

October 2019

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Recommended Citation

Larew, S. J., Long, G., & Mittal, M. (2019). Identifying Independent Living Skills Needs of Traditionally Underserved Persons who are Deaf. *JADARA*, 26(3). Retrieved from <https://repository.wcsu.edu/jadara/vol26/iss3/6>

IDENTIFYING INDEPENDENT LIVING SKILLS NEEDS OF TRADITIONALLY UNDERSERVED PERSONS WHO ARE DEAF

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Abstract

Deafness rehabilitation literature has documented the need to develop independent living skills training for traditionally underserved persons who are deaf. Prior to developing training programs, it is necessary to identify the priority needs areas of the target population. A survey was conducted with deafness rehabilitation professionals to identify the priority needs of the traditionally underserved deaf population. Respondents were asked to evaluate independent living skills areas for importance and observed competency among the target population. Based on responses to this survey, eleven priority independent living skills needs areas were identified. This information will be used as a guide to collect, review, and compile relevant curricula that can be used effectively to teach the identified priority areas.

parents and by teenagers who want to purchase their own car and live away from home. As an adult, living independently requires a wide variety of skills. These skills range from basic caretaking skills (cooking, cleaning, buying groceries) to more abstract skills (assertiveness, decision making, problem solving, socialization). To learn and develop these skills is a challenge for all people and for persons with disabilities to develop these skills can often be a more severe challenge.

Traditionally, society has emphasized what people with disabilities could not do rather than what they could do. This ideology fostered the concept of dependence rather than independence. Many disability groups and professional organizations working with people who have disabilities rebelled against the concept of forced dependence. The results of their advocacy and legislative efforts included the passage of the Rehabilitation Act of 1973 and the authorization for independent living programs under Title VII of the 1978 amendments. Title VII resulted in the establishment of a network of Independent Living (IL) centers.

Legislation and funding has enabled many persons with disabilities to benefit from independent living services but such services have not generally been extended to persons who are deaf or hard of hearing. Communication barriers and a lack of trained staff make it difficult for persons who are deaf to obtain services. The National Independent Living Skills Project survey

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The desire to live independently is a common characteristic of individuals as they move toward adulthood. This desire is experienced by children as they rebel against the rules established by their

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(Iceman, Baud & Dunlap, 1983) found that few programs serving sensory-impaired persons had comprehensive training in IL skills areas. Areas that tended to be excluded were job practices, sex education, legal awareness, family responsibility, and community awareness. Programs serving people who are deaf have traditionally needed to develop their own IL services to address this deficit in the service delivery system and, furthermore, have had to create their own programs and materials to address these needs.

There is a segment of the deaf population which has had even more difficulty accessing IL services. Deafness rehabilitation literature has documented the need to develop independent living skills training for traditionally underserved persons who are deaf. Historically, these individuals have been referred to by a variety of descriptors, including *low functioning*, *low achieving*, *hearing-impaired developmentally delayed*, *severely handicapped deaf*, and *disadvantaged deaf* (Dowhower & Long, 1992). Based on an extensive literature review, six factors were identified as critical in contributing to a deaf individual being considered traditionally underserved. The six factors include communication skills, vocational skills, independent living skills, educational achievement (i.e., math and reading), social skills, and additional risk factors.

Rehabilitation professionals and special educators were surveyed to determine their perception of factors contributing to a deaf individual being considered traditionally underserved. While final analyses were not yet completed at the time of this writing, initial responses suggest that traditionally underserved persons who are deaf are seen as possessing the following characteristics:

- unable to use written English or English speech/speechreading to convey ideas effectively;

- minimal ability to communicate using sign language;
- require long-term support for successful employment;
- possess reading and math achievement levels at no more than third-grade level;
- exhibit inappropriate and/or deficient social skills, and
- need support to live independently.

A precise prevalence estimate of this population is not yet available. Data exist that show a significant portion of the deaf population is at risk of being underserved. Nash (1991) found that 28-32% of deaf youth drop out of high school, a percentage that is twice that of their hearing peers. The Commission on Education of the Deaf (COED, 1988) estimated that over 60% of the deaf students leaving high school do not have the skills or abilities to succeed at the postsecondary level. The COED also estimated that there are at least 100,000 deaf individuals of all ages who fall within this classification.

