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ROLE CONCEPTS AND FUNCTIONS OF  
REHABILITATION COUNSELORS WITH THE DEAF

by

Norman Lee Tully

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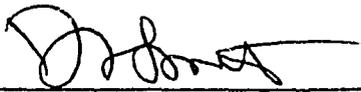
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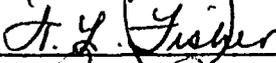
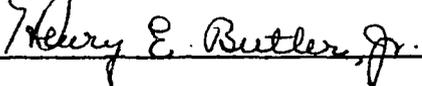
GRADUATE COLLEGE

I hereby recommend that this dissertation prepared under my direction by Norman Lee Tully entitled Role Concepts and Functions of Rehabilitation Counselors with the Deaf be accepted as fulfilling the dissertation requirement of the degree of Doctor of Education

  
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## ABSTRACT

The general purpose of this study was to investigate the perceptions of rehabilitation counselors with the deaf with respect to their role and functions. In addition, the study was designed to gather demographic information about these counselors.

The specific questions studied were:

1. What was the background of rehabilitation counselors with the deaf employed by state vocational rehabilitation agencies?
2. To what extent did the counselor's actual role differ from his preferred role?
3. To what extent did the counselor's actual role differ from the role his agency would like him to assume?
4. To what extent did the counselor's actual role differ from the role he felt best qualified to assume?
5. How much difference was there between the percentage of time which counselors devoted to various functions and the amount of time they felt they should devote to these functions?
6. What factors, external to the job itself, inhibited or maximized the work of the counselor?
7. To what extent did client characteristics inhibit the work of the counselor?

8. How did counselors feel about certain suggestions for improving rehabilitation services to deaf people and to what extent were these suggestions being realized?

A questionnaire designed to gather the data for this study was mailed to 186 counselors with the deaf. Usable returns were received from 132 rehabilitation counselors with the deaf employed in 39 state vocational rehabilitation agencies. All subjects devoted at least one quarter of their time to providing case work services for deaf and hard of hearing clients.

Descriptive statistics were used to analyze the demographic information. Chi square, t and z were used to test the hypotheses for significance at the .05 level.

Results showed that a majority of the respondents held a bachelor's degree and had only limited experience and specialized training. They were, however, desirous of obtaining additional training, especially in manual communication, counseling, and psychology.

A majority of the respondents perceived their role as one which included both counseling and coordination functions. This was the role they preferred, felt best qualified to assume, and the one which they believed their agency preferred. There was, however, some evidence of role conflict.

Results indicated that rehabilitation counselors with the deaf perform a wide variety of functions. They divide their time between functions in much the same way as do general rehabilitation counselors. Although they would like to change the amount of time they devote to

these functions, the changes would not be great. Results did show that counselors would like to spend more time in assisting clients and less time in providing other types of assistance. They also would like to spend less time on such activities as establishing eligibility and completing agency forms.

Inadequate facilities, funds, and other resources appeared to be a considerable problem for the counselors in attempting to provide rehabilitation services to deaf clients. There also was evidence that deaf clients frequently have unrealistic attitudes towards work which interfere with their rehabilitation. Counselors in this study indicated strong support for suggestions made by professional workers with the deaf for expanding and improving rehabilitation services for deaf people.

It was recommended that further research be conducted in order to define more accurately the role and functions of the rehabilitation counselor with the deaf. Research to determine the projected need for rehabilitation counselors with the deaf was also suggested.

## CHAPTER I

### INTRODUCTION

#### Introduction to the Problem

Although counseling as a profession has a well-developed body of theory and practice, and has achieved some degree of distinction in a professional sense, specialization in counseling the deaf is but a recent development (Stewart, 1967). Any organized attempt to recruit and provide professional training for rehabilitation counselors with the deaf has been made only in the last ten years.

According to the Directory of Services to the Deaf (Doctor, 1969), there were a total of two hundred seventeen rehabilitation and professional personnel serving the deaf in the United States in May, 1969. Only about one hundred of these persons could be classified as having good to fair skills in serving deaf people (Williams, 1967a).

Recent figures from the U. S. Department of Health, Education and Welfare (1968) indicated that thirty-five state vocational rehabilitation agencies had recruited or were actively recruiting staff who could be classified as expert vocational rehabilitation workers for the deaf. This was a significant increase over the sixteen states that in 1948 provided special counselors for the deaf and hard of hearing (Hoag, 1948).

Despite the recent increase in the number of special counselors with the deaf, Switzer (1966) estimated that fewer than 2500 deaf people were rehabilitated each year when there may be as many as 50,000 deaf individuals in need of, or able to benefit from, vocational rehabilitation services. While the reasons for this situation are manifold and complex, a basic cause seems to be the shortage of specialized personnel qualified to serve deaf people (Switzer, 1966). In order to meet this critical manpower shortage, the National Citizen's Advisory Committee on Vocational Rehabilitation (1968) estimated that a total of 300 new counselors with the deaf will be needed by 1973.

#### Statement of the Problem

With the recent increase of, and the projected need for, additional rehabilitation counselors with the deaf, the problem of defining the specialist's role and functions has taken on added significance. Holbert (1965) and Patterson (1965) indicated that role definition and functions for the specialist may be even more complex than that for the general counselor.

A review of the literature revealed that while there have been numerous studies of the role and functions of general rehabilitation counselors (Dumas, Butler, and Wright, 1968; Johnson, 1962; Miller and Muthard, 1965; Muthard, Dumas, and Salomone, 1969; Muthard and Salomone, 1969; Rusalem, 1951; Smith, 1960; Thoreson, Smits, Butler, and Wright, 1968; and Wright, Smits, Butler, and Thoreson, 1968), there has been no research related specifically to the role and functions of rehabilitation counselors with the deaf. The problem, therefore, was to obtain

background information regarding these counselors and the manner in which they viewed their particular role and functions. More specifically, an attempt was made to answer the following questions:

- 1) What was the background of rehabilitation counselors with the deaf employed by state vocational rehabilitation agencies at the time of the study?
- 2) To what extent did the counselor's actual role differ from his preferred role?
- 3) To what extent did the counselor's actual role differ from the role his agency would like him to assume?
- 4) To what extent did the counselor's actual role differ from the role he felt best qualified to perform?
- 5) How much difference was there between the percentage of time which counselors devoted to various functions and the amount of time they felt they should devote to these functions?
- 6) What factors, external to the job itself, inhibited or maximized the work of the counselor?
- 7) To what extent did client characteristics inhibit the work of the counselor?
- 8) How did counselors feel about certain suggestions for improving rehabilitation services to deaf people and to what extent were these suggestions being realized?

#### Importance of the Problem

While many writers have strongly advocated the use of special counselors with the deaf (Craig, 1967; Falberg, 1969; Goetzinger, 1967;

Holbert, 1965; Levine, 1960; Lloyd, 1968, 1969; Ott, 1965, 1967; Pettingil, 1967; Quigley, 1966; Stewart, 1967; Vernon, 1967; and Williams, 1967a), there has been some disagreement as to what the actual role and functions of these counselors should be. Pettingil (1967) advocated the "coordinator model" in which the counselor provided a multitude of services. Cottle (1953) stated that this type of counselor often views himself as a "combination parent, doctor, psychologist, teacher, policeman, public relations expert, personnel manager, and jack of all trades (p. 446)." Stewart (1967), on the other hand, viewed the specialist more in terms of the "counselor model." This model depicted the individual as a "professional counselor" whose main contribution to the rehabilitation process was his counseling function (McGowan and Porter, 1967).

Specialization also poses some rather difficult problems in terms of counselor preparation (Patterson, 1965). Adler (1969) reported that in 1967 only four universities were offering graduate level training for rehabilitation counselors with the deaf. As this number increases, it may be imperative to have the role and functions of such counselors clearly defined. Otherwise, there is a danger that universities will be "preparing counselors for a different world from that in which they and the clients are going to function (Vernon, 1967, p. 9)." Hopefully, this study will be of assistance to state agencies in defining the position of rehabilitation counselors with the deaf and to universities in curriculum development.

### Hypotheses

This study was based upon the general hypothesis that the role and functions of rehabilitation counselors with the deaf have not been clearly defined. Specific hypotheses tested were as follows:

1. There is no significant difference between the counselor's present perception of his role and the role he would prefer if he were free to choose.
2. There is no significant difference between the counselor's present perception of his role and the role which he feels his agency would like him to assume.
3. There is no significant difference between the counselor's present perception of his role and the role which he feels best qualified to assume.
4. There is no significant difference between the percentage of time which counselors now spend on various functions and the percentage of time which they feel they should spend on these functions.
5. There is no significant difference between the percentage of time which counselors now spend on major functions and the percentage of time which they feel they should devote to these functions.
6. There is no significant difference between the percentage of time which counselors now spend on various counseling problems and the percentage of time which they feel they should spend on these problems.

7. There is no significant difference between counselor ratings of what should be done to improve services for deaf people and counselor ratings of what is actually being done.

#### Procedures

Subjects for this study included all counselors for the deaf in 39 of the 54 state vocational rehabilitation agencies. Names and addresses of the counselors were provided by the State Directors of the respective agencies. To be included in this study, a counselor had to devote at least one-fourth of his time to providing case services to deaf and hard of hearing clients.

A questionnaire was developed and used to gather the data for the study. This questionnaire had previously been administered to a group of former rehabilitation counselors with the deaf in order to eliminate ambiguous material. Approximately one hour was required to complete the questionnaire.

The questionnaire, with an appropriate face sheet and cover letter, was sent to each of the subjects included in the study. Returns from counselors who devoted less than one-fourth of their time to serving deaf and hard of hearing clients were eliminated from the final tabulations. Approximately two weeks following the initial mailing a follow-up letter was sent to subjects who had not responded to the initial request. An additional two weeks was allowed for tardy responses, after which the questionnaires returned were analyzed. In the first mailing, an addressed, stamped envelope was included.

The method of analysis varied according to differences in the questions posed by this study. Hypotheses were tested by means of Chi Square and the "t" and "z" tests of significant differences between mean percentages. Descriptive statistics were used to analyze the other material.

#### Assumptions

This study was based on the following assumptions: (1) an accurate assessment of the role and functions of rehabilitation counselors with the deaf could be obtained with the instrument used, (2) bias would not unduly influence the answers of respondents, and (3) rehabilitation counselors with the deaf would be motivated to respond to the questionnaire in a manner that accurately reflected their considered opinion.

#### Delimitations

This study was limited to counselors employed by state vocational rehabilitation agencies who devoted at least one quarter of their time to providing case services to deaf and hard of hearing clients. The functions studied were limited to those areas covered in the questionnaire. No attempt was made to investigate other functions which counselors may perform from time to time.

This study was further limited to the role and functions of counselors as they viewed their position. The perceptions of clients and other professional workers were not within the scope of this study.

### Definitions and Abbreviations

Function: The method used by counselors in helping clients, and in performing other related tasks (Campbell, 1967, p. 8).

Role: A social position characterized by personal qualities and activities or responsibilities of counselors which are normatively evaluated to some degree by those in the situation and by others (Gould and Kolb, 1964, p. 609).

Psychological environmental factors: The attitudes of superiors and co-workers and the agency policies which are presently affecting the counselor's mental set.

Physical environmental factors: The physical setting and resources which aid or inhibit the work of the counselor.

General rehabilitation counselor: Any counselor employed by a state vocational rehabilitation agency who works with clients having all types of disabilities.

Rehabilitation counselor with the deaf: Any counselor employed by a state vocational rehabilitation agency who devotes at least one quarter time to providing case services to deaf and hard of hearing clients.

State vocational rehabilitation agency: The public agency which provides vocational rehabilitation services to disabled individuals. These agencies are located in each of the 50 states, the District of Columbia, and the territories of Guam, Puerto Rico, and the Virgin Islands.

Deaf: One in whom the sense of hearing is non-functional for the ordinary purposes of life (Myklebust, 1964, p. 3).

Vocational rehabilitation: A process of restoring the handicapped individual to the fullest physical, mental, social, vocational, and economic usefulness of which he is capable (McGowan and Porter, 1967, p. 4).

Rehabilitation process: A planned, orderly sequence of services related to the total needs of the handicapped individual. It is a process built around the problems of a handicapped individual and the attempts of the vocational rehabilitation counselor to help solve these problems and thus bring about the vocational adjustment of the handicapped person (McGowan and Porter, 1967, p. 6).

Closure: The point in the rehabilitation process when services are terminated.

RC: Rehabilitation Counselor.

RCD: Rehabilitation Counselor with the Deaf.

DVR: Division of Vocational Rehabilitation.

RSA: Rehabilitation Services Administration.

#### Summary

Chapter I has described the nature of the study, established the need for the study, presented the hypotheses to be tested, explained the procedures followed, set forth the assumptions under which the study was conducted, and provided definitions of terms used.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Introduction

This chapter presents a review of the literature and is divided into four sections. Section one presents some basic characteristics of deaf people. Section two summarizes some of the major vocational problems of the deaf. Section three describes rehabilitation programs for the deaf. The final section reviews various opinions and research concerned with the role and functions of rehabilitation counselors.

#### Characteristics of Deaf Persons

Theoretically, every function which a counselor performs should be related to the needs of a particular client (McGowan and Porter, 1967). Therefore, in this section, a description of some of the characteristics of deaf people will be presented.

At the present time, there are no accurate figures available on the number of deaf and hard of hearing people in the United States. Estimates have generally placed the number at 250,000. This figure included only those persons who have been deaf since birth or shortly thereafter. Those who lose their hearing later in life or are hard of hearing number in the millions (Quigley, 1966).

Numerous studies have shown quite conclusively that there is no deaf stereotype. With the exception of hearing, deaf people exhibit

the same range of abilities as the general population. Vernon (1968) reviewed over 50 separate studies and concluded that the deaf possess normal intelligence. Deaf people are also similar to the general population in terms of motor skills (Boyd, 1967; Myklebust, 1964).

Despite this innate potential, deaf people have serious communication problems:

Many of them are without useful speech despite years of training. Many have limited language skills. They receive messages principally through their eyes. They send messages by combination of signs, gestures, speech, and writing. Most of them have normal strength, mobility, and intelligence. They strive for achievement within the limitations society imposes in the face of their inadequate verbal communication. This is the handicapping base of their disability. It is primarily psychosocial. It manifests itself in many ways: underinvolvement in the main stream of community life; limited sharing with fellowmen; lack of acceptance among neighbors, employers, and fellow employees; severe underemployment. It seldom yields at all to medical intervention such as drugs, surgery, or prosthesis. It does yield, in approximate ratio to their availability in quality and depth, to training and adjustment services that stem from comprehensive, expert diagnosis that may involve the disciplines of psychology, audiology, medicine, and education, and to public relations activities that stress the deaf person's strengths (Williams, 1967a, pp. 3-4).

Levine (1958) termed the disability of early profound deafness as being among the most crippling known to man. She felt that the basic problem was one of environmental deprivation:

The deaf child comes into the world with the same psychological needs and potentials as the one who hears. The inner well-being of deaf individuals is subject to the same psychological principles that govern the well-being of us all. It is not the deaf person who is innately different, nor his psychology that is intrinsically "unique." It is his environment that is wanting. It is wanting in the stimulation provided by sound, in general, and the sound of the voice, in particular (p. 328).

The effect of this environmental deprivation often results in severe educational retardation. Although a few deaf individuals achieve at a very high level, these tend to be the exception rather than the rule.

The most extensive current survey of the educational achievement of the deaf included 93% of deaf students 16 years or older in the United States (Boatner, 1965). The results showed that only 5% of the students achieved at tenth grade level or better, 60% were at grade level 5.3 or below, and 30% were functionally illiterate.

