INFORMATION TO USERS

This was produced from a copy of a document sent to us for microfilming. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help you understand markings or notations which may appear on this reproduction.

1. The sign or “target” for pages apparently lacking from the document photographed is “Missing Page(s)”. If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure you of complete continuity.

2. When an image on the film is obliterated with a round black mark it is an indication that the film inspector noticed either blurred copy because of movement during exposure, or duplicate copy. Unless we meant to delete copyrighted materials that should not have been filmed, you will find a good image of the page in the adjacent frame.

3. When a map, drawing or chart, etc., is part of the material being photographed the photographer has followed a definite method in “sectioning” the material. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.

4. For any illustrations that cannot be reproduced satisfactorily by xerography, photographic prints can be purchased at additional cost and tipped into your xerographic copy. Requests can be made to our Dissertations Customer Services Department.

5. Some pages in any document may have indistinct print. In all cases we have filmed the best available copy.
CURTIS, MARIE ANN

COUNSELING IN SCHOOLS FOR THE DEAF: THE STATE OF THE ART

The University of Arizona

University Microfilms International

300 N. Zeeb Road, Ann Arbor, MI 48106

18 Bedford Row, London WC1R 4EJ, England
COUNSELING IN SCHOOLS FOR THE DEAF:
THE STATE OF THE ART

by
Marie Ann Curtis

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

1979
I hereby recommend that this dissertation prepared under my direction by Marie Ann Curtis entitled Counseling in Schools for the Deaf: The State of the Art be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Education.

[Signatures and dates]

As members of the Final Examination Committee, we certify that we have read this dissertation and agree that it may be presented for final defense.

[Signatures and dates]

Final approval and acceptance of this dissertation is contingent on the candidate's adequate performance and defense thereof at the final oral examination.
STATEMENT BY AUTHOR

This dissertation has been submitted in partial fulfillment of requirements for an advanced degree at The University of Arizona and is deposited in the University Library to be made available to borrowers under rules of the Library.

Brief quotations from this dissertation are allowable without special permission, provided that accurate acknowledgment of source is made. Requests for permission for extended quotation from or reproduction of this manuscript in whole or in part may be granted by the head of the major department or the Dean of the Graduate College when in his judgment the proposed use of the material is in the interests of scholarship. In all other instances, however, permission must be obtained from the author.

SIGNED: [Signature]
ACKNOWLEDGMENTS

Special thanks go to Dr. Armin G. Turechek, my dissertation director and teacher, who shared his knowledge, experiences and wisdom gained in working with the deaf for a period spanning more than three decades.

Special thanks go also to Dr. Kent B. Kloeping, my advisor and friend, who has remained a strong supporter since the beginning of my doctoral studies.

Appreciation is also expressed to Dr. Amos P. Sales, Dr. Gordon Harshman, and Dr. Bill Hillman for serving and assisting in my doctoral endeavors.

Thanks must go also to Dr. Randall Parker of the University of Texas who volunteered his assistance in the handling of the data obtained in the study.

Undoubtedly, this task could not have been accomplished without the continued support, patience and understanding of my husband, Don. Appreciation is expressed to Don and our daughter, Staci, for the sacrifices and adjustments they had to make to assist me in accomplishing this task.
TABLE OF CONTENTS

LIST OF TABLES ........................................ vi
ABSTRACT .................................................. viii

I. INTRODUCTION ........................................... 1
   Statement of the Problem ............................... 3
   Importance of the Problem ............................. 5
   Hypotheses ............................................. 7
   Assumptions ........................................... 9
   Delimitations ........................................ 9
   Limitations ........................................... 10
   Definition of Terms ................................... 11
   Summary ............................................... 12

II. REVIEW OF THE LITERATURE ............................ 13
   Counseling with the Deaf ............................... 13
   Counseling in Schools for the Deaf .................... 18
   Counseling Practices in Schools for the Deaf ......... 21
   Skills Needed by Counselors of the Deaf ............... 24
   Counseling Theories and Techniques ................... 26
   Summary ............................................... 31

III. METHODOLOGY .......................................... 33
   Research Methodology ................................... 33
   Construction of the Instruments ........................ 35
   Selection of Subjects .................................. 37
   Collection of the Data .................................. 39
   Analysis of the Data ................................... 40
   Summary ............................................... 41

IV. RESULTS OF THE STUDY .................................. 42
   Descriptive Data ....................................... 42
   Sections 1 and 2—(Both Questionnaires) Educational Setting and Student Population) ....... 42
TABLE OF CONTENTS—Continued

<table>
<thead>
<tr>
<th>Section 3—(Administrator Questionnaire) Lack of Counseling</th>
<th>53</th>
</tr>
</thead>
<tbody>
<tr>
<td>for the Deaf</td>
<td></td>
</tr>
<tr>
<td>Section 3—(Counselor Questionnaire) Counselor for the Deaf</td>
<td>53</td>
</tr>
<tr>
<td>Sections 4 and 5—(Counselor Questionnaire) Counseling Theories and Techniques</td>
<td>75</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>81</td>
</tr>
<tr>
<td>Hypothesis 1</td>
<td>81</td>
</tr>
<tr>
<td>Hypothesis 2</td>
<td>81</td>
</tr>
<tr>
<td>Hypothesis 3</td>
<td>82</td>
</tr>
<tr>
<td>Hypothesis 4</td>
<td>82</td>
</tr>
<tr>
<td>Hypothesis 5</td>
<td>83</td>
</tr>
<tr>
<td>Summary</td>
<td>83</td>
</tr>
</tbody>
</table>

V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS .................. 85

| General Summary                                           | 85  |
| Purpose                                                   | 85  |
| Design                                                    | 87  |
| Results                                                   | 89  |
| Conclusions and Interpretations                           | 91  |
| Recommendations for Further Research                      | 93  |

APPENDIX A: QUESTIONNAIRE FOR COUNSELORS ..................... 95

APPENDIX B: QUESTIONNAIRE FOR ADMINISTRATORS ................. 102

APPENDIX C: COVER LETTER TO ADMINISTRATORS .................. 104

APPENDIX D: LETTER OF ENDORSEMENT .................................. 106

APPENDIX E: FOLLOW-UP LETTER TO ADMINISTRATORS ............... 107

LIST OF REFERENCES .................................................. 108
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Availability of counseling services in educational programs serving the deaf</td>
<td>44</td>
</tr>
<tr>
<td>2. Educational levels served</td>
<td>45</td>
</tr>
<tr>
<td>3. Funding source of educational programs</td>
<td>46</td>
</tr>
<tr>
<td>4. Size of hearing impaired student population</td>
<td>49</td>
</tr>
<tr>
<td>5. Size of total student population</td>
<td>50</td>
</tr>
<tr>
<td>6. Student population by disability type</td>
<td>51</td>
</tr>
<tr>
<td>7. Predominant expressive mode of communication of deaf students</td>
<td>52</td>
</tr>
<tr>
<td>8. Reasons for the non-provision of counseling services</td>
<td>54</td>
</tr>
<tr>
<td>9. Elements needed to initiate counseling services where they are now lacking</td>
<td>55</td>
</tr>
<tr>
<td>10. Problems encountered by administrators</td>
<td>56</td>
</tr>
<tr>
<td>11. Counselor position</td>
<td>57</td>
</tr>
<tr>
<td>12. Full-time counselor responsibilities</td>
<td>58</td>
</tr>
<tr>
<td>13. Part-time counselor responsibilities</td>
<td>59</td>
</tr>
<tr>
<td>14. Percent time spent in counseling</td>
<td>61</td>
</tr>
<tr>
<td>15. Difficulties in counseling with deaf students</td>
<td>62</td>
</tr>
<tr>
<td>16. Highest degree held</td>
<td>63</td>
</tr>
<tr>
<td>17. Undergraduate majors</td>
<td>64</td>
</tr>
<tr>
<td>18. Graduate majors</td>
<td>65</td>
</tr>
</tbody>
</table>
LIST OF TABLES—Continued

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Years experience in major specialty</td>
<td>67</td>
</tr>
<tr>
<td>20.</td>
<td>Years experience in counseling</td>
<td>68</td>
</tr>
<tr>
<td>21.</td>
<td>Years experience in counseling hearing impaired</td>
<td>69</td>
</tr>
<tr>
<td>22.</td>
<td>Years experience in other work with hearing impaired</td>
<td>70</td>
</tr>
<tr>
<td>23.</td>
<td>Personal experience with deafness</td>
<td>71</td>
</tr>
<tr>
<td>24.</td>
<td>Ability to use sign language</td>
<td>72</td>
</tr>
<tr>
<td>25.</td>
<td>Ability to read sign language</td>
<td>72</td>
</tr>
<tr>
<td>26.</td>
<td>Communication resource(s) used in counseling the deaf</td>
<td>73</td>
</tr>
<tr>
<td>27.</td>
<td>Special preparation for counseling with the deaf</td>
<td>74</td>
</tr>
<tr>
<td>28.</td>
<td>Most frequently used theoretical approach</td>
<td>76</td>
</tr>
<tr>
<td>29.</td>
<td>Second most frequently used theoretical approach</td>
<td>77</td>
</tr>
<tr>
<td>30.</td>
<td>Third most frequently used theoretical approach</td>
<td>78</td>
</tr>
<tr>
<td>31.</td>
<td>Specific counseling techniques used</td>
<td>79</td>
</tr>
<tr>
<td>32.</td>
<td>Other counseling techniques identified</td>
<td>80</td>
</tr>
</tbody>
</table>
ABSTRACT

The general purpose of this study was to determine the actual state of the art of counseling in schools for the deaf in terms of the availability of counseling services, the skills and training of counselors providing these services, and the methodology currently being employed in the delivery of counseling services to deaf students.

