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JOHNSON, Richard Kent, 1932-
ATTITUDES TOWARDS SERVICES FOR THE ADULT
DEAF.

The University of Arizona, Ed.D., 1971
Education, special

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ATTITUDES TOWARDS SERVICES FOR THE
ADULT DEAF

by

Richard Kent Johnson

A Dissertation Submitted to the Faculty of the
COLLEGE OF EDUCATION
In Partial Fulfillment of the Requirements
For the Degree of
DOCTOR OF EDUCATION
In the Graduate College
THE UNIVERSITY OF ARIZONA

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THE UNIVERSITY OF ARIZONA

GRADUATE COLLEGE

I hereby recommend that this dissertation prepared under my
direction by Richard Kent Johnson
entitled Attitudes Towards Services for the Adult
Deaf
be accepted as fulfilling the dissertation requirement of the
degree of Doctor of Education


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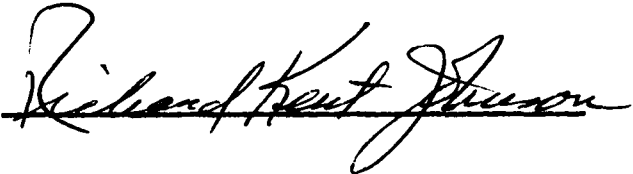
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A handwritten signature in cursive script, reading "Richard Kent Johnson". The signature is written in black ink and is positioned to the right of the word "SIGNED:".

ACKNOWLEDGMENTS

The author wishes to express his appreciation to those who made possible the completion of this dissertation.

Special thanks are due Dr. Norman Tully, Dr. Clifford Abe and Mr. Guy Spiesman for their continuing encouragement and guidance. Thanks are also due Dr. David W. Smith, Dr. Bob G. Johnson, Dr. Donald R. Ross, Dr. Henry E. Butler, Jr. and Dr. Waldo K. Anderson for their patient understanding and constructive suggestions.

To Mr. Frederick Schreiber, NAD and Mr. Tom Coleman, NAHSA the author wishes to extend appreciation for their endorsement of this study and their assistance in generating cooperation among their local affiliates.

Gratitude is also extended to those many, many fine people, interpreters, professors and others who have, in one way or another, contributed to the success of all which led up to this dissertation.

Finally, to my wife, Judy, the most special thanks of all for her support, understanding and encouragement, which carried the author over the roughest parts of the whole undertaking.

TABLE OF CONTENTS

	Page
LIST OF TABLES	vi
ABSTRACTviii
I. INTRODUCTION	1
Introduction to the Problem	1
Statement of the Problem	3
Importance of the Problem	4
Hypotheses	5
Procedures	8
Assumptions	9
Delimitations	10
Definition of Terms	10
Summary	11
II. REVIEW OF THE LITERATURE	13
Introduction	13
The Deaf	13
Education of the Deaf	16
The Deaf: Organizations and Community	19
The Organizations: By-Laws	28
Summary	31
III. METHODOLOGY	32
Introduction	32
Construction of the Instrument	32
Selection of the Subjects	34
Collection of the Data	35
Method of Analysis	36
Summary	39
IV. RESULTS OF THE STUDY	41
Introduction	41
Section I	41
Profiles of Respondents	41
Organizational Profiles	44
Section II	48

TABLE OF CONTENTS--Continued

	Page
Hypothesis 1	48
Hypothesis 2	50
Hypothesis 3	50
Hypothesis 4	53
Hypothesis 5	53
Hypothesis 6	56
Hypothesis 7	56
Hypothesis 8	56
Hypothesis 9	59
Hypothesis 10	62
Hypothesis 11	65
Hypothesis 12	68
Hypothesis 13	69
Summary	75
 V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	 76
General Summary	76
Purpose	76
Design	77
Conclusions and Implications	77
Recommendations for Further Research	87
 APPENDIX A: COVER LETTERS	 89
 APPENDIX B: QUESTIONNAIRE USED FOR COLLECTING DATA	 91
 APPENDIX C: FOLLOW-UP LETTERS	 108
 APPENDIX D: SECOND COVER LETTERS	 110
 APPENDIX E: SECOND FOLLOW-UP LETTERS	 112
 APPENDIX F: BACKGROUND INFORMATION ON RESPONDENTS	 114
 APPENDIX G: AREAS OF SERVICE	 123
 REFERENCES	 125

LIST OF TABLES

Table	Page
1. Occupational Levels of 269 Young Deaf Adults Surveyed in the Southwestern United States	26
2. Number and Percentage of Responses	37
3. Summary of Respondents' Personal Data	43
4. Breakdown of Type and Source of Financial Support for Individual Respondents' and for Organizations	45
5. Summary of Respondents' Employment Environment	46
6. The Comparison of Sub-Section I "Adjustment Problems" Items as Perceived by NAD and NAHSA Respondents	49
7. The Comparison of Sub-Section II "Personal Problems" Items as Perceived by NAD and NAHSA Respondents	51
8. The Comparison of Sub-Section III "Community Action" Items as Perceived by NAD and NAHSA Respondents	52
9. The Comparison of Sub-Section IV "General Assistance" Items as Perceived by NAD and NAHSA Respondents	54
10. The Comparison of Sub-Section V "Adult Education" Items as Perceived by NAD and NAHSA Respondents	55
11. The Comparison of Sub-Section VI "Cooperative Approaches" Items as Perceived by NAD and NAHSA Respondents	57
12. The Comparison of Sub-Section VII "Organizational Roles" Items as Perceived by NAD and NAHSA Respondents	58

LIST OF TABLES--Continued

Table	Page
13. The Comparison of Sub-Section VIII "Expanding Services" Items as Perceived by NAD and NAHSA Respondents	60
14. The Comparison of Sub-Section IX "Funding Services" Items as Perceived by NAD and NAHSA Respondents	61
15. The Comparison of the Type of Services Now Being Provided to the Adult Deaf by NAD and NAHSA Organizations	63
16. The Comparison of the Type of Services NAD and NAHSA Respondents Feel They Should Be Providing for the Adult Deaf	66
17. The Comparison of the Programs Now Provided by NAD Organizations and Those Which NAD Respondents Think Should Be Provided for the Adult Deaf	70
18. The Comparison of the Programs Now Provided by NAHSA Organizations and Those Which NAHSA Respondents Think Should Be Provided for the Adult Deaf	73
19. Age of Respondents	114
20. Age at Onset of Hearing Loss	115
21. Membership	116
22. Major Area of Study	117
23. Skill in Use of Manual Communication	118
24. Hours per Week Spent on Organizational Work	119
25. Percentage of Income Paid by Organization	120
26. Cooperative Undertakings with Other Organizations	121
27. Availability of Interpreters	122

ABSTRACT

This study was undertaken in an effort to gain insight into the personnel and service structures of two national organizations, the National Association of the Deaf (NAD) and the National Association of Hearing and Speech Agencies (NAHSA), which render service to adult deaf populations: to poll persons in executive positions in local affiliates of these organizations as to how they view the importance of a broad range of problems and needs of adult deaf people; and to determine the feasibility of closer working relationships between the two national organizations at the community level.

The following questions were developed to generate the necessary data to accomplish the above-stated goals:

1. What are some of the more common characteristics of respondents representing these organizations?
2. In what ways do the respondents representing these organizations agree in their views on the specific areas of services needed by the adult deaf?
3. How do the organizations represented by the respondents differ in terms of services they now provide to the adult deaf?
4. How do the respondents differ in terms of services they would like to see their organizations provide for the adult deaf?

A closed, structured, mailed questionnaire that included a series of questions to be briefly answered (Section I), and a series of items to be ranked in order of importance (Section II) was sent to

40 NAD and 149 NAHSA local affiliate organizations. Data were generated from usable returned questionnaires of 35 (87.5%) NAD and 94 (63.1%) NAHSA representatives.

Descriptive statistics were used to analyze pertinent demographic information, Spearman rank-order comparisons were used to test nine hypotheses related to question two (above), while statistical significance of the final four hypotheses related to questions three and four (above) was determined by use of the t-test. The .05 level was adopted as the level of significance for all hypotheses.

Inspection of the data revealed that while both organizations are represented by persons in similar age groups, NAD respondents were typically characterized as deaf people without professional credentials, while their NAHSA peers were people with normal hearing possessing, for the most part, graduate level professional credentials. Respondents from both organizations indicated a lack of specific training for professional work with deaf people.

NAD and NAHSA executives agreed in their ranking of approaches to less than half of the service needs of the adult deaf listed. Agreement was especially noted in areas designated "Adjustment Problems," "Cooperative Approaches," "Organizational Roles," and "Funding Services." The data did not reveal agreement among rankings in areas designated "Personal Problems," "Community Action," "General Assistance," "Adult Education," and "Expanding Services."

Inspection of final tabulations indicated that both groups considered the specific areas of service currently offered as being

adequate within the limits of these areas. However, both organizations indicated a desire to complement the services currently being provided and to expand the scope of services to permit a much broader and comprehensive range of services to meet the needs of adult deaf persons.

It was recommended that further study of organizational mandates, functions and services be carried out in various states to determine the steps which NAD and NAHSA affiliate groups might undertake to facilitate greater rendering and utilization of resources at the community level.

CHAPTER I

INTRODUCTION

Introduction to the Problem

During the past decade an increasing awareness of the plight of minority groups seeking equal status in American society has become evident. Deaf people, especially the adult deaf, are such a minority who have only recently begun to emerge from relative obscurity. Historically, deaf people have tended to seek out each other, forming in the process many sub-cultural deaf communities within the larger society (Furfey and Harté, 1964). As a positive force toward self-deterministic goals, these groups of deaf people throughout the nation have exerted only limited, sporadic influence. One reason for the lengthy obscurity of deaf people stems from a lack of effective representation by the various organizations of the deaf at the local, state and national levels (Friedman, 1961; and Garretson, 1961). Another weakness has been insufficient aggressive leadership at all levels, particularly at the local level, and a lack of adequate interaction with non-deaf organizations (O'Brien, 1961; and Pettingill, 1964).

This study involves two of the more prominent organizations now serving deaf people. The first, the National Association of the Deaf (hereafter referred to as NAD) is the national representative group for the majority of the adult deaf people in this country and

the leading example of an organization of, and for, deaf people (Sanderson, 1964). The second, the National Association of Speech and Hearing Agencies (hereafter referred to as NAHSA), is composed primarily of non-deaf people. In recent years NAHSA has become more actively involved in providing a wide variety of services to deaf people (Coleman, 1969).

NAHSA has proposed a new program which, with NAD, would expand services to the adult deaf at the community level. This program, if successful, would provide the impetus necessary to generate more involvement by deaf people in identifying their own rehabilitation needs. Williams (1961), speaking for the (then) United States Office of Vocational Rehabilitation, noted that this type of involvement is critically needed.

In its work for the deaf, however, the rehabilitation service has faced a frustrating, persistent problem that other public agencies may also experience when trying to discharge their responsibilities for a similar minority group. Deaf people have been quite passive. They and their associates have not manifested the vigorous responsiveness, the hard driving realism through which needs are first identified and then fulfilled. The net has been a considerable sociological vacuum resulting in unawareness of and inattention to the special needs of deaf people within the rapidly growing service institutions for society at large (p. 5).

Specifically, the goals of rehabilitation include the need to expand systems of assistance available to deaf people in order to provide them with equal opportunities to compete in society.

Although there have been fragmented efforts to upgrade services to the deaf, these have met with only limited success. One reason for the marginal acceptance has been the lack of involvement of

of deaf people themselves in planning and initiating these programs (Mayes, 1970).

Sussman (1965) suggested that those in authority were more frequently preoccupied with the intent to do things for the deaf rather than determining what deaf people really wanted. He also suggested that time and energy were being wasted on maintaining several competing systems whereas efforts should be channeled into greater understanding of what the adult deaf person wants and how he plans to approach the rehabilitation which he thinks desirable.

Statement of the Problem

Historically NAHSA has been an organization composed of professionals drawn from areas relating to speech and hearing conservation. Hard of hearing persons comprise a large part of the non-professional membership and the organization's major efforts have been directed toward this segment of the hearing impaired population. Conversely, NAD, founded and governed by deaf people, serves primarily the needs of the adult deaf, with programs which have traditionally been centered around areas of service to those who are deaf (Ruffner, 1964). In the past these two organizations have functioned autonomously and independently of each other. If they could cooperate more closely in future endeavors, the resultant increase in available service delivery systems would greatly enhance the provisions of special services to adult deaf people at the community level (Adler, 1961).

The primary purpose of this study was to analyze the viewpoints held by the executive officers of NAD and NAHSA affiliate

organizations on considerations concerning provision of the services to the adult deaf. Questions were posed initially to provide the investigator with greater insight into the following areas:

1. What are some of the more common characteristics of the respondents representing these organizations?
2. In what ways do the respondents agree in their views on the specific areas of service?
3. How do the organizations represented by the respondents differ in terms of services they now provide to the adult deaf?
4. How do the respondents differ in terms of services they would like to see their organizations provide for the adult deaf?

Importance of the Problem

Although NAD chapters have existed for many years throughout the country, they have been rather loosely structured. With few exceptions, these groups have not met the requirements, in terms of organization, staff and financial resources, for participation in the research and demonstration programs encouraged by the granting agencies of the Federal government. For the same reasons they have seldom met requirements for participation in locally supported Community Fund efforts.

The membership of local NAD affiliate groups have attempted to meet the needs of adult deaf people on a "do it ourself" basis, without a great deal of success (Adler, 1961).

A number of NAHSA chapters, as a result of many years affiliation with Community Fund groups, have developed sufficient structure and staff to become eligible for broader participation in federally

funded programs. Although these chapters have traditionally served the hard of hearing, they are also in a most logical position to extend services to the adult deaf (Adler, 1961).

The data presented in this study provide insight into the manner in which the various respondents involved viewed the issue of service to the adult deaf. The results serve as a basis for encouraging closer cooperation between NAD and NAHSA and their respective local affiliate organizations. Such a combined effort would have the immediate effect of increasing the quantity and quality of services available to the adult deaf person at the local level. A cooperative venture of this type would also eliminate the lack of an appropriate service delivery system at the community level (Pettingill, 1967), one of the major barriers in providing future services to the adult deaf.

Hypotheses

This study was based on the general hypothesis that representatives of NAD and NAHSA affiliate groups view many of the problems of the adult deaf person in the same manner. Specifically, 13 null sub-hypotheses evolved and are detailed below:

1. There is no significant relationship between NAD and NAHSA perception of the adjustment problems of the adult deaf.
2. There is no significant relationship between NAD and NAHSA perception of the personal problems of the adult deaf.
3. There is no significant relationship between NAD and NAHSA perception of the community action needs of the adult deaf.
4. There is no significant relationship between NAD and NAHSA perception of the general assistance needs of the adult deaf.