Needless to say, traditionally underserved persons who are deaf require an array of independent living skills training. A question arises, however, as to what skills are the most critical to be taught. To date, there has been only one study that looked at this issue. Bullis and Reiman (1989) conducted a survey to determine critical transition skills for adolescents and young adults who are deaf. While they did not specifically focus on traditionally underserved persons who are deaf, their findings have clear applicability to this population. Through a national survey of professionals in the field of deafness, Bullis and Reiman identified ten IL areas that are perceived as critical to transition skills. The skills areas identified were:

- the ability to manage money, budget and pay bills;
- the ability to search effectively for housing;
- knowledge of insurance needs;

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- appropriate self advocacy skills with community service agencies;
- appropriate parenting skills;
- knowledge of family planning and sex education;
- the ability to maintain accurate financial and personal records;
- awareness of legal rights in the community;
- knowledge of how contractual agreements work;
- the ability to access and use mental health services.

The skills identified by Bullis and Reiman provide guidance in the identification of relevant IL topics for traditionally underserved persons who are deaf. The difference in the descriptions of the two target populations requires that a separate study be conducted to see what additional IL areas are viewed as important for the traditionally underserved population. Consequently, the purpose of this study is to document and prioritize the independent living skills needs of traditionally underserved persons who are deaf. Identifying needs is not equivalent to meeting those needs. Once the needs are prioritized, this information will be used as a guide to collect, review, and compile relevant curricula that can be used effectively to teach the priority areas to the target population. Identified curricula will be compiled into a sourcebook that will provide information on published and/or homemade curricula that are being used to teach independent living skills to traditionally underserved persons who are deaf.

Instrumentation

Based on an extensive review of the literature and discussion with deafness professionals, 21 independent living skill areas were identified for evaluation. A survey form was designed to obtain information from deafness rehabilitation

professionals regarding the importance of specific independent living skills and the extent to which these skills are exhibited by traditionally underserved persons who are deaf. The 21 areas were listed on the survey instrument in no specific order. Space was available to allow respondents to identify any areas of concern not listed on the survey. The form also requested basic demographic information.

Two 4-point Likert scales were placed opposite each skill area. Respondents were asked to evaluate each skill area for:

1. Importance (based on their professional opinion, how important is use of this skill for traditionally underserved/low functioning persons who are deaf people):
1 = very important, 2 = important,
3 = minimal importance, 4 = no importance.
2. Observed competency (based on their personal observation, how many traditionally underserved/low functioning persons who are deaf are able to utilize this skill/knowledge independently): 1 = 76-100%, 2 = 51-75%,
3 = 26-50%, 4 = 0-25%.

High priority need areas would be those areas considered to be very important with infrequently observed competency.

A potential limitation of this approach is that respondents may identify numerous areas as very important with few members of the target population demonstrating competency. This type of response would make it difficult to develop a meaningful prioritization. To address this concern, respondents were also asked to rank order their top five priorities.

Subjects

Surveys were mailed to 110 facilities and professionals known to serve or be knowledgeable about the traditionally underserved deaf

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population. Respondents included rehabilitation facilities (n = 47), mental health service providers (n = 11), independent living/social service providers (n = 18), vocational rehabilitation professionals (n = 20), and educators (n = 14).

Results

Ninety-four surveys were completed and returned, yielding a response rate of 85%. The respondents included 34 males and 60 females. The response numbers and rates for the five groups were: rehabilitation facilities, n = 45 (96%); mental health service providers, n = 8 (73%); independent living/social services, n = 13 (73%); vocational rehabilitation professionals, n = 17 (85%); and educators, n = 11 (79%).

Fifty-nine respondents stated they had intact hearing, eight said they were hard of hearing, and twenty-seven said they were deaf. They were generally well educated with virtually two-thirds (n = 62) having a master's degree or above. They also exhibited considerable experience in working with traditionally underserved persons who are deaf. The average years of employment in working with this population was slightly more than ten. In addition, 97% of the respondents rated their sign language communication skills as good (n = 23) or very good (n = 68).

To facilitate interpretation of survey results, point values for the importance category were transformed so that a rating of very important obtained a score of four, important a score of three, and so on. Consequently, scores for each independent living area could range from a high of eight (very important/observed between 0-25%) to a low of two (no importance/observed between 76-100%). Following this procedure, scores for each category (i.e. importance and observed frequency) were totaled, averaged, and rank ordered. The results of this process can be found in Table 1. It should be noted that while respondents were given

the opportunity to list and rate additional areas beyond the initial 21, no additional areas were listed more than twice. As such, the responses were excluded from subsequent analyses.