The specific questions studied were:

1. Were counseling services being provided to deaf students in educational programs serving the deaf?

2. Was the provision of this support service related to the educational setting in terms of:
   a. the type of educational setting?
   b. the educational levels offered?
   c. the funding source?

3. Was the provision of this support service related to the hearing impaired student population in terms of:
   a. the size of the hearing impaired student population?
   b. the primary type of disability?
   c. the predominant expressive mode of communication of deaf students?
4. What were the reasons for the non-provision of counseling services to deaf students in these educational programs?

5. What was the nature of the work of a counselor for the deaf in an educational setting in terms of:
   a. the counselor position?
   b. the counselor's responsibilities?
   c. counseling practice?

6. What was the background of the counselor who serves deaf students in terms of:
   a. academic training?
   b. professional experience?
   c. personal experience with deafness?
   d. communication abilities?
   e. special preparation for counseling with the deaf?

7. What theoretical approaches and counseling techniques were currently being utilized in the delivery of counseling services to deaf students?

Two questionnaires were developed to gather the data for this study and mailed to 231 educational programs serving the deaf throughout the country. Useable questionnaires were returned by 181 respondents. Only educational programs serving fifty or more deaf students were included in the study.
The analysis of the data revealed that counseling services were being provided to deaf students in only 50.8 percent of the educational programs responding to the survey.

The provision of counseling services to deaf students was greater in residential schools for the deaf. Services were more available in secondary level programs and seemed less available in privately funded programs.

The provision of services was related to the size of the hearing impaired student population. The lack of services was greater in programs with small hearing impaired student populations. Services were more available in programs serving "deaf" students and where students utilized a manual mode of communication.

The lack of funding for counselor positions and the shortage of qualified personnel available to fill these positions were the major reasons for the non-provision of services.

The majority of counselors serving deaf students held a master's degree in counseling and guidance. These counselors were primarily full-time counselors serving exclusively hearing impaired caseloads. Communication and linguistic limitations were the most frequently reported difficulties encountered in counseling with deaf students.

Nearly one-third of the counselors had worked in some other capacity with hearing impaired individuals. A
little more than half had no personal experience with deaf­ness preceding professional practice.

Only 14.1 percent of the counselors had had graduate training in counseling with the hearing impaired.

Rogerian Client-Centered Therapy, Glasser's Reality Therapy, and behavioral approaches were utilized most in counseling with deaf students. Action-oriented counseling techniques such as role playing, play therapy, psychodrama, and counseling games were the most frequently reported.

Further research should attempt to determine the relationship between counselor variables and counselor performance. Attention should also be given to hearing impaired student characteristics and how these relate to the applicability of various approaches and techniques.
CHAPTER I

INTRODUCTION

The deaf have been identified as a minority population. Approximately five percent of the total population in the United States are persons handicapped by significant bilateral hearing losses, and two million of these persons cannot hear and understand conversational speech (Adler and Williams, 1974). The recent National Census of the Deaf Population reported an estimate of over 450,000 prevocationally deafened persons, a prevalence rate of two per thousand (Schein and Delk, 1974).

Adler and Williams (1974) estimated the number of school-age deaf children to be close to 90,000, a figure considerably greater than the 47,324 deaf students reported to be enrolled in 681 schools and classes for the deaf identified in the 1978 American Annals of the Deaf, Directory of Programs and Services.

Even though counseling and guidance services have been readily available to the general population since the 1920's, deaf people of all ages have been denied access to these services primarily due to the problems of communication between the counselor and the client (Sussman and Stewart, 1971). Because of the low incidence of deafness and the
scarcity of trained counselors who have the ability to communicate in sign language, it has not been possible to meet the existing counseling needs of the deaf population.

Though the deaf population is small when compared to the general population, its need for counseling and guidance services is much greater. When an individual is born deaf or becomes deaf by the age of three, he generally does not have normal communication skills, and his social, psychological and emotional development as well as his general educational development, is usually retarded. This creates a further need for special attention and guidance (Brill, 1974). Ross (1976) has stated that hearing impaired children require more supportive services than normal hearing children, and, unfortunately, they usually receive less. It is important to note here that the causes of deafness have changed over the years, and currently ninety percent of children enrolled in residential schools for the deaf became deaf by the age of three (Brill, 1974). This factor further increases the need for counseling and guidance services in schools for the deaf.

Several recognized professionals in the field of deafness (Myklebust, Neyhus and Mulholland, 1962; Sussman, 1970; Sussman, 1974a; Vernon, 1971) have written about the need for counseling services for deaf persons of all ages. Others have specifically indicated a need for counseling in
schools for the deaf (Lloyd, 1972; Stewart, 1971a; Sussman, 1974a; White 1974). Some have described the state of the art of counseling in schools for the deaf and have been critical of it (Lloyd, 1972; Stewart, 1971b; Sussman, 1976b; Vernon, 1971).

A review of the literature in the area of counseling in schools for the deaf revealed the nonexistence of data to support the present criticism relative to the state of the art. Best (1970) pointed out that factual knowledge of the current status of things is a necessary first step to problem solving. In light of the above, this investigator undertook the first national survey of counseling services in schools for the deaf (Curtis, 1975, 1976). The initial survey produced some preliminary information about counseling services in schools for the deaf. It also revealed that more information was available in the field than appeared in the existing literature, and the results of the initial survey indicated that further investigation was warranted.

**Statement of the Problem**

The problem addressed by this study was to determine the actual state of the art of counseling in schools for the deaf in terms of the availability of counseling services, the skills and training of counselors providing these services, and the methodology currently being employed in the delivery of counseling services to deaf students. More
specifically, an attempt was made to answer the following questions:

1. Were counseling services being provided to deaf students in educational programs serving the deaf?

2. Was the provision of this support service related to the educational setting in terms of:
   a. the type of educational setting?
   b. the educational levels offered?
   c. the funding source?

3. Was the provision of this support service related to the hearing impaired student population in terms of:
   a. the size of the hearing impaired student population?
   b. the primary type of disability?
   c. the predominant expressive mode of communication of deaf students?

4. What were the reasons for the non-provision of counseling services to deaf students in these educational programs?

5. What was the nature of the work of a counselor for the deaf in an educational setting in terms of:
   a. the counselor position?
   b. the counselor's responsibilities?
   c. counseling practice?
6. What was the background of the counselor who serves deaf students in terms of:
   a. academic training?
   b. professional experience?
   c. personal experience with deafness?
   d. communication abilities?
   e. special preparation for counseling with the deaf?

7. What theoretical approaches and counseling techniques were currently being utilized in the delivery of counseling services to deaf students?

Importance of the Problem

The provision of counseling services in schools for the deaf and knowledge of the current state of the art are critical issues in the field of deafness for several reasons. Some of these reasons are identified below.

First, language and communication are the primary handicaps of deafness (Bolton, 1976; Levine, 1960). They greatly restrict a deaf person's access to general information and isolate him from the mainstream of society. They have a profound effect on his educational achievement, his personal and social adjustment, and his vocational achievement. For these reasons, it is readily apparent that a deaf person's need for counseling and guidance services is
greater than that of a hearing individual. The deaf person needs information, feedback, guidance and assistance.

In addition, a deaf person is faced with a multitude of challenges over and above those with which all people must cope (Williams and Sussman, 1971). He continually experiences frustration and could greatly benefit from assistance in developing adequate coping skills during developmental years (Thompson, 1964).

Second, because of communication difficulties, educators and rehabilitation personnel are usually the only providers of services to the deaf population. Due to the nature of their work, rehabilitation counselors of the deaf have a limited amount of time in which to provide counseling services to their deaf clients. Tully, (1970) and Deaner (1978) reported that rehabilitation counselors of the deaf spend 25-27 percent of their time in counseling activity. Schools for the deaf might be the primary providers of counseling services to the deaf population.

Third, existing vocational problems of the deaf such as the lack of vocational awareness, inadequate work adjustment, and underemployment, might be greatly curtailed through the provision of adequate guidance and counseling during developmental years (Lauritsen, 1972; Sussman, 1976b; Vernon, 1970).
Fourth, a significant number of deaf children have severe emotional or behavioral problems (Meadow and Schlesinger, 1971; Naiman, Schein and Stewart, 1973). Because psychiatric services do not exist for deaf children in most areas of the country (Adler and Williams, 1974), the responsibility for these children and any others with potential problems often falls on school personnel. Sussman (1976b) has pointed out that the school counselor is a preventative mental health specialist.