5. There is no significant relationship between NAD and NAHSA perception of the adult education needs of the adult deaf.
6. There is no significant relationship between NAD and NAHSA perception of possible cooperative approaches.
7. There is no significant relationship between NAD and NAHSA perception of their organizational roles.
8. There is no significant relationship between NAD and NAHSA perception of means of expanding services for the adult deaf.
9. There is no significant relationship between NAD and NAHSA perception of means of funding additional services for the adult deaf.
10. There are no significant differences between NAD and NAHSA in the following areas of service now being provided to the adult deaf.
 - A. Adjustment to work problems
 - B. Vocational problems
 - C. Educational problems
 - D. Social-interaction problems
 - E. Social-behavior problems
 - F. Personal-psychological problems
 - G. Emotional-psychological problems
 - H. Home & family problems
 - I. Moral problems
 - J. Dating & marriage problems
 - K. Financial problems
 - L. Decision making problems
 - M. Goal clarification problems
 - N. Orientation: Deaf to community
 - O. Liaison & public relations
 - P. Registry of the deaf
 - Q. Registry of interpreters
 - R. Parents of the deaf program
 - S. Social & recreational program
 - T. Individual assistance program
 - U. Occupational/educational program
 - V. Research
 - W. Individual appraisal
 - X. Leadership activities
 - Y. Adult education

11. There is no significant difference between NAD and NAHSA in the following types of service they feel they should be providing to the adult deaf.

- A. Adjustment to work problems
- B. Vocational problems
- C. Educational problems
- D. Social-interaction problems
- E. Social-behavior problems
- F. Personal-psychological problems
- G. Emotional-psychological problems
- H. Home & family problems
- I. Moral problems
- J. Dating & marriage problems
- K. Financial problems
- L. Decision making problems
- M. Goal clarification problems
- N. Orientation: Deaf to community
- O. Liaison & public relations
- P. Registry of the deaf
- Q. Registry of interpreters
- R. Parents of the deaf program
- S. Social & recreational program
- T. Individual assistance program
- U. Occupational/educational program
- V. Research
- W. Individual appraisal
- X. Leadership activities
- Y. Adult education

12. There are no significant differences between the following services now provided by NAD organizations and those which NAD respondents think should be provided for the adult deaf.

- A. Adjustment to work problems
- B. Vocational problems
- C. Educational problems
- D. Social-interaction problems
- E. Social-behavior problems
- F. Personal-psychological problems
- G. Emotional-psychological problems
- H. Home & family problems
- I. Moral problems
- J. Dating & marriage problems
- K. Financial problems
- L. Decision making problems
- M. Goal clarification problems
- N. Orientation: Deaf to community
- O. Liaison & public relations
- P. Registry of the deaf
- Q. Registry of interpreters

- R. Parents of the deaf program
 - S. Social & recreational program
 - T. Individual assistance program
 - U. Occupational/educational program
 - V. Research
 - W. Individual appraisal
 - X. Leadership activities
 - Y. Adult education
13. There are no significant differences between the following services now provided by NAHSA organizations and those which NAHSA respondents think should be provided for the adult deaf.
- A. Adjustment to work problems
 - B. Vocational problems
 - C. Educational problems
 - D. Social-interaction problems
 - E. Social-behavior problems
 - F. Personal-psychological problems
 - G. Emotional-psychological problems
 - H. Home & family problems
 - I. Moral problems
 - J. Dating & marriage problems
 - K. Financial problems
 - L. Decision making problems
 - M. Goal clarification problems
 - N. Orientation: Deaf to community
 - O. Liaison & public relations
 - P. Registry of the deaf
 - Q. Registry of interpreters
 - R. Parents of the deaf program
 - S. Social & recreational program
 - T. Individual assistance program
 - U. Occupational/educational program
 - V. Research
 - W. Individual appraisal
 - X. Leadership activities
 - Y. Adult education

Procedures

The sample population involved in this study consisted of the executive officers of 35 NAD state affiliate chapters and 94 local NAHSA chapters. These were the 129 respondents who returned usable questionnaires, out of a total of 189 (40-NAD; 149-NAHSA) groups who were originally contacted. The organizations represented in the study

were selected on the basis of their listing as active affiliates by the national NAD and NAHSA offices.

The instrument used to gather the data needed for the study was a mailed questionnaire. Items for the questionnaire were based on the four general questions posed on page four. Each of the subjects involved in the study was sent a questionnaire, with an appropriate face sheet and cover letter. Three follow-up mailings were used to encourage response from subjects who failed to respond to prior mailings. The detailed procedure involved in the collection of data have been elucidated in Chapter III.

Respondents rank-ordered the first nine topical categories of statements in the questionnaire pertaining to the provision of services to the adult deaf. A set of means for each ranked category was computed for the two groups of respondents. The resultant data were treated, using the Spearman rank-order method, to determine the relative priorities held by the two organizational groups. Responses to the final topic in the questionnaire were computed in percentages and the data compared within and across organizational categories by application of the t-test.

Assumptions

This study was based on the following assumptions: (1) an accurate assessment of the viewpoints of the organizations involved could be obtained with the instrument used, (2) bias would not unduly influence the answers of the respondents, and (3) respondents would be

motivated to respond to the questionnaire in a manner that accurately reflected their considered opinion.

Delimitations

The only variables considered in this study were those set forth in the hypotheses section. The questionnaire topic headings were intended only as identifiers for clusters of particular problems or functions. Any meaningful changes in philosophy or scope of services of the organizations involved were not anticipated, inasmuch as this would necessitate action of the respective Boards of Directors. These areas of influence were outside the scope of the current study.

Definition of Terms

Adult Deaf: For this study adult deaf persons were defined as individuals over eighteen years of age whose hearing disability fell into one of the following two categories:

Deaf: One in whom the sense of hearing is nonfunctional for ordinary purposes of life. The deaf are those who are born with little or no hearing, or who have suffered the loss early in infancy before speech and language patterns were acquired (Myklebust, 1964).

Deafened: One in whom the sense of hearing was normal, language was acquired and is remembered, and the degree of deafness is so great that no useful residual hearing is retained. The deafened is one who is born with normal hearing and reaches the age where he can produce and comprehend speech, but subsequently loses his hearing (Myklebust, 1964).

Hard of Hearing: As used in this study, hard of hearing persons are those in whom the sense of hearing, although defective, is functional with or without a hearing aid. The hard of hearing are those who have hearing loss, but in whom language acquisition has not been precluded (Myklebust, 1964).

Executive Officer: As used in this study, the term may be applied to any person holding either a salaried, voluntary or elective position as titular head (President, Executive Secretary, etc.) of an organization.

Minorities: Individuals and groups that differ or are assumed to differ from their dominant social groups and that have developed, in varying degree, an attitude of mind which gives them a feeling of greater social security within their own groups than they have in their relation to the dominant group (Brown and Roucek, 1945).

Summary

This chapter described the problems characteristic of services for adult deaf people and the past efforts of two organizations, NAD and NAHSA, in meeting these problems. The necessity for assessing representatives of these organizations, with respect to their attitudes on both the need and availability of expanded areas of service was established.

Specific questions were posed, which attempted to fulfill the above mentioned need for attitude assessment.

A brief description of the methodology used and of the assumptions and limitations applicable to the study was presented. A definition of terms used in the study was furnished.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

A review of the literature pertaining to deafness and the problems of deaf people in society reveals that the majority of publications deal primarily with educational topics, with emphasis on the teaching of speech and lipreading. The poverty of literature relating specifically to problems of the adult deaf at the community level led to the present study.

A review of literature in closely related areas has been developed in order to acquaint the reader with some of the factors which contribute to the problems of the adult deaf.

The Deaf

In the United States, there are an estimated 15,000,000 adults and 3,000,000 children who have sustained some degree of hearing loss. Of this number, only an approximate 200,000 to 250,000 are classified as deaf or deafened (Babbidge, 1965; Goetzinger, 1967; Peterson, 1969; and Williams, 1967). About 20% to 35% of these people may be multiple handicapped, that is, having one or more disabilities in addition to their deafness (Adler, 1968; and Williams, 1967).

The term "deaf" refers specifically to those whose hearing loss prevents auditory reception and the acquisition of normal speech. Such

persons are distinguished from the hard of hearing, who have some functional reception of auditory communication (Furth, 1966; and Myklebust, 1960). Questions have been raised regarding this type of definition because too much emphasis is placed on speech as a measure of hearing loss rather than on the amount of actual usable hearing (Burns, 1958). However, in selecting a single factor as being descriptive of deaf people in general, the most widely accepted would be their dependence on their visual perception as a primary means of receptive communication (Babbidge, 1965).

Deafness has always been a social stigma. The deaf have often been portrayed in the classics of literature and drama as fools, wretches, demons and sub-humans (Kohl, 1966). This traditional image has evidently been carried over into our present day society. Klinghammer (1964) conducted an experiment to determine the extent to which a deaf person's voice and speech play in the development of the "deaf stereotype," (which he describes as one who is considered by his hearing peers to be overly suspicious, irritable and stupid). In his experiment Klinghammer tested the perception of hearing individuals towards the deaf and the blind by pre-recording the voices of both deaf people and blind people, and then playing these tapes back to hearing subjects under controlled conditions. The overall result indicated that the blind were viewed in a very positive light, while the deaf were considered in a very negative manner. Klinghammer concluded that, in terms of intelligence, the blind were overestimated while the deaf were underestimated.

Deaf persons have, historically, been considered legally and humanly incompetent, based on the assumption that speech is the distinguishing mark of the rational as compared to the irrational animal (Hodgson, 1954; and Kohl, 1966). Although this theory has been conclusively refuted, Furth (1966) noted that the myths remain prominent in today's society, and that speech or language is still the passport required to admit the deaf into the society of fully developed human beings.

There is ample evidence that deaf people are not, in terms of intelligence, dumb (MacKane, 1933; Ross, 1966; and Vernon and Makowsky, 1969). Nor, as commonly believed, are they dumb in the sense that they cannot speak. Frequently, however, as Sanderson (1969) notes, they choose to remain mute in the face of repeated failure to be accepted, as deaf people with speech limitations, by their hearing peers in the community. Another problem is that many in the hearing community, as a result of misinformation, believe that any person, regardless of hearing loss, can be taught to speak and lipread "normally" if he has normal intelligence. Such thinking has deprived the deaf of a positive self-image and caused the general public to expect performance in the area of communication which is, frequently, both unattainable and unrealistic for the average deaf person (Sanderson, 1969).

The deaf, as their hearing peers, range widely in general classifications of personality and achievement variables. Among the deaf are found extroverts and introverts; college graduates and illiterates; rich and poor; the good and the bad (Burns, 1958; and Johnson, 1969).

The great majority of deaf people are products of state residential school programs, and most who go on to higher education do so by attending Gallaudet College or the National Technical Institute for the Deaf. Their medium of communication tends to be the American manual language of signs (Switzer and Williams, 1967).

There is a tendency for deaf people to mingle socially with other deaf persons with whom they can communicate freely by manual means. Also, as in other sub-cultural groups, deaf people frequently prefer deaf marriage partners. Most of them are well adjusted average citizens, regularly, although under-employed, own their own homes and drive their own automobiles (Burke, 1961; Furfey and Harte, 1964; and Kohl, 1966). The deaf maintain their own social clubs, sports groups, churches and state and national organizations. Those who are comfortably situated do not need special assistance from rehabilitation or welfare programs. However, there are many deaf who do need such support services, just as there are those in the hearing population who need assistance of one type or another (Johnson, 1969). Finally, there are people who become deaf in later life, but, due to strong, established ties outside of the "deaf community," are seldom seen as a part of the existing deaf social structure (Burns, 1958; and Levine, 1960).

Education of the Deaf

Most of the adult deaf in America are the products of one of four methods of educating the deaf used in this country. The first, known as the "pure oral method," was developed during the latter part of the nineteenth century. This method broke down the language of

normal children to certain developmental stages and attempted to teach deaf children, at much later ages, to work through these developmental stages. All sign language was forbidden in favor of the "talk, talk, talk" approach (Scouten, 1964). The second was the "oral method." While basically similar to the "pure oral method," it added and emphasized the reading and writing of orthographic forms of the English language (Greenaway, 1964).

A further modification of the oral approach, known as the "natural method," was developed in the early part of the twentieth century. This method was built on the theory that deaf children could be taught to speak through a permissive program of broad ranging activities. In this method also sign language was prohibited, and only speech and lip reading were allowed. The fourth method, the "Rochester Method," differed markedly from the others in that the use of manual finger spelling was permitted (Hester, 1964).

The fact that sign language is almost universally preferred by the deaf themselves has been consistently ignored by those in charge of preparing the young deaf individual for later adulthood (Rainer, Altschuler, Kallman, and Deming, 1963).

Kohl (1966) conducted a study of the education of deaf children for the Center for Urban Education. This study included residential and day school programs for the deaf. Kohl could find no evidence that manual communication was being taught in the classroom, although there was an evident emphasis on the teaching of speech and lip reading skills. However, he noted that the majority of the children used some form of manual communication outside of the classroom, rather than

the oral skills which were being taught. Kohl concluded that educators were amiss in neglecting the perfection of manual communication as a teaching tool for work with deaf children. Although research has shown that manual communication is quite conducive both to the educational achievement and psychological adjustment of the deaf child, the trend continues against using it in the classroom (Meadows, 1967; Montgomery, 1968; Stuckless and Birch, 1966; and Vernon and Makowsky, 1969).

Babbidge (1965), reporting on education of the deaf in America, stated, "The American people have no reason to be satisfied with their limited success in educating deaf children and preparing them for full participation in our society (p. xv)." This report noted that less than half of the deaf children in need of specialized education are receiving it.

Another indicator of the failure of the educational approach used with the deaf is identified in a study of the occupational status of young deaf adults. Boatner, Stuckless and Moore (1964) surveyed a sample of deaf youth from the New England area and concluded they were employed considerably below their basic aptitude levels. Comparing GAIB scores, Boatner, et al., further concluded that, although the young adult deaf in the study group appeared to be significantly superior to the general population in areas of form perception and manual dexterity, they were significantly inferior in verbal areas.

The unemployment rate for young deaf adults in the New England survey was approximately four times that of the general population in the area. The occupational status of the young deaf adults in New

England, not only in unemployment rate but in wages and employment levels, was found to be lower than that of the hearing. Similar studies on the occupational status of the deaf in other regions of the country have supported these findings (Kronenberg and Blake, 1966; and Lunde and Bigman, 1959).

The Babbidge Report (1965) noted that more than 80% of the deaf adults work in manual jobs as contrasted to 50% of the hearing population. It recommended that special effort be made to provide the deaf with access to a full range of post-secondary occupational and adult education programs with appropriate support services at the community level to bring about a greater parity.

The major conclusion to be drawn from an investigation of the literature on education of the deaf is that the schools do not appear to be fulfilling their responsibilities of providing adequate education to deaf youth.

As a result of past efforts of those responsible for education of the deaf there is now an adult deaf population in which a disproportionate number are educationally deprived and lacking in general knowledge. In addition to having created an educational gap, Vernon (1969) believes the failure of past methods seriously undermined the efforts of rehabilitation and contributed to a denial, on the part of the deaf, of their individual handicaps.