Another study (Wrightstone, Aronow, and Moskowitz, 1962) included 73 school programs for the deaf and represented 54% of all school age deaf children 10 to 16 years of age. The results of this study showed that 88% of the 16 year olds were below grade 4.9 in reading, as measured by the Metropolitan Achievement Test. Furthermore, the average gain in reading from age 10 to 16 was less than one year.

Vernon (1969) pointed out that studies like those cited above yield spuriously favorable results since they were based on standardized educational achievement tests, which fail to fully diagnose the language retardation of deaf students. He also pointed out that many students who were dropped from the schools surveyed for academic failure were not included in the sample, nor were many of the small isolated day classes that do the poorest job educationally. He concluded that the educational retardation of the deaf is even more serious than the studies above indicated.

In addition to the deaf people described above, there is another group which is even more seriously handicapped. This is the so-called multiple-handicapped. Adler (1967) described the multiple-handicapped deaf as:

. . . those who have deep-seated learning problems and have insufficient communication skills and who may be personally maladjusted, socially and occupationally unoriented, mentally retarded, emotionally disturbed, severely vision impaired, or have chronic illness and incapacitating conditions such as diabetes, cerebral palsy, limited vitality, and atypical skeletal and muscular development (p. 27).

Accurate figures on the number of multiple-handicapped deaf people are not available, but it is generally agreed that the number has risen dramatically during the past 20 to 30 years. Adler (1967) estimated that there may be as many as 100,000 multiple-handicapped deaf people in the total population.

Doctor (1958) attributed the increase in the number of multiple-handicapped deaf people to the medical advances made during, and after, World War II. Improved medical techniques and new drugs were used to save the lives of many children who would have died in previous years. Another contributing factor was the recent rubella epidemic which left countless thousands of children with a variety of handicaps.

#### Vocational Problems of the Deaf

Despite the deaf person's normal strength, mobility, and intelligence, he faces many difficulties when attempting to enter, or adjust to, today's world of work. These problems are frequently related to undertraining and often result in underemployment or unemployment.

## Underemployment

Within recent years, the problem of underemployment of deaf people has been widely discussed and documented. Writers such as Quigley (1966) and Williams (1967a) have indicated that this is the most serious occupational result of profound deafness.

The problem of determining the exact extent and degree of underemployment among the deaf has been noted by Stuckless (1967):

If one uses prior training, whether academic or vocational as a criterion, perhaps the deaf are not underemployed. If, on the other hand, we consider intellectual abilities, aptitudes, vocational aspirations, and economic needs as a criteria, then the deaf as a group are, in fact, severely underemployed (p. 13).

A number of studies have shown that the percentage of deaf persons employed in skilled, semi-skilled, or unskilled occupations is much higher than for persons with normal hearing, while the percentage in professional and technical occupations is much lower. These studies have also shown that the opportunity for deaf people to advance to higher level jobs is very restricted.

Lunde and Bigman (1959), in their national study, Occupational Conditions Among the Deaf, found that a majority of males were employed in skilled and semi-skilled positions. Females were found mostly in operative and clerical jobs. Only 6.6% of their sample was employed in technical or professional fields.

Boatner, Stuckless, and Moores (1964), in a study of 236 young deaf adults in New England, found that 71% of the males were employed in semi-skilled and unskilled positions. This was twice the national average, based on the 1960 national census figures.

Kronenberg and Blake (1966), in a similar study of 269 young deaf adults in the Southwestern states, reported 61% of the males and 55% of the females employed in semi-skilled and unskilled positions. Less than 3% of their sample held professional or semi-professional positions.

Furfey and Harte (1964) did an in-depth study of the deaf population of Frederick County, Maryland, and reported results similar to the previous studies. Deaf adults were found to be under-represented in professional and managerial positions and over-represented in the skilled trades.

In each of these studies, the deaf worker was generally rated average or above average in job performance by his immediate supervisor. However, when questioned about the opportunities for the deaf employee to advance to a higher level position, the respondents were quite negative.

In the Boatner, et al., (1964) study, the immediate supervisors of 85% of the employees indicated limited or no opportunity for advancement without additional formal training. Even with formal training, only 35% of the males and 20% of the females would have an opportunity for advancement. Similar results were reported by Kronenberg and Blake (1966). They found that only 30% of their sample had considerable opportunities for advancement in their present employment location with additional training. In analyzing this situation, Moores (1969) concluded that the "limited opportunities available to a young deaf employee even with additional training emphasizes the great importance of expert counseling and selective job placement (p. 36)."

## Unemployment

Until recently, unemployment was not considered a major problem among the deaf population. However, with the advent of automation and other technological changes, the unemployment rate among deaf people has risen sharply.

Lunde and Bigman (1959) reported an unemployment rate of less than 5% among the adult deaf population. However, by the investigators' own admission, the 10,101 respondents could not "be described with assurance as constituting a representative sample of the adult deaf population (p. 4)." There was evidence that the survey group under-represented age groups below 20 and over 60, women, Negroes, and persons at a lower economic level.

By contrast, Boatner, et al., (1964) reported an unemployment rate of 17% among their sample of young deaf adults in New England. Kronenberg and Blake (1966) also reported an unemployment rate of 17% among their sample of young deaf adults in the Southwest. These figures were reported to be considerably above the national average.

Sessions (1966), labor authority for the AFL-CIO, in assessing existing educational and rehabilitation programs for the deaf in the light of current changes in the world of work, has predicted that:

Unless we considerably change our approach in the education, training, and counseling of the deaf, I believe it is a fair prediction to say that within ten years, unemployment among deaf workers will approximate seventy percent, with most of the remaining thirty percent deadended in various unskilled and menial jobs (p. 4).

### Undertraining

For many years, schools for the deaf made an effort to provide terminal vocational training for their students as an adjunct to their academic programs. Trades such as printing, baking, shoe repair, tailoring, and barbering were emphasized (Boatner, et al., 1964). Until recently, these programs were quite successful, as evidenced by the high rate of employment reported by Lunde and Bigman (1959).

Today, however, many educators and rehabilitation workers have seriously questioned the desirability or feasibility of schools continuing this practice. Williams (1965) has long contended that schools must change their emphasis:

The role of the school shops is prevocational. Prevocational can mean only one thing, that is, preliminary to vocational training. The role of the school shop, then, is both to lay a proper groundwork for vocational training that may be provided when the individual is mature enough to know what he wants to and can qualify to do and, of course, to develop good work habits, attitudes, and otherwise contribute to the mission of an elementary school. The fact that proper vocational training is in short supply is not an adequate reason for school shops to try to do something which is beyond their proper mission and capacity (p. 71).

Vernon (1969) also raised serious questions concerning schools for the deaf attempting to provide terminal vocational training in the light of today's technological changes:

Advancing technology is drastically changing the world of work. Of the 22,000 jobs listed in 1965, over 6,000 were new since 1959 and over 8,000 that had existed then were extinct. This has a number of implications. First, it means that flexibility and the capacity to be retrained are primary requirements for vocational success. Because of the communication and educational problems involved in profound hearing loss, the deaf often have great difficulty in regular retraining programs. Hence, they are relatively inflexible vocationally. Second, it is no longer reasonable to expect

to prepare a deaf person for a job when he is young and expect him to be able to rely on these same skills for employment the rest of his life. Counselors must recognize the need for special programs to retrain older deaf workers, men with families, and financial responsibilities (p. 559).

Many of the jobs which, in the past, proved to be excellent employment outlets for the deaf are now rapidly declining. As an example, manufacturing, where over half of the deaf were previously employed (Lunde and Bigman, 1959; and Rosenstein and Lerman, 1963) is now an area of decreasing opportunity. Friedman (1967) pointed out that in the years ahead manufacturing is not expected to keep pace with the general economy.

Perhaps the area that has been most affected by automation is the field of printing. Lunde and Bigman (1959) reported a rather large (14.3) percent of their 10,101 respondents were employed in this field. In a later report, Sessions (1966) noted that:

Automation is spreading so rapidly throughout the printing industry that future employment prospects are bleak. The best that can be hoped is that present deaf workers in the printing trades can survive by a policy of attrition; that is, they will be held until they quit, retire, or die on the job and then never be replaced by a new hire. And even that is a more hopeful prospect than the evidence warrants (p. 3).

To counteract this trend towards automation, Sessions (1966) has urged that schools for the deaf alter their present vocational training programs to emphasize broad skills and flexibility:

Automation places a premium upon workers who are flexible and quickly retrainable. The deaf are conspicuously weak in these regards, not because of any lack of intelligence, but because they are weak in the verbal skills upon which flexibility and training depend. It is possible to be deaf to the voices of history, as well as to be deaf to the sound of the street; and those who are concerned about the

future of the deaf worker would, indeed, be suffering from a kind of historical deafness if they did not view the rapid spread of automation with anxiety and concern (p. 3).

Stuckless (1967), in commenting on the changing economy and the failure of educational programs to keep pace with these changes, stated:

What may have represented excellent employment even ten years ago for the deaf, now often represents marginal employment. It is doubtful whether any other disability group has been as affected by changing trends as the deaf, simply because conditions for the deaf have remained virtually static (p. 10).

Support for these views can be found in several follow-up studies of graduates of schools for the deaf. As early as 1924, the National Research Council (Martens, 1936) surveyed 29 schools for the deaf and found that only between 50 and 60% of these schools' graduates entered the occupation for which they had been trained.

Among the more recent investigations, Lunde and Bigman (1959) found that the percentage of those who received vocational training in a particular area but never applied this training vocationally varied among men from 50% in printing to approximately 80% in carpentry. For women, 60% who received training in clerical work never followed this trade.

In a study of the occupational status of Wisconsin's deaf population, Dunn (1957) found only 39% of the employed adults in a sample of 866 were employed in positions which drew on previous vocational training.

Rosenstein and Lerman (1963), in their follow-up study of female graduates of the Lexington School for the Deaf, reported that

only 12% of their respondents indicated that the training necessary for their present positions had been received in a school for the deaf.

Stuckless (1967) has accurately pointed out the tragic results of undertraining for the deaf adult:

Society invests a tremendous effort in the education of the deaf child and expends perhaps \$50,000 in the process. Yet, frequently we neglect the very culmination of this education, in a sense the payoff, notably entrance into adult society by virtue of gainful employment. The student is brought almost within reaching distance of the dignity that comes through work, only to lack the last bit of support that he needs in finding suitable employment (p. 12).

#### Vocational Rehabilitation Services for the Deaf

Deaf people have been eligible for vocational rehabilitation services, to a greater or lesser extent, since the enactment in 1920 of the law establishing the vocational rehabilitation program (Best, 1943). Despite this fact, it has only been within recent years that a significant number of deaf persons have made use of this service. The reasons for this are complex, but appear to be related to the quality of services offered and to the personnel providing these services.

In comparing existing rehabilitation services for the deaf and the non-deaf, Reedy (1964) made these observations:

The deaf do not receive the same quality of counseling and evaluation services. They cannot profit equally from social and psychological services. Vocational training cannot meet the full needs of the deaf in the usual setting. Placement efforts are haphazard, often without full conviction and enthusiasm on the part of the rehabilitation counselor or placement officer. The deaf are pressured to take jobs far below their potential or actual level of ability. Even the resources of the community, so vital in the consummation of the rehabilitation process, are not marshalled for the full benefit of the deaf (p. 1081).

As a result of the conditions described above, only a small percentage of eligible deaf people have made use of vocational rehabilitation services. Lunde and Bigman (1959) found that only 3% of their respondents utilized the services of state vocational rehabilitation agencies in obtaining their present position. Forty-five percent of the respondents received no help in locating their jobs; 20% received help from friends, relatives or acquaintances; 24% did not answer the question; 1% received help from their schools; and the remainder had help from other sources.

Rosenstein and Lerman (1963) used an interview technique in a follow-up study of 125 female graduates of the Lexington School for the Deaf. They reported that 19% of their sample utilized school and state agencies in obtaining their present job.

In a study of young deaf adults in New England, Boatner, et al., (1964) reported that 59% of their subjects received help from friends and relatives in securing their first job; 13% were helped by state employment agencies; 13% received no assistance; 6% were helped by schools; and only 5% received help from a state vocational rehabilitation agency. The remaining 4% did not answer this question. Only slight changes were reported when members of this group were asked how they found their present position.

Justman and Moskowitz (1967) conducted a follow-up study of deaf people who had been educated in the New York public schools. Their sample consisted of 646 individuals out of a possible 1,421 who had graduated between 1908 and 1958. Only 7.8% of this group reported

having used vocational rehabilitation when first seeking employment. This figure may be misleading, however, since vocational rehabilitation programs did not begin until 1920.

These studies seem to indicate quite conclusively that a majority of deaf adults rarely turns to vocational rehabilitation when attempting to obtain employment. Unfortunately, they do not shed any light on why this condition exists or how the problem can be solved.

One of the major problems involved in extending rehabilitation services to more deaf people, especially the multiple-handicapped deaf, has been the severe shortage of trained personnel. This problem has been discussed repeatedly at national conferences and workshops (Craig, 1967; Lloyd, 1969; Ott, 1965; and Stuckless, 1965). It has taken on added urgency as a result of the recent rubella epidemic which left a great many deaf children with multiple handicaps (Adler, 1969).

Quigley (1966) indicated that there are four types of rehabilitation counselors who provide counseling services to deaf clients. First, there is the general counselor who, from time to time, has one or more deaf clients in his case load. Next, there is the counselor who carries a substantial case load of deaf clients in addition to his general case load. Deaf clients may represent 15 to 20% of this counselor's total case load. Third, there is the Rehabilitation Counselor with the Deaf. This counselor may serve deaf clients throughout the state or in the more densely populated areas of the state. He may be attached to a school for the deaf. And finally, there is the state

coordinator or consultant on rehabilitation of the deaf. Several state vocational rehabilitation agencies have created this position. This specialist may consult with local agencies and counselors on deaf clients, conduct workshops, and perform other functions to improve rehabilitation services to deaf clients.

Until recently, few, if any, of these counselors received special training to serve deaf clients other than that obtained during general training. This was true not only for counselors with the deaf, but for all counselors who specialized with a particular disability group (Patterson, 1965). According to Holbert (1965), rehabilitation agencies have traditionally selected specialists on the basis of interest in working with a particular disability group and personality characteristics believed desirable for working with particular clients.

Patterson (1965) listed the following advantages and disadvantages of specialization:

Advantages: (1) It allows for exercise of the counselor's unique characteristics and pattern of traits and, thus, makes possible a greater degree of satisfaction in the counselor's work; (2) Specialization capitalizes upon individual differences and makes possible the maximum use of talents and abilities of the individual for the good of society.

Disadvantages: (1) The client may be seen and dealt with as a problem, as a disease, or as a disability rather than as a total person; (2) In counseling, there is danger in a problem orientation to clients. The counselor who focuses upon a particular problem, be it educational, vocational, social, marital, or what not, is not able to deal adequately with the client (p. 14).

Patterson suggested that "the specialist requires additional preparation beyond that of the general counselor if he is to function any more adequately with a specific disability group than a general

counselor (p. 16)." This is especially true for those special counselors serving the deaf. Counselors with the deaf should possess dual competencies. They should be qualified in their basic discipline and should also possess those special skills required for meeting the needs of the deaf. Among those special skills is the ability to use manual communication. Levine (1958) gave three reasons why counselors should master this skill:

A knowledge of manual methods has highly important advantages in addition to serving as a bridge over which thoughts pass between counselor and certain deaf persons. For one, it informs the deaf client that here is someone who is interested enough in his welfare to have taken the trouble to learn how to communicate with him. . . . For another, it gives a young deaf client a feeling of status to be able to manage his own interviews without the perennial need to have someone else do his talking for him. . . . Finally, a knowledge of manual communication and especially the sign language is the most important single aid I know in teaching verbal language to those young deaf adults who are particularly deficient in this area (p. 346).

