitive world of the Twenty-first Century, professionals need to know what is available to assist them, and materials must be created or adapted to meet their needs directly. Researchers also must be aware of these technologies.

What is needed today is more creative thinking, utilizing the ideas and innovations which are readily available in today's marketplace, rather than relying on dissemination methods which have been used for hundreds of years. Conferencing and paper publications are an invaluable resource, and should never be discounted, but in addition, we should encourage the expansion of progressive thinking to include the means at our disposal today to meet the needs of the population of traditionally underserved deaf people. If we choose to rely on nineteenth century "technology" to meet the demands of deaf people in the twenty-first century, we are bound to do no better than we have done in the past, and low-functioning deaf people as a whole will remain underserved with potentials untapped and abilities never realized.

References

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