The Deaf: Organizations and Community

According to Sanger (1956), the best evidence of social maturity in any community is the capacity and ability of various agencies and organizations to cooperate, day after day.

Cooperation among organizations with similar interests had its beginnings in this country in the latter part of the 1800's. However, such cooperation did not flourish until the 1940's when the social needs generated by World War II resulted in a merging of efforts (Ullman, 1958).

In the case of organizations of the deaf and organizations of persons interested in the problems of deafness, interest in cooperation is a relatively recent development of the past decade. Moreover, such efforts are all too few and have not always met with complete acceptance by the parties involved.

After studying the interaction of deaf and hearing people in Frederick County, Maryland, Furfey and Harte (1964) concluded that, if the hearing community is to participate effectively in planning for the welfare of deaf people, it must develop social contacts with the deaf community and must have a practical knowledge of deafness and the problems of the deaf. In addition, hearing people need to realize that the hearing loss is not always the only factor affecting cases involving deaf individuals.

In working with the deaf, as with other physically disabled people, the scope of treatment must be broad enough to include not only the deaf person but also the significant others whose attitudes may contribute to successful adjustment. Immediate family members, friends, co-workers as well as many other persons in a deaf man's life are of major importance in understanding how he reacts to his disability. The disability is, or should be, a family, community and societal responsibility, in so far as each is, or should be, involved in

a disabled person's framework of therapeutic adjustment (Levine, 1960; and Wright, 1960).

Best (1943) felt that society as a whole knows very little about deaf people. Since the deaf do not form a large part of the population many people seldom, if ever, come into contact with them. He noted that their affliction tends to remove them from the usual community avenues and makes them, more or less, a class apart from the general community.

The problem then is in getting people involved. Rainer and Altschuler (1966), in reviewing a special mental health program for deaf people in New York, noted that the most frequent causes for referral were family problems, social conflicts, poor work adjustment as well as acute psychiatric illness. One of the major implications drawn from this study has been the need for better education of both the hearing and deaf communities toward greater understanding of the problems of deaf people, and proper referral to appropriate facilities.

Recently there has been an increasing awareness that, for the deaf person, there are many needs still to be met. Stewart (1969) believed that efforts to prepare the deaf for earning a livelihood, and to be as much like hearing people as possible, have overlooked the deaf person's more important psychological needs. Lauritsen (1969) also took this view and suggested that deaf people, as individuals, must first be understood and accepted as unique human beings by their hearing peers.

Integration of the isolated deaf person into the deaf community, of the large masses of deaf people into hearing society, is based on understanding through communication. If we can

achieve understanding, we can achieve communication. Improved communication will permit the deaf man to integrate more fully into the world (Lauritsen, 1969, p. 52).

Furth (1966) pointed out, however, that today, despite all the progress that has been made, the deaf remain relatively unknown to "outsiders." Largely excluded from the larger community by their communication handicap, they naturally tend to group together and form their own "community" within the wider society.

Vernon and Makowsky (1969) used knowledge available about the relationship of minority groups to the majority society to analyze the position of deaf people in America. They concluded that the deaf share many of the problems that face other minority groups in this country. They cited, for example, the paternalism which denies deaf persons important roles in education, habilitation and rehabilitation programs which are ostensibly designed to help them. Vernon and Makowsky noted similar parallels in roles delegated to minorities such as the Blacks, Indians and Mexican-Americans. The attempts to deprive the deaf of manual communication, and to make them ashamed of using such a medium in public have analogs in hair straightening, skin bleaching and other examples of minority attempts to deny their identities and become something they are not. These authors further concluded that those in positions of authority in the field of deafness have preferred to ignore individual problems rather than come to grips with them.

Authoritarian personalities tend to divide the world into the strong and weak. They associate minority groups with the latter, which for them is minimally respected. In some cases minorities are depersonalized as implied in the concept of

"the deaf" which suggests a lumping together of all deaf persons. This results in an effort to treat unequal people equally, usually by taking the lowest common denominator as a frame of reference (Vernon and Makowsky, 1969, p. 6).

Wright (1960), in discussing the psychological implications of disabilities, pointed out that, although a person with a disability shares problems common to those of other minority groups, there are differences. The greatest is that the disabled person seldom has the sanction of parents, teachers or friends who endorse the behavior stemming from the disability. Instead, the typical advice offered is to appear as much like nondisabled people as possible.

A limited view of the potential of the deaf individual is prevalent in the history of education of the deaf. Rather than accepting his disability and teaching him to live with it, educators of the deaf have been stressing "hearing" attributes, with the end result that the deaf person develops devaluative feelings about himself and his handicap (Rainer and Altschuler, 1966).

In a study of the interaction between deaf and hearing people Furfey and Harte (1964) found that deafness interfered with family life and this was likely to be more severe when some members of the deaf person's family were hearing persons. They also found that the variety of jobs available to the deaf were limited. In addition, deaf people met with difficulties in pursuing their educational goals and in matters related to daily living. Many of these problems were directly related to their hearing handicap. Furfey and Harte concluded that successful adjustment of a deaf person demanded planning, and this planning must involve the entire community as well as the deaf individual himself.

According to Sanderson (1967) the majority of deaf leaders in the organized deaf community are inexpert and unsophisticated. He believed they knew little or nothing about the power structure of the hearing community and, therefore, had failed in dealing with hearing leaders. He felt that these failures had conditioned deaf leaders to the belief that the hearing community did not care about the deaf community, and thus isolation was reinforced. As a result, he thought, the leadership of the deaf community has developed a set of attitudes which work against successful integration.

Sanderson also felt that the attitude of deaf leaders toward problems of securing satisfactory vocational training and jobs were strongly colored by the success or failure of their own efforts in the community. He thought they may view rehabilitation as ineffective because they lacked understanding of the complex problems faced by the counselors; they may view the efforts of educators as equally ineffective, because they sense that their own inadequacies as leaders are in large measure due to deficiencies in their own education.

Speaking from his personal experience in working with adult deaf people Pettingill (1967) noted that their problems of finding and holding jobs were due more to their insecurity and inability to adjust rather than to their lack of comprehensive training. He also felt that deaf people in general have a poor public image. Pettingill believed the greatest need was for a strong program to teach the deaf how to "grow up," and shake off the attitude of dependency which they seem to develop in schools for the deaf. Such a program, he thought,

could include orientation for hearing people to inform them of the abilities of deaf people.

In summarizing remarks made at a national workshop, Thomure (1967) noted the interrelated problems faced by the deaf, as delineated by the speakers, encompassed the following: lack of sufficient general educational achievement; lack of sufficient maturity to attain good personal and social adjustment; lack of motivational forces to help in shaping life goals; lower status employment which keeps the deaf primarily in blue-collar positions; public attitudes which stereotype deaf individuals into lesser employable positions; lack of success in the hearing community; and a lack of enough interpreter services. Concern was also expressed regarding the gap between what the schools are doing, especially in the prevocational areas, and the requirements of the world of work.

These observations were supported by the Hicks (1967) report on the occupational levels of 269 young deaf adults surveyed in the Southwestern part of the United States.

According to this data almost 70% of these young deaf adults were employed in skilled, semi-skilled or unskilled jobs. Very few were in professional and managerial occupations. They made their living with their hands, in occupations hardest hit by automation.

Hicks also noted that more than half of the young people involved in the study were working in areas other than in which they received their secondary school vocational training. The reasons given for this condition, in order of greatest frequency, were: inadequacy of training; inability to find a job in the training area;

Table 1. Occupational Levels of 269 Young Deaf Adults
Surveyed in the Southwestern United States

Occupational Level	N
Professional and management	3
Semi-professional	1
Clerical and sales	34
Service	35
Agriculture, fishery, forestry	9
Skilled	72
Semi-skilled	75
Unskilled	<u>40</u>
Total	269

acceptance of a job requiring no previous training; and acceptance of post-secondary or on-the-job training.

Stahler (1967) believed deaf youth should be taught how to go after better jobs, especially in view of the stiff competition they have been and will be facing with other youths. Specifically, he thought they should be taught how to look for jobs, fill out applications, groom themselves properly, present their qualifications effectively during interviews and how to take tests. He believed that knowing these things often made the difference between getting and not getting the job.

In order to accomplish the job of preparing deaf people for greater employment opportunities, Congressman Hugh L. Carey (1967) suggested an increase in the need for more adult education programs for these people.

Although adult education has come into sharper focus in the past few years, this emphasis has rarely included any provision for the adult deaf. The fact that most adult deaf people communicate principally by the language of signs has discouraged significant steps in this direction. However, this does not lessen the need for providing whatever special assistance may be necessary to make more such opportunities available to the deaf. The deaf need access to more courses offering such basics as facts about jobs, insurance, social security, taxes, local government, legal matters and the raising of children (Babbidge, 1965).

Karnes (1967) also thought local adult education programs should be established, or expanded, both as classes for the deaf alone

and as integrated classes with hearing individuals. However, he felt that additional research is necessary to determine the optimum use of adult education techniques for the deaf. Such areas as motivational and attitude changes, the use of new methods and programs for the multiple handicapped should be studied.

The Organizations: By-Laws

Although there are several groups working with the deaf in this country two groups, NAD and NAHSA, have the longest histories and continue to be the foremost examples of their type of organizations in existence today.

According to their By-Laws, NAD and its affiliates comprise a national non-profit organization composed primarily of deaf adults who have banded together in an effort to improve, develop and extend schools for the deaf; to provide information; to prevent discrimination against the deaf in employment, legislation and other areas; to promote economical, intellectual, professional and social betterment of the deaf; and to improve standards for teachers of the deaf. The organization's present structure has grown from a small group founded in 1880 to its present operation.

Membership is open to any deaf citizen of the United States. In addition, special categories of membership are also available to non-deaf individuals and people from other countries.

NAD also conducts various surveys in areas pertinent to the welfare of deaf people and, in cooperation with the United States Bureau of Census, a national census of the deaf. It has affiliated

with state organizations which generally served two purposes; one of bringing deaf people together for mutual progress; the other that of providing opportunity to meet at regular intervals and renew old friendships.

NAHSA is also a national non-profit organization, whose present structure has evolved through four periods of reorganization.

1919-1922: The American Association for Hard of Hearing

1922-1935: American Federation of Organizations for
Hard of Hearing

1935-1946: American Society for Hard of Hearing

1946-1966: American Hearing Society

1966-Present: NAHSA

The organization and its affiliates are, according to their respective By-Laws, primarily concerned with campaigns for periodic audiometric evaluations for both school children and adults; recruitment of workers to the field of the communication handicapped; the teaching of lip reading to the hearing impaired; encouragement of and participation in casefinding programs among various population areas; promotion of scientifically approved programs in the areas of prevention of communication loss, and the conservation, treatment and rehabilitation of communication skills; interpreting to the public the problems; encouraging and participating in scientific studies of the process of speech and hearing, disorders of these processes, and the diagnostic and therapeutic procedures with such disorders; stimulating the exchange of information among persons engaged in the speech and hearing field and the dissemination of such information among such

persons and the public at large; participation in any activities that may be to the benefit of persons with speech, hearing and related disorders; and aiding individuals with speech and hearing problems to make personal and social adjustments.

Membership in the organization and its affiliates is open to otologists, social workers, school teachers and administrators, speech and hearing therapists, hard of hearing people and others interested in the prevention of deafness, conservation of hearing, and the rehabilitation of the hearing impaired. Although there is no special mention of specific membership for deaf people in the By-Laws of the Association or its affiliates, nothing excludes the possibility of such membership.

Insofar as government of affiliate organizations is concerned, both NAD and NAHSA operate under somewhat restrictive rules.

In NAD organizations there are consistent patterns of prejudice against the active involvement of hearing persons in the affairs of these groups. Without exception the groups whose By-Laws were reviewed allowed non-deaf membership but forbade the election to office of such members.

NAHSA groups tend to exercise close control over their government by use of an executive nominating committee, which offers a select slate for election by the membership. Since elections are conducted by mail ballot there is only limited opportunity for "write-in" candidates.

Summary

This chapter reviewed various articles from the literature which pertain to the deaf people in the United States and their role in society.

The prevalence of deafness was discussed as well as the definition which is in common usage at the present time. The social image of the deaf as determined through research was also presented.

An extensive presentation of the educational background of the deaf in this country was given along with views toward the effectiveness of various methods in use as expressed by authorities in the field. Both personal and social aspects of the deaf persons' present role in society were presented as well as a discussion of the two major groups active in the field of community service to the deaf.

CHAPTER III

METHODOLOGY

Introduction

This chapter presents the methods and procedures used in the study. It is divided into four sub-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 analyze the viewpoints held by the executive officers of NAD and NAHSA to determine the manner in which these respondents view the issue of service to the adult deaf.

The following questions were posed:

1. What are some of the more common characteristics of respondents representing these organizations?
2. In what ways do the respondents agree in their views on the specific areas of service?
3. How do the organizations represented by the respondents differ in terms of services they now provide to the adult deaf?
4. How do the respondents differ in terms of services they would like to see their organizations provide for the adult deaf?

Due to the geographical distribution of the subjects it was decided that the mailed questionnaire method would be the most feasible for use in this study. Mailed questionnaires have been

successfully utilized to reach large numbers of people in widely scattered areas quickly and at a relatively low cost. One of the major objections to this technique is the inherent danger of poor response. By utilizing an approach which combined a large number of periodic follow-up mailings and a reasonably long time allowance for responses, this method has been found to yield significant results (Parten, 1950).

Another advantage of the mailed questionnaire is that it presents each person with the same questions in the same order. Also time requirements are minimal and responses are relatively easy to tabulate.

There are two basic types of questionnaires known as the "structured" and "nonstructured" forms. The former are those in which there are definite, concrete, and pre-ordained questions with additional questions limited to those necessary to clarify inadequate answers or to elicit more detailed responses. The form of such questions may be either closed or open (Warren, 1955).

Nonstructured questionnaires, while containing definite subject areas, are largely controlled by the interviewer and must be administered on a person to person basis (Warren, 1955).

The questionnaire used in this study was of the closed, structured type and consisted of a series of questions to be answered on a prepared form by the respondents. As they did not require a personal interview, they were handled by mail.

Several valid claims may be made for the use of mailed questionnaires: (a) bias that comes from the respondent's desire to impress or conceal from the interviewer is eliminated; (b) answers to personal questions are more frequently given in an anonymous mail

reply; (c) a mail reply is filled out at leisure and thus produces a more thoughtful answer and; (d) self-administered questionnaires, which remove the physical presence of the interviewer and the possibility of interpersonal involvement, decreases interviewer involvement and, consequently, bias (Young, 1966).

