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SOCIAL WORK — A CAREER FOR THE DEAF PERSON

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Like most American colleges, Gallaudet College has experienced great growth in the last ten years. Tripling its enrollment, the “quiet campus” now has about a thousand students of whom more than one hundred are from foreign countries. Its academic and research programs have expanded to accommodate the modern needs of the deaf. Among the latter-day curriculum innovations is the social work program which was initiated in the spring term of 1970 by Dr. Morris Goldman, chairman of the Sociology Department, with a pilot field work project, but no formal courses, involving 16 students. Eleven of them worked with deaf patients at St. Elizabeths (mental) Hospital and five with deaf residents at Forest Haven, the District of Columbia institution for the mentally retarded, located at nearby Laurel, Maryland. Those first 16 novitiates in the field were enrollees in an independent study program. They were majoring primarily in the Sociology or Psychology Department. Faculty members of those two departments and a counselor from the College student counseling center supervised the independent study, assigning reading, holding conferences and requiring written reports and term papers, while staff members of the two institutions supervised the field work. At that time my participation on a part-time appointment was to coordinate and oversee the total program. This was largely accomplished through weekly meeting with the involved college personnel, through conferences with supervisors in the field, and through student seminars.

After a lapse of 18 months following the end of the pilot project, a survey by questionnaire was made among the original 16 students. Of that group, 13 responded. All but two indicated they had found that first one-to-one helping experience interesting and rewarding. The two exceptions indicated they did not because they felt inadequately prepared for field work without backup course work. All respondents, now widely dispersed, felt they would have gained more had they had greater educational background. Except for the aforementioned two, however, they thought

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nonetheless that the experience had contributed to better understanding in their current jobs which include those of teachers of deaf and other handicapped children, dormitory counselors, mental hospital workers, and a houseparent for emotionally disturbed deaf children. While all the responses are worthy of reporting, I cannot refrain from sharing with you the following comments from one young woman whose field work placement was at St. Elizabeths. And I quote: "Being a participant in this area was a great experience for me, not only because I was a sociology major but because of the opportunity actually to associate with these so-called "sick people". I learned to communicate with them. I learned to accept these people's state of being; however, by doing so I did not ignore the fact that they were still human. They showed potentialities of being capable of doing certain things when they wanted to. They are not helpless or useless in this world as so many other people might think and thus my realization of this is the greatest thing I have experienced. I wish others knew. . ."

Concurrent with the supervision of the spring 1970 exploratory program, an introductory social work sequence was drawn up. This was incorporated into the undergraduate curriculum and implemented in the fall of 1970. Thus, at Gallaudet was launched the first program in the U.S. for the training of deaf social workers.

The introduction of this pre-professional course of study was planned with three basic objectives in mind. The first was to broaden the experience and scope of students, many of whom are less knowledgeable about their social environment than are normally hearing young people of like age and intellectual capacity. Since hearing is the main avenue of learning from earliest childhood, it is no surprise that the hearing impaired, many of whom have been cut off from a normal environment from birth, may be neither so knowledgeable nor so sophisticated as their hearing peers. The second purpose was to open for the college-educated hearing impaired person new professional areas which, until only a few years ago, were quite limited. This is partly coincident with and partly responsive to the growing desire of the deaf to help their own, a movement somewhat parallel to the drive of other minority groups to meet some of the needs of their less fortunate brethren. The third purpose which is perhaps closely related to the second is not only to awaken students to the possibilities within their reach but to encourage those who have the potential for competing successfully in graduate school, and to move from there to professional jobs requiring high level academic preparation, skills and competence.

At the inception of the 1970-71 academic year, I found considerable student response to the new nine-credit social work sequence which was to be accepted for college credit in both the Sociology and Psychology Department majors. The courses, open to juniors and seniors, include *Social Welfare as a Social Institution* and *Basic Skills for Practice in the Human Services*. The latter is taken concurrently with the field work experience which comes in the spring semester. Part and parcel of field training is the

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weekly seminar where the content of the basic skills course and field work are correlated. Under my supervision, the students themselves present their own cases. All are encouraged to participate in the discussion of problems and raise questions at will. From the weekly discussion of individual cases, the students learn general principles and new techniques. Miss Patricia Edelin, Assistant Professor of Psychology, who teaches the prerequisite psychology courses, attends the seminars as a resource person and is an active participant as well.

Twenty-three students comprised the first class. A significant fact that spoke for itself was that among those enrolled were five of the seven pilot project members who were still in school. Interest in the subject matter of the first course was high but during the second semester an even higher level of interest was maintained because of the practical aspects of the basic skills course and the long-sought opportunity to work directly with people in need. To the two institutions used for field work practice during the experimental period, St. Elizabeths Hospital and Forest Haven, were added the District of Columbia Department of Vocational Rehabilitation and the D.C. Social Services Administration (formerly the Department of Public Welfare).

