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### Summary: Conclusions and Recommendations

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## **SUMMARY: CONCLUSIONS AND RECOMMENDATIONS**

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The Spartanburg Conference on the training and preparation of psychological service providers to the deaf was a direct follow-up of a national survey of psychological tests and practices with the deaf (Levine, 1974) in which the current state of the art was seen to demand intensive examination and restructure. Participating in the Conference were psychological service providers who were qualified psychologists, those who were not so qualified, psychological service providers from other disciplines, and a variety of consumers of psychological services including direct recipients such as former rehabilitation clients, indirect recipients such as parents, representatives of facilities of various kinds employing psychologists or psychological consultants, representatives of institutions utilizing psychological services on a referral basis, and purchasers of psychological services not directly involved neither as consumer nor recipient, such as government agencies. The interests of the deaf were further represented by local and national organizations of and for the deaf.

The Conference was under no illusion as to how much could be accomplished in the limited available working time. But it was satisfied that it could at least accomplish some basic ground-breaking toward the solution of an issue that has plagued the field ever since psychology first began its practice with the deaf.

Despite the heterogeneous backgrounds of the Conference participants, most of the recommendations concerning basic policies and planning received unanimous support. These together with a re-statement of the Conference objectives are summarized in the text that follows.

### **Objectives**

The broad objective of the Conference was to develop guidelines for the eventual establishment of programs of preparation and training for providers of psychological services to the deaf. Toward this end, the specific objectives were:

1. To review the functions qualified psychologists are normally expected to carry out with non-deaf populations in accordance with their professional training and responsibilities.

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2. To analyze and determine the functions expected of psychological service providers to the deaf in the principal settings in which they operate.

3. To analyze and determine the special skills, bodies of knowledge, and special competencies that are needed to carry out these functions effectively.

4. To determine the types of training and courses of study through which such special competencies can be acquired.

5. To propose ideas concerning the issues of program accreditation and worker certification.

### Functions

The functions of psychological service providers, whether to the deaf or non-deaf, vary considerably according to the settings in which they operate, the special services administered, the size of the psychological staff, the age range of the clientele and types of problems presented, and in many other respects. However, it was obvious that this first Conference on the training of psychologists to the deaf could not go into the specifics of service for every possible type of setting and situation. The goal had to be more feasibly limited to determining the basic functions such personnel should be expected to perform which cut across settings, and which were common to the group, such as the following:

1. *Service to the individual.* In this major area of psychological service, the principal functions include:

a. *Evaluation:* This function, alternatively referred to as assessment, diagnosis, differential diagnosis, developmental profiling, intake, and more carries with it the determination of an individual's psychological status through such techniques as case history, psychological testing, clinical observation, and interview. Also involved in evaluation is an integration and interpretation of the findings obtained from all evaluative sources on which to base psychological recommendations.

b. *Treatment:* The psychological treatment function includes the use of appropriate remedial and psychotherapeutic interventions of various kinds as well as referral to appropriate agencies, other professionals, other programs, and cooperation in treatment situations with professionals from different disciplines.

c. *Reporting:* In the case of individuals as exposed as are the deaf to 'team' operations, one of the most important services to the individual lies in the clarity of the psychological report as conveyed to involved professionals, the family, and to the client himself.

d. *Follow-up:* A determination is made concerning the soundness of the psychological recommendations, the efficacy of treatment, and the possible need of the individual for re-assessment; and, where necessary, the patterning of new recommendations and treatment.

2. *Service to the facility.* A strong psychological service program is most apt to be situated in a strong, effectively functioning, forward-looking

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facility. Therefore, to help strengthen the facility is an important function of psychologists in the service of their own programs. Some of the ways in which this function is conducted include: (a) assisting the administration in decision-making, program evaluation and development, and in personnel selection and problems intervention; (b) providing consultive services and inservice training for the facility staff as well as to 'outside' agencies and professionals; and (c) helping to publicize facility programs and services.

3. *Service to the community.* With a group that commands as little public understanding and appeal as the deaf, an important function of psychological service providers is to help minimize community barriers to psychological adjustment and rehabilitation. This function is carried out in a number of ways, as for example: (a) outreach to every available forum including the mass media with an interpretation of the implications of deafness and a demonstration of the positive resources of deaf persons; (b) serving as advocate for the deaf in community actions involving such issues as legislation, mental health, education, and all others in which the deaf have a stake; (c) serving as friend and advisor to the deaf community, helping interpret the hearing world, current happenings, mental health issues and preventive measures, and the like; (d) recruiting quality professionals for the field, and fostering programs of preparation for such personnel.

