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## REHABILITATION OF HARD CORE DEAF: IDENTIFICATION OF AN AFFECTIVE STYLE

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S. J. DIFRANCESCA, Ph.D. and S. N. HURWITZ

It has been within this very decade that the United States Vocational Rehabilitation Administration earmarked a proportion of the deaf population as catastrophically handicapped in their adjustment to vocations and society. An outgrowth of this special concern was the establishment of a small number of feasibility projects programmed to examine the hypothesis that existing rehabilitation facilities can adjust their programs to incorporate service to the deaf as well as other rehabilitation clients while using the same physical facilities. Hitherto the rehabilitation needs of the deaf had been considered as too unique to be dealt with in conjunction with differing handicapped population.

This paper is an effort to relate the experiences and conclusions of the first three years of a rehabilitation program for the deaf conducted by the St. Louis Jewish Employment & Vocational Services and supported by the United States Vocational Rehabilitation (now the Rehabilitation Services) Administration by research and demonstration grant (RD-1804-S). The program evolved from the experimental hypothesis that rehabilitation techniques demonstrated effective for remedying and enhancing the disposition and behavior of other handicapped individuals may, with relevant modification, be useful in the rehabilitation of the deaf person. Additional major purposes of the program were to identify and

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describe significant characteristics of the client population in need of such programs, to experiment with and develop rehabilitation techniques appropriate to the deaf and to evaluate the effectiveness of provided services.

The population described in this article is not typical of the deaf population in general or even those deaf individuals in all rehabilitation programs. The majority of clients served by the JEVS program has been aptly described as "hard core" deaf. They have been failures in school, work and society. Generally they possess no specialized work skills and after repeated failures in meeting the problems of life have come to this program for assistance. Their level of competence is generally too low for successful job placement without training that remediates the developmental deficits they display. Their rehabilitation must be truly comprehensive, affecting all major areas of their lives.

### *The Program Structure*

The general administrative outline of the program is not complicated. The basic staff consists of a coordinator, special educator, placement counselor and psychologist. Approximately sixty to seventy entering clients are served annually and additional services are provided to past clients with recurring problems.

Most clients are from the St. Louis metropolitan area though some enter from great distances, all referrals come through state vocational rehabilitation counselors who provide minimal screening but the project retains full control over admissions; any person of employable age with a major hearing impairment is eligible if he is physically and mentally capable of independent attendance and functioning in an open community without harming himself or others. The agency maintains a cadre of staff-selected and supervised foster homes and uses other forms of residences such as small hotels, boarding homes, nursing homes and YW-YMCA's. These residences are used differentially, depending on client needs. Clients are admitted with the understanding they will spend a minimum of eight weeks in the program. The Division of Vocational Rehabilitation provides basic living expenses.

There is great variety in the design of individual client rehabilitation programs but typically the client spends about three fourths of his time in a supervised work regime where deaf persons are integrated among hearing persons with a variety of handicaps such as motor impairment, cultural deprivation, mental retardation, neurological damage, emotional disturbance and so on. His workshop supervisors maintain direction over his behavior. They are essentially production orientated, but remain in consultation with the program staff while implimenting each individual's treatment program. Work supervisors are advised to handle the psycho-social and dispositional needs of clients by manipulating different variables within the work environment such as task assignment, productivity demands, and so on. The client is paid for his work on an hourly basis. These wages constitute a portion of his allowance that is budgeted for essentials (transportation, meals, personal items) for which he may be held strictly accountable by his counselor. The remaining percentage of the client's time is devoted to various types of educational, counseling or treatment programs of individual or group nature. Elaboration of various educational and clinical components to the program will be presented following description of client characteristics.

#### *Characteristics of the Deaf Population*

The demographic profile presented below was compiled from the first 165 clients enrolled. The time period ranges from June, 1965, through December, 1967. There are no chronological trends in the data and the poulation has remained consistent on the assessed attributes excepting an increased number of neurologically impaired.

The majority of clients have hearing losses of profound magnitude. They tend to be equally divided between the sexes with a very slight predominance of males (53 per cent). They are predominantly young adults with the greatest age cluster between sixteen and twenty-five years. A secondary age cluster appears towards a much older age group (forty-five to fifty-eight years). Non-whites are represented on a ratio considerably higher than their percentages in the national

population. Most clients have never married (seventy-six per cent). They are typically dependent on their families for all economic support (fifty-nine per cent) or are otherwise recipients of welfare (seventeen per cent) or institutional (ten per cent) support. Family instability is reflected in the high percentage of one-parent homes (forty-seven per cent). School education starts somewhat later (age seven years) compared to norms of the deaf population, but school tenure is about average for deaf students. Approximately half of the clients attended public residential deaf schools; fifteen per cent receive no appreciable education. For those who completed school, the average achievement level remains at the fourth grade level in both reading and arithmetic. Intellectual ability (WAIS PIQ) averages to be at the very lower limit of the average range. Ten per cent of clients achieved above-average intelligence scores. Manual dexterity based on Purdue Peg-board Industrial Norms is below average. Six per cent of clients entered the program directly from long residence in mental hospitals or training schools.

Prominent amongst program findings, however, is that it is not lack of innate functional capabilities that limit clients. They do have sufficient intelligence, motor and coordination skill and motivation to work at a competitive level. It is their deficient social and emotional functioning that stultifies achievement and precludes employment. There is no lack in literature of descriptions of the social, emotional and vocational problems of the non-achieving deaf. The project has its share of clients who are grossly immature, dependent, unassertive, impulsive, fearful, and otherwise underdeveloped. These same problems characterize other malfunctioning individuals who are not deaf and who are especially prevalent among rehabilitation clients.