Throughout Gallaudet College the simultaneous method of communication is used by all faculty and staff, hearing and deaf alike. By this is meant that the sign language is accompanied by speech and voice. This affords all students optimum opportunity for comprehension. Lipreading and residual hearing ability, enhanced for some through the use of a hearing aid, give added meaning to what the sign language conveys, and vice versa. Students are also expected to use the simultaneous method to facilitate better student to student and student-faculty communication.

In making field placements, at Gallaudet as elsewhere, the maturity, stability, interest, and so forth of the student must be considered as well as the facilities of and opportunities offered by selected agencies. In addition Gallaudet staff must also keep in mind the student's residual hearing level and his communication abilities. Generally the hard-of-hearing student has an obvious and distinct advantage over the totally deaf students. The one with partial disability sometimes hears well enough with his hearing aid, supported by his lipreading skill, to work with normally hearing clients; and has the manual communication skill to enable him to work with occasional deaf clients who may come to an agency, hospital or other institution. With the totally deaf student this would be more problematic, not only for him but for the hearing client. Whereas some of the profoundly deaf with good lipreading skill might be able to understand the clients' spoken language, misunderstanding could easily occur. There is also the matter of his speech to consider. Usually the speech of the deaf is quite comprehensible to family, friends and other associates who have grown accustomed to the voice and speech quality. But it would be another matter for a student with so-called "deaf speech" to work with an uninitiated hearing client. It would be too

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much to impose upon a client who already has his quota of problems the added problem of the student social worker with difficult-to-understand speech.

There has been a gradual change in the type of field assignments and in the means of communication called for. In the first two field placements, during our experimental semester two years ago, students worked only with other deaf people, that is with mentally ill deaf patients at St. Elizabeths Hospital, with whom they communicated by means of the sign language; and at Forest Haven with mentally retarded deaf residents whom they taught some rudimentary signs. At the vocational rehabilitation agency they also communicated by means of the manual language with clients who were profoundly deaf from birth and who were also educationally limited. The work at the public welfare agency, we found, presented some of our students with a new kind of challenge. Some of the agency's elderly clients whom the students were assigned had become defeated with advancing age and could neither read lips nor understand the sign language. The students were not familiar with and had not anticipated this kind of hearing impairment. With initiative, they found ways of communicating and of establishing meaningful relationships. When they found that raising their voices did not help the client understand, they used gestures and other forms of non-verbal communication or paper and pencil. To the consternation of one student, one of her clients was a deaf-blind woman who was working in a sheltered workshop. Both student and client reaped a good deal of satisfaction when it was discovered that verbal contact was possible through the writing of block letters by the student with forefinger on the forearm of the client. Not only was rapport almost instantaneous, but the student gained respect for the independence of her double sensory handicapped client who lived alone and went back and forth to work unaccompanied.

This year, our second full academic year, there have been added three new participating agencies: Georgetown University Hospital, Walter Reed Army Hospital and the Model Secondary School for the Deaf on our own campus. A new dimension was introduced this semester with placement of some of our hard-of-hearing students in the two general hospitals mentioned earlier where they are working with hearing as well as hearing impaired students. The anticipation of this kind of experience brought its measure of anxiety for the students. What if they faltered with their hearing patients?

Then there is the hard-of-hearing student whose combination of hearing aid and lipreading skill have provided her the means for *almost* normal receptive communication. But imagine her feeling of helplessness when she encountered the elderly, severely deafened, semi-literate client who could not and would not use her ill-fitting, painful dentures! Have you ever tried to lipread a toothless person?

But our students are resourceful and adaptable and there is considerably more to communication than the use of words and symbols. At risk of telling you the obvious, I must underscore that language ability and

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communication skill are not necessarily the key to establishment of a good client-student worker relationship. The warmth and compassion of the less academically proficient students not infrequently supersede both their English and communication ability.

We have been fortunate in our choice of agencies for student practice. In no instance could we have asked for more cooperation and greater consideration on the part of the agency administrations. Selection of students who can adapt and work within the framework of an agency is only part of the battle, however. The other side is the supervisor who must be patient, accepting, committed and willing to accept the challenge of working with students with hearing impairment. It is not enough for the supervisor to be intellectually interested in the new experience, but he/she must be emotionally ready to accept the student who is likely to be less knowledgeable and perhaps a little less mature than the average hearing student, and whose communication may be hampered. The supervisor must accept the student as he is in the same way that he/she expects the student to accept his client as he is. This does not always come easily, as experience has shown.