Williams (1967b) questioned the motives of the counselor who makes no effort to learn the language of his clients:

One may seriously question the commitment of a counselor who professes year after year to be able to serve deaf clients but who does not move to acquire even a basic level of proficiency in manual communication. He is not being completely fair either to his clients or to himself (p. 4).

The importance of clear communication between counselor and client has been mentioned by a number of writers. Kagan (1967) has stated that: "If communication between client and counselor is established successfully, rehabilitation of the client may occur; if it is not, rehabilitation of the client will not occur (p. 2)."

The need for well trained counselors, able to communicate freely with the deaf, has been mentioned repeatedly in the literature. Unfortunately, the number of such counselors is extremely limited. As a result, case work practices with deaf clients leaves much to be desired.

A common error in case work with deaf people is the widespread practice of seeing only the deafness and not the person. The files of social case work for deaf people are replete with generalizations. Deaf people are grouped in the minds of many workers under one tent. They are labeled with a particular stereotype and treated automatically.

This deplorable practice persists despite our expanding professional training programs and the emergence of a sensitive professional conscience. It is no credit to those charged with leadership that this malpractice has not been halted. The rehabilitation counselor must view his deaf client as a person first and as a person with a severe hearing problem second. Effective rehabilitation of the deaf person rests upon as simple and clear a concept as this. Clear and satisfying communication conducted at the deaf client's level of understanding is an important component of this effort to work with individual deaf people (Williams, 1967b, p. 5).

It has only been within the last decade, more notably the last five years, that any systematic effort has been made to recruit and train professional counselors to work with the deaf. Beginning in 1958, the Rehabilitation Services Administration has supported a number of training programs, both short-term and long-term. According to Adler (1969), approximately 1,150 persons participated in short-term training courses in the area of deafness during 1967. A total of \$724,519.00 was spent on this training during the period from 1958 through 1967. These conferences and workshops dealt with topics related to:

. . . job placement of deaf persons; guidelines for mental health services to deaf persons; coordination of educational and vocational rehabilitation services for the deaf; the use of media in rehabilitation of severely handicapped deaf people; and guidelines in rehabilitation services to severely handicapped deaf persons (Adler, 1969, p. 53).

The Rehabilitation Services Administration has also supported a limited number of long-term training programs in deafness rehabilitation. These programs are conducted by colleges and universities and are designed to prepare specialists to work with the deaf. From 1958 through 1967, \$2,844,417.00 was spent in support of these programs. In 1967, the Rehabilitation Services Administration was supporting six long-term training programs, and 45 traineeships were granted to persons interested in working with deaf people. Four of these programs were on the graduate level. The other two were non-degree programs providing an orientation to deafness for counselors and other professionals (Adler, 1969).

A common problem in extending rehabilitation services to more deaf people has been the serious shortage of special facilities. This has greatly hampered the efforts of rehabilitation counselors. Without proper facilities, counselors have rarely "been able to attack the handicapping aspects of the disability or program effectively for the more severely handicapped, nor can they do so in a vacuum of people and places to do the job as it must be done (Williams, 1967a, p. 6)."

Prior to the 1960's, Gallaudet College in Washington, D.C., was the only special facility in the United States available to deaf adults. Since that time, Congress has passed legislation establishing the National Technical Institute for the Deaf in Rochester, New York;

a Model Secondary School for the Deaf in Washington, D.C.; and a National Center for the Deaf/Blind in New York City. In addition, the Rehabilitation Services Administration, in cooperation with state divisions of vocational rehabilitation, have established several junior college programs for the deaf and a limited number of regional centers to serve the severely handicapped deaf (Vernon, 1970). Each of these programs helped considerably in expanding rehabilitation programs to more and more deaf persons.

Another problem which tended to limit rehabilitation services to deaf adults was the lack of cooperation between schools for the deaf and rehabilitation agencies. Evidence of this problem was shown in a study by Hoag (1948). He used a mailed questionnaire in an attempt to determine the nature and extent of cooperative relationships between public residential schools for the deaf and state rehabilitation agencies. Responses were received from 57 of the 64 public residential schools, and from 41 of the 45 state rehabilitation agencies. Fifteen schools and 4 agencies reported no cooperative agreement, either written or verbal. Approximately 58% of the residential schools for the deaf reported making a practice of referring cases to the rehabilitation agencies. However, the extent of referrals varied from an insignificantly small percentage of the graduating and departing students to some schools that referred all of their students to the state rehabilitation agency. Hoag concluded that there was a general lack of cooperation between the two agencies. He did note, however, that states with special counselors for the deaf had the best cooperative programs and provided more and better services to deaf clients.

The advantages of schools for the deaf and rehabilitation agencies working cooperatively was discussed by Craig (1967):

From the instructional point of view, a number of innovations appear workable. In particular, the rehabilitation counselor can aid in correcting many problems early. Vocational planning, realistic job instruction, and experience, general work knowledge, and other essentials could then be established in the school setting. This cooperation between the school and the counselor would greatly strengthen the total occupational potential for deaf young people (p. 32).

To encourage more cooperative programs between school and vocational rehabilitation agencies, the United States Office of Education and the Rehabilitation Services Administration jointly sponsored a National Conference for Coordinating Rehabilitation and Education Services for the Deaf (Ott, 1967). This conference brought together leaders from the fields of education and rehabilitation to discuss means by which there could be closer coordination of services of the two agencies for the benefit of deaf people.

Rehabilitation counselors have also been hampered in their efforts to serve deaf clients by certain agency policies. One example of this was the so-called "numbers game." Historically, vocational rehabilitation agencies have placed considerable emphasis on the number of cases rehabilitated each year. This practice led, in some instances, to counselors accepting for service only those cases which could be rehabilitated in the shortest possible time. As a result, many deaf persons were declared non-feasible for service. Fortunately, this practice is no longer necessary. Under the 1967 Amendments of the Vocational Rehabilitation Act (Public Law 89-333), counselors were authorized to provide up to 18 months of extended evaluation for deaf

and other severely disabled individuals. This has led to an increase in the number of deaf persons being accepted for service (Rubino, 1967).

The 1967 amendments also resulted in a very important change in emphasis in the Federal Regulations which govern vocational rehabilitation programs. The change eliminated interpretations of earlier regulations that resulted in decisions of ineligibility for deaf persons who were underemployed. Under the new regulations, counselors were permitted to provide services to individuals who were considered to be working below their capacities and abilities. This change has made it possible for many underemployed deaf people to qualify for vocational rehabilitation services (Rubino, 1967).

Rehabilitation services for deaf people have been shown to be very inadequate. In order to improve these services, participants at a recent conference (Craig, 1967) made the following recommendations:

1. That rehabilitation counseling begin early in the school setting to assure systematic career planning, preparation, and placement.
2. That certain rehabilitation counselors in each major population area be prepared as a specialist with the deaf--the communication problem increasing the need for specialists.
3. That counseling and community service centers for the deaf be established in every major metropolitan area.
4. That long-term, or intensive, counseling services be recognized as a standard for deaf clients and that this consideration be reflected in reduced case loads for those working with the deaf.
5. That selective placement and careful follow-up be considered standard services for deaf clients.

6. That further development of special resources such as mental health facilities, programs for the multiply-handicapped, and creative vocational training approaches be actively encouraged.
7. That training of counselors to work with the deaf be accelerated, and that short-term and long-term training be part of this effort.
8. That guidelines for effective case handling of deaf clients be determined and organized into instructional materials for rehabilitation counselors (p. 35).

#### Rehabilitation Counselor Role and Function

For many years, the role and function of the rehabilitation counselor has been the subject of considerable discussion and debate. More recently, a number of investigators have attempted to resolve this controversy through research. However, despite these efforts, the variety of counselor roles and functions persists and proponents continue to argue, each for his own particular model.

Thoreson, et al., (1968) have described three basic counselor models. The first of these has been characterized as a "jack of all trades." This model was prevalent from approximately 1920 to 1950. In this role, the counselor was expected to be "all things to his clients." These early counselors entered rehabilitation with little or no specialized training and were expected to learn on the job.

The second major model began in the late 1950's and has been described as the "counseling" counselor. In this role, the relationship between the counselor and the client became the primary focus or the core of the rehabilitation counselor's professional function. This role was directly related to the development of federally-supported

training programs in rehabilitation counseling and the general increase in professional attention given to counseling as a complex interpersonal phenomenon.

The third and present model in rehabilitation counseling is what has been referred to as the counselor-rehabilitationist. In this role, the counselor combines elements of the first two roles. Such a role does not include coordination in its original meaning of administrative, non-counseling coordination, but rather professional coordination in which the counselor assumes major responsibility for the client throughout the total rehabilitation process.

There is considerable evidence to show that role conflict is a common problem for the vocational rehabilitation counselor. This stems from several causes. First, counselors often lack any real sense of professional identity. While in training, the counselor frequently learns to view himself as a person who works with clients on a one-to-one basis. However, when he joins the rehabilitation agency, he finds himself being judged, at least in part, on the number of cases served, his skill in selling the program to the public, and his ability to handle paper work. Gradually, he finds himself spending more and more time on non-counseling functions, with little time left for direct contact with clients (National Citizen's Advisory Committee on Vocational Rehabilitation, 1968).

Until the 1967 Amendments of the Vocational Rehabilitation Act a common cause of role conflict was the agency pressure for closures. Since counselors were frequently judged by the number of cases closed,

there was considerable pressure to seek out only the easy cases, those clients which could be rehabilitated with a minimum expenditure of agency time and money. This was often demoralizing to the counselor (National Citizen's Advisory Committee on Vocational Rehabilitation, 1968).

The pressure for closures was especially difficult for the counselor with the deaf. Because of the deaf person's communication problem, counselors must take more time with these clients, thus reducing the number of possible closures (Quigley, 1966).

There was some evidence in the literature to indicate that role conflict may be even more of a problem for the rehabilitation counselor with the deaf than is the case with the general counselor. As an example, several writers suggested that the rehabilitation counselor with the deaf should become active in deaf organizations and social groups. Whitworth (1968) felt that by associating with deaf people in this fashion, the counselor would be providing opportunity for contact with people who really could be helped but who refuse to come to the rehabilitation agency. Pettingil (1967) strongly supported this view. He claimed that by becoming active in affairs of the deaf, he was able to increase his case load from 47 to 179 deaf clients within a one-year period.

Stewart (1967) questioned this practice, especially for the counselor who is, himself, deaf. He felt that this might lead to role conflict and recommended that "while complete avoidance of such relationships is neither practical nor desirable, the deaf professional

counselor should give serious consideration to avoidance of situations tending to compromise his effectiveness as a professional (p. 25)."

Whitworth (1968) also noted this problem and cautioned that a deaf counselor may be too close to the world in which the client lives and, as a result, the client may be afraid that his personal problems will find their way back to his friends and peers.

A study by Rosen (1968) of deaf college students' preferences regarding the hearing status of counselors supported Stewart's view. Rosen asked 107 members of the preparatory class of Gallaudet College the following multiple-choice question:

Suppose you were going to a counselor, which statement do you accept more strongly? a. You would rather confide in a hearing counselor; b. You would rather confide in a deaf counselor; c. Whether the counselor was hearing or deaf would not be especially important; d. You would rather confide in a deaf counselor only if you couldn't see a hearing counselor who was a good signer. The term "signer" refers to a user of the manually expressed language of the deaf (p. 21).

Of the 107 subjects in this study, 9 did not respond to the question. Results of the 98 respondents showed that only 20% made a clear choice for a deaf counselor. The remaining 80% preferred a hearing counselor, or a deaf counselor if necessary for adequate communication, or were impartial. Rosen suggested that the only possible explanation for more students not preferring a deaf counselor was "the complaint of some deaf persons that the gossipiness of a small, closed, deaf world makes them feel uncomfortable about divulging intimate personal matters to a deaf person who knows many people of their acquaintance and who might be coming into contact with them frequently (p. 24)."

Studies have shown that counselors perform a multitude of functions, many of which are rather routine. While counseling is generally considered the most important function, several studies have shown that, in actual practice, only a small percentage of time is spent in that activity.

Muthard and Salomone (1969) did a time study of the various functions performed by a random sample of 378 counselors employed in three types of rehabilitation agencies. They reported that counselors spent approximately one-third (33.6%) of their time in counseling and guidance activities, with the remainder of their time spread over seven other activities. Almost 25% of the counselor's time was devoted to activities such as clerical work, recording and reporting. Only 7.3% of the counselor's time was spent in placement, an activity that is generally considered very important. The results of this study were very similar to those reported by Miller and Muthard (1965) in an earlier study.

Moses (1969), in a study of rehabilitation counselors in one state, attempted to determine counselors' perceptions of their jobs by having them rank 15 activities typically performed by DVR counselors. These activities were ranked four times to determine: (1) the activities which the counselor felt best qualified to perform; (2) the activities which the counselor would prefer to perform if he were free to spend his time as he chose; (3) the activities which the counselor thought were highest regarded and rewarded by his agency; and (4) the activities which required the greatest amount of his time. Little correlation was found between the counselor's preference for an

activity and the amount of time he spent performing it, and between his feelings of qualification for a particular activity and his perception of the amount of reward given by the agency for its performance. There was a negative relationship between the counselor's preference for the activities listed and of his perception of the agencies' regard for these activities.

#### Summary

This chapter presented a review of related literature in four general areas: (1) characteristics of deaf people; (2) vocational problems of the deaf; (3) rehabilitation services for the deaf; and (4) opinions and research concerned with the role concepts and functions of rehabilitation counselors.

It was noted that deaf people exhibit the same range of abilities as the non-deaf. Evidence was presented which indicated that there is a growing number of deaf persons who sustained their handicap at birth or in early infancy and who are often multiple-handicapped.

Research was cited which shows that underemployment is common among deaf workers and that unemployment is a growing problem. This was attributed to inadequate educational and rehabilitation programs and to a serious shortage of trained personnel.

And, finally, various opinions of the role and functions of rehabilitation counselors were discussed and research dealing with this subject was reviewed.

## CHAPTER III

### METHODOLOGY

#### Introduction

The methods and procedures used in the study are presented in this chapter. The chapter is divided into four major sections: (1) construction of the instrument, (2) selection of the subjects, (3) collection of the data, and (4) analysis of the data.

#### Construction of the Instrument

The purpose of this study was to obtain background information regarding rehabilitation counselors with the deaf throughout the country and to determine the manner in which these counselors perceived their particular roles and functions. More specifically, an attempt was made to answer the following questions:

1. What was the background of rehabilitation counselors with the deaf employed by state vocational rehabilitation agencies at the time of the study?
2. To what extent did the counselor's actual role differ from his preferred role?
3. To what extent did the counselor's actual role differ from the role his agency would like him to assume?
4. To what extent did the counselor's actual role differ from the role he felt best qualified to perform?
5. How much difference was there between the percentage of time which counselors devoted to various functions and the amount of time they felt they should devote to these functions?

6. What factors, external to the job itself, inhibited or maximized the work of the counselor?
7. To what extent did client characteristics inhibit the work of the counselor?
8. How did counselors feel about certain suggestions for improving rehabilitation services to deaf people and to what extent were these suggestions being realized?

A mailed, self-administered questionnaire was developed for use in this study. The majority of items in the questionnaire were developed by the writer after an extensive review of the literature. All items were of the structured or closed-form. Van Dalen (1966) has stated that "closed-form questionnaires are easy to administer and fill out, help to keep the respondent's mind riveted to the subject and facilitate the process of tabulation and analysis (p. 303)."