Lastly, most professionals in the area of deafness would agree that education and rehabilitation of the deaf are difficult tasks at best. A preventative or habilitative approach seems the most beneficial as well as the most practical method of enhancing the overall development of the deaf. The provision of counseling services in educational programs serving the deaf is consistent with such a habilitative philosophy.

Hypotheses

The following general hypotheses were tested in this study:

1. The provision of counseling services to deaf students will not be lacking in any educational program serving the deaf.
2. The provision of counseling services to deaf students will not be related to the educational setting in terms of:
   a. the type of educational setting.
   b. the educational levels offered.
   c. the funding source.

3. The provision of counseling services to deaf students will not be related to the hearing impaired student population in terms of:
   a. the size of the hearing impaired student population.
   b. the primary type of disability.
   c. the predominant expressive mode of communication of deaf students.

4. Counselors serving the deaf will not have unequal background in terms of:
   a. academic training.
   b. professional experience.
   c. personal experience with deafness.
   d. communication abilities.
   e. special preparation for counseling with the deaf.

5. Counseling approaches and techniques will not be unequally utilized in the delivery of counseling services to deaf students.
Assumptions

The study was based on the following assumptions:

1. An accurate assessment of the state of the art of counseling in schools for the deaf could be obtained with the instruments used.

2. Bias would not unduly influence the answers of the respondents.

3. Educational administrators and counselors of the deaf would be motivated to respond to the questionnaires in a manner that accurately reflected their considered opinions and practice.

Delimitations

The scope of the study was delimited by the investigator in a number of ways. First, only educational programs for the deaf identified through the 1978 American Annals of the Deaf, Directory of Programs and Services were included in the study. This source provides the only practical and readily accessible listing of such educational programs. Second, only those educational programs serving fifty deaf students or more were included in the study. It was felt, and previous experience supported the belief, that smaller educational programs for the deaf could not financially sustain specialized supportive staff. Third, the scope of the study was limited to elementary and secondary educational programs which serve deaf students. No attempt was made to
include post-secondary educational programs which serve deaf students. Fourth, the information gained relative to the state of the art of counseling in schools for the deaf was limited to those areas covered in the questionnaires. No attempt was made to investigate other areas which may have been relative to the state of the art. Finally, the study was further limited to the responses of educational administrators or counselors of the deaf. The state of the art as viewed by deaf students or other professionals was not within the scope of the study.

**Limitations**

The study was limited by certain conditions which were beyond the investigator's control. First, the voluntary nature of the study may have influenced the outcome. It is possible that those subjects who did not return the questionnaires had different opinions and characteristics than those who did return them. Second, it is also possible that some educational programs had more than one counselor serving deaf students. Since there was no way of knowing which programs had more than one counselor serving deaf students, information was obtained from only one counselor serving the deaf in each educational program. The information gained from one counselor serving the deaf in a given program may or may not be representative of the information which could
have been obtained from other counselors serving the deaf in the same educational program.

**Definition of Terms**

**Schools for the deaf:** All schools that serve deaf students including residential schools, day schools and day class programs, both public and private, identified as such through the 1978 *American Annals of the Deaf, Directory of Programs and Services*.

**Deaf:** Those individuals whose hearing loss is so severe and of such early onset as to require special educational techniques or special tutorial services for the acquisition and/or development of speech and language (Levine, 1974).

**Counseling:** This term was not defined for the respondents so that they would make a decision about its existence or nonexistence relative to their own definition of this term. In this sense, the term was very broadly defined as an interpersonal relationship in which one person (the counselor) attempts to help another (the counselee) to understand and cope with his problems in personal, social, educational and vocational areas. The term covers a wide variety of procedures, including the implementation of various theoretical approaches, the giving of advice and encouragement, the provision of information concerning available opportunities, and the interpretation of test results.
Administrator Questionnaire: The two-page questionnaire devised for use in this study which was to be completed by the administrator only if counseling services were not provided to deaf students in the identified educational program.

Counselor Questionnaire: The seven-page questionnaire devised for use in this study which was to be completed by the primary provider of counseling services to the deaf in the identified educational program.

Summary

Chapter I has described the nature of the study; established the need for the study; set forth the assumptions, delimitations, and limitations under which the study was conducted; and provided definitions of terms used in the study. A review of the related literature and research is presented in Chapter II. Contained in Chapter III is an explanation of the methods and procedures utilized in the study. The results are presented and interpreted in Chapter IV. A summary, conclusions, and recommendations are contained in Chapter V. Appendices and a list of references follow.
CHAPTER II

REVIEW OF THE LITERATURE

This chapter presents a review of the literature and is divided into five sections. Section one discusses the literature on counseling with the deaf in general. Section two reviews the literature on counseling in schools for the deaf. Section three discusses counseling practice in schools for the deaf. The fourth section identifies the skills needed by counselors who serve the deaf. The final section reviews theoretical approaches and counseling techniques which have been used in counseling with the deaf.

Counseling with the Deaf

One of the findings of the Task Force on Counseling with Deaf People sponsored by the New York University Deafness Research and Training Center during 1969 and 1970 was that there was very little written about counseling with deaf people in the professional literature (Sussman and Stewart, 1971).

This investigator found objective research in the area of counseling with the deaf to be almost nonexistent. Stewart (1971b) suggested two reasons for this lack of research. First, there are very few counselors working with
deaf people who possess the skills of a counselor, who can communicate effectively with deaf people, and who have the skills needed for conducting research. The second reason relates to the verbal nature of the various instruments which are usually employed to measure change which has or has not resulted from counseling. Such instruments cannot be effectively utilized with deaf clients.

Since schools for the deaf were, for a long time, the only providers of services to the deaf population, it is understandable that the literature on counseling with the deaf began in the schools. The earliest writing identified was authored by MacDonald in 1935. Counseling, in the early literature, was often discussed within the context of a vocational guidance program. The literature on counseling in schools for the deaf has developed very slowly.

The second area to emerge in the literature was that of rehabilitation counseling with the deaf. The writing of DiMichael (1958) demonstrated a new commitment made to improve and increase rehabilitation services to deaf adults. This closely followed significant changes in rehabilitation legislation. As a result, a great deal of the literature on counseling with the deaf dealt with rehabilitation counseling. The literature in this area has undergone substantial change, and it currently encompasses a wide range of topics from increasing one's understanding of deafness to manpower
and professional issues (Burke, 1970; Roraback, 1963; Shaffer, 1965; Tully, 1972).

Most of the objective research which has been done in the area of counseling with the deaf, and there has been very little, also dealt with rehabilitation counseling. Tully's (1970) study of the role concepts and functions of rehabilitation counselors of the deaf and Deaner's (1978) survey of graduates from a program of rehabilitation counseling with the deaf are examples.

Beginning in 1956 with the work of Kallman and others (Grinker, 1969; Rainer and Altshuler, 1966, 1967; Rainer et al., 1969), research in the area of mental health and deafness began, and another area thus emerged in the literature on counseling with the deaf. Most of the writings in the area of mental health and deafness have been descriptive in nature.

As post-secondary educational and vocational training opportunities have increased for deaf individuals over the last decade, literature about counseling with deaf students in these programs has evolved. The literature on counseling with the deaf in post-secondary programs has been, again, primarily descriptive in nature (Avery and Youst, 1973; Johnson, Koch and Werner, 1973; Meuller, 1962; Reddan and Duggan, 1973; Roy, 1960, 1962).
Only one research project has been completed in the area of process and outcomes in counseling with the deaf. Stewart (1970) studied the nature of the perceptions of a selected group of deaf college students and their counselors toward the counseling relationship in group counseling, and analyzed the association between these perceptions and independent ratings of group counseling outcomes.

Stewart (1970) found significant discrepancies between student and counselor perceptions of the counseling relationship in group counseling. Another finding was that student perceptions were relatively consistent, whereas counselor perceptions varied significantly from the beginning to the end of group counseling. Nonsignificant intercorrelations were noted among the measured variables of the counseling relationship. Finally the results indicated that deaf student and counselor perceptions of the counseling relationship were not significantly related to independent ratings of group counseling outcomes.

Perhaps the most important overall finding of Stewart's (1970) research was that the counseling relationship as perceived by deaf students and their counselors were similar in nature to that observed in previous studies with hearing subjects. This finding suggested that much that is known about counseling with the hearing person may very well apply to counseling with the deaf.
Other writings have centered on issues in counseling with the deaf such as the comprehensive counseling needs of the deaf, the need for marriage counseling for deaf persons, parent counseling, family therapy (case studies), and counseling the severely handicapped deaf person (Elliott, 1974; Fellendorf and Harrow, 1970; Johnson, 1969; Murphy, 1977; Robinson and Weathers, 1974; Shapiro and Harris, 1976; Steinman, 1973; Sussman, 1970; Vescovi, 1974).

Some literature which dealt with counseling approaches and/or techniques used in counseling with the deaf was identified and will be discussed later in this chapter.

Sussman and Stewart (1971) edited *Counseling with Deaf People*, the only text written in the area of counseling with the deaf. The social and psychological problems of deaf people; the current status of counseling with deaf people; principles of counseling with deaf people; the role and function of the counselor; and counselor selection, education and training were discussed in this text. Existing research results were incorporated into the book, but much of the discussion as it related to the deaf was subjective.