In preparing the questionnaire several rules of questionnaire survey preparation, as suggested by Good (1928) and Parten (1950), were observed:

1. The questionnaire was made as brief as possible without losing important information.
2. It was organized, in as far as possible, to be answered by check-marks or with brief sentences.
3. Questions were formulated in such a manner as to avoid professional jargon and to lend meaning to everyone who answered it. To insure this, pertinent definitions were included on the face-sheet.
4. Space was provided for additional information at points where respondents might wish to expand on their viewpoints.
5. The questionnaire was submitted to authorities in the field for their remarks and comments and revised accordingly.
6. A pilot study was conducted on a select group of individuals to test the questionnaire before it was revised into its final form.

Selection of the Subjects

The 129 subjects involved in this study included 35 executive officers of NAD and 94 from NAHSA. As noted in Chapter I, an executive officer was any person holding either a salaried, voluntary or elective position as titular head of an organization.

In order to obtain an up-to-date list of executive officers of NAD and NAHSA affiliate groups the national headquarters of these organizations were contacted for copies of their current chapter membership mailing lists. These lists of 40 NAD and 149 NAHSA chapters were used in the survey.

Collection of the Data

Before undertaking the actual survey a pilot study was conducted on a small sample of deaf people (5) and people from the speech and hearing field (5), as well as of former executive officers of NAD (5) and NAHSA (5) chapters. Following the pilot study NAD and NAHSA national offices were contacted and both agreed to endorse the study.

The questionnaire (Appendix B) was made up of two parts. The first part contained questions pertaining to the individual answering the form and the organization which he represented. Part two consisted of ten sub-sections relating to services for the adult deaf. Sections one through nine were constructed as rank-order scales. Subjects were asked to rank various items in each topical cluster from most important (low numeral) to least important (high numeral) in each of the nine sub-sections.

These rank-order scales had three analytic advantages, as noted by Kerlinger (1964).

....One, the scales of individuals can easily be inter-correlated and analyzed....Two, scale values of a set of stimuli can be calculated using one of the rank-order methods of scaling. Three, they partially escape response set and the tendency to agree with socially desirable items (p. 495).

Section ten was a check-list for existing services and service needs. Subjects were asked to check service areas listed in terms of what their organization now provides and what the respondent felt it should provide.

The questionnaire was mailed to each subject along with a cover letter (Appendix A) explaining briefly the purpose and value of the study. Enclosed in the packet was an addressed, stamped envelope for returning the questionnaire.

Approximately one week following the initial mailing 15 questionnaires (8%) had been returned. At this point the first follow-up letter (Appendix C) was sent and resulted in an additional 54 questionnaires (36%). The second packet, identical to the first except for the cover letter (Appendix D) was mailed to subjects whose responses had not been received three weeks after the original packet. One week later 32 additional questionnaires (53%) had been returned. A second follow-up letter (Appendix E) was then sent and an additional three weeks were allowed for tardy responses before terminating the survey. At the cut-off date for the survey 156 responses (82%) had been returned. This represented a total return of 36 NAD questionnaires (90%) and 120 NAHSA questionnaires (80%) of which total 129 (68%) were usable. Table 2 presents these data.

Method of Analysis

The questionnaires were hand-tabulated. Part one, due to the nature of the data, was not treated statistically but is presented descriptively in Chapter Four. Part two, sub-sections one through

Table 2. Number and Percentage of Responses

Subject Group	Total Number	First Mailing	Follow-up #1	Second Mailing	Follow-up #2	Total Response	Percent Not Responding	Total Usable	Percent Un-usable
NAD	40	4(10)	19(47.5)	6(15)	7(17.5)	36(90)	10.0	35(87.5)	1(2.5)
NAHSA	149	11(7.4)	35(23.5)	26(17.4)	48(32.2)	120(80.5)	19.5	94(63.1)	26(17.4)
Total	189	15(7.9)	54(28.6)	32(16.9)	55(29.1)	156(82.5)	16.4	129(68.3)	27(15.3)

nine were tested by Spearman rank-order comparisons of the mean of each item comprising the sub-sections.

The selection of the Spearman rank-order procedure of analyzing the data from sub-sections one through nine was made on the basis of Siegel's (1956) statement that:

The efficiency of the Spearman rank correlation when compared with the most powerful parametric correlation, the Pearson 'r', is about 91%, that is, when rho is used with a sample to test for the existence of an association in the population, and when the assumptions and requirements underlying the proper use of the Pearson 'r' are met, that is, when the population has a bivariate normal distribution and measurement is in the sense of at least an interval scale, then rho is 91% as efficient as 'r' in rejecting H_0 . If a correlation between X and Y exists in that population, with 100 cases rho will reveal that correlation at the same level of significance which 'r' attains with 91 cases (p. 213).

Sub-section number ten was tested by use of the t-test. This section differed from the first nine in that proportions were used instead of means. This sub-section dealt with services now provided and which respondents felt should be provided by NAD and NAHSA respectively and was tested four ways:

1. Services now provided by NAD versus services now provided by NAHSA
2. Services which should be provided by NAD versus services which should be provided by NAHSA
3. Services now provided by NAD versus services which should be provided by NAD
4. Services now provided by NAHSA versus services which should be provided by NAHSA

All means, percentages and t-scores were computed in the Data Processing Computer Center of The University of Arizona.

The selection of the t-test procedure of analyzing the data collected in this study was considered appropriate in view of the discussion by Cohen (1965). In defending the use of the t-test in such research studies Cohen stated that:

...t tests are robust, a term invented by Box (1953) to denote a statistical test which is not sensitive to the failure of its nuisance assumptions (e.g., normality and variance equality for F and t tests) but which is sensitive to the falsity of the null hypothesis it is used to test (equality of means, in this case)....

More specifically, it can be concluded barring only (1) an extremeness of assumption failure which mathematicians can posit but which psychologists rarely encounter in real data and (2) the case of simultaneous substantial variance heterogeneity with substantial sample size inequality, F and two-tailed t tests are functionally distribution-free with regard to both alpha risk and power. The research psychologist need lose no sleep over their use despite possible heterogeneity of variance, nonnormality, or heterogeneity in shape of the populations sampled. His actual type I and type II error rates will depart minimally from what he looks up in the usual tables. At worst, he may need to exercise some prudence in avoiding the use of very small or very unequal sample sizes. As we saw earlier, he need not be inhibited about their use because of doubts about the equality of measurements (p. 116).

In both part one and part two of the statistical analysis tests of significance were reported at the .05 level.

Summary

This chapter discussed the method used in conducting the study. Construction of the questionnaire was outlined along with the rationale for selecting this type of survey instrument. The selection of subjects for inclusion in the study was presented along with the procedure used to gather the data.

The statistical procedures used in treating the obtained data was discussed as well as the justification for the selection of these particular approaches to analysis.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

This chapter presents, in two sections, the research data resulting from the survey. Descriptive data relating to information from the questionnaire responses are presented in Section I; statistical analysis on these data follow in Section II.

Section I

Data gathered from the organization-related portion of the questionnaire provided a profile of the individual respondents and their respective organizations.

Of the two major groups of respondents, all of the NAD group represented State Associations of the Deaf, while two-thirds of the NAHSA groups were community-based speech and hearing centers and one-third were university and/or hospital-based audiological facilities.

Profiles of Respondents

There were 33 male and two female respondents from NAD while 58 males and 36 females responded from NAHSA. One NAD and nine NAHSA respondents failed to provide information on their ages. The median age for NAD and NAHSA respondents was 40.7 years and 39.6 years, respectively.

Selected data from the respondents' questionnaire are summarized in Table 3. For the reader's convenience, the summary material is presented in the narrative form.

The typical NAD respondent was male, approximately 41 years old. He was deaf and lost his hearing either before speech patterns were acquired (68%) or shortly thereafter (29%). He probably did not hold a college degree (60%) but if one was held (40%) it was generally at the undergraduate level (29%). His degree, when held, was in an area of specialization outside of the helping professions (60%). It was probable that he had no special training prior to entering his work with deaf people (63%) and, where training related to work with the deaf had been obtained, it was limited to short-term workshops or college practicum courses (85%). He had a good mastery of both expressive (94%) and receptive (91%) manual communication. He worked for his organization without remuneration (60%) or, in larger states, was reimbursed only for actual expenses incurred in the course of such work (34%). He therefore earned his livelihood from an occupation unrelated to his organizational work, such as printing (34%) or some other non-professional field (37%). If he was employed in a profession, it was probably as a teacher (25%). The typical respondent was appointed to his present position within his organization approximately four years ago (52%) by a majority vote of the membership (86%), and served without benefit of a written agreement (100%).

The typical NAHSA respondent was also male, approximately 40 years of age. He was a person with normal hearing and speech (88%). If a hearing problem was present (12%), it had not become evident until

Table 3. Summary of Respondents' Personal Data*

Characteristics	NAD		NAHSA	
	N	%	N	%
Hearing impaired	34	97.14	11	11.83
Normal hearing	1	2.86	82	88.17
No undergraduate degree	20	60.00	13	13.83
Undergraduate degree	10	28.57	8	8.51
Graduate degree	4	11.43	73	77.66
Helping profession	6	40.00	75	92.60
Non-helping profession	9	60.00	6	7.40
Special training for work with deaf	13	37.14	34	40.48
No special training to work with deaf	22	62.86	50	59.52
Good manual communication: Expressive	33	94.28	8	8.51
Good manual communication: Receptive	32	91.43	5	5.32

*Additional tables in Appendix F

the respondent was more than 15 years of age (82%). He probably held a college degree at the Masters level or above (78%). Furthermore, it was probable that this degree was in one of the helping professions (93%), but there was a 60% chance that he had no special training to work with deaf people. Such training, when reported, was obtained in short-term workshops (28%), in college courses (37%), or as a part of on-the-job experience (25%). Skill in manual communication, both expressive and receptive, was either poor or non-existent (14%). The typical NAHSA respondent received full remuneration for organizational work (85%) and spent a proportionately larger share of his work week involved in organizational activities (88%). When employed elsewhere, such employment tended to be in professional areas (63%). The respondent was appointed to his position by the Board of Directors of his organization (90%) approximately five years ago (65%) and served under the original appointment, without an annual written agreement (61%).

Organizational Profiles

Selected data from the respondents' questionnaires are summarized in Tables 4 and 5. For the readers convenience, the summary material is presented in the narrative form.

The NAD affiliate association was state-wide and its membership was primarily of deaf people. It was administered by a non-professional individual who devoted less than 20 hours a week toward serving an average membership of 284. The association relied almost entirely on dues and donations for its financial support. There were

Table 4. Breakdown of Type and Source of Financial Support for Individual Respondents' and for Organizations*

Types & Sources	NAD		NAHSA	
	N	%	N	%
Individual Receives:				
More than 50% from organization	1	2.86	73	84.88
Actual expenses only	12	34.28	-	-
No reimbursement	21	60.00	11	12.79
Organization Supported Through:				
Dues, donations (50% or more)	34	82.93	10	5.18
Dues, donations (49% or less)	1	2.86	42	21.77
Fees, grants, etc. (50% or more)	1	2.86	46	23.83
Fees, grants, etc. (49% or less)	5	12.19	96	43.22

*Additional tables in Appendix F

Table 5. Summary of Respondents' Employment Environment*

Characteristics	NAD		NAHSA	
	N	%	N	%
Appointed by membership	30	85.71	9	9.78
Appointed by Board or others	5	14.29	83	90.22
3-more than 5 years on job	14	51.80	56	65.10
Contract	-	-	35	38.89
3-more years appointment	1	2.86	56	65.88
1-2 years appointment	34	97.14	29	34.12
No cooperation with other groups	19	55.88	41	44.09
Board members: Hearing	9	2.80	1015	89.11
Board members: Hearing impaired	313	97.20	124	10.89
Voluntary staff	34	94.29	6	6.38
Salaried staff	2	5.71	88	93.62

*Additional tables in Appendix F

very few instances of cooperative programs with other organizations, and when reported were usually with other groups of deaf people in the locality, with the national parent association, or with state divisions of vocational rehabilitation. Direct services were largely provided through voluntary staff assistance. Interpreters were generally available, either from within the membership or from the community. Its governing Board consisted largely of deaf people.

The NAHSA affiliate organization was a speech and hearing agency, usually an entity, but sometimes within a hospital or university setting. Its membership was evenly divided between people with normal hearing and those with hearing impairment. Of those with hearing impairment, half were hard of hearing, and half were deaf people. The agency was professionally administered and staffed by an average of ten people with an average membership of 58, serving an undetermined number of non-members. Financial support came from a variety of sources, not only from dues and donations but also from community funds and service fees. Cooperative undertakings, if any, were most likely to be with public school systems or with colleges and universities. The agency's Board of Directors was composed largely of people with normal hearing. Staff assistance was usually salaried, composed primarily of speech therapists, audiologists, special educators and professional administrators, with proportionate office personnel. An interpreter, either from the staff or the community was usually available when needed.

Section II

The data collected from the service to the deaf section of the questionnaire were subjected to statistical tests for each of the hypotheses presented in Chapter I. Hypotheses 1 through 9 were tested by Spearman rank coefficients of correlation on the respective nine sub-sections: Adjustment Problems, Personal Problems, Community Action, General Assistance, Adult Education, Cooperation, Organizational Role, Expansion of Services, and Funding of Services.

Hypotheses 10 through 13 were tested by data on four variables relating to services which respondents provided, or wished to see provided, for the adult deaf. Due to the nature of the data the results were computed as proportions and compared by use of the t-test.

In order to assist the reader in reviewing the data in this section, the hypotheses are restated at the beginning of each sub-section. The .05 level of confidence was adopted throughout for rejection of hypotheses.

Hypothesis 1

The question posed for hypothesis number one was: Are the adjustment problems of the adult deaf viewed similarly by respondents of the two organizational groups, as revealed by responses to the seven items on the questionnaire sub-section I? The hypothesis: There is no significant relationship between NAD and NAHSA perception of the adjustment problems of the adult deaf.

The Spearman rank correlation coefficient was .96, and is significant (.714). The hypothesis, therefore, was rejected. The

Table 6. The Comparison of Sub-Section I "Adjustment Problems" Items as Perceived by NAD and NAHSA Respondents

Item	NAD		NAHSA	
	Rank	\bar{X}	Rank	\bar{X}
Adjustment to work	4	3.60	4	3.98
Vocational	2	3.03	2	2.95
Educational	1	1.63	1	2.21
Social-interaction	3	3.46	3	3.24
Social-behavior	5	4.83	6	4.45
Personal-psychological	6	5.17	5	4.45
Emotional-psychological	7	6.29	7	5.62

rho=.96*

*Significant = .05 level of confidence

two groups do agree on their perception of the adjustment problems of the adult deaf.

Hypothesis 2

The question stated for hypothesis number two was: Are the personal problems of the adult deaf viewed similarly by respondents of the two organizational groups, as revealed by responses to the six items on the questionnaire sub-section II? The hypothesis: There is no significant relationship between NAD and NAHSA perception of the personal problems of the adult deaf.

The Spearman rank correlation coefficient was .77, and did not reach a level of significance sufficiently high (.829) to warrant rejection of the hypothesis. The two organizational groups do not agree on their rankings of the cluster of personal problems of the adult deaf.