Van Dalen (1966) stated further that mailed questionnaires have the advantage of reaching many people in widely scattered areas quickly and at a relatively low cost. This was extremely important in this study, since the population was to include counselors from all sections of the country. Other advantages of the mailed questionnaire as described by Parten (1950) are that: (1) the informants may answer questions more frankly by mail since anonymity is assured; (2) personal antagonism to investigators which may lead to a refusal to give the desired information is avoided; (3) the questions are standardized; and (4) the questionnaire can be answered at the convenience of the respondent.

A major disadvantage of the mailed questionnaire is the low rate of response. Parten (1950) has stated that returns from mailed

questionnaires sent to the general public are usually very low, often ranging from about ten to twenty percent. Kerlinger (1966) noted that researchers must often content themselves with returns as low as fifty or sixty percent when using mailed questionnaires. He suggested, however, that if mail questionnaires are used, every effort should be made to obtain returns of at least eighty to ninety percent or more, and lacking such returns, to learn something of the characteristics of the nonrespondents. The extra effort is necessary to insure that the persons completing the questionnaire are actually representative of the population being studied.

Another problem often associated with mailed questionnaires is in developing questions which will be uniformly understood by respondents. Questions which are poorly phrased may result in confusing and incomplete responses. However, when subjects belong to a homogeneous group, such as was the case in this study, the problem is greatly simplified (Parten, 1950).

In developing the questionnaire used in this study, preliminary versions were submitted for review to professional persons in the field of rehabilitation of the deaf and to individuals knowledgeable in the preparation of survey instruments. This procedure has been recommended by leading authorities in the field (Kerlinger, 1966; Parten, 1950; and Van Dalen, 1966). Following the review and resultant recommendations, the questionnaire was revised and mailed to a selected group of former rehabilitation counselors with the deaf. The pilot group was asked to complete the questionnaire and note any confusing questions.

Additional comments regarding the length of the questionnaire and the appropriateness of the material covered were also requested. Following the pilot study, the instrument was again revised. Several items were eliminated, and other items were described in more operational terms. The final version of the questionnaire contained eight sections and required approximately one hour to complete.

#### Selection of Subjects

Subjects for this study included 132 rehabilitation counselors with the deaf employed by 39 of the 54 state vocational rehabilitation agencies. As stated in Chapter I, a rehabilitation counselor with the deaf was defined as any counselor who devoted at least one quarter of his time to providing case work services to deaf and hard-of-hearing clients.

Parten (1950) noted that a common weakness of surveys is the fact that a current mailing list is often not available. Such a situation existed with this study. In order to obtain an up-to-date list of rehabilitation counselors with the deaf, letters were sent to the Directors of each of the 54 state vocational rehabilitation agencies requesting their cooperation (Appendix A). These letters were individually typed on The University of Arizona Rehabilitation Center letterhead stationery. Parten (1950) suggested using the official stationery of the sponsoring institution as a means of encouraging responses. The request was accompanied by a copy of the questionnaire to be used (Appendix B), a letter of endorsement from Mr. M. W. Holdship, State Director, Arizona Division of Vocational Rehabilitation

(Appendix C), and a stamped, addressed envelope. Approximately two weeks after the first mailing, a follow-up letter (Appendix D) was sent to all agencies which had not yet responded. Of the 54 agencies contacted, 39 (72%) responded and provided the names and addresses of 186 counselors. Eleven other agencies expressed interest in the study but indicated that they did not then employ any rehabilitation counselors with the deaf. Several states noted that they hoped to add special counselors within the next two years. Others stated that there were not enough deaf persons within their state to warrant the hiring of a special counselor. Only four states failed to respond to the request. One of these later sent in the names of their counselors, but by then the study had been completed. All nine of the Rehabilitation Services Administration regions were represented in the study, with no more than one state vocational rehabilitation agency from each region not participating. Approximately 90% of all rehabilitation counselors with the deaf in the United States were included in this study.

#### Collection of the Data

Following receipt of the names and addresses, a copy of the questionnaire, accompanied by a cover letter (Appendix E) and a stamped, addressed envelope, was mailed to each counselor. To encourage a high rate of return, each counselor was offered a summary of the final report, if he requested it.

Approximately two weeks after the first mailing, 119 questionnaires (64%) had been returned. A follow-up letter (Appendix F) was

then mailed to all subjects who had not yet responded. Two more weeks were allowed for late responses, at which time the collection of data was terminated. At the cut-off date for acceptance of return (four weeks from the original mailing), the total number of responses was 156, or 84%. Of the 156 questionnaires returned, 132 (85%) were usable. Twenty-four questionnaires could not be used for the following reasons: (1) fifteen respondents worked less than one quarter time with deaf clients; (2) five respondents were employed primarily in consulting or supervisory positions; (3) three respondents incorrectly completed the questionnaire; and (4) one respondent had just begun working for the agency and did not feel qualified to answer the questionnaire.

The rate of return in this study was considerably higher than that usually reported for mailed surveys (Kerlinger, 1966; Parten, 1950; and Van Dalen, 1966). Parten (1950) attributed high rates of returns to the amount of experimentation which went into the survey design and mailing technique. Other factors considered important were: (1) the characteristics, such as sex, economic status, and educational level, of the group solicited; (2) the interest of the subjects in the investigation; (3) the prestige of the sponsoring group among the recipients of the questionnaires; (4) the appeal of the particular questionnaire; and (5) strong agreement or disagreement concerning the subject about which they are surveyed. Each of these factors was considered in the design and implementation of this study. Two other factors may have contributed to the high rate of returns. First, the study was

endorsed by the various State Directors of Vocational Rehabilitation. Second, the investigator was known, either personally or professionally, to a large percentage of the counselors.

#### Method of Analysis

All questionnaires were hand tabulated. If a respondent worked less than one quarter time with deaf clients, his questionnaire was not included in the final tabulations. Respondents whose primary responsibility was administrative or supervisory were similarly excluded.

The method of analysis varied according to differences in the questions proposed by the study. The eight sections of the questionnaire and the method of analysis of each section were as follows:

##### Section I

The purpose of this section was to obtain demographic information on counselors as it pertained to their present position and professional milieu. Areas of information covered were: (1) general; (2) employment; (3) education; (4) manual communication skill; and (5) membership in professional organizations. Data were presented in tables, and brief statistical facts, not in tabular form, were analyzed in the sequential order of the questionnaire. Descriptive analysis was made of the data in this section to present a picture of counselors in their present positions.

##### Section II

The purpose of this section was to determine the manner in which the counselor perceived his role. The following four role models

were operationally defined:

1. The role of the RCD is primarily one of coordination of services. This includes: (a) referring clients for medical, psychological, and vocational diagnoses, etc.; (b) purchasing prostheses; (c) intervening with community and governmental agencies on behalf of the client; (d) arranging training programs for clients; (e) public relations, etc.
2. The role of the RCD is primarily one of counseling. This includes: (a) meeting with the client to discuss personal and vocational problems; (b) helping the client to understand and accept his strengths and limitations; (c) assisting the client to gain greater insight into his problems so that he is better able to help himself; (d) discussing with the client factors related to good work adjustment in order to help him improve his employability, etc.
3. The role of the RCD is a combination of 1 and 2 above. The RCD places equal emphasis on both coordination of services and counseling, i.e., he arranges for various services and also talks with the client regarding his personal and vocational problems.
4. The role of the RCD is primarily one of consultation and administration, i.e., he meets with other counselors to review their cases, supervises other counselors, assists with in-service training of new counselors, assists in developing new programs, etc.

Each of these role models was developed by this investigator after a thorough review of the literature. The models were suggested by writers such as McGowan and Porter (1967) and Muthard and Salomone (1969). Respondents were asked to choose the model which most nearly described the way in which they perceived: (1) their present role; (2) their preferred role; (3) the role which their agency would like them to assume; and (4) the role which they felt best qualified to assume. Mean percentages were calculated, and the data were presented in table form. The Chi Square Test of significant differences between mean percents (Guilford, 1956, p. 232) was used to answer the following null hypotheses:

1. There is no significant difference between the counselor's present perception of his role and the role he would prefer if he were free to choose.
2. There is no significant difference between the counselor's present perception of his role and the role which he feels his agency would like him to assume.
3. There is no significant difference between the counselor's present perception of his role and the role which he feels best qualified to assume.

Tests of significance were reported at the .05 level.

### Section III

The purpose of this section was to determine the counselors' perceptions of the percentage of time spent on various functions and the percentage of time which they felt they should spend on these functions. A scale developed by Muthard and Salomone (1969) was used to collect this information. The scale consisted of the following eleven functions: (1) clerical work; (2) counseling and guidance; (3) overall planning of work; (4) professional growth; (5) public relations and program promotion; (6) recording; (7) reporting; (8) resource development; (9) travel; (10) placement; and (11) other. Each of these functions was operationally defined in the questionnaire. Data were reported in mean percents and presented in table form. The z test of significant differences between mean percents (Guilford, 1956, p. 221) was used to answer the following null hypothesis:

There is no significant difference between the percentage of time which counselors now spend on various functions and the percentage of time which they feel they should spend on these functions.

Tests of significance were reported at the .05 level.

#### Section IV

The purpose of this section was to determine the counselors' perceptions of the percentage of time they spent on major functions and the percentage of time which they felt they should spend on these functions. The following major functions were derived from the literature and were operationally defined in the questionnaire: (1) assistance to clients; (2) assistance to other individuals and agencies; (3) assistance to administration and general agency program; and (4) research assistance to the agency. Results were reported in mean percents and presented in table form. The z test of significant differences between mean percents (Guilford, 1956, p. 221) was used to answer the following hypothesis:

There is no significant difference between the percentage of time which counselors now spend on major functions and the percentage of time which they feel they should devote to these functions.

Tests of significance were reported at the .05 level.

#### Section V

The purpose of this section was to determine the counselors' perceptions of the percentage of time they spent on various counseling problems and the percentage of time which they felt they should spend on these problems. The following types of counseling problems were derived from the literature and defined in the questionnaire: (1) problems relating to agency requirements; (2) problems relating to personal adjustment; (3) problems relating to vocational planning; and (4) problems relating to activities of daily living. Results were

reported in mean percents and presented in table form. The z test of significant differences between mean percents (Guilford, 1956, p. 221) was used to answer the following hypothesis:

There is no significant difference between the percentage of time which counselors now spend on various counseling problems and the percentage of time which they feel they should spend on these problems.

Tests of significance were reported at the .05 level.

#### Section VI

The purpose of this section was to determine the counselors' perceptions of the effect of various available resources on their job performances. The following resources were derived from the literature and were operationally described in the questionnaire: (1) psychological environment; (2) financial; (3) record system; (4) physical facilities; (5) clerical assistance; (6) training resources; (7) psychological testing; (8) medical resources; (9) referral sources; and (10) therapy resources. Respondents were asked to rank resources on a four-point scale, ranging from "maximizes" to "restricts." Data were presented in tabular form showing frequency on a percentage basis.

#### Section VII

The purpose of this section was to determine the counselors' perceptions of the frequency of client characteristics which may interfere with the rehabilitation process. Characteristics were mentioned frequently in the literature and were operationally described in the questionnaire as follows: (1) client's lack of motivation for rehabilitation; (2) client's unrealistic vocational goals; (3) client's

undesirable personal characteristics; (4) client's unrealistic attitude towards employment procedures; (5) client's physical characteristics, cosmetic effects, quirks to which employers respond negatively; and (6) client's communication. Respondents were asked to indicate the frequency with which they encountered these problems with clients on a five-point scale, ranging from never to always. Data were presented in tabular form, showing frequency on a percentage basis.

#### Section VIII

The purpose of this section was to determine the counselors' degree of agreement with, and realization of, certain suggestions for improving rehabilitation services for deaf persons. Each of the following suggestions had been made at one or more national conferences for rehabilitation counselors with the deaf (Craig, 1967; Lloyd, 1968; Ott, 1965, 1967; and Quigley, 1966):

1. There should be a close working relationship between vocational rehabilitation and schools for the deaf.
2. There should be a state-wide consultant to coordinate vocational rehabilitation services for the deaf.
3. There should be at least one rehabilitation counselor for the deaf in every metropolitan area within a state.
4. Counselors with the deaf should have smaller case loads than general counselors.
5. Counselors with the deaf should work closely with the adult deaf community.
6. There should be fewer restrictions on counselors providing services to deaf adults who are considered underemployed.
7. There should be a special consultant for the deaf and hard-of-hearing in each regional office.

8. Counselors with the deaf should possess all the skills required of general counselors plus the specialized skills needed to work with the deaf.

Respondents were asked to indicate on a five-point scale their agreement with the general intent of each suggestion. They were then asked to indicate on another five-point scale the extent of realization of these suggestions within their own state or locality. Mean values for each suggestion were calculated, and the data were presented in table form. The t test of significant differences between means (Guilford, 1956, p. 220) was used to answer the following hypothesis:

There is no significant difference between counselor ratings of what should be done to improve services for deaf people and counselor ratings of what is actually being done.

Tests of significance were reported at the .05 level.

#### Summary

This chapter considered the construction of the questionnaire, the selection of subjects, the collection of data, and the methods used to analyze the data.

## CHAPTER IV

### RESULTS OF THE STUDY

#### Introduction

Chapter IV presents the statistical analysis and research findings of the study. The chapter is organized into two main sections. The first section presents descriptive data derived from the questionnaire. It is followed by the presentation of the results as they relate to the individual hypotheses.

#### Descriptive Data

The population upon which this investigation was based consisted of 132 rehabilitation counselors with the deaf employed by 39 state vocational rehabilitation agencies. The questionnaire used to gather data for the study was divided into eight major sections. Results of the study are discussed in the topical sequence of the questionnaire.

#### Section 1--General Information

Question 1: What was the background of rehabilitation counselors with the deaf employed by state vocational rehabilitation agencies at the time of the study?

A summary of the demographic data on the respondents is presented in Tables 20 through 36 of Appendix G. In analyzing these data, it was found that the majority of counselors were married males, had normal hearing, and were under 36 years of age.

Most of the respondents had the title of counselor and worked in district offices. The mean annual salary was reported to be \$9,060.00, with the median salary being \$8,800.00.

Few of the counselors had had lengthy experience, either in the field of vocational rehabilitation or in work with deaf persons. Eighty-seven percent of the sample had been employed in their present position less than five years and 34% had held that position less than one year. They had been in the field of vocational rehabilitation only a slightly longer period of time. Almost half (48%) of the respondents had less than three years' experience in working with the deaf. Prior to entering the field of vocational rehabilitation, the subjects had held a wide variety of positions. Because of this fact, these data were not presented in tabular form. The largest group had formerly been employed as caseworkers with other governmental agencies. The next largest groups came from the fields of education and religion.

Sixty-two percent of the counselors worked only with hearing impaired clients. Although many (59%) carried fewer clients than general counselors, 36% thought that their case load was too large. There was strong agreement (96%) that the rehabilitation counselor with the deaf should have a smaller case load. The shortage of resources and the difficulty of working with deaf clients were the major reasons cited for having reduced case loads.

Of the counselors, 65% held a bachelor's degree or less. Only 14% had earned a master's degree in rehabilitation counseling. A majority (62%) had completed their education during the period from

1960 to 1970. They reported having earned an average of twenty-one semester hours of credit in rehabilitation and related areas and eleven semester hours in the area of deafness. A very high proportion (80%) of the respondents expressed a need for additional training, especially in the areas of manual communication, psychology, and counseling.

A rather disturbing finding was the large number of counselors that reported limited skill in manual communication. Only 28% rated their ability to understand manual communication as good. Only 34% considered their overall ability in manual communication to be good.

Counselors belonged to an average of 2.5 professional organizations, with the National Rehabilitation Association and the Professional Rehabilitation Workers with the Adult Deaf being the two most popular groups.

#### Section 2--Counselor Role

Question 2: To what extent did the counselor's actual role differ from his preferred role?