In summary, the literature in the area of counseling with the deaf is similar to that of any newly developing professional field. Information is limited, research is lacking, and progress has been slow primarily due to a shortage of trained professionals working in the area.
Counseling in Schools for the Deaf

The literature in this area is descriptive in nature, and the earliest literature focused on the need for counseling, adjustment problems, the guidance organization and guidance tools (MacDonald, 1935); vocational guidance in schools for the deaf (Crammatte, 1939; Williams, 1954); developing psychological acceptance of deafness (Fusfeld, 1954); a description of an educational and vocational guidance program for deaf students (Blish, 1955); the utilization of social work techniques in counseling in a hearing conservation program (MacPherson, 1956); vocational planning in the public schools for the hard of hearing (Yerkes, 1957); and the need, common problems, techniques and procedures, and case studies in guidance and counseling for the deaf (Myklebust, Neyhus and Mulholland, 1962).

Later literature dealt with what guidance services can contribute to the education of deaf children (Andersson, 1964); what constitutes a good guidance program (Holcomb, 1964); developing self-knowledge and self-direction in counseling hearing handicapped children in school (Rudloff, 1964); the need for, and aspects of counseling with deaf students (Thompson, 1964); a framework for counseling hearing impaired children (Conkey and Buchan, 1965); group therapy with deaf adolescents in a school setting (Sarlin and Altshuler, 1968); guidance liaison services for deaf
students (Carroll, 1970); the comprehensive counseling needs of the deaf (Sussman, 1970); the need for better counseling services in schools for the deaf (Traxler, 1972); counseling in elementary and secondary schools (Vernon, 1971); and a philosophical view of counseling and the counseling process (Carroll, 1974).

The most recent literature in the area of counseling in schools for the deaf centered on the utilization of behavioral approaches with deaf students who are retarded or exhibit behavioral problems (Kidd, 1974), a case study of a young deaf adult with minimal language skills (Scherer, 1976), the role of guidance and counseling and the implications for schools and educational programs serving the deaf (Sussman, 1976b), a survey of counseling services in schools for the deaf (Curtis, 1976), emotional problems of the deaf child and the need for counseling (Knee, 1976), the delivery of psychological services to the hearing impaired child in the elementary school (Cantor and Spragins, 1977), the mental health programs at the Kendall Demonstration Elementary School (Gromelski, 1978), reality therapy as a practical approach to deaf troubled youth (Norton, 1978), and the guidance counselor's role in mental health services for deaf youngsters (Mehan, 1978).

In his writing about the guidance counselor's role in mental health services for deaf youngsters, Mehan (1978)
referred to a survey undertaken by Gallaudet College prior to the establishment of their graduate training program in guidance and counseling with the deaf. The Gallaudet survey, undertaken in 1971, was a national survey similar to this study. Mehan (1978) reported that based on Gallaudet's survey:

. . . very few guidance counselors were working with deaf youngsters. Most residential schools for the deaf responding to the survey indicated they did not have a guidance counselor. Guidance services, if provided, were done on an ad hoc basis by the principal, houseparents, teachers, or some other concerned adult. Most public schools indicated that their counselors were unable to communicate manually with deaf students and were not very knowledgeable about deafness. The end result being that few public school counselors provided much more than suggestions about course scheduling and an occasional meeting with the deaf youngsters and/or their parents (p. 37).

However, personal communication with Dr. Norman Tully, who was involved with the Gallaudet survey, revealed that the survey had never been published in its entirety and, therefore, was not available.

The only study reported in the literature which focused on counseling in schools for the deaf was the study previously completed by this investigator (Curtis, 1975, 1976). An attempt was made to learn something about counseling services in schools for the deaf and the need for them. Because there was little information within the existing literature, it was difficult to determine the base from which to begin such research. The study attempted to
determine attitudes and solicit opinions, as well as gather some general information.

A questionnaire was developed and mailed to schools for the deaf throughout the country. Completed questionnaires were received from 63.5 percent of the total population surveyed. A great deal of general information was obtained about counseling services in schools for the deaf; a listing of the results would be extensive. The rate of response coupled with the failure to learn something about the nonrespondents necessitates caution in making generalizations about the results obtained. The previous study did, however, serve as the basis for this study.

Counseling Practices in Schools for the Deaf

The major obstacle in the field of counseling with the deaf, undoubtedly, has been the problem of communication between the counselor and the client. Few persons have had the communication skills needed to work with the deaf.

For many years, the only professional personnel specifically trained to work with deaf people came from teacher preparation programs. The graduates of teacher preparation programs served as administrators, vocational counselors, audiologists, guidance counselors, and in a variety of other specialized roles within the field of the deaf (Craig, 1964, p. 59).

The lack of appropriately trained guidance counselors who could communicate with the deaf resulted in a
less than adequate counseling practice. Such practice was described by MacDonald (1935):

In many schools for the deaf, the superintendent, the principal of either the vocational or academic department, or both, or some sympathetic member of the faculty attempts, after a fashion, the counseling function with little or no organized data of the individual concerned. The practice of making decisions for the pupils is all too prevalent in such schools. This procedure can scarcely be termed counseling; at any rate, it does not conform with the present approved practices. Such a haphazard approach to student problems cannot be expected to result in satisfaction to either the counselor or the counselee (p. 95).

Williams (1954) further provided a description:

Counseling is the core around which the whole guidance service revolves. More good and bad vocational guidance work in our schools has probably been done in the name of counseling than in all other guidance activities. The comparative ease with which counseling may be undertaken adds to its attractiveness and, accordingly, its use. Also, those inner drives that convinced us that teaching was our calling undoubtedly fan a secret little flame of conviction that we are counselors, too. And so we counsel right and left without training for or appreciation of that powerful tool (p. 194).

In our day, and we have no information that circumstances have changed appreciably since then, we supplied a great deal of counseling to most students. It was, however, unorganized, unplanned, and usually associated with discipline or a specific request for assistance from a student. The procedure was that we listened to the problem, analyzed the various factors, and gave the student some first-class advice. In light of current knowledge about acceptable counseling techniques, one wonders how wrong he can be. Of course, we did get some good results as witnessed by the excellent adjustments some children made. But we now wonder if the results may have been in spite of, rather than because of, our so-called counseling. It seems we broke just about every rule in the book (pp. 194-195).
Unfortunately, time has not greatly improved the situation according to Vernon (1971, p. 31) who has stated: "Public day schools and classes, with few exceptions, offer deaf youth nothing that could even euphemistically be termed professional counseling." He further stated that most counselors in these programs do not understand the implications of deafness and that most are unable to communicate in sign language.

In contrast to the day school situation, Vernon (1971) reported that many residential schools for the deaf employ a psychologist and/or a psychometrist, a social worker, or a counselor. However, even in this situation, the primary duties of these staff members usually involve diagnostics, intake, or administration, not actual personal or group counseling.

Lloyd (1972) was equally negative about the existence of counseling services in schools for the deaf:

If ever an area were to be considered a "wasteland" in educational programs for deaf children, the area of counseling and guidance for children in schools would almost certainly have to be given the number one ranking. It is almost impossible to discuss the nature of counseling programs in schools since such programs are virtually nonexistent (p. 52).

Even though specialized training programs have been established within the last decade to prepare rehabilitation counselors, school guidance counselors, social workers, and school psychologists to work specifically with the
deaf population, there has been no indication in the litera-
ture that counseling practice has changed appreciably since
it was described by MacDonald, Williams, Vernon, or Lloyd.
Thus, the need was felt to determine the present and actual
state of counseling in schools for the deaf.

Skills Needed by Counselors
of the Deaf

The inability to communicate with deaf clients was
the primary obstacle faced by most counselors in their work
with the deaf. The literature reflected an emphasis on the
need for counselors to develop skill in manual commu-
ication (Altshuler, 1962; MacDonald, 1935; Steinman, 1973;
Vernon, 1967). Knowledge of sign language on the part of
counselors heightened rapport with deaf clients in addition
to facilitating communication (Altshuler, Ranier and Baroff,

The need for counselors to develop skill in manual
communication was further specified by McGowan and Vescovi
(1971) who wrote that counselors of the deaf should be
knowledgeable about and skilled in all the various forms of
communication used by deaf people. A later point of empha-
sis was that the deaf client should be allowed his choice
of communication modes (Ethridge, Votaw and Boyd, 1969;
It was frequently recommended that counselors of the deaf need to have an understanding of deafness and/or the deaf community in addition to having skill in manual communication (Lloyd, 1971; MacDonald, 1935; Milone, 1978; Steinman, 1973; Stewart, Schein and Delk, 1976). Two deaf individuals, Votaw (1969) and Sanderson (1974) went further to recommend that counselors of the deaf be deaf themselves or hearing children of deaf parents in order to have the understanding and communication skills needed to counsel with the deaf.

From a training standpoint, McGowan and Vescovi (1971) wrote that counselors must have didactic and clinical experience in the area of deafness in order to gain understanding of the nature of the disability and the resulting psychological, social, educational, and vocational handicaps imposed by the disability.

Some writers were of the opinion that there was a need for counselors of the deaf to be knowledgeable about services, facilities and opportunities available to the deaf (Ethridge, Votaw and Boyd, 1969; Milone, 1978).