4. *Research.* Although service workers are not expected to be research specialists, nevertheless service profits from utilizable research findings; hence there is a definite obligation of service workers to become feasibly involved in research. Such involvement includes: (a) cooperating with or otherwise assisting responsible researchers and maintaining records that can be used by such personnel; (b) identifying significant problems for research and making these known to the research community; (c) reviewing significant and current research with facility personnel with a view to utilization; (d) conducting own research *where feasible* and disseminate findings.

5. *Administration and supervision.* A smoothly operated, well organized and expanding program requires the psychologist to function not only as a service worker but also as administrator and supervisor, as, for example, in: (a) the supervision of staff psychological workers, inservice training programs, special orientation programs for interpreters, 'outside' trainees, psychological interns; (b) the development of procedures for evaluating the psychological program, for expanding the program, evaluating related personnel, and for integrating the program with other school services; (c) the development of procedures for maintaining psychological records and reports, test files and publisher's catalogues, psychological equipment, a psychological reference library.

6. *Professional identity and progress.* The most valued possession of professional persons is their own professional integrity, reputation, and identity. To maintain these at the highest level is a primary function of psychologists, and can be accomplished in a number of ways, some of which include: (a) maintaining the ethical standards set forth by professional

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organizations; (b) maintaining membership in such organizations; (c) keeping current with related literature and current issues; (d) initiating and/or participating in professional institutes, workshops, conferences, meetings; (e) cooperating with and serving as resource person to other professionals; and (f) periodic self-appraisal.

### Special Competencies

From the viewpoint of 'category', the functions expected of psychologists to the deaf appear no different from those expected of psychologists to the non-deaf. What differences exist emerge when the functions are operationalized with a deaf clientele. To carry them out effectively with such a clientele demands an array of unique special competencies that are far removed from the working experiences of psychologists to the hearing. In the abridged digest that follows are listed such areas of special competencies and the related skills and knowledge:

#### 1. *Communication, language, communicative relations*

a. With a deaf clientele: To carry out psychological functions with a deaf clientele requires the ability to communicate with the heterogeneous range of persons who comprise such service recipients; and this, in turn, requires the ability to use and understand all modes of communication used in the deaf community including: (1) the sign language in all its variations, both expressive and receptive; (2) body language and other nonverbal modes; (3) fingerspelling; and (4) oral/aural communication modes. Over and above these the psychologist must be able to communicate at whatever the language and concept level of a given deaf client may be. At the lower levels of linguistic and conceptual attainment, the worker must, as expressed by one Conference member, be able to "think deaf" conceptually, and "talk deaf" idiomatically. Where a psychologist has not yet attained such communicative facility, the ability to function effectively through an interpreter is required.

b. With the deaf community: To be able to function as friend and advisor to the deaf community requires all the communication skills already mentioned plus back-up knowledge of the deaf subculture, social habits, family patterns, major concerns and paramount needs and issues as seen by the deaf community, and a warmly sincere, outgoing personality.

c. With multidisciplinary team members: In order to function knowledgeably and cooperatively with the multidisciplinary members of habilitation and rehabilitation 'teams' requires an understanding of their technical language, the rationale of their practices and treatments, and the implications for the individual of the team findings.

d. With parents: The ability to function in parent advisement and guidance demands an understanding of the impact of deafness on hearing parents, skill in non-traumatic counseling, and back-up information concerning educational practices with the deaf, educational facilities and other referral resources for deaf children, and techniques of deaf-child management

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that can be used in the home, including the use of amplification. In regard to deaf parents of hearing children, knowledge of communication skills is required plus the ability to convey information as required concerning acceptable rearing practices, special strategies, and mental health insights.

e. With interpreters: To function effectively with interpreters requires the psychologist to understand the techniques, practices, and principles of good interpreting, and the ability to orient the interpreter to the special requirements, ethics, and procedures for interpreting in a psychological setting as well as knowledge of the sources for securing interpreters certified in manual and oral methods.

f. With the general and professional public: To carry out advocacy and outreach functions requires the knowledge and ability to convey a clear picture of the implications and ramifications of deafness, to disabuse the public of its negative attitudes and misconceptions, and to provide demonstrable information concerning the assets, resources, and talents of deaf persons.