The following four role models were operationally defined in order to answer the above question: (1) Model A - The counselor's role is primarily one of coordination of services; (2) Model B - The counselor's role is primarily one of counseling; (3) Model C - The counselor's role is a combination of 1 and 2 above; and (4) Model D - The counselor's role is primarily one of consultation and administration.

Table 1 contains a comparison of the counselor's present perception of his role with the role he would prefer if he were free to choose. Model C was the actual as well as the preferred role of 66% and 68% of the sample respectively. The greatest role conflict appeared with Models A and B. Model A described the actual role of 20% of the respondents, whereas only 3% preferred this role. By contrast, 24% of the sample preferred Model B, but only 8% were serving in this capacity. Very little difference in counselor perceptions was noted in Model D.

Question 3: To what extent did the counselor's actual role differ from the role his agency would like him to assume?

Table 2 presents a comparison of the counselor's present perception of his role with the role he felt his agency would like him to assume. An inspection of these data showed little difference between the counselor's perceptions of the two roles. Model C was the perceived role of 66% of the counselors and 74% of the agencies.

Question 4: To what extent did the counselor's actual role differ from the role he felt best qualified to perform?

Table 3 shows a comparison of the counselor's present perception of his role with the role he felt best qualified to assume. Model C was the most common role (66%) and also the one which the majority of counselors felt best qualified to assume (62%). Considerable discrepancy was noted between Models A and B. Model A described the actual role of 20% of the counselors, whereas only 9% felt best qualified to assume that role. By contrast, 17% felt best qualified to assume Model B, while only 8% were, in fact, performing that role.

TABLE 1

## PRESENT ROLE AND PREFERRED ROLE OF COUNSELORS

Role	Model A		Model B		Model C		Model D		Total		Chi Square
	N	%	N	%	N	%	N	%	N	%	
Present	26	20	10	8	84	66	7	6	126	100	
Preferred	4	3	31	24	83	64	12	9	130	100	28.347*

\*Significant at the .05 level - 3 degrees of freedom

TABLE 2

## PRESENT ROLE AND THE AGENCY PREFERRED ROLE OF COUNSELORS

Role	Model A		Model B		Model C		Model D		Total		Chi Square
	N	%	N	%	N	%	N	%	N	%	
Present	26	20	10	8	84	66	7	6	126	100	
Agency	18	14	8	6	95	74	7	6	128	100	2.333

TABLE 3

PRESENT ROLE AND THE ROLE COUNSELORS FELT QUALIFIED TO ASSUME

Role	Model A		Model B		Model C		Model D		Total		Chi Square
	N	%	N	%	N	%	N	%	N	%	
Present	26	20	10	8	84	66	7	6	126	100	
Qualified for	11	9	22	17	79	62	15	12	127	100	15.026*

\*Significant at the .05 level - 3 degrees of freedom

Model D described the present role of 6% of the counselors. Twelve percent of the sample felt best qualified to assume that role.

### Section 3--Percent of Time Spent on RCD Functions

Question 5a: How much difference was there between the percentage of time which counselors devoted to various functions and the amount of time they felt they should devote to these functions?

Table 4 presents a comparison between the percentage of time which counselors now devote to certain activities and the percentage of time which they felt they should devote to these activities. In reviewing present functions, counseling and guidance was the largest single activity reported by counselors (27%). However, approximately the same amount of time (28%) was devoted to the combined categories of clerical work, recording, and reporting. This finding indicated that "paperwork" is a widespread problem for rehabilitation counselors with the deaf.

Counselors felt that they should devote less time to clerical work, recording, reporting, travel, and other activities. By contrast, they felt that they should spend more time on counseling and guidance, overall planning of work, professional growth, public relations, and program promotion and placement.

Comparison between counselor activity data from this study and three earlier investigations which dealt with general rehabilitation counselors were very similar. These data appear in Table 5.

TABLE 4  
PERCENT OF TIME SPENT ON COUNSELOR FUNCTIONS

Function	Now		Should		Sig. of Diff. of Percents at .05 Level
	N	%	N	%	
Clerical work	124	11.03	119	4.76	1.805
Counseling and guidance	124	26.77	119	34.14	-1.249
Overall planning of work	124	6.69	119	7.41	-0.219
Professional growth	124	5.53	119	7.82	-0.716
Public relations and program promotion	124	6.02	119	8.34	-0.701
Recording	124	11.17	119	7.11	1.096
Reporting	124	5.44	119	3.90	0.568
Resource develop- ment	124	7.59	119	6.27	0.405
Travel	124	7.66	119	6.54	0.340
Placement	124	10.29	119	12.07	-0.440
Other	124	<u>2.19</u>	119	<u>1.66</u>	0.300
Total		100.38		100.02	

TABLE 5

COMPARISON OF FOUR DIFFERENT STUDIES OF REHABILITATION  
COUNSELOR ESTIMATES OF TIME SPENT IN VARIOUS ACTIVITIES

Counselor Activity	Percent of Time			
	1956*	IOWA 1964**	ARCA 1967 <sup>+</sup>	RCD 1970
Clerical Work	8.80	7.00	10.60	11.03
Counseling and Guidance	33.60	27.00	33.60	26.77
Overall Planning of Work	5.90	4.70	5.40	6.69
Professional Growth Activities	5.60	6.50	5.10	5.53
Public Relations and Program Promotion	8.00	6.80	5.70	6.02
Recording	10.60	18.50	10.60	11.17
Reporting	5.10	3.80	4.30	5.44
Resource Development	6.00	2.30	6.30	7.59
Travel	15.60	11.00	8.20	7.66
Placement		4.80	7.30	10.29
Other		7.80	3.00	2.19
Total	99.20	100.20	100.10	100.34

\*Office of Vocational Rehabilitation, Ninth Annual Workshop Guidance Training and Placement. (1956)

\*\*Miller, Muthard, and Barillas (1965)

+Muthard and Salomone (1969)

#### Section 4--Percent of Time Spent on Major Functions

Question 5b: How much difference was there between the percentage of time which counselors devoted to various functions and the amount of time they felt they should devote to these functions?

Table 6 shows the percentage of time which counselors spent on major functions and the percentage of time which they felt they should spend on these functions. Counselors divided their time almost equally between assistance to clients (51%) and other types of assistance (49%). By contrast, counselors felt that they should devote more time to helping clients (61%) and less time in providing other types of assistance (39%). Considerable discrepancy was noted between the amount of time which counselors spent in assisting the administration and the general agency program and the amount of time which they felt they should devote to this function. This included such things as completing forms and attending staff conferences.

#### Section 5--Percent of Time Spent on Counseling Problems

Question 5c: How much difference was there between the percentage of time which counselors devoted to various functions and the amount of time they felt they should devote to these functions?

Table 7 gives the percentage of time which counselors spent on various types of counseling problems and the percentage of time which they felt they should spend on these problems. These data showed that counselors spent 28% of their time on problems relating to agency requirements, such as establishing eligibility and feasibility and completing agency forms. By contrast, they felt that they should be spending only 17% of their time on this activity. Counselors indicated that they would like to spend more time assisting clients with problems,

TABLE 6  
PERCENT OF TIME SPENT ON MAJOR FUNCTIONS

Function	Now		Should		Sig. of Diff. of Percents at .05 Level
	N	%	N	%	
Assistance to clients	127	51.13	124	60.65	-1.518
Assistance to others	127	17.00	124	17.90	-0.188
Assistance to admin- istration	127	21.30	124	13.19	1.699
Research Assistance	127	<u>10.30</u>	124	<u>8.22</u>	0.568
Total		99.73		99.96	

TABLE 7  
PERCENT OF TIME SPENT ON COUNSELING PROBLEMS

Problem	Now		Should		Sig. of Diff. of Percents at .05 Level
	N	%	N	%	
Agency requirements	127	27.65	119	16.79	2.042*
Personal adjustment	127	25.49	119	30.37	-0.853
Vocational planning	127	32.84	119	35.73	-0.477
Activities of daily living	127	<u>14.00</u>	119	<u>16.23</u>	-0.488
Total		100.08		99.12	

\*Significant at the .05 level - 244 degrees of freedom

such as personal adjustment, vocational planning, and activities of daily living.

#### Section 6--Psychological and Physical Environment

Question 6: What factors, external to the job itself, inhibited or maximized the work of the counselor?

The purpose of this section of the questionnaire was to describe the resources available to the counselor and to determine how these resources influenced the counselor's effectiveness on the job, as evaluated by the counselor.

The counselors were asked to rate the influence of various factors external to the job itself on a four-point scale which ranged from "restricts my effectiveness as a counselor" to "maximizes my effectiveness as a counselor." Space was provided for the counselor to indicate those specific items which did not apply to him and, consequently, could not be rated. The factors rated were: (1) psychological; (2) financial; (3) record system; (4) physical facilities; (5) clerical assistance; (6) training resources; (7) psychological testing; (8) medical resources; (9) referral sources; and (10) therapy resources.

Psychological Factors. Table 8 presents counselors' perceptions of the influence of psychological factors on their performance on the job. Generally, the attitude towards these factors was positive. However, 46% of the counselors considered the personnel policies of the agency and the pressure for closures as inhibiting or restricting them in their work.

TABLE 8

## PSYCHOLOGICAL FACTORS

	Maximizes		Is Not An Influencing Factor		Inhibits and Restricts	
	N	%	N	%	N	%
Interpersonal relations among the staff	75	57.00	31	24.56	21	15.10
Permissive atmosphere with- in agency program	64	48.64	30	22.80	27	20.52
Forward looking adminis- trative attitude	64	48.64	21	15.96	39	29.64
Personnel policies of the agency	28	21.28	27	20.52	61	46.36
Attitudes of administra- tors towards the needs of individual clients	69	52.44	22	16.72	37	28.12
Adequacy of supervision at local and state levels	56	42.56	20	15.20	47	35.72
Release time opportunities for professional growth	63	47.88	14	10.64	43	32.68
Pressure for closures	14	10.64	43	32.68	60	45.60
Time for research and evaluation	21	15.96	38	28.88	45	34.20
Combined Mean		38.35		20.22		31.99

Financial Factors: The influence of financial factors on the work of the counselor is presented in Table 9. These data indicate that financial factors tended to inhibit and restrict the counselors. The amount of case funds available and the regulations regarding the expenditure of these funds were the two factors which counselors found most restrictive.

Record System: Table 10 indicates that counselors considered the amount of record-keeping required by the agency as very restrictive. Considerable concern was also expressed regarding the present method of record-keeping. The accessibility of client folders increased the counselors' efficiency.

Clerical Assistance: The data presented in Table 11 show clearly that clerical assistance was considered important in the work of the counselor. Fifty-six percent of all respondents felt that the amount and quality of clerical assistance available increased their efficiency on the job.

Physical Facilities: An examination of Table 12 shows that the physical facilities available to counselors tended to increase their efficiency rather than inhibit or restrict them in their work. The accessibility of the office to clients and the privacy afforded by the office were the two factors which contributed most to counselor effectiveness.

Training Resources: The data concerning training resources are presented in Table 13. Over sixty percent of the respondents felt that the number and quality of training resources inhibited or

TABLE 9  
FINANCIAL FACTORS

	Maximizes		Is Not An Influencing Factor		Inhibits and Restricts	
	N	%	N	%	N	%
Counselor's salary in accordance with level of professional training	28	21.28	40	30.40	50	38.00
Counselor's salary in accordance with skill in working with the deaf	19	14.44	48	36.48	47	36.72
Counselor's salary in accordance with the difficulty of his case load	10	7.60	57	43.32	49	37.24
Amount of travel funds	32	24.32	47	35.72	42	31.92
Amount of case service funds	38	28.88	30	22.80	57	43.32
Regulations regarding the expendi- ture of funds	28	21.28	40	30.40	58	44.08
Combined Mean		19.63		19.85		38.55

TABLE 10

## RECORD SYSTEM

	<u>Maximizes</u>		<u>Is Not An Influencing Factor</u>		<u>Inhibits and Restricts</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Accessibility of client folders	86	65.36	29	22.04	8	5.32
Present method of record-keeping	44	33.44	33	25.08	49	37.24
Amount of record-keeping required by agency	29	22.04	26	19.76	75	57.00
Combined Mean		40.28		22.29		33.19

TABLE 11

## CLERICAL ASSISTANCE

	<u>Maximizes</u>		<u>Is Not An Influencing Factor</u>		<u>Inhibits and Restricts</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Amount of clerical assistance available	69	52.44	15	11.40	47	35.62
Quality of clerical assistance available	79	60.04	16	12.16	35	26.50
Combined Mean		56.24		11.78		31.06

TABLE 12  
PHYSICAL FACILITIES

	Maximizes		Is Not An Influencing Factor		Inhibits and Restricts	
	N	%	N	%	N	%
Office space available for counseling	71	53.96	21	15.96	38	28.88
Furnishing of the counseling office	65	49.40	31	23.56	35	26.60
Accessibility of the office to clients	79	60.04	20	15.10	31	23.56
Reception area, or outer office available	61	46.36	40	30.40	29	22.04
Location of office in regards to other offices	58	44.08	44	33.44	24	18.24
Privacy afforded by counselor's office	82	62.32	16	12.16	32	24.32
Availability of locked files and storage space	45	34.20	47	35.72	17	12.92
Funds available to maintain physical facilities	49	37.24	40	30.40	29	21.94
Combined Mean		48.45		24.55		22.31

TABLE 13

## TRAINING RESOURCES

	<u>Maximizes</u>		<u>Is Not An Influencing Factor</u>		<u>Inhibits and Restricts</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Number of training resources available	43	32.68	7	4.56	81	61.56
Quality of training resources available	37	28.12	13	9.88	79	60.04
Fees charged by training resources	16	12.16	63	47.88	35	26.60
Waiting period for services from training resources	15	11.40	48	36.48	57	43.32
Combined Mean		21.09		24.70		47.88

restricted them in their work. Forty-three percent of the respondents also expressed concern regarding the waiting period for services. The fees charged for services was not a major problem for counselors.

Psychological Testing. As shown in Table 14, psychological testing service was another problem area for counselors. Almost 70% of the counselors indicated that they were inhibited or restricted in their work by the number and quality of psychological tests appropriate for deaf clients. Thirty-five percent stated that the waiting period for services inhibited and restricted them in their work. The fees charged for psychological services to clients had little influence on the work of the counselor.

Medical Resources. Table 15 presents the counselors' perceptions of the medical resources available to them. A majority of counselors either indicated that these resources increased their work efficiency or were not an influencing factor. The major area of concern was with the waiting period for specialized examinations. A plurality of the counselors felt this to be a problem area.

Referral Sources. An analysis of the data, as presented in Table 16, indicates that the counselors were about evenly divided in their rating of the influence which referral sources had upon their job performance. Forty-one percent reported that the referral sources increased their efficiency, while thirty-nine percent indicated that referral sources inhibited or restricted them in their work.