Lastly, counselors of the deaf need the training provided to counselors in general and the resultant ability to counsel (Altshuler, 1962; Milone, 1978; Sussman, 1976a 1976b). According to Craig (1964) the trend was toward
being a counselor first and a trained counselor of the deaf second.

**Counseling Theories and Techniques**

A review of the literature supported the statement made by Patterson and Stewart (1971) that there was relatively little information in the literature on which counseling approaches could be used with deaf clients. This investigator did, however, identify some literature in this area.

Often, with no definition of the term, there were recommendations made in the literature to be "directive or concrete" when counseling with deaf individuals. Sussman (1974a, 1976a) noted and was critical of this orientation. Limited communication abilities and/or limited understanding on the part of the deaf person was given as the reason for such an orientation (Conkey and Buchan, 1965; Granberry, 1976; Roraback, 1963; Vernon, 1967). In reaction to this attitude, Martin (1971) wrote that directing and arranging might lead to the client's increased dependence on the counselor.

Some attempts have been made to utilize traditional psychoanalysis with deaf clients in mental health settings. The reported results, however, were not favorable (Grinker, 1969; Rainer and Altshuler, 1966; Rainer et al., 1969).
Several behaviorally oriented writings were found in the literature on counseling with the deaf (Craig, 1970; DiFrancesca and Hurwitz, 1969; Hewett, 1970; Kidd, 1974; Lennan, 1970; Salzinger, 1970). The previous study undertaken by this investigator indicated an emphasis on behavioral approaches in counseling practice in schools for the deaf (Curtis, 1975, 1976). The use of behavioral approaches has been successful, especially in the total environment of a residential school for the deaf.

responding to the directive and/or behavioral emphasis and the negative results achieved by some who utilized psychoanalysis with deaf persons, Sussman (1974a) stated:

... we are too quick to write off the deaf person. On the basis of my clinical experience, deaf people can, and do, respond to depth or insight counseling and therapy regardless of their language limitations. As long as the counselor or therapist is fluent with manual communication as used by deaf people, functions according to their conceptual and perceptual levels, and has the ability to operate from within the deaf individual's frame of reference, such depth work is possible. I also believe it is possible to do analytic therapy with most prelingually and so-called low-verbal deaf individuals. Moreover, theories of counseling and psychotherapy, by and large, can be applied in work with deaf persons (p. 9).

He further stated that the failure to do in-depth counseling or therapy with the deaf individual was more a reflection of the counselor's or therapist's skill than the imputed limitations of the deaf client.
In another article, Sussman (1976a) attributed the existing directive and/or behavioral orientation to low expectancy attitudes as well as limited communication skills on the part of the counselor/therapist.

Some other writers were more eclectic in their orientation (Patterson and Stewart, 1971; Phillips, 1962; Sanderson, 1974). This view was best exemplified by Patterson and Stewart (1971) who wrote that the less verbal and less abstract counseling approaches were more appropriate for the majority of deaf clients; whereas, the more verbal and abstract approaches could be used only with those who possessed normal or exceptional verbal skills.

Only two recent articles discussed the applicability of other approaches to the deaf population. The investigator (Curtis, 1977) wrote of the applicability of the Carkhuff Human Relations Model in counseling with the deaf, and Norton (1978) wrote of the applicability of Glasser's Reality Therapy in counseling with troubled deaf youth. Both approaches were reported to be of value in counseling with deaf persons on the basis of the authors' own experiences.

In the area of counseling techniques, group counseling was given a great deal of attention in the literature. The New York University Deafness Research and Training Center issued a publication which focused entirely on group counseling with deaf people (Schein and Naiman, 1971).
Group counseling has been successfully undertaken with severely handicapped deaf individuals (Sussman, 1974b) and with noncommunicative deaf persons (Sternberg, 1971). Group therapy has also been utilized in mental health settings with deaf patients with good results (Rainer, 1971; Robinson, 1966). Sarlin and Altshuler (1968) successfully implemented group psychotherapy in a school setting, and Landau (1968) attempted group psychotherapy with deaf retardates and had some degree of success. Lastly, group counseling has been successfully undertaken with deaf students attending Gallaudet College and the National Technical Institute for the Deaf (Avery and Youst, 1973; Collins, 1972; Johnson, Koch and Werner, 1973).

Further, group sensitivity or human relations training has been successfully undertaken with deaf adults, deaf college students and deaf adolescents (Robinson and Mulrooney, 1972; Sachs, Dittman and Sussman, 1972; Weckler and Craig, 1965).

In a mental health setting, Robinson (1971) reported the use of individual psychotherapy, group psychotherapy, medication, psychiatric nursing, psychodrama, dance therapy, creative drama, art therapy, recreational therapy, testing services, social services, and volunteer services in providing mental health services to deaf patients.
Lauritsen (1972) recommended role playing, mock interviews, media usage, and closed-circuit television productions as techniques to be utilized in developing job seeking skills in deaf persons. Avery and Youst (1973) similarly, reported the use of videotaping for the development of job interviewing skills.

With severely handicapped deaf persons, Sussman (1974b) found psychodrama, role playing, and techniques borrowed from Graffiti Therapy to be of value. He also found videotaping to be a valuable tool in working with low verbal deaf individuals (Sachs, Dittman and Sussman, 1972).

Brick (1967) reported and discussed the successful use of role playing with hearing impaired adolescents and adults, and Clayton and Robinson (1971) explained their use of psychodrama with both high and low verbal deaf individuals as well as deaf undergraduate students.

Murphy (1977) reported the use of body sculpture, group discussion, information giving, role playing, drawings, and family photographs in counseling with parents and deaf children.

Yerkes (1957) recommended the use of deaf adult role models, role playing, and field trips as techniques to promote better vocational awareness among hearing impaired children.
The use of projective doll play with deaf children was studied by French (1960) and recommended by both French and Yerkes (1957) as a valuable tool.

Specific instruments identified through the literature for use in counseling with deaf children were the Human Development Program known as "The Magic Circle" (Becker, 1978) and the DUSO (Developing Understanding of Self and Others) Program (Gromelski, 1978).

Though specific counseling theories and techniques have been identified and recommended for use in counseling with deaf individuals, the literature has not dealt with the issue of how to implement these theories and techniques when counseling with the deaf.

Summary

This chapter presented a review and some discussion of the literature in five areas: (1) counseling with the deaf in general, (2) counseling in schools for the deaf, (3) counseling practice in schools for the deaf, (4) skills needed by counselors who serve the deaf, and (5) theoretical approaches and counseling techniques used with the deaf.

It was noted that the literature in the area of counseling with the deaf was only beginning to develop and most of what did exist was descriptive in nature, and, in addition, objective research was greatly lacking. Skills needed by counselors who serve the deaf and applicable
theoretical approaches and/or counseling techniques were identified. Finally, it was noted that appropriately trained and skilled manpower was the key to improvement in the state of the art.
CHAPTER III

METHODOLOGY

The methods and procedures used in the study are presented in this chapter. The chapter is divided into five major sections, namely, research methodology, construction of the instruments, selection of the subjects, collection of the data, and analysis of the data.

Research Methodology

The research undertaken was descriptive in nature, and a mailed questionnaire served as the primary research tool. Though personal interviews are sometimes preferred over mailed questionnaires, a mailed questionnaire was the only feasible method of data collection in this study. Van Dalen (1966) pointed out that mailed questionnaires have the advantage of reaching many people in widely scattered areas quickly and at a relatively low cost. These were extremely important factors in undertaking this study since the population was to include administrators or counselors serving the deaf in educational programs throughout the country. Other advantages of the mailed questionnaire as described by Parten (1950) are: (1) the respondents may answer questions more honestly by mail since anonymity is
assured; (2) personal antagonism toward investigators which may lead to refusal to give the desired information is avoided; (3) the questions are standardized; and (4) the questionnaire can be answered at the convenience of the respondents.

A major disadvantage of the mailed questionnaire is the low rate of response. Parten (1950) has stated that returns from mailed questionnaires sent to the general public are usually very low, often ranging from about 10-20 percent. Kerlinger (1964) noted that researchers must often content themselves with returns as low as 50 or 60 percent when using mailed questionnaires. He suggested, however, that if mailed questionnaires are used, every effort should be made to obtain returns of at least 80-90 percent or more, and lacking such returns, to learn something of the characteristics of the nonrespondents. The extra effort is necessary to insure that the persons completing the questionnaire are actually representative of the population being studied. As recommended in the literature on survey research, several steps were taken to facilitate a higher rate of return such as pre-testing the questionnaire; mailing the questionnaire to the counselors' superior (administrators); using a cover letter; using a letter of endorsement; sending stamped, self-addressed, return envelopes; and offering a summary of results.
Another disadvantage is that mailed questionnaires often emphasize scope at the expense of depth (Kerlinger, 1964). The questionnaires developed for use in this study, however, were designed to collect intensive as well as extensive information. The primary reason for further inquiry into the area by the investigator was to collect more intensive data.

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

**Construction of the Instruments**

Two questionnaires, a cover letter, a letter of endorsement, and a follow-up letter were developed and utilized in the study.

