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A TRAINING PROGRAM FOR COUNSELORS OF THE DEAF: MERGING COMMUNICATION SKILLS

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Introduction

Circulating among educators and counselors of the deaf brings an incongruity in their philosophy and practice sharply to attention. Though the philosophy says the deaf person's dignity as an individual must be preserved, practitioners are heard to refer to "our deaf" in a very paternalistic fashion. The statement is frequently made that "counselors can never close a deaf case; the deaf will always be dependent." This expectation of dependency and attitude of paternalism is not compatible with the goal of dignity. If a counselor genuinely believes in the deaf person as a human being, capable of independence, he or she will not make decisions for the deaf client. Instead, the counselor will be working to teach the deaf client skills necessary to function independently.

The right of deaf clients to be heard and involved in their rehabilitation is now law. An individualized Written Rehabilitation Plan (IWRP) requires planning **with** the client. Quality services delivered by highly qualified people is implicit in this new standard. Though writers have for years advocated

the deaf individual's development of his own goals (e.g., Sanderson, 1974), no instruction for how that could be accomplished has been given counselors.

A convenient excuse for the lack of involvement of clients in their rehabilitation has been the language difficulty. As long as counselors can identify the major problem of the deaf client as his inability to communicate orally, they do not have to believe in the possibility of independence. Training for counselors has reflected this preoccupation with the oral language barrier, with counselors being regularly trained in manual communication skills. Competency for counselors seemed to have been defined as their ability to sign, and though proficiency in manual communication does increase the probability of understanding the client and his expectations, it does not insure the understanding of his feelings or experience of his world. In recent discussions of the implications of the IWRP, regional experts agreed that this new feature would require "real involvement of the deaf person in the development of a rehabilitation program for him" (The Vocational Rehabilitation Act of 1973 and

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services for the severely handicapped deaf, 1974), but identified only the need for manual communication skills to facilitate this involvement. Consequently, counselors continue to dodge their responsibility for involving clients in choices and teaching them how to make their own decisions by pointing to the communication difficulty. The problem does not lie solely in communication, but in the skill of entering the deaf person's frame of reference.

An awareness of the necessity of helping skills in conjunction with manual communication skills is the first step for a counselor who is affirming his belief in the dignity of the deaf person. The counselor would find some substantial support for the need of this dual skill from writers who assert that "self-actualization is identified as the goal of all counseling" (Mathews, 1974, p. 32), and that "interpersonal communication is not only the key to intellectual comprehension, but also a medium for the free expression of feelings and emotions" (Chough, 1970, p. 9). However, no means or program for teaching the counselor these skills needed to facilitate self-actualization or interpersonal communication has been suggested.

With an awareness of the necessity of combining helping skills with manual communication skills comes the frightening awareness of the effect of having one without the other. It is quite evident how subtractive to the interpersonal exchange a lack of manual communication skills is, but the lack of helping skill for someone who has manual communication skills is less visible--but no less subtractive. Most counselors could probably recount horror stories of clients who were exploited in various ways because they trusted someone who could communicate manually with them. Manual communication can be used for better or worse. Just because the counselor has the skill to communicate manually does not give him the right to tinker with a deaf person's life, unless he has the companion helping

skill to foster independency. A counselor who does not know how to involve a client in his own rehabilitation, through an understanding of his situation and his aspirations, can only foster dependency.

There is certainly a need for qualified persons who have at least minimal skill in communication and helping. The manpower need for persons to help deaf persons has been documented (Professional manpower recruitment and training in the area of vocational rehabilitation of the deaf: needs and recommendations, 1971). The need for helping skills in delivering services to deaf persons has also been detailed (Sachs, Trybus, Koch, Falberg, 1974; Reddan, 1974). It is not difficult to comprehend how deaf persons have been listened to least, and thus should have the very best of helpers in order to be heard, strengthened, and equipped for independence. Until now, the frustration of those aware of the need for helping skills, as well as manual communication skills, has been the lack of a well-defined process to effectively counsel the deaf client. Reddan (1974) insisted that the client must be treated as an important source of information about himself, but was at a loss to suggest how that source could be tapped. In their closing remarks, the distinguished panel earlier referenced (The Vocational Rehabilitation Act of 1973 and services for the severely handicapped deaf, 1974) summarized by saying:

We see a need for quality counseling services at all levels. There is an urgent need for a free exchange of ideas. It is not a matter of right or wrong counseling techniques. We must all make a concerted effort to learn as much as we can from those counselors who have demonstrated effective counseling techniques in their particular setting. (p. 130)

The need for a counseling model which provides the "How" of understanding the deaf client's perception of himself, his world, and his goals is indeed urgent.

