

A National Network for Postsecondary Training of Students who are LFD

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Abstract

For more than 35 years the Federal/State Rehabilitation Program has struggled with the issue of how to meet the rehabilitation needs of deaf individuals identified as "at risk," or as "low functioning deaf persons (LFD)." This paper reviews the training needs of these clients who are "LFD" and then describes successful models for training and rehabilitation of this population group. The implementation of a proposed model for a national comprehensive service, training, and research program to provide leadership to the country's efforts to rehabilitate this "LFD" population subgroup is then described.

Statement of The Problem

In its report to Congress on the education and rehabilitation of deaf individuals, the Commission on Education of the Deaf reported (Bowe, 1988, p. 69):

The vast majority of postsecondary-aged deaf persons are unemployed because appropriate rehabilitation training and related services are not available... this affects... an estimated 100,000 deaf people of all ages... due to additional handicapping conditions such as deficiencies in language performance, and related psychological, vocational, and social underdevelopment...

The Commission recommended "that providing comprehensive regional service programs for this underserved population become the top priority for future initiatives undertaken by RSA in the area of deafness" (Bowe, 1988, p. 71). This recommendation remains to be implemented on a national basis and is the challenge faced by the contemporary rehabilitation service delivery system. This document summarizes the characteristics of this underserved population and provides descriptive data regarding its prevalence and characteristics. It concludes with a three-prong approach to meet this need.

What Are the Defining Characteristics of the LFD Population?

RSA sponsored research and demonstration projects have identified key characteristics that define or describe "low-functioning deaf persons" (Hurwitz, 1989; Watson, 1997; Watson, Carr, Harmon, & Mlynek, 1997; Watson, 1998). These characteristics include:

- Inadequate communication skills
- Vocational deficiencies due to inadequate educational training
- Deficiencies in behavioral, emotional, and social adjustment
- Independent living skills deficiencies
- Educational and transitional deficiencies
- Health, mental, and physical limitations

What Is Known about the Characteristics of LFD Individuals?

Efforts to serve this population have been hampered by the lack of a current national census that clearly identifies and documents the prevalence of these individuals. Given this limitation, three strategies will be used in order to provide an estimate for the numbers of persons within this target population.

Prevalence of Persons with Additional Disabilities.

One strategy would be to derive population estimates based upon the prevalence of secondary disabilities in the general population (e.g. U.S. Census, 1995; LaPlante & Carlson, 1996). Assuming these rates are similar for deaf and hard of hearing persons, the prevalence of seven disabilities (heart, respiratory, psychiatric, retardation, vision, speech, epilepsy) can be estimated by multiplying them against the number of people who are deaf or hard of hearing (using the estimates of Holt & Hotto, 1994). Applying this strategy, it can be estimated that approximately one-third of these two population subgroups have an additional disability:

- That approximately 6,047,910 out of the 20,295,000 Americans who are hard of hearing have an additional disability, and
- That more than 164,496 out of the 552,000 Americans who are deaf have an additional disability.

Characteristics Based on Deaf Education Enrollment Data.

A number of facts may be derived about this population by examining sources of data regarding hearing impaired students who are leaving or completing their education (Allen, 1994; Holt & Hotto, 1994). These data indicate:

- Between 28% and 31% of these former pupils have an additional educationally-significant disability.
- Only 40% of high school leavers read at or above the fourth grade level; 15% read at the sixth grade level. The proportion who are college material is very small. This poses a serious problem to colleges who have support services for deaf students, but whom are not prepared to serve students who are not academically ready.
- Of the 20- and 21-year-old students who age out of secondary education, most stay in the system to get some form of vocational training; 38% of the 20-year-olds and 62% of the 21-year-olds have an additional educationally significant disability.

Estimates Based on Graduates of Postsecondary Programs.