A seven-page Counselor Questionnaire (Appendix A) served as the main data-gathering instrument. This instrument was a modified version of the questionnaire used by Levine (1974) in her study of psychological examiners of the deaf. The Counselor Questionnaire was designed to obtain information regarding the educational setting; the students served; the counselor's position, responsibilities,
background, and communication abilities; and counseling practice, as well as theoretical approaches and techniques utilized in counseling with deaf students.

A shorter, two-page Administrator Questionnaire (Appendix B) was developed to be used only when counseling services were not provided to deaf students. The Administrator Questionnaire was designed to obtain information regarding the educational setting, the students served, and reasons for the lack of counseling services.

Both questionnaires were structured self-report instruments composed primarily of partially close-ended or close-ended items which required check responses. The questionnaires were designed to obtain factual information rather than opinions.

Levine's (1974) questionnaire was reviewed and pre-tested by seven highly experienced workers with the deaf; four specialists in psychological evaluation; two directors of agencies for the deaf where psychological evaluations were conducted; and one director of a national organization for the deaf. The recommendations made by these reviewers were incorporated into the final revision of her instrument.

The questionnaires used in this study were reviewed by faculty members in counseling and guidance, rehabilitation, and educational psychology, as well as an administrator of an educational program serving the deaf. The
Counselor Questionnaire was pre-tested by two experienced rehabilitation counselors and two experienced school counselors who work with the deaf. Following the recommendations of all these individuals, ambiguous items were clarified and/or eliminated in the final versions of the questionnaires.

A cover letter (Appendix C) was developed, utilizing The University of Arizona Rehabilitation Center letterhead stationery, which explained the nature of the research, assured confidentiality, provided directions, indicated an endorsement in support of the research project, and offered a research summary to the respondent.

Dr. Ralph L. Hoag, Past-President of the Conference of Executives of American Schools for the Deaf, provided a letter of endorsement (Appendix D) in support of the research project on CEASD letterhead stationery.

Finally, a follow-up letter (Appendix E) was developed utilizing The University of Arizona Rehabilitation Center letterhead stationery. The follow-up letter served as a brief reminder, stressed the importance of responses to ensure the validity of the study, and expressed appreciation.

**Selection of Subjects**

Parten (1950) noted that a common weakness of surveys is the fact that a current mailing list is often not
available. Fortunately, such a situation did not exist with this study. Educational programs serving the deaf and their administrators were identified through the 1978 American Annals of the Deaf, Directory of Programs and Services. Only those programs with fifty students or more were selected for use in the study as it was felt, and past experience has proved, that smaller programs serving the deaf cannot financially sustain specialized supportive staff.

Two hundred thirty-one of the 681 educational programs serving the deaf identified in the directory were selected for use in the study. While these 231 educational programs represent 34 percent of the 681 programs identified, they also represent 39,488 deaf students or 83 percent of the 47,324 total deaf student population. Residential schools, day schools, and day class programs, both public and private, in all fifty states as well as the District of Columbia were included in the study.

Administrators to whom the questionnaires were mailed made a decision regarding the availability of counseling services for deaf students. When these services were not being provided to deaf students, the Administrator Questionnaire was completed. Eighty-nine (38.5 percent) Administrator Questionnaires were completed and returned in the study.
However, when the administrator decided that counseling services were available to deaf students, he then requested that the "primary provider of these services" complete the Counselor Questionnaire. Thus, counselors were selected by their own administrators. Ninety-two (39.8 percent) Counselor Questionnaires were completed and returned in the study.

Collection of Data

The cover letter with the letter of endorsement attached; the questionnaires; and a stamped, self-addressed, return envelope were mailed to the administrators of the 231 educational programs serving the deaf selected for use in the study.

Two weeks after the initial mailing, ninety-two (39.8 percent) responses had been received, and 139 follow-up letters were mailed out to the administrators who had not, as yet, responded to the initial request.

Some delay in response was anticipated because, in some cases, the administrator would have to forward the Counselor Questionnaire. A total of eight weeks was allowed from the date of the initial mailing for responses to be returned. At the cut-off date for acceptance of returns, the total number of responses was 184, or 79.65 percent. Of these, 181 (78.3 percent) responses were useable. Three responses were not applicable for various reasons.
The rate of return in the study was considerably higher than that usually reported for mailed surveys (Kerlinger, 1964; Parten, 1950; Van Dalen, 1966). Parten (1950) attributed high rates of returns to the amount of experimentation which went into the survey design and mailing technique. Other factors considered important were: (1) the characteristics, such as sex, economic status, and educational level, of the group solicited; (2) the interest of the subjects in the investigation; (3) the prestige of the sponsoring group among the recipients of the questionnaires; (4) the appeal of the particular questionnaire; and (5) strong agreement or disagreement concerning the subject about which they are being surveyed. Each of these factors was considered in the design and implementation of this study. Two other factors may have contributed to the high rate of returns. First, the study was endorsed by two individuals of long professional standing in the area of the education of the deaf. Second, the investigator had previously completed and published research in the area of counseling in schools for the deaf.

Analysis of the Data

The majority of the items on the Administrator Questionnaire were partially close-ended. The responses to these items were placed on data cards and computer-analyzed. Responses to the two open-ended questions on the
Administrator Questionnaire were grouped by the investigator and hand tabulated.

The items on the Counselor Questionnaire were both: (1) partially close-ended, and (2) close-ended. The responses to these items were also placed on data cards and computer-analyzed. Responses to the four open-ended questions on the Counselor Questionnaire were, again, grouped by the investigator and hand tabulated.

Nine variables from the Administrator Questionnaire and sixty-two variables from the Counselor Questionnaire were tabulated, cross-tabulated, and statistically analyzed utilizing the Statistical Package for the Social Sciences (SPSS) version 6.5 on a Control Data Corporation 6000/Cyber 70 computer. Output from this program included frequency data and descriptive statistics for each variable.

Summary

The research methodology, construction of the instruments, selection of the subjects, collection of the data, and analysis of the data were discussed in this chapter.
CHAPTER IV

RESULTS OF THE STUDY

This chapter presents the research findings of the study in the analysis by instruments style. The data are presented in various sections which correspond to the topical sequence of the questionnaires.

Descriptive Data

Sections 1 and 2—(Both Questionnaires)
Educational Setting and Student Population

Question 1: Were counseling services being provided to deaf students in educational programs serving the deaf?

Educational administrators to whom the questionnaires were mailed made a decision regarding the provision of counseling services to deaf students in their own programs. When counseling services were not provided to deaf students, the administrator completed and returned the Administrator Questionnaire. Eighty-nine (38.5 percent) Administrator Questionnaires were returned in the study. In contrast, when counseling services were provided to deaf students, the administrator then requested that "the primary provider of these services" complete and return the Counselor Questionnaire. Ninety-two (39.8 percent)
Counselor Questionnaires were returned in the study. Thus, counseling services were being provided to deaf students in only 50.8 percent of the educational programs responding to the survey.

Question 2: Was the provision of this support service related to the educational setting in terms of:

a. the type of educational setting?
b. the educational levels offered?
c. the funding source?

Tables 1, 2 and 3 present the data in response to this question. The provision of counseling services to deaf students was greater in residential schools than in the other types of educational programs serving the deaf. Residential schools constituted 32.0 percent of the respondents and 52.2 percent of the programs providing counseling services to deaf students. Day class programs, in contrast, constituted 45.9 percent of the respondents and 30.4 percent of the population providing counseling services to deaf students (Table 1).

The provision of counseling services was related to the educational levels offered by the programs. Services were less available in pre-school and elementary programs and were more available in secondary level programs (Table 2). The largest number of programs (104) served pre-school through secondary levels. Among these programs, the lack
Table 1. Availability of counseling services in educational programs serving the deaf.

<table>
<thead>
<tr>
<th>Type</th>
<th>Services</th>
<th></th>
<th>No Services</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Residential Schools</td>
<td>48</td>
<td>52.2</td>
<td>10</td>
<td>11.2</td>
<td>58</td>
<td>32.0</td>
</tr>
<tr>
<td>Day Schools</td>
<td>16</td>
<td>17.4</td>
<td>23</td>
<td>25.9</td>
<td>39</td>
<td>21.5</td>
</tr>
<tr>
<td>Day Classes</td>
<td>28</td>
<td>30.4</td>
<td>55</td>
<td>61.8</td>
<td>83</td>
<td>45.9</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>1.1</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
<td>89</td>
<td>100.0</td>
<td>181</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 2. Educational levels served.