#### *Affective Approach to Learning and Problem Solution*

Though, overtly, the same limiting behavioral characteristics appear in our deaf clients there does seem to be a unique dynamic involved that is more particular to the deaf client's personality. Project research is yet attempting to clarify this dimension and understand its implications for re-

habilitation. We notice that deaf clients differ from other rehabilitation populations in that they appear more disposed to relate and solve problems of life on the basis of their feelings or affect. Deaf clients seem to over-personalize and have lesser ability to see beyond their personal frame of reference. They tend to weigh materials and stimuli in terms of the immediate value it holds for them, how it makes them feel. Their response to problems is more immediate and unreflective, steered more by their own affective needs than objective situational demands and realities. This affective style of responding seems to be more of a way or style of life for deaf clients, perhaps because in their development the primary feedback they receive from their environment consists of the affective and demonstrative response of others. The deaf individual's main communication media is the language of signs which is a bodily language highly charged with affective components. He learns to receive and relate information by way of a great stress on feeling. This in itself is a good thing for it is a useful and very human source of knowledge, but feelings are rooted in the body and, if they are over-emphasized, lead to a high amount of subjectivity. There is no lack of cognitive capacity among the deaf clients. They are certainly as capable of as good a quality of higher order thinking as anybody. Research and observation has demonstrated this. The deaf clients do have intellectual power. It is noted however that in a greater variety of instances they "feel" their way through problems rather than think. As to the extent affectual responses are immediate and demand immediate recognition too, the deaf client lives in the immediate present, and chooses not to make long-range goals. He learns best what has immediate reinforcing value and tends not to detach and depersonalize himself to further objective understanding of life situations. Thus he makes the learning process more difficult for himself as he does not reflect or contemplate but thinks more impulsively, preferring knowledge only of immediate pragmatic value. It is not that he is unable to think more abstractly, but his need for immediate feedback, gratification, and reinforcement leads him to function concretely. The prevalence and intensity of this dynamic appears to be uniquely characteristic of the program population of the hard-

core deaf. Rehabilitation and treatment programs must be so designed to make best use of the deaf clients affective style of responding.

### *Orientation and Modes of Treatment*

Program research stressed the development of clinical classification systems to categorize and diagnose the various personality and characterological syndromes demonstrated by clientele. Traditionally utilized differential classifications such as "emotionally disturbed deaf," "mentally retarded deaf," and other single variable systems, were discarded as overly generalized and misleading. We attempted to view behavioral responses or syndromes in terms of their adequacy or competency in coping with life problems. The program adapted a neo-behavioristic competency model which generally prescribes that reinforcement principles be used to shape or mold less competent behaviors toward more competent response patterns. Interpersonal aspects of counseling supplement reinforcement techniques. The hypothesis that deaf clients maintain an affective and personalized response style as delineated above contains some treatment implications. It suggests that reinforcement principles are quite effective as they provide the element of immediate feedback sought by clients. Appropriate behaviors and expectancies may be initiated in the workshop and special training sessions but generally it is the counselor's role to reinforce those behaviors, leading the client to consider alternatives and to view problems from an objective form of reference. The counselor then provides emotional support while striving to serve as a reflector of reality, moving the client from his highly personalized frame of reference. Efforts are made then to assist clients in realizing the personal impact they make in situations and to teach them to think with full consideration of objective demands. Group counseling sessions are good vehicles for providing clients with objective feedback on how others see them as well as forcing them to attend and respond to the needs of others.

Basic remedial education is also provided; herein emphasis is placed on providing functional skills necessary for in-

dependent living. Such subjects as budgeting, use of transportation, communication, hygiene, use of free time, etc., are given attention. Community and social activities are planned. It is often necessary to work with clients evenings and weekends to provide direction in deficient but critical areas of their lives.

The mainstay of vocational orientation training and work readiness training is provided in the workshop. Again we stressed that clients do possess the basic functional skills for employment but need direction in overcoming personal and social deficiencies as they develop growth toward dependable work habits. Many are placed directly into employment. Where potential is indicated, clients are directed to vocational-skill training. Such vocational training is obtained through special vocational training schools or on-the-job training plans arranged with an employer in the community.

#### *Program Results*

The ultimate criterion of the effectiveness of a service program of this nature lies in its record of outcomes. We have at this time, only one objective measurement for judging results: employment performance. Although most clients have demonstrated greatly improved capability for autonomous functioning, reliable measurements in this area are yet to be obtained. A scale measuring degree of autonomous performance in critical areas of job-related social behavior has been developed but requires further standardization. Approximately 66 per cent of clients who enter the program are placed in and successfully maintain employment. Twelve per cent of clients do receive vocational-skill training. About 7 per cent of clients are placed in sheltered employment. The remainder, or one out of three, were considered unemployable at completion of the program or were referred to the psychiatric or to state training school institutions from which they came.

More difficult to estimate is the number of persons who have proven capable of relatively long-term stabilized adjustment to their work. A realistic appraisal of outcome would have to evaluate such factors as job changes and the reason for change, reality factors that apply to the retention of low level jobs, and the problem of accurate collection of data on



persons who return to their home communities.

The average intramural treatment tenure for competitively employed persons is eleven to twelve weeks; the average intramural treatment tenure for clients placed in sheltered employment is six months. However, these figures obscure the prolonged period of follow-up frequently required for maintaining continued growth and adjustment. We conclude that the great majority of clients appear to possess sufficient innate skills for some level of employment, assuming they can be brought to the point of applying these skills appropriately and consistently. Vocational training for the hard-core deaf, in itself, is most effectively provided through programming that assists clients in overcoming their inadequate interpersonal and social adjustment factors.