### *2. Knowledge of the deaf: subculture, community, as individuals*

Basic to all psychological functions is an understanding in depth of the character and experiences of the persons served, both as individuals and as members of a group. Some of the special knowledges required in such understanding of the deaf includes areas of information relating to: (a) the deaf in history, definition, and terminology; (b) psychoeducational ramifications of deafness, including strategies of educational intervention and educational philosophies and practices; (c) psycho-social and psychopathological aspects; (d) range of heterogeneity of the deaf as a group; (e) scholastic, vocational, and professional status; (f) subcultural structure and characteristics of the deaf community; (g) the deaf as seen through the findings of research; (h) major organizations of and for the deaf; (i) patterns of language, thinking, and concepts; (j) various types of hearing loss and their treatment and amplification possibilities. Each one of these areas of required knowledge is composed of specific subareas of related knowledge.

### *3. Techniques of psychological evaluation*

In addition to communicative competence and knowledge of the deaf as in the preceding digests, the function of psychological evaluation also requires: (a) an understanding in depth of the theory and principles of standardization in relation to the use of 'hearing' tests with the deaf; (b) the ability to select evaluative tests, materials and other techniques appropriate for a given client of whatever level of linguistic and experiential background; (c) the ability to effect sound modifications and/or adaptations in tests and techniques as required by a given client; (d) knowledge of the significance of history data in assessing the status of the individual; (e) the ability to detect behavioral signs of exceptionality or pathology and to distinguish them from normal behavioral patterns and habits; (f) the ability to conduct interview and win a client's confidence despite communicative barriers that may exist.

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### 4. *Techniques of treatment*

In addition to the special skills and knowledge summarized in the preceding sections, the function of treatment demands basic groundwork in the subject plus the special skills involved in carrying out treatment procedures with a deaf clientele. These would involve such particular areas as: (a) knowledge of intervention techniques that are more active and body-oriented than verbal; (b) knowledge of the techniques of crisis intervention for the deaf and broad knowledge of referral resources, including responsible agencies and professionals experienced in work with the deaf; (c) knowledge of individual, group, and family therapy applied to the deaf; (d) familiarity with the range and types of problems most apt to be encountered among the deaf; (e) skill in interpreting treatment rationale and procedures to involved figures such as family, team specialists, and educational personnel; (f) knowledge of rehabilitation techniques used with the deaf; and (g) the ability to critically evaluate and/or support services provided by other specialists, and to generate needed services.

### 5. *Personal qualities*

In addition to the psychological traits associated with mature, well-balanced personalities, special stress was placed on the ability to work in collaborative situations and capacities especially with team disciplines, to tolerate frustration, guard confidentiality, establish good personal and working relations with people, whether deaf or hearing, and to seek continued improvement through professional growth and self-appraisal.

## Training

### *General principles*

1. Psychological practitioners must first meet the qualification standards of their own professional organizations before engaging in psychological practice with the deaf.

2. In training, the stress should be on establishing competencies rather than on accumulating course credits. Further, competencies should be in direct line with the skills and bodies of knowledge required for conducting effective psychological practice with a deaf clientele.

3. At minimum, comprehensive training programs at the graduate level should be prepared to provide sound grounding for trainees in the skills and knowledge related to the basic cluster areas dealing with: (a) communication, language, concepts, communicative relations; (b) the deaf as a heterogeneous group, as a community, subculture, and as individuals; (c) psychosocial, psychoeducational, and linguistic ramifications of deafness of various types; (d) the rehabilitation picture and team specialists, involved agencies and organizations; (e) techniques of psychological evaluation, interventions, and treatments with a deaf clientele; (f) research literature, inquiry, techniques; (g) community relations and involvements in the service of the deaf.

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4. Supervised internship is an imperative necessity in comprehensive training programs, and all course work in any program should be accompanied by supervised practicum or at least supervised observation.

5. In order to carry out the concepts involved in competency oriented training, it is necessary that training programs be situated in regions that offer a substantial deaf population, service agencies dealing with hearing impaired clients, a school population of deaf pupils, and in institutions with qualified supervisory personnel.

6. Essential qualifications for psychological practitioners with the deaf are personality traits that will enable a psychologist to work effectively with deaf persons as well as knowledgably and harmoniously with team specialists and other involved personnel.

### *Training programs and strategies*

Three principal training approaches emerged from the Conference:

1. Comprehensive training programs at the graduate level for qualified psychologists, and based on a national model training program.