<table>
<thead>
<tr>
<th>Levels</th>
<th>Services</th>
<th></th>
<th>Services</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Pre-School</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>2.3</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Pre-School/Elementary</td>
<td>9</td>
<td>9.8</td>
<td>16</td>
<td>18.0</td>
<td>25</td>
<td>13.8</td>
</tr>
<tr>
<td>Pre-School/Elem./Sec.</td>
<td>49</td>
<td>53.3</td>
<td>55</td>
<td>61.8</td>
<td>104</td>
<td>57.5</td>
</tr>
<tr>
<td>Pre-School/Elem./Other</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>1.1</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Pre-Sch./Elem./Sec./Other</td>
<td>7</td>
<td>7.6</td>
<td>7</td>
<td>7.9</td>
<td>14</td>
<td>7.7</td>
</tr>
<tr>
<td>Elementary</td>
<td>5</td>
<td>5.4</td>
<td>0</td>
<td>0.0</td>
<td>5</td>
<td>2.8</td>
</tr>
<tr>
<td>Elementary/Secondary</td>
<td>9</td>
<td>9.8</td>
<td>5</td>
<td>5.6</td>
<td>14</td>
<td>7.7</td>
</tr>
<tr>
<td>Elementary/Sec./Other</td>
<td>1</td>
<td>1.1</td>
<td>1</td>
<td>1.1</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Secondary</td>
<td>12</td>
<td>13.0</td>
<td>0</td>
<td>0.0</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>2.2</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
<td>89</td>
<td>100.0</td>
<td>181</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 3. Funding source of educational programs.

<table>
<thead>
<tr>
<th>Type</th>
<th>Services</th>
<th></th>
<th></th>
<th>No Services</th>
<th></th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Funding</td>
<td>82</td>
<td>89.1</td>
<td>79</td>
<td>88.8</td>
<td>161</td>
<td>88.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Funding</td>
<td>1</td>
<td>1.1</td>
<td>4</td>
<td>4.5</td>
<td>5</td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Public &amp; Private</td>
<td>9</td>
<td>9.8</td>
<td>6</td>
<td>6.7</td>
<td>15</td>
<td>8.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
<td>89</td>
<td>100.0</td>
<td>181</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
of counseling services (in 55 programs) was greater than the availability of them (in 49 programs).

The majority (88.9 percent) of educational programs participating in the study were publicly funded. These programs were about equally divided as to the availability of counseling services for deaf students (Table 3). Counseling services seemed less available in privately funded educational programs serving the deaf in that four out of the five privately funded programs responding to the survey did not provide counseling services to deaf students. This was in addition to the fact that only nine privately funded programs had deaf student populations large enough to be included in the study.

Question 3: Was the provision of this support service related to the hearing impaired student population in terms of:

a. the size of the hearing impaired student population?
b. the primary type of disability?
c. the predominant expressive mode of communication of deaf students?

The size of the hearing impaired student population was a major factor in the provision of counseling services to deaf students. In educational programs where counseling services were not provided to deaf students, 84.3 percent had hearing impaired student populations of less than 150 students (64.1 percent had hearing impaired student populations of less than 100 students). In contrast, 56.6 percent
of the programs providing counseling services to deaf students had hearing impaired student populations of 150 or more (Table 4).

Great variability was noted in the size of the total student population served by these educational programs (Table 5). The size of the total student population was largely dependent upon the type of educational setting. For example, hearing impaired students constituted the total student population and the total responsibility of residential schools for the deaf. Whereas, hearing impaired students constituted only a small portion of the total student population and the total responsibilities of large public school districts.

Counseling services were slightly less available in programs serving the hard of hearing or a mixed population of deaf and hard of hearing students. They were more available in programs serving the deaf (Table 6).

Some difference was noted in the provision of counseling services as it related to the deaf students' mode of communication. Counseling services were less available in programs where students used an oral mode of communication. In contrast, counseling services were slightly more available where students utilized a combined mode of communication and more available where students used a manual mode of communication (Table 7).
Table 4. Size of hearing impaired student population.

| Size  | Services |  | No Services |  | Total |  |
|-------|----------|  |            |  |       |  |
|       | N        | % | N          | % | N      | % |
| 50-100| 28       | 30.4 | 57         | 64.1 | 85     | 46.7 |
| 101-150| 12       | 13.0 | 18         | 20.2 | 30     | 16.6 |
| 151-200| 15       | 16.3 | 7          | 7.9  | 22     | 12.2 |
| 201-250| 12       | 13.0 | 3          | 3.4  | 15     | 8.3  |
| 251-300| 9        | 9.8  | 0          | 0.0  | 9      | 5.0  |
| 301-350| 4        | 4.4  | 2          | 2.2  | 6      | 3.3  |
| 351-400| 6        | 6.5  | 0          | 0.0  | 6      | 3.3  |
| 401-450| 1        | 1.1  | 2          | 2.2  | 3      | 1.7  |
| 451-500| 1        | 1.1  | 0          | 0.0  | 1      | 0.6  |
| 501-550| 3        | 3.3  | 0          | 0.0  | 3      | 1.7  |
| 551-600| 1        | 1.1  | 0          | 0.0  | 1      | 0.6  |
| Total  | 92       | 100.0 | 89         | 100.0 | 181 | 100.0 |
Table 5. Size of total student population.

<table>
<thead>
<tr>
<th>Size</th>
<th>Services</th>
<th></th>
<th>Services</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Less than 1,000</td>
<td>5</td>
<td>5.6</td>
<td>10</td>
<td>10.8</td>
<td>15</td>
<td>8.3</td>
</tr>
<tr>
<td>1,000-20,000</td>
<td>6</td>
<td>6.7</td>
<td>6</td>
<td>6.5</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>21,000-40,000</td>
<td>1</td>
<td>1.1</td>
<td>2</td>
<td>2.2</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>41,000-60,000</td>
<td>8</td>
<td>9.0</td>
<td>0</td>
<td>0.0</td>
<td>8</td>
<td>4.4</td>
</tr>
<tr>
<td>61,000-80,000</td>
<td>3</td>
<td>3.4</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>81,000-100,000</td>
<td>2</td>
<td>2.3</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>101,000 or more</td>
<td>2</td>
<td>2.3</td>
<td>2</td>
<td>2.2</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>Subtotal</td>
<td>(27)</td>
<td>(30.4)</td>
<td>(20)</td>
<td>(21.7)</td>
<td>(47)</td>
<td>(26.0)</td>
</tr>
<tr>
<td>Same as Hearing Impaired Population</td>
<td>31</td>
<td>34.8</td>
<td>41</td>
<td>44.6</td>
<td>72</td>
<td>39.8</td>
</tr>
<tr>
<td>(50 to 600 students)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td>31</td>
<td>34.8</td>
<td>31</td>
<td>33.7</td>
<td>62</td>
<td>34.2</td>
</tr>
<tr>
<td>Total</td>
<td>89</td>
<td>100.0</td>
<td>92</td>
<td>100.0</td>
<td>181</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 6. Student population by disability type.

<table>
<thead>
<tr>
<th>Disability</th>
<th>Services</th>
<th>Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Deaf</td>
<td>46</td>
<td>50.0</td>
<td>36</td>
</tr>
<tr>
<td>Hard of Hearing</td>
<td>2</td>
<td>2.2</td>
<td>3</td>
</tr>
<tr>
<td>Both Deaf &amp; Hard of Hearing</td>
<td>43</td>
<td>46.7</td>
<td>49</td>
</tr>
<tr>
<td>Deaf-Mentally Retarded</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Deaf-Otherwise Multiply Handicapped</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
<td>89</td>
</tr>
</tbody>
</table>
Table 7. Predominant expressive mode of communication of deaf students.

<table>
<thead>
<tr>
<th>Mode</th>
<th>Services</th>
<th>No Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Oral (Speech)</td>
<td>8</td>
<td>8.7</td>
<td>20</td>
</tr>
<tr>
<td>Manual (Signs &amp; Finger-spelling)</td>
<td>10</td>
<td>10.9</td>
<td>1</td>
</tr>
<tr>
<td>Combined (Both Oral &amp; Manual)</td>
<td>67</td>
<td>72.8</td>
<td>60</td>
</tr>
<tr>
<td>Two-Track (Oral &amp; Manual)</td>
<td>7</td>
<td>7.6</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
<td>89</td>
</tr>
</tbody>
</table>
Section 3—(Administrator Questionnaire)
Lack of Counseling for the Deaf

Question 4: What were the reasons for the non-provision of counseling services to deaf students in these educational programs?

The lack of funding for counselor positions and the shortage of qualified personnel available to fill these specialized positions were the major reasons for the non-provision of counseling services to deaf students in educational programs serving the deaf (Table 8).

Administrators indicated that if funding for counselor positions and qualified personnel were available, counseling services would be provided to deaf students in programs where they are now lacking (Table 9).

Sixty-one administrators (68.5 percent) identified problems they had encountered in attempting to provide counseling services to deaf students. Problems identified by more than one administrator are presented in Table 10. Funding and personnel and the inability to utilize outside agencies to meet counseling needs were the leading concerns.

Section 3—(Counselor Questionnaire)
Counselor for the Deaf

Question 5: What was the nature of the work of a counselor for the deaf in an educational setting in terms of:

a. the counselor position?
b. the counselor's responsibilities? c. counseling practice?
Table 8. Reasons for the non-provision of counseling services.

<table>
<thead>
<tr>
<th>Lack of</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>4</td>
<td>4.5</td>
</tr>
<tr>
<td>Need/Funding</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td>Need/Personnel</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td>Need/Personnel/Funding</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Personnel</td>
<td>7</td>
<td>7.9</td>
</tr>
<tr>
<td>Personnel/Funding</td>
<td>30</td>
<td>33.7</td>
</tr>
<tr>
<td>Funding</td>
<td>32</td>
<td>36.0</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>6.7</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>89</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 9. Elements needed to initiate counseling services where they are now lacking.