Therapy Resources. The counselors' perceptions of therapy resources are presented in Table 17. Fifty-eight percent of the

TABLE 14

## PSYCHOLOGICAL TESTING

	Maximizes		Is Not An Influencing Factor		Inhibits and Restricts	
	N	%	N	%	N	%
Number of psychological tests appropriate for deaf clients	22	16.72	16	12.16	93	70.68
Quality of psychological tests appropriate for deaf clients	24	18.24	14	10.64	92	69.92
Fees charged for psychological testing	12	9.12	75	56.82	17	12.16
Waiting period for psychological testing	13	9.88	59	44.84	46	34.96
Combined Mean		13.49		31.12		46.93

TABLE 15  
MEDICAL RESOURCES

	Maximizes		Is Not An Influencing Factor		Inhibits and Restricts	
	N	%	N	%	N	%
Quality of general medical examinations	62	47.12	32	24.32	33	25.08
Waiting period for general medical examinations	35	26.60	50	38.00	40	30.40
Fees charged for general medical examinations	29	22.04	80	60.80	8	6.08
Quality of specialized (otological and/or audiological) examinations	86	65.36	22	16.72	23	17.92
Waiting period for specialized examinations	34	25.84	39	29.64	65	49.40
Fees charged for specialized examinations	21	15.96	84	63.84	13	9.88
Combined Mean		33.82		38.72		22.93

TABLE 16  
REFERRAL SOURCES

	<u>Maximizes</u>		<u>Is Not An Influencing Factor</u>		<u>Inhibits and Restricts</u>	
	N	%	N	%	N	%
Number of referral sources available	56	42.56	16	12.16	56	42.56
Quality of referral sources	51	38.76	30	22.80	46	34.96
Combined Mean		40.66		17.48		38.76

TABLE 17  
THERAPY RESOURCES

	<u>Maximizes</u>		<u>Is Not An Influencing Factor</u>		<u>Inhibits and Restricts</u>	
	N	%	N	%	N	%
Number of therapy resources available	39	29.64	12	9.12	77	58.22
Quality of therapy resources available	45	34.20	24	18.24	58	44.08
Combined Mean		31.92		13.68		51.15

counselors indicated that they were inhibited or restricted in their work by the number of therapy resources available. Forty-four percent of the counselors considered the quality of therapy resources as inhibiting.

#### Section 7--Client Problems

Question 7: To what extent did client characteristics inhibit the work of the counselor?

The data in Table 18 indicate that counselors felt that deaf clients have many problems which tend to interfere with the rehabilitation process. Attitudinal factors were considered more a problem than the client's communication. Unrealistic vocational goals were reported to be a frequent problem for 53% of the counselors. Forty-nine percent of the counselors indicated that clients' unrealistic attitudes towards employment was a common problem. However, only 19% of the counselors indicated that the deaf person's communication problem interfered with the rehabilitation process.

#### Section 8--Suggestions for Improving Services

Question 8: How did counselors feel about certain suggestions for improving rehabilitation services to deaf people, and to what extent were these suggestions being realized?

Table 19 shows the counselors' extent of agreement with, and realization of, certain suggestions for improving rehabilitation services for deaf people. Counselors indicated their agreement with, or realization of, these suggestions on a five-point scale. A score of 1.0 showed low agreement with, or realization of, these suggestions.

TABLE 18

FREQUENCY OF CLIENT CHARACTERISTICS WHICH  
INTERFERE WITH THE REHABILITATION PROCESS

Client Characteristic	Percentage				
	Never	Rarely	Sometimes	Often	Always
Client's lack of motivation for rehabilitation	0.00	17.48	61.56	20.52	0.76
Client's unrealistic vocational goals	0.00	4.56	40.28	53.20	2.28
Client's undesirable personal characteristics	0.00	15.96	54.72	28.88	0.76
Client's unrealistic attitude towards employment procedures; unrealistic attitude toward seeking employment	0.00	6.84	43.32	47.88	0.76
Client's physical characteristics, cosmetic effects, quirks to which employers respond negatively	4.56	50.16	38.76	6.84	0.00
Client's communication	3.80	32.68	42.56	19.00	2.28
Combined Mean	1.39	21.28	46.87	29.39	1.14

TABLE 19

DIFFERENCES IN THE AGREEMENT WITH AND REALIZATION  
OF SUGGESTIONS FOR IMPROVING SERVICES

Suggestion	Agreement		Realization		df	t
	N	Mean	N	Mean		
Close working relationship with schools	131	4.79	125	3.57	254	2.242*
Statewide consultant	130	4.62	126	3.17	254	2.786*
Counselor in every metro- politan area	130	4.75	131	3.22	259	2.921*
Smaller case loads	128	4.52	124	2.96	250	3.097*
Work closely with the adult deaf community	130	4.51	127	3.14	255	2.727*
Fewer restrictions	127	4.29	123	2.93	248	2.797*
Regional consultants	127	4.34	121	2.24	246	4.465*
Specialized skills	130	<u>4.87</u>	126	<u>3.56</u>	254	2.399*
Combined Mean		4.59		3.10		

\*Significant at the .05 level

A score of 5.0 showed high agreement with, or realization of, these suggestions.

There was a substantial discrepancy between what counselors felt should be done to improve services for deaf people and what was actually being done. While there was strong agreement with these suggestions, the degree of realization was only "average." The data indicated that much more needs to be done in order to improve rehabilitation services for deaf people.

### Hypotheses

#### Hypothesis 1

Hypothesis number one stated that: There is no significant difference between the counselor's present perception of his role and the role he would prefer if he were free to choose.

The Chi square test for significant differences between mean percents was calculated to test the hypothesis. With 3 degrees of freedom, a Chi square value of 7.815 was needed for significance at the .05 level. As shown in Table 1, the obtained Chi square value of 28.347 did reach significance at, or beyond, the .05 level. Therefore, the null hypothesis was rejected.

These results suggest that there was significant conflict between the counselor's present perception of his role and the role he would prefer if he were free to choose.

#### Hypothesis 2

Hypothesis number two stated that: There is no significant difference between the counselor's present perception of his role and

the role which he feels his agency would like him to assume.

The Chi square test for significant differences between mean percents was calculated to test this hypothesis. With 3 degrees of freedom, a Chi square value of 7.815 was needed for significance at the .05 level. As indicated in Table 2, the obtained Chi square value of 2.333 did not reach significance at, or beyond, the .05 level. Therefore, hypothesis number two was not rejected: There was no significant difference between the counselor's present perception of his role and the role which he feels his agency would like him to assume.

#### Hypothesis 3

Hypothesis number three stated that: There is no significant difference between the counselor's present perception of his role and the role which he feels best qualified to assume.

The Chi square test for significant differences between mean percents was calculated to test this hypothesis. With 3 degrees of freedom, a Chi square value of 7.815 was needed for significance at the .05 level. Table 3 showed the obtained Chi square value to be 15.026. This value did reach significance at, or beyond, the .05 level. Therefore, the null hypothesis was rejected.

These results suggest that there was significant conflict between the counselor's present perception of his role and the role which he felt best qualified to assume.

#### Hypothesis 4

Hypothesis number four stated that: There is no significant difference between the percentage of time which counselors now spend

on various functions and the percentage of time which they feel they should spend on these functions.

The z test of significant differences between mean percents was used to test this hypothesis. With 241 degrees of freedom, a z value of 1.97 was needed for significance at the .05 level. As indicated in Table 4, none of the obtained z values reached significance at, or beyond, the .05 level. Therefore, hypothesis number four was not rejected: There was no significant difference between the percentage of time which counselors now spend on various functions and the percentage of time which they feel they should spend on these functions.

#### Hypothesis 5

Hypothesis number five stated that: There is no significant difference between the percentage of time which counselors now spend on major functions and the percentage of time which they feel they should devote to these functions.

The z test of significant differences between mean percents was used to test this hypothesis. With 249 degrees of freedom, a z value of 1.97 was needed for significance at the .05 level. As indicated in Table 6, none of the obtained z values reached significance at, or beyond, the .05 level. Therefore, hypothesis number five was not rejected: There was no significant difference between the percentage of time which counselors now spend on major functions and the percentage of time they feel they should devote to these functions.

#### Hypothesis 6

Hypothesis number six stated that: There is no significant difference between the percentage of time which counselors now spend on various counseling problems and the percentage of time which they feel they should spend on these problems.

The z test of significant differences between mean percents was used to test this hypothesis. With 244 degrees of freedom, a z value of 1.97 was needed for significance at the .05 level. As indicated in Table 7, only the obtained z value for the agency requirements problem (2.042) did reach significance at, or beyond, the .05 level. Therefore, the null hypothesis for this function was rejected. The other functions listed did not reach significance at, or beyond, the .05 level. The hypothesis for these functions was not rejected.

These results indicated that there was considerable discrepancy between the amount of time which counselors devoted to problems related to agency requirements and the amount of time which they felt they should devote to these problems.

#### Hypothesis 7

Hypothesis number seven stated that: There is no significant difference between counselor ratings of what should be done to improve services for deaf people and counselor ratings of what is actually being done.

The t test of significant differences between means was used to test this hypothesis. With the appropriate degrees of freedom, a t value of 1.970 was needed for significance at the .05 level. As

indicated in Table 19, each of the eight suggestions received t values that were significant at, or beyond, the .05 level. Therefore, the null hypothesis was rejected. These results indicated that there was considerable discrepancy between what counselors thought should be done to improve services for deaf people and what was actually being done.

#### Summary

The results of the study were presented in this chapter. Descriptive data were presented first and were discussed in the topical sequence of the questionnaire. Next, the individual hypotheses were presented and their results were discussed.

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter contains a summary of the study, conclusions based on the results obtained from the data and recommendations for further research.

#### General Summary

A review of the literature revealed that the number of rehabilitation counselors with the deaf has increased during the past two decades. However, no information was available on the characteristics of these counselors or the manner in which they perceived their jobs. By contrast, there have been a number of studies which have described the general rehabilitation counselor and his perceptions of his role and functions. This information has been useful to state agencies in defining the position of the rehabilitation counselor.

#### Purpose

The purpose of this research was to obtain demographic information on rehabilitation counselors with the deaf and to determine the way in which they perceived their role and functions. To accomplish this, the study asked the following questions:

1. What was the background of rehabilitation counselors with the deaf employed by state vocational rehabilitation agencies at the time of the study?

2. To what extent did the counselor's actual role differ from his preferred role?
3. To what extent did the counselor's actual role differ from the role his agency would like him to assume?
4. To what extent did the counselor's actual role differ from the role he felt best qualified to perform?
5. How much difference was there between the percentage of time which counselors devoted to various functions and the amount of time they felt they should devote to these functions?
6. What factors, external to the job itself, inhibited or maximized the work of the counselor?
7. To what extent did client characteristics inhibit the work of the counselor?
8. How did counselors feel about certain suggestions for improving rehabilitation services to deaf people and to what extent were these suggestions being realized?

#### Design

To answer the questions posed above, a mailed questionnaire was developed. The questionnaire, consisting of eight sections, was sent to 186 rehabilitation counselors with the deaf. Usable questionnaires were returned by 132 subjects. The information obtained from the questionnaires was analyzed and the following null hypotheses were tested:

1. There is no significant difference between the counselor's present perception of his role and the role he would prefer if he were free to choose.

2. There is no significant difference between the counselor's present perception of his role and the role which he feels his agency would like him to assume.
3. There is no significant difference between the counselor's present perception of his role and the role which he feels best qualified to assume.
4. There is no significant difference between the percentage of time which counselors now spend on various functions and the percentage of time which they feel they should spend on these functions.
5. There is no significant difference between the percentage of time which counselors now spend on major functions and the percentage of time which they feel they should devote to these functions.
6. There is no significant difference between the percentage of time which counselors now spend on various counseling problems and the percentage of time which they feel they should spend on these problems.
7. There is no significant difference between counselor ratings of what should be done to improve services for deaf people and counselor ratings of what is actually being done.

## Results

The analysis of the descriptive data in this study indicates that the typical rehabilitation counselor with the deaf (RCD) is a married male, has normal hearing, and is in his middle thirties. He

has very limited experience in the field of rehabilitation and in work with the deaf and earns approximately \$9,000.00 a year. His case load is smaller than that of the general counselor and is made up entirely of deaf and hard of hearing clients.

This typical RCD has earned a bachelor's degree in the social sciences and has taken a limited amount of course work in the fields of deafness and rehabilitation. Although he is not working towards a degree, he recognizes a need for additional training, especially in the areas of manual communication, psychology and counseling. His greatest concern is with improving his proficiency in the use of manual communication, since he considers himself only "fair" in this skill.

The typical RCD sees his role as one which combines both counseling and coordinating functions. This is the role he prefers, feels best qualified to assume, and the one which he feels his agency prefers.

He performs a wide variety of functions, with counseling being the largest single activity. The amount of time he spends on each activity is very similar to the general rehabilitation counselor. Although he would like to change the amount of time he devotes to these activities, the changes would not be great. He would, however, like to spend more time assisting clients and less time with activities related to agency requirements.

The typical RCD believes that a number of factors tend to inhibit and restrict him in his work. The most serious, in order of importance, are: (1) the number and quality of psychological tests appropriate for deaf clients; (2) the number and quality of training

resources available; (3) the amount of record-keeping required; (4) the waiting period required for specialized medical examinations; (5) the pressure for closures; (6) the personnel policies of the agency; (7) the number and quality of therapy resources available; (8) the number of referral sources available; (9) the waiting period for services from training resources; and (10) the amount of case service funds available and the regulations regarding their expenditure.

The typical RCD feels that deaf clients have many problems, other than communication difficulties, which limit their employability. He believes strongly that much more needs to be done in the way of improving services to these clients.

Although the typical RCD perceives his role as one which combined both counseling and coordinating functions, an analysis of the overall results indicated some conflict over role. A significant difference (.05 level) was found between the counselors' perceptions of their present role and the role which they preferred. A significant difference was also found between counselors' perceptions of their present role and the role which they felt best qualified to assume. However, the difference between the counselors' present role and the role which their agency preferred them to assume was not significant at, or beyond, the .05 level.

A comparison was made between the percentage of time which counselors spend on RCD functions and the percentage of time which they felt they should spend on these functions. These results yielded no significant difference.

Comparisons were also made between the percentage of time which counselors spend on major functions and the percentage of time which they felt they should spend on these functions. Again, these results were not significant at, or beyond, the .05 level.

Significant results (.05 level) were found between the percentage of time which the subjects spent on counseling problems related to agency requirements and the percentage of time which they felt they should spend on these problems. Other types of counseling problems were not significant at, or beyond, the .05 level.

A comparison was made of counselor attitudes towards certain suggestions made at national conferences for improving services for deaf persons and the extent to which these suggestions were being implemented. This comparison yielded significant results at the .05 level.

#### Conclusions and Implications

To the extent that the counselors who participated in this study are representative of the total population of rehabilitation counselors with the deaf, the following conclusions may be drawn:

1. The rehabilitation counselor with the deaf perceives his role in much the same manner as does the general rehabilitation counselor. He also divides his time among various activities in a similar manner.
2. There was evidence that rehabilitation counselors with the deaf experience role conflict that may adversely influence job performance. Implication: rehabilitation agencies should

seek effective ways to reduce role conflict of rehabilitation counselors with the deaf.

3. Many rehabilitation counselors with the deaf apparently need more time to work directly with clients. Implication: The job of the rehabilitation counselor with the deaf should be restructured to eliminate clerical-type functions, facilitate opportunities for him to develop community resources, and to develop job placement opportunities. The expanded use of counselor aides would be one way to free more counselor time for these activities.
4. Results indicated that deaf clients frequently had problems in developing proper work habits and attitudes. Implications: Cooperative programs between vocational rehabilitation agencies and schools for the deaf in which counselors begin working with students while they are still in school may help alleviate this problem. Greater use of work-study programs in schools might also help students to develop better work habits and attitudes.
5. There was evidence that there is a lack of adequate community resources geared to the needs of deaf clients. This posed a major problem for the counselors participating in this study. Implications: Because of the relatively small numbers of deaf people in any one locality, and the limited manpower available, more regional facilities which are staffed by professionals trained to work with deaf people need to be developed. Additional case service funds should also be given to counselors so that they can make use of these special facilities.