Hypothesis 3

The question posed for hypothesis number three was: Are the community action needs of the adult deaf viewed similarly by respondents of the two organizational groups, as revealed by responses to the six items on the questionnaire sub-section III. The hypothesis: There is no significant relationship between NAD and NAHSA perception of the community action needs of the adult deaf.

The Spearman rank correlation coefficient was .77, and did not reach a level of significance sufficiently high (.829) to warrant rejection of the hypothesis. The two organizational groups do not agree on their rankings of the cluster of community action needs of the adult deaf.

Table 7. The Comparison of Sub-Section II "Personal Problems" Items as Perceived by NAD and NAHSA Respondents

Item	NAD		NAHSA	
	Rank	\bar{X}	Rank	\bar{X}
Home and family	4	3.54	4	3.24
Morals	5	4.09	6	5.11
Dating and marriage	6	4.63	5	4.09
Financial	2	2.94	3	3.21
Decision making	1	2.54	2	2.49
Goal clarification	3	3.26	1	2.14

rho = .77

Table 8. The Comparison of Sub-Section III "Community Action" Items as Perceived by NAD and NAHSA Respondents

Item	NAD		NAHSA	
	Rank	\bar{X}	Rank	\bar{X}
Deaf community orientation	2	2.77	1	2.24
Liaison and public relations	3	3.71	3	3.21
Deaf registry	6	4.03	4	4.15
Interpreter registry	4	3.91	5	4.46
Parent program	1	2.60	2	4.49
Social and recreation	5	3.97	6	4.16
				rho=.77

Hypothesis 4

The fourth hypothesis originated from the following question: Are the general assistance needs of the adult deaf viewed similarly by respondents of the two organizational groups, as revealed by responses to the five items on the questionnaire sub-section IV? The hypothesis: There is not significant relationship between NAD and NAHSA perception of the general assistance needs of the adult deaf.

The Spearman rank correlation coefficient value was .00, and not sufficiently large (.900) to reject the hypothesis. The two organizational groups do not, therefore, agree on their rankings of the cluster of general assistance needs of the adult deaf.

Hypothesis 5

The question resulting in hypothesis number five was: Are the adult education needs of the adult deaf viewed similarly by respondents of the two organizational groups, as revealed by responses to the eleven items on the questionnaire sub-section V? The hypothesis: There is no significant relationship between NAD and NAHSA perception of the adult education needs of the adult deaf.

The Spearman rank correlation coefficient was .18, and did not reach a level of significance sufficiently high (.535) to warrant rejection of the hypothesis. The two organizational groups do not agree on their rankings of the cluster of adult education needs of the adult deaf.

Table 9. The Comparison of Sub-Section IV "General Assistance" Items as Perceived by NAD and NAHSA Respondents

Item	NAD		NAHSA	
	Rank	\bar{X}	Rank	\bar{X}
Individual assistance	3	3.20	3	2.79
Occupational and educational	2	2.20	1	2.33
Research	4	3.78	5	3.76
Individual appraisal	5	4.17	2	2.37
Leadership	1	1.66	4	3.09

rho = .00

Table 10. The Comparison of Sub-Section V "Adult Education" Items as Perceived by NAD and NAHSA Respondents

Item	NAD		NAHSA	
	Rank	\bar{X}	Rank	\bar{X}
Manual communication	4	4.71	7	5.66
Language development	1	1.46	1	3.14
Auditory training	11	9.31	6	5.38
Leisure time activities	7	6.31	10.5	7.59
Current events	5	5.09	9	7.54
Speech training	10	9.20	4	5.24
Job training	2	4.14	3	5.02
Interpersonal relations	6	5.40	5	5.33
Speech reading	9	8.63	2	4.73
Sex education	8	7.40	10.5	7.59
Consumer economics	3	4.31	8	6.22

rho=.18

Hypothesis 6

The question stated for the hypothesis was: Are the suggested cooperative approaches viewed similarly by respondents of the two organizational groups, as revealed by responses to the six items on the questionnaire sub-section VI? The hypothesis: There is no significant relationship between NAD and NAHSA perception of possible cooperative approaches.

The Spearman rank correlation coefficient was 1.0 and is significantly sufficient (.829). The hypothesis, therefore, was rejected. The two groups do agree on their perception of the possible cooperative approaches they might pursue.

Hypothesis 7

The question posed for hypothesis seven was: Are there similarities in the manner in which respondents from the two organizational groups view their organizational roles, as revealed by responses to the seven items on the questionnaire sub-section VII? The hypothesis: There is no significant relationship between NAD and NAHSA perception of their organizational roles.

The Spearman rank correlation coefficient was .82, and is significantly high (.714). The hypothesis, therefore, was rejected. The two groups do view their organizational roles in a similar manner.

Hypothesis 8

The question set forth for hypothesis number eight was: Are there similarities in the manner in which respondents from the two organizational groups view possible means of expanding services to

Table 11. The Comparison of Sub-Section VI "Cooperative Approaches" Items as Perceived by NAD and NAHSA Respondents

Item	NAD		NAHSA	
	Rank	\bar{X}	Rank	\bar{X}
Work independently	6	4.60	6	5.02
Merge organizations	5	4.46	5	3.93
Non-voting liaison	4	3.97	4	3.30
Co-sponsor programs	2	2.83	2	2.91
Voting liaison	3	3.71	3	3.26
Special co-op committee	1	1.91	1	1.95
				rho=1.0*

*Significant at .05 level of confidence

Table 12. The Comparison of Sub-Section VII "Organizational Roles" Items as Perceived by NAD and NAHSA Respondents

Item	NAD		NAHSA	
	Rank	\bar{X}	Rank	\bar{X}
Locate adult deaf	4	4.31	6	4.38
Deaf community liaison	5	4.43	5	4.37
Hearing community liaison	6	4.60	4	4.29
Consultant	7	5.46	7	4.72
Coordinating services	2	2.97	3	3.22
Providing services	3	3.89	2	2.59
Leadership	1	2.03	1	2.27

rho = .82*

*Significant = .05 level of confidence

the adult deaf, as revealed by responses to the five items on the questionnaire sub-section VIII? The hypothesis: There is no significant relationship between NAD and NAHSA perception of means of expanding services for the adult deaf.

The Spearman rank correlation coefficient was .30, and did not reach a level of significance sufficiently high (.900) to warrant rejection of the hypothesis. The two organizational groups do not agree on their ranking of means of expanding services to the adult deaf.

Hypothesis 9

The question set forth for the hypothesis number nine was: Are there similarities in the manner in which respondents from the two organizational groups view possible means of funding services to the six items on the questionnaire sub-section IX? The hypothesis: There is no significant relationship between NAD and NAHSA perception of means of funding additional services for the adult deaf.

The Spearman rank correlation coefficient was .88, and is significantly high (.829). The hypothesis there, was rejected. The two groups do view possible means of funding additional services to the adult deaf in a similar manner.

The information requested of the respondents in the final section of the questionnaire was designed to yield insight into services currently offered as compared with services deemed necessary, but not offered, to the adult deaf. The question posed was: How do the two organizations differ in terms of services they now offer and in terms of services they believe should be provided to adult deaf people?

Table 13. The Comparison of Sub-Section VIII "Expanding Services" Items as Perceived by NAD and NAHSA Respondents

Item	NAD		NAHSA	
	Rank	\bar{X}	Rank	\bar{X}
Sought by my organization	1	2.37	4	2.94
Not justified	5	4.43	5	4.28
By any means	4	3.14	3	2.65
Sought jointly	3	2.63	1	2.01
More research needed	2	2.43	2	2.30

rho=.30

Table 14. The Comparison of Sub-Section IX "Funding Services" Items as Perceived by NAD and NAHSA Respondents

Item	NAD		NAHSA	
	Rank	\bar{X}	Rank	\bar{X}
Federal grants	1	2.17	2	2.52
Foundation grants	4	3.54	4	3.10
State grants	2	2.23	1	2.37
United funds	3	2.94	3	2.53
Service fees	6	5.31	5	4.70
Dues and donations	5	4.80	6	4.74

rho = .88*

*Significant = .05 level of confidence

Four general hypotheses (10-13) emerged in connection with this question. Each hypothesis was then statistically tested by use of the t-test, and the .05 level of confidence was adopted for rejection of the hypothesis. Each hypothesis will be treated individually below. The numbers of agency responses to each item were broken down into two sets of data and converted to percentages. The percentages of agencies now providing services are enumerated in Table 15, and the percentage response for each item regarding services that were felt should be provided are found in Table 16.

Hypothesis 10

There are no significant differences between NAD and NAHSA in the areas of services A-Y (see Appendix G) now being provided to the adult deaf.

Inspection of Table 15 reveals that there are 14 service areas out of the total of 25 in which the two organizations differ significantly with respect to current provision of service:

- C. Educational problems
- G. Emotional - psychological
- H. Home - family problems
- I. Moral problems
- L. Decision making problems
- M. Goal clarification problems
- N. Orientation: deaf to community
- P. Registry of the deaf
- Q. Registry of interpreters
- R. Parents of the deaf program
- S. Social - recreation program
- U. Occupation - education program
- W. Individual appraisal

In all but three areas the direction of the difference favored the NAHSA groups; a higher percentage of NAHSA agencies reported offering

Table 15. The Comparison of the Type of Services Now Being Provided to the Adult Deaf by NAD and NAHSA Organizations

Service Area	(in percentages)		
	NAD	NAHSA	t
A. Adjustment to work problems	.208	.405	1.72
B. Vocational problems	.360	.429	0.55
C. Educational problems	.370	.655	2.48*
D. Social-interaction problems	.280	.478	1.68
E. Social behavior problems	.182	.381	1.76
F. Personal-psychological problems	.190	.410	1.85
G. Emotional-psychological problems	.043	.308	3.05**
H. Home-family problems	.136	.422	2.71**
I. Moral problems	.045	.241	2.11*
J. Dating-marriage problems	.158	.281	1.05
K. Financial problems	.227	.412	1.47
L. Decision making problems	.174	.436	2.30*
M. Goal clarification problems	.043	.455	4.70**
N. Orientation: deaf to community	.200	.429	2.29*
O. Liaison-public relations	.333	.527	1.69
P. Registry of the deaf	.594	.209	3.55**
Q. Registry of interpreters	.733	.306	4.04**
R. Parents of the deaf program	.233	.721	5.09**
S. Social-recreation program	.724	.385	2.94**
T. Individual assistance program	.565	.500	0.50

Table 15, Continued

	<u>NAD</u>	<u>NAHSA</u>	<u>t</u>
U. Occupation-education program	.192	.413	2.05*
V. Research	.000	.390	5.38**
W. Individual appraisal	.136	.759	6.63**
X. Leadership activities	.464	.279	1.56
Y. Adult education (general)	.286	.417	1.16

*Significant .05 level of confidence

**Significant .01 level of confidence

these services than did the NAD constituents. The NAD respondents indicated a significantly higher percentage of services now offered in the following areas:

- P. Registry of the deaf
- Q. Registry of interpreters
- S. Social - recreation program

Hypothesis 10 was therefore rejected for the above-mentioned 14 service areas. No significant differences between the two organizations were observed in the following areas:

- A. Adjustment to work problems
- B. Vocational problems
- D. Social-interaction problems
- E. Social behavior problems
- F. Personal-psychological problems
- J. Dating-marriage problems
- K. Financial problems
- O. Liaison-public relations
- T. Individual assistance program
- X. Leadership activities
- Y. Adult education (general)

Hypothesis 11

There is no significant difference between NAD and NAHSA in the areas of services A-Y (see Appendix G) they feel they should be providing to the adult deaf.

The percentages of responses to each service area for the two organizational groups are presented in Table 16, with the comparative resultant t-statistic. Fourteen of the 25 areas are identified as areas in which the two organizations differ significantly in terms of services they feel should be offered:

- C. Educational problems
- G. Emotional-psychological problems
- H. Home-family problems
- I. Moral problems
- L. Decision making problems

Table 16. The Comparison of the Type of Services NAD and NAHSA Respondents Feel They Should Be Providing for the Adult Deaf

Service Areas	(in percentages)		
	NAD	NAHSA	t
A. Adjustment to work problems	.792	.595	1.72
B. Vocational problems	.640	.571	0.55
C. Educational problems	.630	.345	2.48*
D. Social-interaction problems	.720	.522	1.68
E. Social behavior problems	.818	.619	1.76
F. Personal-psychological problems	.810	.590	1.85
G. Emotional-psychological problems	.957	.692	3.05**
H. Home-family problems	.864	.578	2.71**
I. Moral problems	.955	.759	2.11*
J. Dating-marriage problems	.842	.719	1.05
K. Financial problems	.773	.588	1.47
L. Decision making problems	.826	.564	2.30*
M. Goal clarification problems	.957	.091	14.02**
N. Orientation: deaf to community	.800	.571	2.29*
O. Liaison-public relations	.667	.473	1.69
P. Registry of the deaf	.406	.791	3.55**
Q. Registry of interpreters	.267	.694	4.04**
R. Parents of the deaf program	.767	.279	5.09**
S. Social-recreation program	.276	.615	2.94**
T. Individual assistance program	.435	.500	0.50

Table 16, Continued

	<u>NAD</u>	<u>NAHSA</u>	<u>t</u>
U. Occupation-education program	.808	.587	2.05*
V. Research	1.000	.609	5.38**
W. Individual appraisal	.864	.241	6.63**
X. Leadership activities	.536	.721	1.56
Y. Adult education (general)	.714	.583	1.16

*Significant .05 level of confidence

**Significant .01 level of confidence

- M. Goal clarification problems
- N. Orientation: deaf to community
- O. Liaison-public relations
- P. Registry of the deaf
- Q. Registry of interpreters
- R. Parents of the deaf program
- S. Social-recreation program
- U. Occupation-education program
- V. Research
- W. Individual appraisal

In all but three of the 14 areas in which a difference was noted, the NAD groups indicated they should be doing more than did the NAHSA groups. The respondents representing NAHSA felt they should be doing more in the following areas:

- P. Registry of the deaf
- Q. Registry of interpreters
- S. Social recreation program

Hypothesis 11, was therefore rejected for the above-mentioned 14 service areas. No significant differences between the two organizations were observed in the following areas:

- A. Adjustment to work problems
- B. Vocational problems
- D. Social-interaction problems
- E. Social behavior problems
- F. Personal-psychological problems
- J. Dating-marriage problems
- K. Financial problems
- O. Liaison-public relations
- T. Individual assistance program
- X. Leadership activities
- Y. Adult education (general)

Hypothesis 12

There are no significant differences within NAD group responses between the services A-Y (see Appendix G) now provided and those that should be provided for the adult deaf.