2. Regional Training Centers situated around the country, and offering competency-based training at varying levels depending on the needs of the trainee and tailored to these needs. The Centers would have on-site training for psychologists as well as for affiliate personnel such as psychological aides, paraprofessionals, interpreters; and would also provide mobile training for outlying regions using audio-visual aides and/or media training packages for ancillary support.

3. Expansion of course offerings in existing programs designed to train other specialists for work with the deaf.

Mentioned as training strategies rather than programs, and intended mainly for workers unable to take the time for comprehensive training were: summer institutes, professional workshops, and inservice training.

### **Certification and Accreditation**

There was unanimous agreement on the part of all Conference members that the goal of training is to produce 'quality' workers; that the deaf deserve no less. It was also agreed that it was necessary to establish standards to serve as safeguards against exposing the deaf to incompetent, unqualified workers. Such safeguards would provide recognition of qualification for the worker through certification and for the training program through accreditation. However, it was also unanimously agreed that it was not yet the time to determine the standards on which to base certification or accreditation; that this step would be a task for the future.

### **An Organization of Psychologists to the Deaf**

There was strong positive sentiment in favor of establishing an organization to include not only qualified psychologists but also psychological



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service providers to the deaf from other disciplines. The reasons expressed included the isolation separating such workers from one another, and their great need for inter-communication, feedback, critique, and evaluation. Dissent was voiced by one of the Conference work groups in the statement "It is better to become more active and vocal in existing organizations and remain in the mainstream of professional activity instead of separating ourselves." However, those in favor of the organization move won the day and proceeded to outline the issues to be worked out including whether or not to become an affiliate organization or an independent one.

A major problem here was the same as faced the original psychological survey of practices with the deaf, namely the need to search out and identify those persons engaged in psychological service to the deaf.

### In Conclusion and Follow-up

After decades of questionable psychological practice with the deaf, a start has at last been made by the Spartanburg Conference for professionalizing this practice as a specialty in its own right. How far the move will go depends in large measure upon the competencies of those entering the field and on the quality of the training programs through which the necessary competencies are acquired. The contribution of the Spartanburg Conference was to organize and systematize some of the basic information required in structuring a worker-training model, and to point out other guides that have yet to be studied.

At the conclusion of the Spartanburg Conference, follow-up plans were already projected by its Planning Committee and Project Director. Termed 'Phase II' of the Spartanburg meeting, the plans proposed to review, refine, and reorganize the Spartanburg materials by way of Task Forces appointed to deal with specific segments of the material from which would be developed definitive guides for establishing qualification criteria for the worker and methods for evaluating competencies, as well as guides for acceptable training programs and institutions, and related evaluative procedures. One of the Task Forces was given the assignment of developing alternative models of training programs, and others to investigate issues involving certification, licensing, accreditation, the development of a professional organization of psychologists to the deaf, and methods for the evaluation and maintenance of competencies. In all, seven Task Forces are awaiting word on funding before beginning their operations.

Another follow-up has as its objective the development of a registry of psychological service providers to the deaf, and issued a plea in field and psychological journals to all such personnel to make themselves known. At this writing, well over a thousand names have been submitted.

The Spartanburg Conference also provided part of the impetus for a proposal from the Department of Psychology at Gallaudet College to establish a two-year Master's program in school psychology with specialization in

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deafness. This proposal was based on recommendations from an Ad Hoc Committee (reporting to the Dean of the Graduate School) to study the feasibility and desirability of establishing such a program at Gallaudet College. The Committee's report included an analysis of the need for a school psychology training program for work with the deaf, an analysis of the competencies required by school psychologists with this specialization, the resources available at Gallaudet College and through the Washington Consortium of Universities, and a preliminary curriculum and training plan for the program. The Psychology Department's proposal to plan and implement this training program has been approved by the Graduate School Faculty.

A final follow-up at this writing is a move on the part of Professional Rehabilitation Workers with the Adult Deaf (PRWAD) to organize a Psychologists' Section within this parent organization. The purpose of the Section is to respond to such issues as the professional preparation of psychologists to work with deaf people; the drafting of guidelines concerning such topics as standards, qualifications, accreditation, and ethics; and such matters as legislation, research, and publication. The thrust is in the direction of establishing a national organization of psychologists to the deaf.

Movement in line with the Spartanburg objectives are being reported from other quarters. The Spartanburg Conference has broken the ground.