6. Results of the study indicated that despite the 1967 Amendments to the Vocational Rehabilitation Act, which authorized counselors to provide up to 18 months of extended evaluation for deaf clients, the "closure problem" still exists. Implication: Until this problem is resolved, counselors will be severely restricted in their efforts to serve deaf clients, especially the multiple-handicapped deaf person.
7. The results of this study show that many suggestions made by professional workers in the field for improving rehabilitation services for deaf people are not being fully implemented. Implications: For these suggestions to be fully implemented, additional funds will have to be made available to the state rehabilitation agencies so that they can employ additional staff. Additional funds should also be provided to universities so that they can expand professional training programs.

#### Recommendations for Further Research

1. In the present study, only the counselors' perceptions of their role and functions were investigated. Future research should attempt to compare the perceptions of clients and supervisory personnel with those of the counselor. This would help in defining more accurately the job of the counselor.
2. The counselors in this study were employed in several different settings. A research study should be conducted to determine if the setting in which the counselor is employed influences the way he perceives his role and functions. This information would be valuable to

those persons responsible for training rehabilitation counselors with the deaf and to agencies employing counselors.

3. Future research should attempt to determine the relationship between counselor variables, such as level of education, hearing status, and manual communication skill with counselor performance. This information would be valuable in defining the position of the counselor and in setting standards for rehabilitation counselors with the deaf.

4. This research has shown that counselors presently perform a wide variety of functions. Because of the shortage of trained counselors, future research should attempt to analyze the job of the counselor in order to determine which functions might be delegated to other persons, such as counselor aides.

5. In view of the recent increase of, and the projected need for, rehabilitation counselors with the deaf, a comprehensive manpower study should be undertaken. This information should form the basis of future rehabilitation planning.

APPENDIX A

COVER LETTER TO STATE DIRECTORS  
(The University of Arizona Rehabilitation Center Letterhead)

We would like to request your cooperation in a research study designed to investigate the role concepts and functions of vocational rehabilitation counselors with the deaf. In order for us to carry out this study, all State Directors of Vocational Rehabilitation are being asked to provide the names and addresses of rehabilitation counselors employed by their agency who are assigned primary responsibility for providing case work services to deaf and hard of hearing clients. Upon receipt of this information, questionnaires, a copy of which is enclosed, will be sent to all counselors. In the event that your agency does not now have any counselors assigned specifically to work with deaf and hard of hearing clients, we would appreciate it if you would indicate this on the enclosed form.

For purposes of this study, a rehabilitation counselor with the deaf (RCD) is defined as any counselor who devotes at least one-fourth of his professional time to providing case services to deaf and hard of hearing clients. Other agency personnel, such as vocational evaluators, will not be included in this study.

Complete confidentiality will be observed throughout this study. Neither the name of the individual counselor, nor that of the agency which he represents, will appear in the final report. The purpose of the study is solely to provide demographic data concerning these counselors as a group and to describe the manner in which they view their role and functions.

Mr. M. W. Holdship, State Director, Arizona Division of Vocational Rehabilitation, has reviewed this study and has given it his full support. A copy of Mr. Holdship's letter of endorsement is attached.

Thank you for your cooperation.

Mr. Norman Tully  
Research Coordinator

Dr. David Wayne Smith  
Research Director

Enclosure

APPENDIX B

QUESTIONNAIRE USED FOR COLLECTING DATA

Please return to:

Norman L. Tully  
Rehabilitation Center  
College of Education  
University of Arizona  
Tucson, Arizona 85721

Name: \_\_\_\_\_  
(After receipt of the questionnaire your name  
will be removed)

Address: \_\_\_\_\_  
\_\_\_\_\_

ROLE CONCEPTS AND FUNCTIONS OF  
REHABILITATION COUNSELORS WITH THE  
DEAF

Explanation

Rehabilitation counselors with the deaf and hard of hearing throughout the nation will be asked to respond to this questionnaire. The questionnaire is divided into the following sections:

- Section I. Background information: Every precaution will be taken to treat this information in a professional and confidential manner. Neither your name nor the name of your agency will appear in the written report of this study.
- Section II. Counselor role: The objective in this part is to determine how you and your agency view the role of the rehabilitation counselor with the deaf.
- Sections III, IV & V. Percentage of time spent on major activities and functions: The objective in this part is to determine in what areas the RCD is spending most of his time and how he feels his time should be spent. Use estimates if you are uncertain.
- Section VI. Counselor resources: The objective in this part is to determine the degree of existence of various resources in your situation, or as you see them in your agency, as each contributes to your effectiveness as an RCD.
- Section VII. Client problems: The objective in this part is to determine the frequency of certain problems in the clients you work with.
- Section VIII. Suggestions for improving services. The objective of this section is to determine the extent of your agreement with certain suggestions for improving services to deaf people and the extent to which these suggestions are being implemented in your locality.

Section I - Background Information**A. General Information**

1. Age (check)
 

a. <input type="checkbox"/> Under 21	e. <input type="checkbox"/> 36-40
b. <input type="checkbox"/> 21-25	f. <input type="checkbox"/> 41-45
c. <input type="checkbox"/> 26-30	g. <input type="checkbox"/> 46-50
d. <input type="checkbox"/> 31-35	h. <input type="checkbox"/> Over 50
2. Sex (check)
 

a. <input type="checkbox"/> Male	b. <input type="checkbox"/> Female
----------------------------------	------------------------------------
3. Marital Status (check)
 

a. <input type="checkbox"/> Single	c. <input type="checkbox"/> Divorced
b. <input type="checkbox"/> Married	d. <input type="checkbox"/> Widowed
4. Do you have a hearing loss?
 

a. <input type="checkbox"/> Yes	b. <input type="checkbox"/> No
---------------------------------	--------------------------------
5. If yes, do you consider yourself to be:
 

a. <input type="checkbox"/> Deaf	b. <input type="checkbox"/> Hard of hearing
----------------------------------	---
6. At what age did you lose your hearing?
 

a. <input type="checkbox"/> Birth	c. <input type="checkbox"/> 4-6 yrs.
b. <input type="checkbox"/> 0-3 yrs.	d. <input type="checkbox"/> After 6 yrs.

**B. Employment**

1. Your present job title:
 

a. <input type="checkbox"/> Counselor
b. <input type="checkbox"/> Supervisor
c. <input type="checkbox"/> Consultant
d. <input type="checkbox"/> Other
2. Location of employment:
 

a. <input type="checkbox"/> State office
b. <input type="checkbox"/> District office
c. <input type="checkbox"/> School for the deaf
d. <input type="checkbox"/> Special facility
e. <input type="checkbox"/> Other
3. Present annual salary:
 

a. <input type="checkbox"/> Under \$5,000	f. <input type="checkbox"/> 9,000 - 9,999
b. <input type="checkbox"/> 5,000- 5,999	g. <input type="checkbox"/> 10,000- 10,999
c. <input type="checkbox"/> 6,000- 6,999	h. <input type="checkbox"/> 11,000- 11,999
d. <input type="checkbox"/> 7,000- 7,999	i. <input type="checkbox"/> 12,000- 12,999
e. <input type="checkbox"/> 8,000- 8,999	j. <input type="checkbox"/> 13,000 & Over

**B. (Continued)**

4. How many years have you been employed in your present position?
 

a. <input type="checkbox"/> Under 1 yr.	e. <input type="checkbox"/> 7-8 years
b. <input type="checkbox"/> 1-2 years	f. <input type="checkbox"/> 9-10 years
c. <input type="checkbox"/> 3-4 years	g. <input type="checkbox"/> 11-12 years
d. <input type="checkbox"/> 5-6 years	h. <input type="checkbox"/> Over 12 years
5. How many years have you worked in the field of vocational rehabilitation?
 

a. <input type="checkbox"/> Under 1 yr.	e. <input type="checkbox"/> 7-8 years
b. <input type="checkbox"/> 1-2 years	f. <input type="checkbox"/> 9-10 years
c. <input type="checkbox"/> 3-4 years	g. <input type="checkbox"/> 11-12 years
d. <input type="checkbox"/> 5-6 years	h. <input type="checkbox"/> Over 12 years
6. What was your last position prior to entering vocational rehabilitation?  
 \_\_\_\_\_  
 \_\_\_\_\_
7. How many years of experience in working with the deaf have you had?
 

a. <input type="checkbox"/> Under 1 yr.	e. <input type="checkbox"/> 7-8 years
b. <input type="checkbox"/> 1-2 years	f. <input type="checkbox"/> 9-10 years
c. <input type="checkbox"/> 3-4 years	g. <input type="checkbox"/> 11-12 years
d. <input type="checkbox"/> 5-6 years	h. <input type="checkbox"/> Over 12 years
8. Present active case load (check both columns)
 

<u>Deaf</u>	<u>Hearing</u>
a. <input type="checkbox"/> None	i. <input type="checkbox"/> None
b. <input type="checkbox"/> 1-19	j. <input type="checkbox"/> 1-19
c. <input type="checkbox"/> 20-39	k. <input type="checkbox"/> 20-39
d. <input type="checkbox"/> 40-59	l. <input type="checkbox"/> 40-59
e. <input type="checkbox"/> 60-79	m. <input type="checkbox"/> 60-79
f. <input type="checkbox"/> 80-99	n. <input type="checkbox"/> 80-99
g. <input type="checkbox"/> 100-119	o. <input type="checkbox"/> 100-119
h. <input type="checkbox"/> 120 or more	p. <input type="checkbox"/> 120 or more
9. Percentage of time devoted to working with deaf and hard of hearing clients:
 

a. <input type="checkbox"/> None
b. <input type="checkbox"/> Less than 1/4 time
c. <input type="checkbox"/> 1/4 time but less than 1/2 time
d. <input type="checkbox"/> 1/2 time but less than full time
e. <input type="checkbox"/> Full time
10. Do you generally carry fewer clients than other counselors in your agency?
 

a. <input type="checkbox"/> Yes	b. <input type="checkbox"/> No
---------------------------------	--------------------------------



Section II - Counselor Role

**Directions:** Listed below are several descriptions of role models for RCD's. The purpose of this section is to determine how you and your agency view your role. In answering the questions below please select the model which most nearly describes your situation.

- Model A** The RCD's role is primarily one of coordination of services. This includes: (a) referring clients for medical, psychological and vocational diagnoses, etc., (b) purchasing prostheses, (c) intervening with community and governmental agencies on behalf of the client, (d) arranging training programs for clients, (e) public relations, etc.
- Model B** The RCD's role is primarily one of counseling. This includes: (a) meeting with the client to discuss personal and vocational problems, (b) helping the client to understand and accept his strengths and limitations, (c) assisting the client to gain greater insight into his problems so that he is better able to help himself, (d) discussing with the client factors related to good work adjustment in order to help him improve his employability, etc.
- Model C** This model is a combination of 1 and 2 above. The RCD places equal emphasis on both coordination of services and counseling, i.e., he arranges for various services and also talks with the client regarding his personal and vocational problems.
- Model D** The RCD's role is primarily one of consultation and administration, i.e., he meets with other counselors to review their cases, supervises other counselors, assists with in-service training of new counselors, assists in developing new programs, etc.

- |  | Check | A     | B     | C     | D     |
|--|-------|-------|-------|-------|-------|
| 1. Which of the above models most nearly describes your present role?                      |       | _____ | _____ | _____ | _____ |
| 2. Which model most nearly describes the role you would prefer if you were free to choose? |       | _____ | _____ | _____ | _____ |
| 3. Which model most nearly describes the role which your agency would like you to assume?  |       | _____ | _____ | _____ | _____ |
| 4. Which model do you feel best qualified to assume?                                       |       | _____ | _____ | _____ | _____ |

Section III - Percent of Time Spent on RCD Functions

**Directions:** Listed below are a number of activities in which RCD's are often engaged. In column A please estimate the percentage of time which you now spend during an average week on each of the activities. In column B, please estimate the percentage of time which you should spend. Total for each column should be 100 percent.

	A Now <u>Spend</u>	B Should <u>Spend</u>
<u>Clerical Work:</u> Includes (a) filling out forms not directly related to counseling clients (do not include reports to district or state office, supervisors, etc.), (b) typing, (c) filing, (d) writing letters, etc., in longhand for mailing or recopying, (e) making appointments, (f) any other similar activity.	_____ %	_____ %
<u>Counseling and Guidance:</u> Includes (a) interviews with clients and potential clients, (b) completing forms which are primarily counseling devices (e.g., survey interview form, financial need sheet), (c) interpreting results of diagnostic procedures, (d) review and study of case records for the purpose of counseling clients, (e) giving occupational information, (f) follow-up of clients who have received all services except counseling and guidance, to aid them in securing or adjusting to employment, (g) supervision of in-service clients.	_____ %	_____ %
<u>Overall Planning of Work:</u> Includes (a) making general allocation of time, (b) planning office work, (c) planning itineraries and visits to clients, (d) planning caseload management, (e) planning business and industrial contacts, (f) planning job surveys, etc.	_____ %	_____ %
<u>Professional Growth (in-service training):</u> Includes (a) group conferences (e.g., state or district staff meetings), (b) individual conferences with supervisors, etc. (do not include client conferences), (c) formal training courses, (d) job-related reading, (e) any other activity which you feel should be included here.	_____ %	_____ %
<u>Public Relations and Program Promotion:</u> Includes (a) securing and investigating referrals, (b) giving speeches, (c) work on community projects, (d) personal contacts, (e) any other activity which you feel should be included here.	_____ %	_____ %
<u>Recording:</u> Includes dictation or writing of material, after counseling with a client, which will become part of the case record of that client (do not include completion of forms that are an integral part of counseling).	_____ %	_____ %
<u>Reporting:</u> Includes statistical reports, letters, etc., to district or state office, supervisors, doctors, other agencies, etc.	_____ %	_____ %
<u>Resource Development:</u> Includes (a) arranging for physical restoration services (hospitalization, doctors, etc.), (b) locating training facilities, (c) arranging for transportation, rooming or boarding places, etc.	_____ %	_____ %
<u>Travel:</u> All travel on official business of your agency.	_____ %	_____ %
<u>Placement:</u> Includes (a) finding placement opportunities, (b) preparation of client for placement (development of specific job-seeking skills, role-playing an employment interview, etc.), (c) visits to employers to solicit job openings and discuss work qualifications of a client.	_____ %	_____ %
<u>Other</u>	_____ %	_____ %

Section IV - Percent of Time Spent on Major Functions

Directions: In columns A please estimate, as well as you can, the percentage of time which you now spend during an average year on each of these major counselor functions. In columns B, please indicate the percentage of time you should spend. Total for each column should be 100 percent.

	<u>A</u> Now <u>Spend</u>	<u>B</u> Should <u>Spend</u>
Part 1. Assistance to clients (consider such things as counseling, job placement, follow-up, etc.)	_____ %	_____ %
Part 2. Assistance to other individuals and agencies (consider such things as speaking to various civic groups, consulting with other counselors, employers, etc.)	_____ %	_____ %
Part 3. Assistance to administration and general agency program (consider such things as completing forms, attending staff conferences, etc.)	_____ %	_____ %
Part 4. Research assistance to the agency (consider such things as collecting data on clients for agency reports, etc.)	_____ %	_____ %
	----- 100%	----- 100%

Section V - Percent of Time Spent on Counseling Problems

Directions: Of the total amount of time which you spend in counseling interviews with deaf clients, please estimate what percent of it is spent on the following kinds of problems (place estimate in Column A). In Column B indicate the percentage of time you feel you should spend on these problems. Total for each column should be 100 percent.