Inspection of Table 17 reveals that there are 19 service areas, out of the total of 25, in which NAD respondents felt that additional services for adult deaf people are needed:

- A. Adjustment to work problems
- B. Vocational problems
- D. Social-interaction problems
- E. Social behavior problems
- F. Personal-psychological problems
- G. Emotional-psychological problems
- H. Home-family problems
- I. Moral problems
- J. Dating-marriage problems
- K. Financial problems
- L. Decision making problems
- M. Goal clarification problems
- N. Orientation: deaf to community
- O. Liaison-public relations
- R. Parents of the deaf program
- U. Occupation-education program
- V. Research
- W. Individual appraisal
- Y. Adult education (general)

The NAD respondents indicated that service "Registry of Interpreters" and "Social-Recreation" were being adequately provided for adult deaf people at the time of the survey.

Hypothesis 12 was therefore rejected for the above-mentioned 21 service areas. No significant differences of opinion were observed in the following service areas:

- C. Educational problems
- P. Registry of the deaf
- T. Individual assistance program
- X. Leadership activities

Hypothesis 13

There are no significant differences within the NAHSA group responses between the services A-Y (see Appendix G) now provided and those that should be provided for the adult deaf.

Table 17. The Comparison of the Programs Now Provided by NAD Organizations and Those Which NAD Respondents Think Should Be Provided for the Adult Deaf

Service Areas	(in percentages)		
	NOW	SHOULD	t
A. Adjustment to work problems	.208	.792	4.87**
B. Vocational problems	.360	.640	2.02*
C. Educational problems	.370	.630	1.93
D. Social-interaction problems	.280	.720	3.39**
E. Social behavior problems	.182	.818	5.35**
F. Personal-psychological problems	.190	.810	4.98**
G. Emotional-psychological problems	.043	.957	14.85**
H. Home-family problems	.136	.864	6.87**
I. Moral problems	.045	.955	14.14**
J. Dating-marriage problems	.158	.842	5.63**
K. Financial problems	.227	.773	4.22**
L. Decision making problems	.174	.826	5.71**
M. Goal clarification problems	.043	.957	14.84**
N. Orientation: deaf to community	.200	.800	5.71**
O. Liaison-public relations	.333	.667	2.25*
P. Registry of the deaf	.594	.406	1.50
Q. Registry of interpreters	.733	.267	4.02**
R. Parents of the deaf program	.233	.767	4.80**
S. Social-recreation program	.724	.276	3.75**
T. Individual assistance program	.565	.435	0.87

Table 17, Continued

	<u>NOW</u>	<u>SHOULD</u>	<u>t</u>
U. Occupation-education program	.192	.808	5.52**
V. Research	.000	1.000	.00**
W. Individual appraisal	.136	.864	6.87**
X. Leadership activities	.464	.536	0.53
Y. Adult education (general)	.286	.714	3.49**

*Significant .05 level of confidence

**Significant .01 level of confidence

Inspection of Table 18 reveals that there are 9 service areas, out of the total of 25, in which NAHSA respondents felt that additional services for adult deaf people are needed:

- E. Social behavior problems
- G. Emotional-psychological problems
- I. Moral problems
- J. Dating-marriage problems
- P. Registry of the deaf
- Q. Registry of interpreters
- S. Social-recreation program
- V. Research
- X. Leadership activities

The NAHSA respondents indicated that service was being adequately provided for adult deaf people at the time of the survey in the following areas:

- C. Educational problems
- M. Goal clarification problems
- R. Parents of the deaf program
- W. Individual appraisal

Hypothesis 13 was therefore rejected for the above-mentioned 13 service areas. No significant differences of opinion were observed in the following service areas:

- A. Adjustment to work problems
- B. Vocational problems
- D. Social-interaction problems
- F. Personal-psychological problems
- H. Home-family problems
- K. Financial problems
- L. Decision making problems
- N. Orientation: deaf to community
- O. Liaison-public relations
- T. Individual assistance program
- U. Occupation-education program
- Y. Adult education (general)

Table 18. The Comparison of the Programs Now Provided by NAHSA Organizations and Those Which NAHSA Respondents Think Should Be Provided for the Adult Deaf

Service Areas	(in percentages)		
	NOW	SHOULD	t
A. Adjustment to work problems	.405	.595	1.76
B. Vocational problems	.429	.571	1.31
C. Educational problems	.655	.345	3.38**
D. Social-interaction problems	.478	.522	0.41
E. Social behavior problems	.381	.619	2.22*
F. Personal-psychological problems	.410	.590	1.59
G. Emotional-psycholpical problems	.308	.692	3.63**
H. Home-family problems	.422	.578	1.48
I. Moral problems	.241	.759	4.52**
J. Dating-marriage problems	.281	.719	3.83**
K. Financial problems	.412	.588	1.46
L. Decision making problems	.436	.564	1.13
M. Goal clarification problems	.455	.091	4.15**
N. Orientation: deaf to community	.429	.571	1.51
O. Liaison-public relations	.527	.473	0.57
P. Registry of the deaf	.209	.791	6.55**
Q. Registry of interpreters	.306	.694	4.12**
R. Parents of the deaf program	.721	.279	5.69**
S. Social-recreation program	.385	.615	2.07*
T. Individual assistance program	.500	.500	--

Table 18, Continued

	<u>NOW</u>	<u>SHOULD</u>	<u>t</u>
U. Occupation-education program	.413	.587	1.67
V. Research	.391	.609	2.11*
W. Individual appraisal	.759	.241	6.45**
X. Leadership activities	.279	.721	4.51**
Y. Adult education (general)	.417	.583	1.64

*Significant .05 level of confidence

**Significant .01 level of confidence

Summary

Data compiled from the questionnaire were presented in two sections in this chapter. Section one consisted of data describing characteristics of respondents and their respective organizations, while the second section dealt with data used in testing the 13 hypotheses posed in Chapter I.

Section one presented summaries of respondents' personal data, employment environment, and type and source of respondent and organizational financial support.

The data presented in sub-sections one through nine of section two failed to reject hypotheses two (Personal Problems), three (Community Action), four (General Assistance), five (Adult Education), and eight (Expanding Services). However, relationships were noted at levels of significance sufficiently high enough to warrant rejection of hypotheses one (Adjustment Problems), six (Cooperation), seven (Organizational Role), and nine (Funding).

Sub-sections 10 through 13 of section two dealt with 25 separate items relating to areas of service. These data failed to reject 11 items each in hypotheses 10 (NAD now offers vs NAHSA now offers) and 11 (NAD should offer vs NAHSA should offer); four items in hypothesis 12 (NAD now offers vs NAD should offer); and 13 items in hypothesis 13 (NAHSA now offers vs NAHSA should offer). However, differences were noted at levels of significance sufficiently high enough to warrant rejection of 14 items in hypotheses 10 and 11; 21 items in hypothesis 12; and 12 items in hypothesis 13.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

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

General Summary

A review of the literature indicated that, while there has been a great deal written about deaf people, there has been very limited research that directly involved adult deaf people in regard to their own perception of their problems and needs. Although minimal, some research has been conducted in the area of educating deaf children. However, there has been no prior recorded attempt to follow up on deaf people after they leave the school setting in order to determine the problems they encounter in later life. Past attempts by well-meaning individuals and organizations to help adult deaf people have met with limited acceptance, possibly because such efforts have not been initiated on a cooperative basis with deaf people themselves.

Purpose

This study was undertaken in an effort to gain insight into the personnel and service structures of NAD and NAHSA; to see how the people representing these affiliate organizations viewed the importance of a broad range of problems and needs of adult deaf people; and

to determine the feasibility of a closer working relationship between the two organizations at the community level.

The following questions were initially developed to generate the data needed to accomplish these goals.

1. What are some of the more common characteristics of the respondents representing these organizations?
2. In what ways do the respondents representing these organizations agree in their views on the specific areas of services needed by the adult deaf?
3. How do the organizations represented by the respondents differ in terms of services they now provide to the adult deaf?
4. How do the respondents differ in terms of services they would like to see their organizations provide for the adult deaf?

Design

A closed, structured type of mailed questionnaire consisting of a series of questions to be briefly answered (Section I), and items that were to be ranked in order of importance (Section II) was used in this study. The questionnaire was sent to 40 NAD and 149 NAHSA local organizations. Usable responses were returned by 35 NAD and 94 NAHSA representatives. The information provided by the respondents was then analyzed and used to test the 13 null hypotheses discussed on the following pages of this chapter.

Conclusions and Implications

To the extent that the subjects who participated in this study are representative of the two organizations involved, the following conclusions may be drawn:

1. There was evidence that few NAD respondents were professionally equipped, with respect to credentials or area of training, to be readily accepted within the service agency structure of most communities, although they were in leadership positions within their organizations. Implication: If deaf people are to become effective professional representatives of the deaf community they will need more opportunities to become professionally prepared, and certifiable, within those areas pertaining to the helping professions. This means, in turn, that additional specialized programs for deaf people will need to be established and/or that support services, such as provided by interpreters, will need to be offered within selected programs now in existence in various colleges and universities.

2. The data indicated that, while advanced degrees were held by many NAHSA respondents, there were few among NAD respondents. Implication: Deaf people with advanced degrees should be encouraged to assume greater leadership roles in the affairs of the deaf associations at the state levels. In addition, an effort should be made to encourage deaf people to continue post-baccalaureate education, possibly through a more liberal federally-funded stipend program which includes interpreter services.

3. Results indicated that the majority of both NAD and NAHSA respondents lacked special training to work with deaf people.

Implication: Specific courses dealing with deafness and the problems of deaf persons should be introduced into each program leading to a degree in the helping professions, especially in the professional areas dealing with hearing and speech problems (if such courses are not now offered). In addition, Federal agencies presently concerned with the problems of deaf people, including the Office of Education, the Rehabilitation Services Administration, the National Institutes of Health among others, individually and jointly should endeavor to promote more short-term and summer workshops to provide greater orientation into the needs of deaf people.

4. The results of the study indicated that very few NAHSA respondents had an adequate grasp of manual communication.

Implication: In order to provide maximal services to deaf people it is desirable that all agency personnel involved be conversant with manual communication and/or have at least one person on the staff who is fluent in the use of this mode of communication. Promoting community interest in manual communication through sponsorship of special classes and by other means could serve both to promote staff proficiency in the use of manual communication and to develop greater rapport between the agency, the community, and the deaf people within the community. In addition, programs at the college level preparing people for entry into areas relating to deafness should incorporate manual communication into their required course of study.

5. The data indicated that only one NAD respondent received remuneration, beyond actual expenses, for his work with his organization, while NAHSA respondents spent a full work day with comparable remuneration, in the activities of their agencies. Implication: NAD organizations should attempt to establish cooperative endeavors, or seek independent sources to permit funding of full-time personnel to develop and conduct service programs for deaf people. Although NAD personnel offer a wealth of ability, insight and resources, they are rendered less effective by the requirement of operating at the volunteer level under the present local organizational structures.

6. There was evidence that NAD organizations are operating within a very restrictive financial framework. The largest part of the income of these groups stems from dues and donations. Implication: The narrow base of funds available from dues and donations should be used to promote NAD participation in seeking additional and more diversified sources of revenue. Local community chests should be made aware of the problems that deaf people have and the NAD groups should seek financial program support more vigorously from such community sources. NAD organizations offer a valuable source of assistance to state vocational rehabilitation departments and should therefore make every effort to tap these resources as potential

means of obtaining State-Federal grants for special service programs.

7. There was evidence that the length of time that respondents had served in their current positions tended to be rather limited within NAD organizations, rarely extending beyond a two-year period. Implication: In order to induce a greater continuity into the leadership of local NAD programs, it would be desirable for these groups to extend the terms of their administrative officers. Rather than a system of appointment by regular vote of the membership, these organizations should endeavor to adopt a plan that will enhance the executive office and, possibly, place the renewability of the chief administrator under the direct jurisdiction of the local Board of Directors.

8. The data indicated that both NAD and NAHSA organizations were involved in very few joint endeavors in efforts to promote more and/or better programs for the adult deaf.

Implication: Recognizing that deaf people have the same needs for service as their non-deaf peers, NAD and NAHSA organizations should make strong and continuing efforts to cooperate with appropriate agencies in all areas of community services to ensure that those services that are available to the general citizenry be made readily available to adult deaf people as well.

9. There was evidence that both NAD and NAHSA are governed by Boards of Directors which lack representative balance between professional and grass-root, hearing and hearing-impaired members. Implication: Both of these organizations should consider the advantages of a more balanced Board representation. For NAD, this means more non-deaf Board members, preferably people of stature and influence in the community. For NAHSA this implies more grass-root deaf representatives who could bring to the Board direct ties between programs under consideration for and the services needed by adult deaf people at the community level.

10. Results indicated that while NAHSA groups were operating with salaried staff, practically all NAD assistance was of a voluntary nature. Implication: Volunteers can contribute valuable services to any organization. However, in order to develop a consistent service program and modify such a program to meet changing needs, NAD organizations should actively seek the funding necessary to acquire full-time staff to assist the executive officers. This might be accomplished by a direct appeal for funds to community fund-type organizations to establish new staff positions, or by a cooperative endeavor with another similarly-oriented organization or agency. Such a position would be filled by what might be called a deaf specialist, partially or wholly responsible to the local NAD

Board, who would also be serving within an existing organizational structure.

11. The two groups did agree on their perception of the adjustment problems of adult deaf people. Implication: The degree of agreement between NAD and NAHSA respondents on the priority level of adjustment problems posed in the questionnaire indicate readiness on the part of both organizations to cooperate with each other in helping deaf people deal with their adjustment problems.

12. The two groups did not agree on their perception of the personal problems of adult deaf people. Implication: Despite the lack of a significant relationship in this area, there was a sufficient number of items on which both groups were in rather close agreement to warrant a basis for possible cooperation on ways of ameliorating the personal problems of deaf adults. The NAHSA respondents, however, would need to become better oriented toward deafness, deaf people, and their problems.

13. The two groups did not agree on their perception of the community action needs of adult deaf people. Implication: There is a basis for productive discussion between the two organizations, but NAHSA respondents should first become better oriented on deafness, deaf people, and the needs of the deaf community.

14. The two groups did not agree on their perception of the general assistance needs of adult deaf persons. Implication: If NAHSA groups are to enter into cooperative programs serving the adult deaf, intensive programs focusing on the status of deaf persons and the deaf community must receive the highest order of priority.

15. The two groups did not agree on their perception of the adult education needs of adult deaf people. Implication: If NAHSA agencies are to provide and/or initiate adult education programs for deaf persons, it is mandatory that intensive orientation-training to the expressed needs of that population (e.g., through short-term workshops) first be undertaken.

16. The two groups did agree on their perception of the possible cooperative approaches they might pursue to improve services to adult deaf people. Implication: NAD and NAHSA organizations should immediately establish a working cooperative committee to proceed in the facilitation of the provision of mutually approved needed services.

17. The two groups did perceive their organizational roles in a similar manner, as they apply to serving adult deaf persons. Implication: Despite the consistency of both groups regarding organizational roles, there appears to be some reluctance on the part of either group to assume an inferior role in meeting the needs of the adult deaf. The establishment of cooperative

committees and initiation of joint ventures would bring credit to both agencies, and would overcome the existing organizational inertia bringing into proper focus the needs of the population both groups purport to serve.