The data were analyzed in two parts: (a) to examine if any significant differences existed between the perceptions of the different respondent groups to each skill area, and (b) to identify the critical independent living skill areas for traditionally underserved persons who are deaf. To examine the differences in the perspectives of the different respondent groups, one-way ANOVAs for unweighted means (Keppel, 1982) were conducted. The responses of each of the five groups (rehabilitation facilities, mental health service providers, independent living/social service providers, vocational rehabilitation professionals, and educators) were compared for each independent living skill area on both importance and observed frequency.

A high level of agreement was found among the five respondent groups in the way they viewed the importance and observed frequency of the independent living skill areas. Scheffe post-hoc analyses, computed to identify specific differences between groups, revealed a difference in only one skill area: use of time management. Educators and vocational rehabilitation professionals reported 25-50% of the traditionally underserved deaf population made good use of time management, whereas independent living/social service providers reported 51-75% of the target population demonstrated this skill. This difference was significant at .05 alpha level. Due to such a large number of comparisons, this difference was not considered statistically significant (Keppel, 1982). It was concluded that there was general agreement among the five professional groups in their perspective of independent living skills needs for traditionally underserved persons who are deaf. As mentioned previously, survey respondents ranked their top five independent living areas.

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Rankings were based on an ordinal scale of measurement. The numerical value of specific ratings cannot be used to determine prioritization. Consequently, each time a skill area was identified

as being one of the respondent's top five priority areas, it received one nomination. Tallying these votes yielded a prioritized list of skills identified in Table 2.

TABLE 1

Independent Living Skills Area Ranked by Combining Importance and Observed Frequency Mean Ratings

| <u>Rank</u> | <u>Area</u> | <u>Importance</u> | <u>Observed</u> | <u>Total</u> |
|-------------|--|-------------------|-----------------|--------------|
| 1 | Sexuality/Sexually Transmitted Disease | 3.74 | 3.18 | 6.92 |
| 2 | Money Management | 3.72 | 3.13 | 6.85 |
| 3 | Problem-Solving Skills | 3.51 | 3.33 | 6.84 |
| 4 | Legal Awareness | 3.36 | 3.46 | 6.82 |
| 5 | Manage Health and Medical Concerns | 3.69 | 2.99 | 6.68 |
| 6 | Use of Community Resources | 3.66 | 3.02 | 6.68 |
| 7 | Survival Reading Skills | 3.59 | 3.00 | 6.59 |
| 8 | Family/Parent Skills | 3.52 | 3.07 | 6.59 |
| 9 | Interpersonal/Social Skills | 3.60 | 2.90 | 6.50 |
| 10 | Use of Interpreters | 3.53 | 2.90 | 6.43 |
| 11 | Nutrition/Food Shopping | 3.29 | 3.06 | 6.35 |
| 12 | Receptive Communication Skills | 3.71 | 2.64 | 6.35 |
| 13 | Expressive Communication Skills | 3.74 | 2.56 | 6.30 |
| 14 | TDD/Relay Service | 3.54 | 2.67 | 6.21 |
| 15 | Using Assistive Devices | 3.43 | 2.70 | 6.13 |
| 16 | Time Management | 3.03 | 3.06 | 6.09 |
| 17 | Personal Hygiene | 3.61 | 2.43 | 6.04 |
| 18 | Use of Public Transportation | 3.51 | 2.49 | 6.00 |
| 19 | Housekeeping/Home Safety | 3.25 | 2.74 | 5.99 |
| 20 | Cooking Skills | 3.25 | 2.71 | 5.96 |
| 21 | Plan Leisure/Recreation Activities | 3.02 | 2.75 | 5.77 |