It is with great surprise that students greet the information that supervisors sometimes are more apprehensive than they themselves are. Only at St. Elizabeths, at the vocational rehabilitation agency, and MSSD, can the staff communicate manually. Everywhere else supervisors accommodate themselves to the students who sometimes interpret to and for each other in conversation and in group supervision. This however, can create a hardship for an anxious hard-of-hearing student who is placed in the position of interpreter. While his own reception may be less than perfect, he can understand from context, even though he does not grasp every single word, much as the hearing people among us fill in, in conversation, at the movies and, most of all, at the theatre. Listening intently for the purpose of interpretation, he may miss out himself, as any simultaneous translator knows is possible. Additionally, if he errs because of his imperfect hearing, he conveys the wrong information to his deaf fellow-students. In a group supervisory conference, this brought down upon one student the wrath of a supervisor who, alone among all the supervisors had failed to understand the problem and heaped apprehension upon the already existing anxiety of the one who was nobly trying to interpret. Individual supervision supplanted group supervision and that problem, at least, was eliminated. Supervisors have repeatedly stated that the problems our students have in agency work are essentially the same as those presented by hearing undergraduate students. In our situation, communication between student and supervisor, mainly because of mutual anxiety, is a greater obstacle at the beginning than any other single factor, which, with conscious effort on the part of both, has been largely overcome. Problems that have arisen in the supervisor-student relationship have not been the result of either deafness or communication barriers.

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In all fairness it must be said that the score is even on the difficulties presented by the personalities of supervisors. Deaf and hearing supervisors alike have made things unduly difficult for some students. It would be an incorrect assumption to think that a deaf supervisor is necessarily more understanding when student and client are also deaf. It is, after all, the kind of person one is that matters more in helping other humans, rather than common disability or mode of communication.

Our successes have been far more notable than our errors. For this I am in large measure indebted to self-screened students who elected not to continue in the second semester program for which the instructor's concurrence is required. One noteworthy instance, in which the instructor's valor took precedence over discretion, proved detrimental both to the agency and the school. Fortunately, the clients did not suffer however.

Of two of last year's students who were older and more mature than many of the rest, their field work supervisor said unequivocally that they were doing first year graduate level work. One of those two, a 1971 hard-of-hearing graduate, last fall entered the University of Maryland Graduate School of Social Work, where, competing with hearing students, he is making better than a B average. His interest lies in clinical practice. The second of those two, a totally deaf person, who was a junior last year opted to take another turn at field work this year for the added experience. She is in a different type of agency now and doing equally well. She has been accepted for admission next fall to a graduate school of social work. Still another student, a very superior one of the class of '71, was accepted by *three* graduate schools. He also elected to go to the University of Maryland School of Social Work where he is majoring in community planning and doing his field work with the National Association of the Deaf. This student is profoundly deaf, but nevertheless, with the aid of a sign language interpreter who attends classes with him, he is working at a B+ level. His academic work apparently requires only a minimum of his brain power and time, for he is conducting a sign language class for hearing students at the school and is also engaged as a volunteer at a half-way house for alcoholics, at a Catholic Workers' commune and at the Baltimore Club for the Deaf. His record will speak for itself.

Of the eight remaining 1971 seniors who took the social work program, two are employed as counselors in State vocational rehabilitation agencies, two are working at mental hospitals, and one was employed by a public welfare agency.

This year we have made one further step forward in the area of curriculum construction. Two new combined majors within the Sociology and Psychology Departments respectively have been established and are to begin next fall, namely, Sociology-Social Work and Psychology-Social Work.

Our aim is for better integration of courses to help in increasing still more the capability of our students who wish to go into social work or allied fields upon graduation; and to prepare more effectively those who may wish

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to enter graduate schools. The interest of the student will dictate in which department he will wish to pursue his major. We are already planning changes in course content and the addition of new courses for next year.

I would like to point out areas in which qualified deaf social workers could be employed without prejudice. The need for social workers in schools for the deaf appears obvious but the schools have been slow in establishing such positions. Hopefully the momentum will increase soon. It seems quite clear that when it does, deaf social workers could help meet the need. Judging from our findings in a limited number of situations, there is no doubt that in mental hospitals and institutions for the mentally retarded, there are considerably more deaf patients and residents than we are at present aware. In large urban areas, particularly, there are doubtlessly large numbers of deaf people who require social services that are not being adequately met. These are only a few of the areas where social work can help deaf individuals and families to function better. We at Gallaudet are trying to provide qualified personnel to meet some of these needs. We have every reason to think that the *dedicated*, and I underscore *dedicated*, deaf social worker with basic human warmth and honest concern, backed up by good training, can do an effective job. We are providing this training and we hope agencies and institutions will soon avail themselves of this resource.

In conclusion, I must add that deafness per se is not a qualification for working with deaf people any more than it is a basis for discriminatory practice in employment. I do believe, however, that the deaf helping person, honestly motivated, can be of inestimable value. I know and have known quite a few deaf people who feel that the combination of deafness and training are a perfect duo. Training is a very important dimension but competence is more inclusive. Motivation, dedication and efforts at true understanding are at least as important. All of this is also true for hearing persons who profess interest, get training and *think* they are qualified. Shortsightedness rests not only with the potential professionals but with the schools that accept and graduate them, and the people who employ them. In the end it is the clients who are shortchanged.