	<u>A</u> Now <u>Spend</u>	<u>B</u> Should <u>Spend</u>
Part 1. Problems relating to agency requirements (consider such things as establishing eligibility and feasibility, completing agency forms, etc.)	_____ %	_____ %
Part 2. Problems relating to personal adjustment (consider such things as the client's inter-personal relationships with peers, supervisors, family members, etc.)	_____ %	_____ %
Part 3. Problems relating to vocational planning (consider such things as the client's vocational aspirations, knowledge of job requirements, etc.)	_____ %	_____ %
Part 4. Problems relating to activities of daily living (consider such things as the client's knowledge of budgeting, taxes, transportation, etc.)	_____ %	_____ %
	----- 100%	----- 100%

Section VI - Psychological and Physical Environment

Directions: The job which the RCD performs is often directly affected by the various factors which are external to the job itself. The following variables indicate some of the facilities, funds, and resources which might be available to you. The objective in this section is to determine the degree of existence of these variables in your situation, or as you see them in your agency, as each contributes to your effectiveness as a counselor. Please check the appropriate column at the right for each item.

These variables exist to the extent that each "contributes to my effectiveness as a counselor."

	Maximizes	Is not an influencing factor	Inhibits	Restricts	Not applicable
	a.	b.	c.	d.	e.
<u>Part A. Psychological Environment</u>					
1. The interpersonal relations among the staff	_____	_____	_____	_____	_____
2. The permissive atmosphere within the agency program	_____	_____	_____	_____	_____
3. The forward looking administrative attitude	_____	_____	_____	_____	_____
4. The personnel policies of the agency	_____	_____	_____	_____	_____
5. The attitude of administrators towards the needs of individual clients	_____	_____	_____	_____	_____
6. The adequacy of supervision at local and state levels	_____	_____	_____	_____	_____
7. The release time opportunities for professional growth	_____	_____	_____	_____	_____
8. The pressure for closures	_____	_____	_____	_____	_____
9. The time for research and evaluation	_____	_____	_____	_____	_____
<u>Part B. Financial</u>					
1. The counselor's salary in accordance with his level of professional training	_____	_____	_____	_____	_____
2. The counselor's salary in accordance with his skill in working with the deaf	_____	_____	_____	_____	_____
3. The counselor's salary in accordance with the difficulty of his case load	_____	_____	_____	_____	_____
4. The amount of travel funds available	_____	_____	_____	_____	_____
5. The amount of case service funds available	_____	_____	_____	_____	_____
6. The regulations regarding the expenditure of funds	_____	_____	_____	_____	_____

	a. Maximizes	b. Is <u>not</u> an influencing factor	c. Inhibits	d. Restricts	e. Not applicable
<u>Part C. Record System</u>					
1. Accessibility of client folders	_____	_____	_____	_____	_____
2. Present method of record keeping	_____	_____	_____	_____	_____
3. The amount of record keeping required by the agency	_____	_____	_____	_____	_____
<u>Part D. Physical Facilities</u>					
1. The office space available for counseling	_____	_____	_____	_____	_____
2. The furnishings of the counseling office	_____	_____	_____	_____	_____
3. The accessibility of the office to clients	_____	_____	_____	_____	_____
4. The reception area, or outer office, available	_____	_____	_____	_____	_____
5. The location of the office in regard to other offices, etc.	_____	_____	_____	_____	_____
6. The privacy afforded by the counselor's office	_____	_____	_____	_____	_____
7. The availability of locked files and storage space	_____	_____	_____	_____	_____
8. The funds available to maintain the physical facilities of the counselor	_____	_____	_____	_____	_____
<u>Part E. Clerical Assistance</u>					
1. The amount of clerical assistance available	_____	_____	_____	_____	_____
2. The quality of clerical assistance available	_____	_____	_____	_____	_____
<u>Part F. Training Resources</u>					
1. The number of training resources available	_____	_____	_____	_____	_____
2. The quality of training resources available	_____	_____	_____	_____	_____
3. The fees charged by training resources	_____	_____	_____	_____	_____
4. The waiting period for services from training resources	_____	_____	_____	_____	_____
<u>Part G. Psychological Testing</u>					
1. The number of psychological tests appropriate for deaf clients	_____	_____	_____	_____	_____
2. The quality of psychological tests appropriate for deaf clients	_____	_____	_____	_____	_____
3. The fees charged for psychological testing	_____	_____	_____	_____	_____
4. The waiting period for psychological testing	_____	_____	_____	_____	_____

	a. Maximizes	b. Is not an influencing factor	c. Inhibits	d. Restricts	e. Not applicable
<u>Part H. Medical Resources</u>					
1. The quality of general medical examinations	_____	_____	_____	_____	_____
2. The waiting period for general medical exams	_____	_____	_____	_____	_____
3. The fees charged for general medical exams	_____	_____	_____	_____	_____
4. The quality of specialized (otological and/or audiological) exams	_____	_____	_____	_____	_____
5. The waiting period for specialized exams	_____	_____	_____	_____	_____
6. The fees charged for specialized exams	_____	_____	_____	_____	_____
<u>Part I. Referral Sources</u>					
1. The number of referral sources available to the counselor	_____	_____	_____	_____	_____
2. The quality of referral sources	_____	_____	_____	_____	_____
<u>Part J. Therapy Resources</u>					
1. The number of therapy (speech, speech reading, manual communication, etc.) resources available	_____	_____	_____	_____	_____
2. The quality of therapy resources available	_____	_____	_____	_____	_____

Section VII - Client Problems

Directions: Listed below are a number of client characteristics which at times interfere with the rehabilitation process. The objective of this section is to determine the frequency with which you encounter these problems in working with deaf clients. Please check the appropriate column at the right.

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
1. Client's lack of motivation for rehabilitation (the client does little or nothing to further his own rehabilitation).	_____	_____	_____	_____	_____
2. Client's unrealistic vocational goals (lack of congruency between the vocational aspirations of the client and the limitations imposed by inadequate education, job skills, learning potential, age, disability, labor market demands, etc.).	_____	_____	_____	_____	_____
3. Client's undesirable personal characteristics (client is immature, hostile, effeminate, etc. Client has emotional, psychological characteristics which interfere with rehabilitation).	_____	_____	_____	_____	_____
4. Client's unrealistic attitude towards employment procedures; unrealistic attitude toward seeking employment.	_____	_____	_____	_____	_____
5. Client's physical characteristics, cosmetic effects, quirks to which employers respond negatively.	_____	_____	_____	_____	_____
6. Client's communication (client refuses to speak, read lips, use a hearing aid, etc).	_____	_____	_____	_____	_____



APPENDIX C

LETTER OF ENDORSEMENT

(State Division of Vocational Rehabilitation Letterhead)

MEMORANDUM TO: All State Directors of Vocational Rehabilitation

FROM: M. W. Holdship, State Director, Arizona Division of Vocational Rehabilitation

SUBJECT: Study of the "Role Concepts and Functions of Rehabilitation Counselors with the Deaf"

DATE: February 2, 1970

I have reviewed the proposed study by Mr. Norman Tully and Dr. David Wayne Smith of The University of Arizona Rehabilitation Center on the "Role Concepts and Functions of Rehabilitation Counselors with the Deaf" and have given it my unqualified support. It is my opinion that this study will provide important information for state agencies in evaluating existing programs for deaf and hard of hearing clients. I would urge that all state agencies cooperate in this very worthwhile investigation

APPENDIX D

FOLLOW-UP LETTER TO STATE DIRECTORS  
(The University of Arizona Rehabilitation Center Letterhead)

Recently, we mailed you a questionnaire entitled Role Concepts and Functions of Rehabilitation Counselors with the Deaf. As yet, we have not received your response.

In order for this study to be valid and meaningful it is very important that we receive responses from as many RCD's as possible. May we again ask that you complete the questionnaire as soon as possible and return it in the stamped-addressed envelope provided.

Your cooperation is urgently needed and will be greatly appreciated.

Sincerely yours,

Norman Tully  
Research Coordinator

David Wayne Smith  
Research Director

APPENDIX E

COVER LETTER TO COUNSELORS  
(The University of Arizona Rehabilitation Center Letterhead)

We would like to ask your cooperation in a research study designed to investigate the role concepts and functions of rehabilitation counselors with the deaf (RCD). In order to carry out this study, all RCD's throughout the country are being asked to complete the enclosed questionnaire.

For purposes of this research, an RCD is defined as any vocational rehabilitation counselor who devotes at least one-fourth of his time to serving deaf and hard of hearing clients. Counselors, who only occasionally see a deaf client, will not be included in this study.

As you know, there have been many investigations of the role concepts and functions of general rehabilitation counselors, but none which have dealt specifically with the RCD. Hopefully, this study will provide valuable information regarding the RCD and the way in which he views his position.

Your cooperation and assistance in this study will be greatly appreciated. After responding to the enclosed questionnaire, please return it to us in the addressed, stamped envelope provided. If you so desire, a report of the findings will be forwarded upon completion of the study.

Sincerely yours,

Norman Tully  
Research Associate

David Wayne Smith  
Research Director

Enclosure

P. S. This project has been approved by your state director.

APPENDIX F

FOLLOW-UP LETTER TO COUNSELORS  
(The University of Arizona Rehabilitation Center Letterhead)

Recently, we mailed you a questionnaire entitled Role Concepts and Functions of Rehabilitation Counselors with the Deaf. As yet, we have not received your response.

In order for this study to be valid and meaningful it is very important that we receive responses from as many RCD's as possible. May we again ask that you complete the questionnaire as soon as possible and return it in the stamped-addressed envelope provided.

Your cooperation is urgently needed and will be greatly appreciated. Thank you.

Sincerely yours,

Norman Tully  
Research Coordinator

David Wayne Smith  
Research Director

APPENDIX G

BACKGROUND INFORMATION ON COUNSELORS

TABLE 20

AGE OF REHABILITATION COUNSELORS

Age	N	%
Over 50	14	10.64
46-50	12	9.12
41-45	16	12.16
36-40	15	11.40
31-35	20	15.10
26-30	35	26.60
21-25	20	15.10
Under 21	0	0.00
No response	<u>0</u>	<u>0.00</u>
Total	132	100.12
<hr/>		
Mean Age - 35.40		
Median Age - 33.25		

TABLE 21  
SEX OF REHABILITATION COUNSELORS

Sex	N	%
Male	103	78.28
Female	29	22.04
No response	<u>0</u>	<u>0.00</u>
Total	132	100.32

TABLE 22  
MARITAL STATUS OF REHABILITATION COUNSELORS

Status	N	%
Single	23	17.48
Married	105	79.48
Divorced	3	2.28
Widowed	1	0.76
No response	<u>0</u>	<u>0.00</u>
Total	132	100.00

TABLE 23

## HEARING STATUS OF REHABILITATION COUNSELORS

Hearing Status	N	%
Normal hearing	108	81.76
Deaf	9	6.84
Hard of hearing	15	11.40
No response	<u>0</u>	<u>0.00</u>
Total	132	100.00

TABLE 24

## AGE OF ONSET OF HEARING LOSS

Onset	N	%
Birth	6	25.00
0-3 years	6	25.00
4-6 years	3	12.50
After 6 years	9	37.50
No response	<u>0</u>	<u>0.00</u>
Total	24	100.00

TABLE 25

## JOB TITLES OF REHABILITATION COUNSELORS

	N	%
Counselor	108	82.04
Supervisor	9	6.84
Consultant	5	3.80
Other	4	1.52
No response	<u>8</u>	<u>6.08</u>
Total	132	100.28

TABLE 26

## LOCATION OF EMPLOYMENT

Location	N	%
State office	18	13.68
District office	68	51.68
School for the deaf	16	12.16
Special facility	20	15.10
Other	4	3.04
No response	<u>6</u>	<u>4.56</u>
Total	132	100.38

TABLE 27  
ANNUAL SALARIES

Salary	N	%
13,000 and over	4	3.04
12,000-12,999	6	4.56
11,000-11,999	6	4.56
10,000-10,999	17	12.92
9,000- 9,999	23	17.48
8,000- 8,999	35	26.60
7,000- 7,999	24	18.24
6,000- 6,999	9	6.84
5,000- 5,999	2	1.52
Under 5,000	0	0.00
No response	<u>6</u>	<u>4.56</u>
Total	132	100.32

Mean - 9,060

Median - 8,800

TABLE 28  
YEARS OF EXPERIENCE IN PRESENT POSITION

Years	N	%
Over 12 years	5	3.80
11-12 years	0	0.00
9-10 years	2	1.52
7- 8 years	3	2.28
5- 6 years	8	6.08
3- 4 years	28	21.28
1- 2 years	41	31.16
Under 1 year	45	34.20
No response	<u>0</u>	<u>0.00</u>
Total	132	100.32

TABLE 29  
YEARS OF EXPERIENCE IN VOCATIONAL REHABILITATION

Years	N	%
Over 12 years	8	6.08
10-11 years	3	2.28
9-10 years	4	3.04
7- 8 years	4	3.04
5- 6 years	12	9.12
3- 4 years	40	30.40
1- 2 years	34	25.84
Under 1 year	27	20.52
No response	<u>0</u>	<u>0.00</u>
Total	132	100.32

Mean - 3.44

Median - 2.76

TABLE 30

## YEARS OF EXPERIENCE IN WORKING WITH THE DEAF

Years	N	%
Over 12 years	20	15.10
11-12 years	3	2.28
9-10 years	8	6.08
7- 8 years	7	4.56
5- 6 years	10	7.60
3- 4 years	21	15.96
1- 2 years	36	27.36
Under 1 year	27	20.52
No response	<u>0</u>	<u>0.00</u>
Total	132	99.46

Mean - 4.56

Median - 2.78

TABLE 31

PERCENT OF TIME DEVOTED TO WORKING WITH  
DEAF AND HARD OF HEARING CLIENTS

Time	N	%
None	0	0.00
Less than 1/4 time	0	0.00
1/4 to 1/2 time	30	22.80
1/2 to full time	21	15.96
Full time	81	61.56
No response	<u>0</u>	<u>0.00</u>
Total	132	100.32

TABLE 32  
HIGHEST DEGREE HELD

Degree	N	%
Edd, PhD	0	0.00
EdS	1	0.76
MA, MS	46	34.96
BA, BS	67	50.92
AA	2	1.52
Other	11	8.36
None	5	3.80
No response	<u>0</u>	<u>0.00</u>
Total	132	100.32

TABLE 33  
UNDERGRADUATE MAJORS

Major	N	%
Sociology	13	20.28
Education	10	15.60
Psychology	5	7.80
English	5	7.80
Speech pathology	3	4.68
Business administration	3	4.68
Religion	3	4.68
Deaf education	2	3.12
Political science	2	3.12
History	2	3.12
Social studies	2	3.12
Other	<u>14</u>	<u>21.84</u>
Total	64	99.84

TABLE 34  
GRADUATE MAJORS

Major	N	%
Rehabilitation counseling	18	39.96
Deaf education	6	13.32
Psychology	5	11.10
Counseling	4	8.88
Education	2	4.44
Educational administration	1	2.20
Administration	1	2.20
Social work	1	2.20
English	1	2.20
History	1	2.20
Industrial education	1	2.20
Counseling psychology	1	2.20
Religious education	1	2.20
Sociology	1	2.20
Special education	<u>1</u>	<u>2.20</u>
Total	45	99.90

TABLE 35

## MANUAL COMMUNICATION SKILL

Skill	Good		Fair		Poor		None		Total	
	N	%	N	%	N	%	N	%	N	%
Expressive	60	45.60	60	45.60	10	7.60	2	1.52	132	100.32
Receptive	37	28.12	62	47.12	31	23.56	2	1.52	132	100.32
Overall	45	34.20	70	53.20	15	11.40	2	1.52	132	100.32

TABLE 36  
PROFESSIONAL ORGANIZATIONS

Organization	N	%
American Personnel and Guidance Association	11	8.36
National Rehabilitation Association	108	82.08
American Rehabilitation Association	9	6.84
National Rehabilitation Counseling Association	50	38.00
Professional Rehabilitation Workers with the Adult Deaf	73	55.48
American Psychological Association	1	.76
Registry of Interpreters for the Deaf	30	22.73
Other	38	28.88
Average Number of Affiliations - 2.50		

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