Previously, a task force convened by a consortium of the six federally funded postsecondary programs for deaf students, estimated that significant numbers of hearing-impaired individuals graduate or leave secondary schools annually. These individuals can be divided into three functional groups with varying service needs (Hurwitz, 1988; Watson, 1997; Watson, 1998):

- Only one third of these individuals, those who read between grades 4-12 with an overall grade achievement of 6-12, are considered to possess the skills to benefit from the postsecondary support services offered by colleges and universities with special programs for deaf students. Ironically, this group receives the bulk of resources available to meet the diverse needs of all three functional groups.
- The lowest functioning group, who read at below the second grade level and includes persons who have not benefitted as much from their academic experiences and who may require the most extraordinary kinds of services in order to make a successful transition into productive jobs and independent living, are served by only a few comprehensive rehabilitation programs in the United States.

- The middle group, who reads between the 2nd-4th grade level and who are not candidates for college are considered able to benefit from vocational training. This group has a variety of vocational programs available, but may lack the full range of support services to meet their needs.

What Is Needed to Adequately Serve These Individuals?

More than 35 years of federal/state VR demonstration studies and ongoing community-based rehabilitation efforts have been invested in demonstrating ways and means whereby the field could provide vocational training, independent living, job placement, and related services to LFD individuals (Watson, Agin, Ramirez, & Levy, 1997). Although not an exhaustive list, we find that to be effective, rehabilitation programming must ensure that the following program elements are incorporated (Watson, 1997; Watson, 1998):

- A wide range of services encompassing many of the needs of the population,
- An acceptable level of quality in the services delivered,
- Some provision for continuing availability and delivery of services on a long-term basis in the person's home community,
- Efficiency and economy by coordination with a consortium of agencies to reduce or otherwise avoid costs associated with duplication, and
- Adaptability and portability for meeting the needs of similar populations in other geographical areas.

The Challenge for the Future

Clearly, the previous review has identified the ongoing need to serve persons who are described as LFD. Federally mandated to provide leadership to this initiative, the University of Arkansas RRTC for Persons who are Deaf or Hard of Hearing (RT-31) is currently developing the nucleus of a consortia to guide future programming (Watson, Carr, Harmon, & Mlynek, 1997). Watson (1998) concluded this national priority should fund and operate model comprehensive service centers that can (p. 4):

- Serve as national research, development, and training center on the special needs of low functioning deaf individuals.
- Provide comprehensive rehabilitation services to low functioning deaf individuals with an emphasis on:
 - Evaluation services and vocational training,
 - Personal and work adjustment training,
 - Independent living skills training, and
 - Job placement, coaching, and follow along support.
- Develop a network for linkages to local service programs, referral and aftercare services, including placement with or without supported employment.
- Coordinate and collaborate on the development and establishment of needs-assessment and related research activities devoted to researching, demonstrating, and disseminating research-based findings to guide rehabilitation efforts with these individuals.

A National Consortium of Community-based Rehabilitation Programs Training Individuals who are LFD

The model proposed here is one that evolved from implementation of a consortium-based approach over the past few years in various parts of the U.S. Working in partnership with previously RSA-funded R&D projects to serve LFD individuals, this national initiative will include three strategies (Watson, Carr, Harmon, & Mylnek, 1997; Watson, 1997; Watson, 1998):

- Identify, organize, and coordinate a consortium of selected exemplary programs in the various states that are already operating effective community-based rehabilitation service programs to serve deaf individuals who are LFD. The goal would be to assist them collaborate in a regional/national network designed to maximize the utilization of already existing expertise, staff, resources, and programs.
- Develop teams of trainers to provide expert consultation, training, technical assistance, and related support services to increase the knowledge, skills, and capabilities of LFD service agency staff in the cooperating states to more effectively serve the target population.
- Deploy this "expert team" to serve as coordinating and support function to bring together the LFD service agencies and low-functioning adults who are deaf in productive rehabilitation programs in the various states and regions.

Summary

As the above review indicates, rehabilitation has struggled with the issue of how to meet the needs of low functioning deaf individuals for more than 35 years. Their training needs have been identified. Successful models for training have been demonstrated. Their needs in the form of a national comprehensive service, training, and research center have been articulated on the national level several times in the past. Despite these efforts, there remains a clear need for national leadership to assist community-based rehabilitation programs obtain the knowledge, skills, and material resources needed to effectively serve this population.



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