18. The two groups did not agree on their perception of means of expanding services to adult deaf people. Implication: Here again, the necessity for the elaboration of existing dialog between the two organizations is clearly demonstrated. Through such dialog, understanding and determination of prime responsibility areas will be delineated, in those services to be provided through joint and cooperative ventures.

19. The two groups did agree on their perception of possible ways of funding services to adult deaf people. Implication: Both organizations felt that there is a government responsibility to provide more financial support for services for adult deaf persons.

Local resources, organizational dues, and agency fees impose service limitations to the meeting or expanding of needs for services to the adult deaf. Therefore, State and Federal responsibility in these matters is clearly indicated, so that both organizations may realize the programs they both agree should be provided.

20. Hypotheses 10-13, devised to answer the general question of how the agencies compare with respect to services they

currently offered and services they believe should be provided to the deaf population they now serve, are combined in the summary that follows.

Between organizations: Services presently offered by both groups were seen as adequate; that is, were not identified as areas to be initiated in the future because of intent to continue providing such services.

NAD groups currently devote a significantly higher percentage of service time to the following service areas: identification of deafness, social-recreational, and interpreter services; the very service areas which NAHSA groups indicated should be provided. Conversely, NAHSA groups are offering services of a general counseling and guidance nature; and NAD groups identified these very areas as those that they believe they should be providing.

Within groups: NAD respondents indicated relative satisfaction with areas of educational problems, individual assistance, registry of the deaf, and leadership activities, but felt that improvement or addition in all other service areas was necessary and desirable. NAD groups felt no need to expand current programs in registering interpreters and social-recreational programs. NAHSA groups were apparently satisfied with services being provided in work adjustment, vocational, social-interaction, personal-psychological problem areas, as well as with home and family, financial, and decision making problems.

Also, deaf-community orientation, liaison-public relations, individual assistance, occupation-education, and adult education were seen as relatively satisfactory. Improvement or initiation of services were deemed necessary in the remaining areas. NAHSA respondents did not wish to expand programs for parents of the deaf or programs in goal clarification, educational problems, and individual appraisals.

Implications: The inverse emphases on services that are now offered or should be offered, noted between the two organizations, indicates the potential for assumption of major responsibility for increasing services to adult deaf groups. It seems likely, however, that such services will reach the intended population only when these two organizations combine both forces and resources in joint ventures which will undoubtedly result in mutual advantage, not only to the clients being served, but to their respective organizational credit as well.

Recommendations for Further Research

Pursuing the line of inquiry opened by this survey it is recommended that one or more states be studied in a comprehensive manner to determine the steps which NAD and NAHSA affiliate groups might explore to facilitate greater utilization of resources.

Contact should involve not only the executive officers of these organizations, but also a cross-section of representatives from other

interested organizations. It would also be advisable to contact, where possible, as many non affiliated deaf people as possible.

An in-depth feasibility study, to determine the desirability and support for such a comprehensive cooperative program within a particular state, could include a survey of various state and local agencies as well as of various individuals who might utilize such a program.

It is recommended that the following groups be involved in such a comprehensive study.

- I. State Level
 - a. Division of Vocational Rehabilitation
 - b. State Department of Special Education
 - c. Department of Health
 - d. Department of Welfare

- II. County and City
 - a. Department of Health
 - b. Department of Welfare
 - c. City Governing Body
 - d. County Governing Body

- III. Community Chest or United Fund

- IV. Deaf Community
 - a. State Organizations of the Deaf
 - b. Clubs of the Deaf
 - c. Church Leaders Ministering to the Deaf
 - d. Local Chapters of the National Fraternal Society for the Deaf
 - e. Schools for the Deaf

APPENDIX A

COVER LETTERS

To Executive Officers (NAD)
(The University of Arizona Rehabilitation Center Letterhead)

Recent activities at the national level have placed special emphasis on the provision of services, in the areas of rehabilitation, health, education and welfare, to adult deaf members of our society.

At the present time information pertaining to the type of services most urgently needed by the adult deaf is incomplete. We feel it is important and timely to determine the perceived need for, availability of, and possible avenues which might make more feasible the provision of such specialized services in the region now represented by your organization. In addition to making a contribution to the growing body of research in rehabilitation of deaf people, it is hoped this investigation will help to develop guidelines for future programs for the adult deaf throughout the country.

Your cooperation and assistance in this study will be sincerely appreciated. After responding to the enclosed questionnaire please return it to us in the stamped, addressed envelope provided. We would also like to obtain a copy of your organization's Constitution and By-Laws if such are available. If you so desire, a report of the findings will be forwarded upon completion of the study.

Sincerely,

Richard K. Johnson
Research Associate

David W. Smith
Research Director

encl:

To Executive Officers (NAHSA)
(The University of Arizona Rehabilitation Center Letterhead)

Recent activities at the national level have placed special emphasis on the provision of services, in the areas of rehabilitation, health, education and welfare, to adult deaf members of our society.

At the present time information pertaining to the type of services most urgently needed by the adult deaf is incomplete. We feel it is important and timely to determine the perceived need for, availability of, and possible avenues which might make more feasible the provision of such specialized services in the region now represented by your organization. In addition to making a contribution to the growing body of research in rehabilitation of deaf people, it is hoped this investigation will help to develop guidelines for future programs for the adult deaf throughout the country.

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Sincerely,

Richard K. Johnson
Research Associate

David W. Smith
Research Director

encl:

APPENDIX B

QUESTIONNAIRE USED FOR COLLECTING DATA

DIRECTIONS FOR COMPLETING THE ATTACHED QUESTIONNAIRE

This questionnaire consists of two parts: (1) a section which asks questions about you and your organization, and (2) a section which deals with several areas relating to the provision of services to the adult deaf. All of this information will be handled in confidence. Your name and the name of your organization will not be used in the report on this survey.

THE QUESTIONNAIRE HAS BEEN DESIGNED SO THAT YOU CAN COMPLETE IT IN APPROXIMATELY 20 MINUTES.

In section #1 please check ALL of the items which apply to yourself and to your organization. On items which are followed by blanks, please provide the specific information requested.

In section #2 please rank ALL of the items on each page according to the directions given at the top of each sub-section.

Please keep in mind the following definitions while answering the questionnaire.

ADULT DEAF: Any person over eighteen years of age whose hearing loss falls into one of the following two categories.

1. DEAF: A person who was born with little or no hearing or who suffered hearing loss early in infancy before speech and language patterns were acquired.
2. DEAFENED: A person whose sense of hearing was normal and who reached the age where he could produce and comprehend speech, but who subsequently lost his hearing.

HARD OF HEARING: A person whose sense of hearing, although defective, is functional with or without a hearing aid, and in whom language acquisition has not been precluded.

A. GENERAL INFORMATION

1. Name _____
2. Organization _____
3. Title (Pres., Dir., etc.) _____
4. Age _____
5. Sex: _____ male _____ female
6. Do you have any hearing impairment? _____ yes _____ no
 If "yes," do you consider yourself
 - a. _____ deaf or deafened
 - b. _____ hard of hearing
 - c. At what age did you lose your hearing? _____
7. Approximately how many ACTIVE MEMBERS are in your organization at this time? _____
8. Approximately how many of these active members are:
 - a. deaf or deafened _____
 - b. hard of hearing _____
9. Is your work with this organization your only job? _____ yes _____ no
 a. If "no," at what other occupation are you employed?

10. Approximately how many hours of your week are devoted to your organization's activities? _____ hours.
11. What part of your monthly income is paid by your organization?
 - a. _____ none
 - b. _____ actual expenses only
 - c. _____ approximately _____ percent

12. How is your organization now supported financially? (Give approximate percentages).

- a. _____% dues and donations d. _____% United Community Funds
- b. _____% State government grants e. _____% Federal Government Funds
- c. _____% Foundation grants f. _____% Service monies
- g. _____% other sources (explain) _____
-

13. How were you appointed to your present position in this organization?

- a. _____ by vote of the membership
- b. _____ by the Board of Directors
- c. _____ by other means (please explain)
-

14. How long is your term of appointment? _____

15. Did you sign a contract for this appointment? _____ no
 _____ yes

If "yes," how frequently is your contract renewed?

- _____ yearly
- _____ every _____ years
- _____ other (please explain)
-

16. Has your organization undertaken any joint programs with other organizations in the hearing and speech field, or with organizations of the deaf?

- _____ no
- _____ yes

If "yes," please explain briefly the nature of these joint undertakings. Give the name of the other organization(s), purpose of the cooperative venture and approximate duration.

17. What is the TOTAL number of members on your organization's Board of Directors? _____

18. How many hearing impaired people are NOW serving on your organization's Board of Directors?

_____ deaf or deafened people

_____ hard of hearing people

B. STAFF

Please indicate the type of staff assistance your organization uses.

1. _____ ALL staff assistance is VOLUNTARY..

2. _____ There are salaried positions on the staff of this organization (please indicate the NUMBER of people).

NUMBER OF		POSITION	Approx. hrs. per week for PART-TIME people
Full-time	Part-time		
_____	_____	a. executive officer	_____
_____	_____	b. clerical worker	_____
_____	_____	c. counselor	_____
_____	_____	d. audiologist	_____
_____	_____	e. psychologist	_____
_____	_____	f. speech therapist	_____
_____	_____	g. vocational evaluator	_____
_____	_____	h. Psychiatrist	_____

- | | | | |
|-------|-------|---------------------------|-------|
| _____ | _____ | i. teacher of the deaf | _____ |
| _____ | _____ | j. vocational instructor | _____ |
| _____ | _____ | k. hearing aid consultant | _____ |
| _____ | _____ | l. other (explain) | _____ |

C. EDUCATION

- | | | |
|-------------------------------------|------------------|----------------|
| 1. <u>Universities, Colleges or</u> | <u>Years</u> | <u>Degrees</u> |
| <u>Schools you have attended</u> | <u>(from-to)</u> | <u>earned</u> |
| _____ | | |
| _____ | | |
| _____ | | |

2. Major area: _____

3. Have you had any other training specifically for work with deaf people?
- _____no
- _____yes

If "yes," please explain briefly what this training was and when it took place.

4. What degree of skill do you have in the use of manual communication?

- | | |
|---------------|----------------------|
| a. <u>Use</u> | b. <u>Understand</u> |
| _____good | _____good |
| _____fair | _____fair |
| _____poor | _____poor |
| _____none | _____none |

5. Is there someone skilled in the use of manual communication who is readily available if needed to interpret for a deaf person?
- a. _____ a staff member
 - b. _____ someone from the community
 - c. _____ no one is available
6. What other training or qualifications do you have that you believe might make you interested in working with adult deaf people?

SECTION IIPLEASE NOTE

The following nine sub-sections ask for YOUR opinion on several topics relating to the adult deaf. You are asked to rank a series of items under each topic. When ranking these items please keep in mind that we want to know how, IN YOUR OPINION, these items reflect the needs of the adult deaf.

FOR EXAMPLE: In sub-section #1 you are presented with seven problem areas. We would like to know in which of these seven areas YOU think the adult deaf need help the MOST, then the next most important area in which they need assistance, and so forth . . . on down to that area in which you think they need the LEAST help.

You are requested to indicate YOUR preference in priority ranking for each of the items presented. IT IS IMPORTANT that you complete EACH of the following nine sub-sections. This is NOT a test of your knowledge. We want YOUR opinion, IT IS IMPORTANT!

THANK YOU

Please rank the following as you think they apply to the needs of the adult deaf. Rank #1 for the MOST important, then 2, 3, 4, . . . down to #7 for the LEAST important.

I. ADJUSTMENT PROBLEMS

- _____ a. Adjustment to work problems.
Consider such things as: worry about the job; inability to concentrate; conflicts with supervisors; work habits; etc.
- _____ b. Vocational problems.
Consider such things as: occupational planning; work experience; apprenticeship; union membership; etc.
- _____ c. Educational problems.
Consider such things as: inadequate academic background; communication difficulties; choosing a college; etc.
- _____ d. Social-interaction problems.
Consider such things as: awkwardness in meeting both deaf and hearing people; participation in total community activities; appearances; etiquette; etc.
- _____ e. Social behavior problems.
Consider such things as: likes and dislikes for people; arguments; jealousy, etc.
- _____ f. Personal-psychological problems.
Consider such things as: feelings of self-confidence; temper; day dreaming; drinking; etc.
- _____ g. Emotional-psychological problems.
Consider such things as: severe neurotic conditions; mild psychotic cases; abnormal behavior; etc.

PLEASE RANK EACH ITEM ON THIS PAGE - DO NOT SKIP ANYTHING. YOUR OPINION
IS IMPORTANT!!

Rank #1 for the MOST important, then 2, 3, 4, . . . down to #6 for the LEAST important.

II. PERSONAL PROBLEMS

- a. Home and family problems.
Consider such things as: attitudes toward parents, spouse and children; sibling rivalry; etc.
- b. Moral problems.
Consider such things as: immoral conduct; socially undesirable behavior, ideals, etc.
- c. Dating and marriage.
Consider such things as: going steady; sexual behavior; divorce; etc.
- d. Financial problems.
Consider such things as: financial budgeting; saving money; charge accounts; etc.
- e. Decision making problems.
Consider such things as: willingness to make decisions; accepting responsibility for decisions; etc.
- f. Goal clarification problems.
Consider such things as: setting reasonable goals; developing value systems; implementing plans; etc.

PLEASE RANK EACH ITEM ON THIS PAGE - DO NOT SKIP ANYTHING. YOUR OPINION
IS IMPORTANT!!

Rank #1 for the MOST important, then 2, 3, 4, . . . down to #6 for the LEAST important.

III. COMMUNITY ACTION

- a. Orientation of the deaf to the community.
 Consider such things as: planning and conducting orientation; introducing civic groups to the deaf; involving the adult deaf in more civic activities; etc.
- b. Liaison and public relations.
 Consider such things as: cooperation and communication with other community organizations, with public agencies; speaking to civic groups; etc.
- c. Registry of the deaf.
 Consider such things as: geographical distribution; occupations; unemployment; reporting cases of deafness; etc.
- d. Registry of interpreters.
 Consider such things as: maintaining a directory; availability; classification; salary; training programs; etc.
- e. Parents of the deaf.
 Consider such things as: orientation to deafness; counseling; manual communication classes; formal organizations; involvement; referral; etc.
- f. Social and recreational.
 Consider such things as: organizing social events for deaf adults; deaf-hearing gatherings, etc.

PLEASE RANK EACH ITEM ON THIS PAGE - DO NOT SKIP ANYTHING. YOUR OPINION
IS IMPORTANT!!

Rank #1 for the MOST important, then 2, 3, 4, . . . down to #5 for the LEAST important.

