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Parenting Skills for Lower Functioning Deaf Adults

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PARENTING SKILLS FOR LOWER FUNCTIONING DEAF ADULTS

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Abstract

Deaf Arkansan Center for Cultivating Employability and Self-Sufficiency (Deaf ACCESS) is a statewide center providing professional services for severely disabled deaf individuals. The center's core objectives are to focus on obstacles preventing successful independent living. Limited academic achievement, poor socialization skills, lack of information regarding everyday life skills, stereo typed vocational planning and interpersonal development are all commonly mentioned problems.

During the early years, Deaf ACCESS has been addressing problems of independent living, community activities, interpreting and counseling for clients who are enrolled in the program. One of the center's goals is to teach client's parenting skills and educate them on how to facilitate their child's development.

The Deaf Arkansas Center for Cultivating Employability and Self-Sufficiency (Deaf ACCESS) is an independent living community outreach program established under the Arkansas Division of Rehabilitation Services, Office for the Deaf and Hearing Impaired (ODHI). As a state wide program, the goals are to provide services which enhance independent living, community adjustment, and employment of persons who have a hearing impairment.

Regular ongoing services include support to pregnant, unwed females and single mothers with infants. Nearly all of them were unprepared to assume parenting roles and effectively respond to the needs of their children. There were several reasons why they were unprepared:

1. Nearly all were financially unprepared to assume responsibility for a child since they were unemployed and dependent on small monthly income from Supplemental Security Income (SSI).
2. Nearly all had depressed academic and communication skills, which limited their opportunity to participate in and benefit from child birth and parenting programs that were available in the community.
3. Nearly all were not living at home with parents or family members and thus did not have access to an immediate family support system.
4. Due to lack of access to appropriate information and training, nearly all were unprepared to appropriately respond to the dietary, health, and grooming needs of their children.

Because of client's special communication needs, there were no programs available in the

state for us to refer them to for assistance. Most existing programs did not have the staff who were knowledgeable in deafness, nor who could effectively communicate with these clients. As a consequence, it was decided that the best alternative was to establish a program to support new deaf mothers. Unfortunately, there were no model programs for deaf single mothers in this region to replicate. Our program was unique in that we chose to employ a peer support program using females who are hearing impaired and who were experienced in childcare. We also developed a program to address the education, health, and communication needs of the infants. We used hearing impaired males as guest lectures for father role models for the male clients.

Initially, there were ten (10) parents involved. Out of the ten involved, there were seven (7) mothers and three (3) fathers. Two parents were pregnant and these parent had a total of nine (9) children. Some of the children were infants. In this new program, the parents learned how to provide the proper diet for themselves and their children, how to administer nonprescription drugs, how to use the TDD in dialing 911 for an emergency, and how to enhance their social and communication skills. Also, parents learned the importance of emotional and psychological needs of their infant/children. We realize there are optimum periods for learning during a child's development. Therefore, we focus our curriculum on the parents, particularly the mother's attitudes, the importance of emotional and psychological needs during the child's early years of life. We developed, in our curriculum, hands on activities about how the parents can develop a healthy learning environment in their homes. Pictures, audio-visual aids, deaf persons as role models and field trips were some of the creative methods employed to support this learning.

We purchased ten video tapes designed for deaf and hearing-impaired families. The people in the tapes were deaf, and social interaction between parents and children was stressed in some of the videotapes. The parents learned how to teach their children communication, they planned picnics, this included shopping and selecting the proper food, grooming and care. One video explained the growth process and how a baby is conceived. Most clients in the program could not understand the concept of conception.

They were astonished and did not realized the process of child development, and why women's stomach grew. Changing diapers were taken for granted. The mothers did not wash nor oil their baby's bodies. Approximately 30% of the parents did not understand this concept. There was a lengthy discussion regarding the father's role, most felt it was the mother's responsibility and not the father's role to change diapers, bathe, and feed the baby. Additionally, skills the video focused on social skills, facilitating parent-child communication, shopping and food selection, grooming and personal care, and conception and child development.

At the time we recognized a need for this program, there were no funds available within our operating budget to support such a program. Through a cooperative agreement with the ODHI, Interpreting Referral Services Program, and a team of ODHI Independent Living Counselors, this program was set up on a voluntary basis. Our resources consisted of assisting our clients with transportation, since most did not have their own. Public transportation was not accessible in their home area.

In order for the parents to participate in the program, we needed to establish a child care program for their children. Most of the clients families, for a variety of reasons, were unwilling to provide assistance and support to enable the client to participate in the program. There were six peer instructors who assisted by providing child care. Many items were donated by staff and peer

instructors. Some items donated were diapers, toys, books, rented VHS tapes, and we converted a dormitory room to a rumpus room.

Parents who are limited in training skills and who lacked information regarding everyday life skills define the type of client in the program. There are seven (7) females and three (3) males in the program. Out of this number, four (4) were black females, three (3) white females, one (1) white male, and two (2) black males. The ages ranged from 20 to 29 years of age. All were unemployed and dependent on SSI. Also, these parent(s) mostly lived apart from their hearing families and most had no other means of support. The fathers were also participating in a vocational training program.

Curriculum

We developed our curriculum from a series of books published by Minnesota Early Learning Design (MELD, 1986). MELD has developed a set of parental manuals especially for deaf and hard of hearing persons. The following titles in the series are:

Book 1
Baby Is Here!

Book 2
Feeding Your Child

Book 3
Healthy Child/Sick Child

Book 4
Safe Child and Emergencies

Book 5
Baby Grows

Book 6
Baby Plays

A book by Channing L. Bete (1983), provided for us the mechanism for developing our curriculum to help teach the parents the physical, the emotional and the intellectual needs for their children. The physical needs include proper nutrition, rest, exercise and safety as well as toilet training. The emotional needs include love, self-confidence, guidance and security. The intellectual needs include stimulation, exploration, and creativity. We teach the importance of developing skills so parents can better relate to their children. In addition to the MELD and Channing L. Bete books, we use resources such as family planning, health department, continuing education programs, and a local parenting skills center. As parents we teach that being a model for your child in developing a positive attitude will teach children to handle problems without being frightened. It could result in showing love, having respect and listening to others.

Conclusion

Although we have had this curriculum for three years, results indicate a strong need for family support and community agencies to work together to support deaf people who are parents. Obviously many parents experience double barriers in communication when it comes to their child's needs. Some parents stated that they are not comfortable with what they have learned and they do not have the skill to communicate well with their hearing children. It is necessary for us to see that the curriculum is continually reviewed and improved. With Deaf ACCESS's staff and parents, together we can advocate for a stronger program and hopefully that will allow deaf parents to get in touch with their feelings and learn more about themselves as well as developing parenting skills.

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PARENTING SKILLS FOR LOWER FUNCTION DEAF ADULTS

Appendix

NAME: _____

DATE: _____

PARENTING SKILLS PRE-TEST

*Please answer all questions

1. You can't get pregnant if sex only one (1) time.

   _____Yes _____No

2. A good way to know, you are pregnant is:

   a) Boil water
   b) Pregnancy test by a doctor
   c) Fever

3. When you are bathing your baby, it is alright to leave baby alone in a sink or a tub.

   _____Yes _____No

4. You should change baby diapers:

   a) Every 6 hours
   b) Every 2 1/2 to 5 hours/as needed
   c) Every 10 hours

5. You should turn the volume (sound) off on your TV when your child is in the room.

   _____Yes _____No

6. It is alright to let a relative (family member) keep your child when you need a break.

   _____Yes _____No