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Background of the Study

The Human Resource Development (HRD) model of Robert R. Carkhuff (1969, 1971) has proved effective with a wide variety of helpee populations. As a highly structured training modality, it appeared to have particular promise as a means of delivering helping skills to counselors of deaf persons. A regional planning committee of HEW decided in the winter of 1974 to provide short-term training for counselors of deaf clients using the HRD model. During the conference the appropriateness of the HRD model for counseling the "low-verbal deaf" was to be assessed. The five day conference was divided into two segments: three days for skill training in helping, two days for improving manual communication skills. Two separate teams of trainers/instructors were designated to implement the conference plan. The integration of counselors who were themselves deaf was basic to the plan, and one-fourth of the total group of trainees were deaf counselors. Three of four trainers for the HRD model segment had been trained by Carkhuff Associates, the training contingent of the author of the HRD model. The two instructors for manual communication skills were highly respected, nationally known professionals working with the "low-verbal deaf." To insure communication for the entire group, four interpreters were added to the staff and participated in all training.

Procedures

Forty rehabilitation counselors serving low verbal deaf clients met at The University of Tennessee at Knoxville in July, 1974. Each participant was mailed *The Art of Helping* several weeks before the conference began, with the instructions to complete its reading before coming to the workshop.

Situation specific stimulus statements were developed for use with the counselors, each reflecting a problem typically encountered in counseling low-verbal deaf clients.

Twenty-one hours were spent in training sessions which followed the "Tell-Show-Do" strategy and included attending, observing, listening, responding, and personalizing modules. Program development was introduced and practiced minimally by participants developing programs for transfer of helping skills to their work situations. Large group sessions were utilized for the "Tell and Show" steps; small groups were employed for participant skill practice. Small groups were assigned on the basis of pre-testing, with the exception of the placement of deaf counselors in each small group. An interpreter was assigned to each group to facilitate participation by the deaf counselor(s).

Outcome

Placing deaf counselors in small practice groups proved advantageous for both hearing and deaf counselors. By using printed materials (*The Art of Helping*), deaf counselors could supplement training as necessary. Training was somewhat slowed by communication needs, however, the visual-graphic system used forced precision in the selection of "feeling words." The richness of manual communication as a mode for expressing feeling was noted by hearing participants. Dimensions of motion, rate, and spatial relationship were added with manual expression. All deaf participants showed better than average (in the total group) gain scores in discrimination and communication. In addition, hearing counselors profited from manual communication practice within small groups.

Twenty-one hours of modular training produced significant process positive change in each of the conference participants, as measured by pre-and post-training rating scale comparisons. Though pretest scores were elevated in approximately 50% of the participants, this proved to be an index of participant preparation (reading *The Art of Helping*). As predicted, participants were oriented toward skill acquisition, working

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with minimal breaks for long hours. This was a group that valued delivery. Several sources of evaluation, including self-report immediately following the conference, interviews with selected participants three months following the conference, and a request for further training by the grantee, indicated positive attitudinal response to short-term HRD training.

Transfer of HRD training to a situation involving low verbal deaf clients and leadership with a different goal (increased skill in manual communication) was sampled two days after HRD training was completed. Without specific instruction to apply HRD skills as well as manual communication skills, participants employed information seeking behaviors almost exclusively. Attending behavior had dropped to a minimal level.

Discussion

The effectiveness of HRD helping modules and materials in training counselors of low verbal deaf clients was evident. Both deaf and hearing participants showed skill gains in a short-term training effort. The success of the three-day conference was partly due to the participants, self-selected to work with low verbal deaf clients, and skill-oriented. Having the specialty skill manual communication predisposed this group to acquisition of helping skills. The specificity of the responsive formal used in HRD appeared particularly suited to the low verbal deaf population. As feeling was expressed manually, it seemed better described by the numerous dimensions of mime than by spoken language.

Lack of transfer immediately following training in a learning situation with a different skill focus indicates the need for teamwork of trainers with specialty skills. Helping skills could have been reinforced had careful program development included trainer planning for blending of complementary skills.

Conclusions

The systematic, multi-modal, experientially based training modules of HRD appear particularly effective with both hearing and deaf counselors with specialized case loads of deaf clients. Training materials (*The Art of Helping*) were well received and interest in other materials (*The Art of Career Development*, *The Art of Problem Solving*) was evident. A specialty skill proved to be predictive of training performance.

Program development for skill integration was indicated by observation of participant performance during subsequent (non HRD) training. Transfer must be programmed, particularly when skills have an oppositional element, such as the information-getting nature of manual communication and the responsive set of HRD.

Conclusions

The appropriateness of the HRD model for counseling with deaf clients and for training counselors of deaf clients was supported in this study. Revision and adaptation of the conference format and skills emphasis was suggested. It was evident that counselors of deaf clients can learn, in a short length of time, basic helping skills which would enable them to enter the deaf client's experience and incorporate his values and feelings into personalized goals. Strategies for maintenance of these skills in the agency must be developed, as well as additional training to insure continued growth of the counselors in helping skill.

The HRD model seems to hold many of the "How?" answers for those concerned with the merging of communication skills. Counselors can no longer overlook their responsibility to include clients in their rehabilitation planning, for a vehicle for inclusion has been specified. The counselor who believes in the ability of the deaf client to direct his own life will work diligently at developing both communication skills.

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