IV. GENERAL ASSISTANCE

- _____ a. Individual assistance.
Consider such things as: help with special health problems; nutrition planning; making arrangements for glasses, hearing aids, legal aid; etc.
- _____ b. Occupational and educational.
Consider such things as: speaking to school groups; helping with placement, drop-outs; organizing such things as adult education opportunities; follow-up visits; etc.
- _____ c. Research.
Consider such things as: participating in studies on deafness; sponsoring studies; conducting demonstration programs; etc.
- _____ d. Individual appraisal.
Consider such things as: speech and hearing diagnosis; administering test batteries; vocational evaluation; etc.
- _____ e. Leadership.
Consider such things as: local workshops; community awareness movements; deaf power; political activities; etc.

PLEASE RANK EACH ITEM ON THIS PAGE - DO NOT SKIP ANYTHING. YOUR OPINION
IS IMPORTANT!!

In regard to adult education for the DEAF, which of the following types of learning experiences do you think should be offered?

Please rank the following in terms of what you think is important. Rank #1 for the MOST important, then 2, 3, 4, . . . down to #12 for the LEAST important.

V. ADULT EDUCATION

- _____ a. Manual communication
- _____ b. Language development
- _____ c. Auditory training
- _____ d. Leisure time activities
- _____ e. Current events
- _____ f. Speech training
- _____ g. Specific job-oriented areas
- _____ h. Interpersonal relations
- _____ i. Speech reading
- _____ j. Sex education
- _____ k. Consumer economics
- _____ l. Other (explain) _____

PLEASE RANK EACH ITEM ON THIS PAGE - DO NOT SKIP ANYTHING. YOUR OPINION
IS IMPORTANT!!

If Hearing and Speech organizations were to consider closer cooperation with Associations of the Deaf, in which of the following ways do YOU think such cooperation could best meet the needs of the adult deaf? (Sections VI, VII, VIII, IX)

Please rank the following statements in terms of YOUR OWN agreement with them. Rank #1 for the statement you MOST agree with, then, 2, 3, 4, . . . down to #7 for the statement with which you LEAST agree.

VI. COOPERATION

- a. The Hearing and Speech agencies and the Associations of the Deaf should work independently of each other.
 - b. Organizations of the deaf and organizations for the hard of hearing should merge and form a single new organization.
 - c. Organizations of the deaf and organizations for the hard of hearing should maintain NON-voting liaison members on each other's Board of Directors.
 - d. Organizations of the deaf and organizations for the hard of hearing should occasionally cooperate to co-sponsor programs to make people more aware of the problems of hearing impairment.
 - e. Organizations of the deaf and organizations for the hard of hearing should maintain VOTING liaison members on each other's Board of Directors.
 - f. A special committee for services to the adult deaf should be established with equal representation from both organizations of the deaf and organizations for the hard of hearing.
 - g. Another possible approach which I feel might be better. (Please explain) _____
-

PLEASE RANK EACH ITEM ON THIS PAGE - DO NOT SKIP ANYTHING. YOUR OPINION
IS IMPORTANT!!

Rank #1 for the MOST appropriate statement, then 2, 3, 4, . . . down to #7 for the LEAST appropriate statement.

VII. ORGANIZATIONAL ROLE

- a. My organization's role should be to locate adult deaf, in need of services, who reside within the district served by my organization.
- b. My organization's role in serving the adult deaf should include actual liaison work in the deaf community.
- c. My organization's role in serving the adult deaf should include actual liaison work in the hearing community.
- d. The role of my organization should be limited to that of a consultant to any other group or agency which might wish to provide services to the adult deaf.
- e. My organization's role should be one of coordinating the needs of deaf adults with the community agencies serving general community needs.
- f. My organization's role should be to provide specialized services directly to the adult deaf who need such services.
- g. My organization should take a vigorous, active leadership role in all affairs of both the deaf and hearing communities in an effort to promote the best possible services to the adult deaf.

PLEASE RANK EACH ITEM ON THIS PAGE - DO NOT SKIP ANYTHING. YOUR OPINION
IS IMPORTANT!!

Rank #1 for MOST agree, then 2, 3, 4, . . . down to #5 for the statement with which you LEAST agree.

VIII. EXPANSION OF SERVICES

- a. Means of expanding community services for the adult deaf, from either local, state or national sources should be sought by my organization.
- b. The community service needs of the adult deaf are not large enough to justify special programs.
- c. It makes no difference what organization tries to expand community services for the adult deaf, as long as better services are provided.
- d. Means of expanding community services for the adult deaf, from either local, state or national sources should be sought jointly by both the Associations of the Deaf and the Hearing and Speech organizations.
- e. More needs to be known about the type of community services needed by the adult deaf before any type of program expansion is undertaken.

PLEASE RANK EACH ITEM ON THIS PAGE - DO NOT SKIP ANYTHING. YOUR OPINION
IS IMPORTANT!!

Rank #1 for the statement with which you MOST agree, then 2, 3, 4,
. . . down to #6 for that statement with which you LEAST agree.

IX. FUNDING FOR SERVICES

- a. Funds for community services to the adult deaf should be provided by more Federal grant programs.
- b. Funds for community services to the adult deaf should be provided through Foundation grants.
- c. Funds for community services to the adult deaf should be provided by the State government.
- d. Funds for community services to the adult deaf should be provided through United Community funds.
- e. If the adult deaf need community services they should pay for these services themselves.
- f. Funding sources should be limited to monies that can be raised, through dues and donations, by individual organizations.

PLEASE RANK EACH ITEM ON THIS PAGE - DO NOT SKIP ANYTHING. YOUR OPINION
IS IMPORTANT!!

Please indicate, in the left-hand check column, the services now available through your organization's existing program. In the right-hand check column, indicate those services that you think should be added, for the adult deaf. Refer to the previous sections of the questionnaire for clarification of the definitions used below.

<u>NOW</u> <u>provide</u>	<u>SHOULD</u> <u>provide</u>		<u>REFERRAL</u> <u>section</u>
_____	_____	a. Adjustment to work problems	1-a
_____	_____	b. Vocational problems	1-b
_____	_____	c. Educational problems	1-c
_____	_____	d. Social-interaction problems	1-d
_____	_____	e. Social-behavior problems	1-e
_____	_____	f. Personal-psychological problems	1-f
_____	_____	g. Emotional-psychological problems	1-g
_____	_____	h. Home and family problems	2-a
_____	_____	i. Moral problems	2-b
_____	_____	j. Dating and marriage problems	2-c
_____	_____	k. Financial problems	2-d
_____	_____	l. Decision making problems	2-e
_____	_____	m. Goal clarification problems	2-f
_____	_____	n. Orientation-deaf to community	3-a
_____	_____	o. Liaison & public relations	3-b
_____	_____	p. Registry of the deaf	3-c
_____	_____	q. Registry of interpreters	3-d
_____	_____	r. Parents of the deaf program	3-e
_____	_____	s. Social & recreational program	3-f
_____	_____	t. Individual assistance program	4-a
_____	_____	u. Occupational/educational program	4-b
_____	_____	v. Research	4-c
_____	_____	w. Individual appraisal	4-d
_____	_____	x. Leadership activities	4-e
_____	_____	y. Adult education (general)	5-all
_____	_____	z. Other (explain)	

THANK YOU VERY MUCH FOR YOUR SPLENDID COOPERATION.

Richard K. Johnson
 Rehabilitation Center
 College of Education
 University of Arizona
 Tucson, Arizona 85721

APPENDIX C

FOLLOW-UP LETTERS

To Executive Officers (NAD)
(The University of Arizona Rehabilitation Center Letterhead)

As part of an effort to gain greater insight into the needs of the adult deaf, we are requesting your assistance.

By this time you should have received a questionnaire which we mailed to you approximately one week ago. Although we realize you are quite busy, we hope you will take time to complete this questionnaire and return it to us as soon as possible.

We appreciate your help. Thank you.

Sincerely,

Richard K. Johnson
Research Associate

David W. Smith
Research Director

This study is endorsed by the National Association of the Deaf

To Executive Officers (NAHSA)
(The University of Arizona Rehabilitation Center Letterhead)

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and Speech Agencies

APPENDIX D

SECOND COVER LETTERS

To Executive Officers (NAD)
(The University of Arizona Rehabilitation Center Letterhead)

Some three weeks have passed since we sent you our questionnaire concerning service needs of the adult deaf. As of this date we still have not received your response.

In the event you may have misplaced the original questionnaire, another copy is enclosed for your convenience. An additional stamped, addressed envelope is also included.

We realize this questionnaire will require time from your busy schedule, but we feel your contribution is vitally important to this survey.

Thank you once again for your cooperation.

Sincerely,

Richard K. Johnson
Research Associate

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encl:

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and Speech Agencies

APPENDIX E

SECOND FOLLOW-UP LETTERS

To Executive Officers (NAD)

(The University of Arizona Rehabilitation Center Letterhead)

Recently you were sent a questionnaire pertaining to the needs of the adult deaf. As of this date we have not received your response. We feel that you, as a community leader, can offer valuable information in assessing the needs of this segment of the population.

May we ask you again to complete the questionnaire and return it, along with a copy of your organization's Constitution and By-Laws (if such are available), in the stamped, addressed envelope which was provided.

Thank you for your cooperation.

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APPENDIX F

BACKGROUND INFORMATION ON RESPONDENTS

Table 19. Age of Respondents

Age	NAD		NAHSA	
	N	%	N	%
75-79	-	-	1	1.06
70-74	-	-	1	1.06
65-69	1	2.86	1	1.06
60-64	2	5.71	4	4.26
55-59	1	2.86	6	6.38
50-54	7	20.00	6	6.38
45-49	8	22.85	8	8.51
40-44	7	20.00	16	17.03
35-39	1	2.86	19	20.22
30-34	4	11.43	14	14.89
25-29	3	8.57	8	8.51
20-24	-	-	1	1.06
NR	1	2.86	9	9.58
Total	35	100.00	94	100.00

NAD: $\bar{X} = 41.0$
 NAHSA: $\bar{X} = 39.9$

Table 20. Age at Onset of Hearing Loss

Age	NAD		NAHSA	
	N	%	N	%
48-51	-	-	3	27.28
28-31	-	-	1	9.09
24-27	1	2.94	2	18.18
20-23	-	-	1	9.09
16-19	-	-	2	18.18
12-15	5	14.71	-	-
8-11	5	14.71	1	9.09
4-7	9	26.47	1	9.09
0-3	<u>14</u>	<u>41.17</u>	<u>-</u>	<u>-</u>
Total	34	100.00	11	100.00

NAD: $\bar{X} = 6.2$; Mdn. = 4.8
 NAHSA: $\bar{X} = 22.7$; Mdn. = 24.5

Table 21. Membership

Members	NAD		NAHSA*	
	N	%	N	%
Normal hearing	593	5.96	2,414	43.99
Hard of hearing	1,084	10.90	1,641	29.91
Deaf	<u>8,271</u>	<u>83.14</u>	<u>1,432</u>	<u>26.10</u>
Total	9,948	100.00	5,487	100.00

*Figures represent only Speech & Hearing Agencies

Table 22. Major Area of Study

Major	NAD		NAHSA	
	N	%	N	%
Speech therapy	-	-	32	39.51
Audiology	-	-	26	32.10
Psychology	-	-	2	2.47
Communication disorders	-	-	2	2.47
Administration	-	-	5	6.17
Special education	4	26.67	11	13.58
Nursing education	-	-	2	2.47
Counseling	2	13.33	-	-
Mathematics	4	26.67	-	-
Engineering	2	13.33	-	-
Other	<u>3</u>	<u>20.00</u>	<u>1</u>	<u>1.23</u>
Total	15	100.00	81	100.00

Table 23. Skill in Use of Manual Communication

Use	NAD		NAHSA	
	N	%	N	%
Good	33	94.28	8	8.51
Fair	1	2.86	19	20.21
Poor	1	2.86	16	17.02
None	-	-	51	54.26
Total	35	100.00	94	100.00

Understand	NAD		NAHSA	
	N	%	N	%
Good	32	91.43	5	5.32
Fair	3	8.57	17	18.08
Poor	-	-	26	27.66
None	-	-	46	48.94
Total	34	100.00	94	100.00

Table 24. Hours per Week Spent on Organizational Work

Hours	NAD		NAHSA	
	N	%	N	%
60-69	-	-	7	7.45
50-59	-	-	17	18.08
40-49	1	2.86	39	41.49
30-39	-	-	6	6.38
20-29	2	5.71	1	1.06
10-19	11	31.43	2	2.13
0-9	16	45.71	6	6.38
NR	<u>5</u>	<u>14.29</u>	<u>16</u>	<u>17.03</u>
Total	35	100.00	94	100.00

NAD: $\bar{X} = 10.8$; Mdn. = 9.4
 NAHSA: $\bar{X} = 43.6$; Mdn. = 45.7

Table 25. Percentage of Income Paid by Organization

Percent of total	NAD		NAHSA	
	N	%	N	%
76-100	1	2.86	72	76.59
51-75	-	-	1	1.06
26-50	-	-	2	2.13
0-25	1	2.86	-	-
Actual expenses	12	34.28	-	-
None	21	60.00	11	11.71
NR	-	-	8	8.51
Total	35	100.00	94	100.00

Table 26. Cooperative Undertakings with Other Organizations

Other organization	NAD		NAHSA	
	N	%	N	%
Public school	-	-	10	10.64
NAHSA (national)	-	-	2	2.13
NAD (national)	5	14.29	1	1.06
School for deaf	-	-	7	7.45
Local group	2	5.71	5	5.32
DVR	3	8.57	7	7.45
Board of health	-	-	1	1.06
Hospital/Nursing home	-	-	6	6.38
National theatre for the deaf	-	-	1	1.06
College/University	-	-	8	8.51
Speech-Hearing Assoc.	2	5.71	4	4.26
Deaf driver's defense school	3	8.57	-	-
None	19	54.29	41	43.62
NR	<u>1</u>	<u>2.86</u>	<u>1</u>	<u>1.06</u>
Total	35	100.00	94	100.00

Table 27. Availability of Interpreters

Source	NAD		NAHSA	
	N	%	N	%
Staff	8	19.51	41	38.32
Community	32	78.05	44	41.12
None	<u>1</u>	<u>2.44</u>	<u>22</u>	<u>20.56</u>
Total	41*	100.00	107*	100.00

*Both staff and community were indicated by several respondents

APPENDIX G

AREAS OF SERVICE

- A. Adjustment to work problems
- B. Vocational problems
- C. Educational problems
- D. Social-interaction problems
- E. Social behavior problems
- F. Personal-psychological problems
- G. Emotional-psychological problems
- H. Home-family problems
- I. Moral problems
- J. Dating-marriage problems
- K. Financial problems
- L. Decision making problems
- M. Goal clarification problems
- N. Orientation: deaf to community
- O. Liaison-public relations
- P. Registry of the deaf
- Q. Registry of interpreters
- R. Parents of the deaf program
- S. Social-recreation program
- T. Individual assistance program
- U. Occupation-education program

- V. Research
- W. Individual appraisal
- X. Leadership activities
- Y. Adult education (general)

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