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TABLE 2

Independent Living Skills Areas Ranked by Nominations Identifying Memberships as a Top Five Priority Selection

| <u>Rank</u> | <u>Area</u> | <u>Number of Nominations</u> |
|-------------|--|------------------------------|
| 1 | Receptive Communication Skills | 56 |
| 2 | Expressive Communication Skills | 52 |
| 3 | Problem-Solving Skills | 48 |
| 4 | Survival Reading Skills | 47 |
| 5 | Money Management/Budgeting | 46 |
| 6 | Interpersonal/Social Skills | 39 |
| 7 | Use of Community Resources | 37 |
| 8 | Sexuality/Sexually Transmitted Disease | 30 |
| 9 | Health and Medical Concerns | 25 |
| 10 | Personal Hygiene | 16 |
| 11 | Family/Parenting Skills | 16 |
| 12 | Legal Awareness | 14 |
| 13 | Public Transportation | 14 |
| 14 | Use of Interpreters | 11 |
| 15 | Use of Assistive Devices | 09 |
| 16 | TDD/Relay Service | 09 |
| 17 | Cooking Skills | 07 |
| 18 | Housekeeping/Home Safety | 06 |
| 19 | Nutrition/Food Shopping | 06 |
| 20 | Time Management | 05 |
| 21 | Plan Leisure/Recreation Activities | 03 |

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Priority Selection: The purpose of this study was to identify the highest priority independent living skills areas for further inquiry and curriculum development. Combining the top nine ranked areas in Table 1 with the areas nominated

by at least 25 respondents from Table 2 yields a final selection of 11 skill areas for further investigation. The 11 areas are listed below in Table 3.

TABLE 3

**Top Eleven Priority Independent Living Skill Areas for
Traditionally Underserved Persons Who Are Deaf**

| <u>Skill Area</u> | <u>Importance & Observation Score (8 poss.)</u> | <u>Import. & Obs. Rank</u> | <u>Number of Nomination</u> | <u>Nom. Rank</u> |
|--|---|--|---------------------------------|----------------------|
| Sexuality/Sexually Transmitted Disease | 6.92 | 1 | 30 | 8 |
| Money Management/Budgeting | 6.85 | 2 | 46 | 5 |
| Problem-Solving Skills | 6.84 | 3 | 48 | 3 |
| Legal Awareness | 6.82 | 4 | 14 | 12 |
| Manage Health and Medical Concerns | 6.68 | 5 | 25 | 9 |
| Use of Community Resources | 6.68 | 6 | 37 | 7 |
| Survival Reading Skills | 6.59 | 7 | 47 | 4 |
| Family/Parent Skills | 6.59 | 8 | 16 | 11 |
| Interpersonal/Social Skills | 6.50 | 9 | 39 | 6 |
| Receptive Communication Skills | 6.35 | 12 | 56 | 1 |
| Expressive Communication Skills | 6.30 | 13 | 52 | 2 |

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Discussion

Eleven areas were identified as high priority independent living skill needs for traditionally underserved persons who are deaf. Five of these areas were similar to priority areas identified within the Bullis and Reiman study. Specifically, knowledge of sexuality/sexually transmitted disease, money management, legal awareness, use of community resources, and family/parent skills were also identified as critical independent living skill areas for adolescents and young adults who are deaf.

The inclusion of five of the identified priority skills for the traditionally underserved population as priority transition skills for adolescents and young adults who are deaf indicated that these areas may represent significant independent living needs for a majority of persons who are deaf. The identification of curricula materials for teaching independent living skills would appear to be useful for deafness rehabilitation professionals providing transitional services as well as those providing independent living training. Young deaf adults who are making the transition from school to work have needs similar to those of traditionally underserved persons who are deaf. It is possible that respondents did not or could not distinguish between the needs of the traditionally underserved population and those of adolescents and young adults who are deaf. Further research should be

conducted to determine differences between the two target populations and the extent to which the two groups overlap. The Northern Illinois University Research and Training Center on Traditionally Underserved Persons Who Are Deaf (NIU-RTC) is currently conducting a separate project to define traditionally underserved persons who are deaf based on the responses of rehabilitation counselors and educators with the Deaf.

Despite the need for independent living skills training for traditionally underserved persons who are deaf, it is often difficult for service providers to identify appropriate curricular materials. Subsequent steps in this project will include identifying published and homemade curricula that are being used to teach the 11 identified priority skill areas to traditionally underserved persons who are deaf. Once the curricula are collected, the NIU-RTC will use a panel of experts to determine which curricula are considered to be most appropriate for use with the traditionally underserved population. The chosen curricula will be included in a sourcebook that will provide a comprehensive description of each curriculum and information about where it can be obtained. Further research will need to be conducted to determine how successful the chosen curricula have been in teaching independent living skills to traditionally underserved persons who are deaf.

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