<table>
<thead>
<tr>
<th>Elements</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>4</td>
<td>4.5</td>
</tr>
<tr>
<td>Need/Funding</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td>Need/Personnel</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td>Need/Personnel/Funding</td>
<td>4</td>
<td>4.5</td>
</tr>
<tr>
<td>Personnel</td>
<td>4</td>
<td>4.5</td>
</tr>
<tr>
<td>Personnel/Funding</td>
<td>30</td>
<td>33.7</td>
</tr>
<tr>
<td>Funding</td>
<td>35</td>
<td>39.3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>No Response</td>
<td>4</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>89</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 10. Problems encountered by administrators.

<table>
<thead>
<tr>
<th>Problem</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding and personnel</td>
<td>14</td>
<td>23.0</td>
</tr>
<tr>
<td>Inability to utilize outside agencies</td>
<td>14</td>
<td>23.0</td>
</tr>
<tr>
<td>General inability to meet the counseling needs</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Low priority given to counseling by others</td>
<td>10</td>
<td>16.4</td>
</tr>
<tr>
<td>Existing counseling staff lack necessary skills</td>
<td>9</td>
<td>14.8</td>
</tr>
<tr>
<td>Legislative inadequacies</td>
<td>7</td>
<td>11.5</td>
</tr>
<tr>
<td>Untrained others unable to meet the needs</td>
<td>6</td>
<td>9.8</td>
</tr>
<tr>
<td>Time limitations</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>Interpreter problems</td>
<td>2</td>
<td>3.3</td>
</tr>
</tbody>
</table>

N=61.
Counselors who serve the deaf in educational settings are primarily full-time counselors (75.0 percent) who serve exclusively hearing impaired caseloads (58.7 percent). See Table 11. The responsibilities of both full-time and part-time counselors who serve the hearing impaired are identified in Tables 12 and 13.

Table 11. Counselor position.

<table>
<thead>
<tr>
<th>Position</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusively for hearing impaired</td>
<td>54</td>
<td>58.7</td>
</tr>
<tr>
<td>Hearing impaired part of caseload</td>
<td>15</td>
<td>16.3</td>
</tr>
<tr>
<td>Subtotal</td>
<td>69</td>
<td>75.0</td>
</tr>
<tr>
<td><strong>Part-Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exclusively for hearing impaired</td>
<td>17</td>
<td>18.5</td>
</tr>
<tr>
<td>Hearing impaired part of caseload</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>Subtotal</td>
<td>23</td>
<td>25.0</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 12. Full-time counselor responsibilities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual student counseling</td>
<td>69</td>
<td>100.0</td>
</tr>
<tr>
<td>Group student counseling</td>
<td>56</td>
<td>81.2</td>
</tr>
<tr>
<td>Parent/family counseling</td>
<td>60</td>
<td>87.0</td>
</tr>
<tr>
<td>Teacher/staff consultation</td>
<td>64</td>
<td>92.8</td>
</tr>
<tr>
<td>Public relations activities</td>
<td>44</td>
<td>63.8</td>
</tr>
<tr>
<td>Student appraisal (testing)</td>
<td>39</td>
<td>56.5</td>
</tr>
<tr>
<td>Academic and vocational advising</td>
<td>46</td>
<td>66.7</td>
</tr>
<tr>
<td>Student scheduling</td>
<td>20</td>
<td>29.0</td>
</tr>
<tr>
<td>New student orientation</td>
<td>25</td>
<td>36.2</td>
</tr>
<tr>
<td>Involvement in student discipline</td>
<td>26</td>
<td>37.7</td>
</tr>
<tr>
<td>Data collection and record keeping</td>
<td>44</td>
<td>63.8</td>
</tr>
<tr>
<td>Counseling program evaluation</td>
<td>33</td>
<td>47.8</td>
</tr>
<tr>
<td>Referral and placement activities</td>
<td>50</td>
<td>72.5</td>
</tr>
<tr>
<td>Student follow-up (research)</td>
<td>19</td>
<td>27.5</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>21.7</td>
</tr>
</tbody>
</table>

N=69.
Table 13. Part-time counselor responsibilities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual student counseling</td>
<td>23</td>
<td>100.0</td>
</tr>
<tr>
<td>Group student counseling</td>
<td>19</td>
<td>82.6</td>
</tr>
<tr>
<td>Parent/family counseling</td>
<td>18</td>
<td>78.3</td>
</tr>
<tr>
<td>Teacher/staff consultation</td>
<td>22</td>
<td>95.7</td>
</tr>
<tr>
<td>Public relations activities</td>
<td>8</td>
<td>34.8</td>
</tr>
<tr>
<td>Student appraisal (testing)</td>
<td>15</td>
<td>65.2</td>
</tr>
<tr>
<td>Academic and vocational advising</td>
<td>11</td>
<td>47.8</td>
</tr>
<tr>
<td>Student scheduling</td>
<td>4</td>
<td>17.4</td>
</tr>
<tr>
<td>New student orientation</td>
<td>6</td>
<td>26.1</td>
</tr>
<tr>
<td>Involvement in student discipline</td>
<td>9</td>
<td>39.1</td>
</tr>
<tr>
<td>Data collection and record keeping</td>
<td>7</td>
<td>30.4</td>
</tr>
<tr>
<td>Counseling program evaluation</td>
<td>5</td>
<td>21.7</td>
</tr>
<tr>
<td>Referral and placement activities</td>
<td>12</td>
<td>52.2</td>
</tr>
<tr>
<td>Student follow-up (research)</td>
<td>3</td>
<td>13.0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>8.7</td>
</tr>
</tbody>
</table>

N=23.
Full-time counselors of the hearing impaired spend a mean of 46.4 percent of their time in actual counseling, and part-time counselors spend a mean of 31.9 percent of their time in the same activity (Table 14). This is more time than rehabilitation counselors of the deaf spend in counseling activity as noted in Chapter I.

Seventy-three counselors (79.3 percent) identified major difficulties they encountered in counseling with deaf students. As one might expect, communication and linguistic limitations were the most frequently reported difficulties (Table 15). These are, of course, the primary handicaps of deafness.

Question 6: What was the background of the counselor who serves deaf students in terms of:

a. academic training?
b. professional experience?
c. personal experience with deafness?
d. communication abilities?
e. special preparation for counseling with the deaf?

The majority of counselors who serve deaf students (83.7 percent) hold a master's degree (Table 16). In his study of role concepts and functions of rehabilitation counselors serving the deaf, Tully (1970) found that only 35 percent of rehabilitation counselors serving the deaf held master's degrees.

The undergraduate majors of counselors who serve deaf students were in four primary areas: psychology,
Table 14. Percent time spent in counseling.

<table>
<thead>
<tr>
<th>Percent</th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>81-100</td>
<td>4</td>
<td>5.8</td>
</tr>
<tr>
<td>61-80</td>
<td>13</td>
<td>18.9</td>
</tr>
<tr>
<td>41-60</td>
<td>16</td>
<td>23.2</td>
</tr>
<tr>
<td>21-40</td>
<td>23</td>
<td>33.3</td>
</tr>
<tr>
<td>Under 20</td>
<td>9</td>
<td>13.0</td>
</tr>
<tr>
<td>No Response</td>
<td>4</td>
<td>5.8</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean (Full-Time): 46.4 percent  
(Part-Time): 31.9 percent

Median (Full-Time): 41.1 percent  
(Part-Time): 20.5 percent
Table 15. Difficulties in counseling with deaf students.

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>28</td>
<td>38.3</td>
</tr>
<tr>
<td>Language limitations</td>
<td>24</td>
<td>32.9</td>
</tr>
<tr>
<td>Social/emotional immaturity</td>
<td>17</td>
<td>23.3</td>
</tr>
<tr>
<td>Lack of parental cooperation</td>
<td>15</td>
<td>20.5</td>
</tr>
<tr>
<td>Time limitations</td>
<td>12</td>
<td>16.4</td>
</tr>
<tr>
<td>Conceptual limitations</td>
<td>10</td>
<td>13.7</td>
</tr>
<tr>
<td>Lack of understanding of the counseling process</td>
<td>6</td>
<td>8.2</td>
</tr>
<tr>
<td>Lack of experience in dealing with feelings</td>
<td>4</td>
<td>5.5</td>
</tr>
<tr>
<td>Lack of community resources</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Traditional counseling approaches inapplicable</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Counselor lacked necessary skills</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Low priority given to counseling services</td>
<td>2</td>
<td>2.7</td>
</tr>
</tbody>
</table>

N=73.
Table 16. Highest degree held.

<table>
<thead>
<tr>
<th>Degree</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctorate</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>Specialist</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>Masters</td>
<td>77</td>
<td>83.7</td>
</tr>
<tr>
<td>Bachelors</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>

sociology, education and, specifically, education of the deaf (Table 17).

Sixty-six counselors (71.7 percent) held one graduate degree. Of these, the largest number (26) were in the area of counseling and guidance. An additional seven were in the area of counseling and guidance of the hearing impaired (Table 18).

A number of counselors (16.3 percent) held two graduate degrees, and the largest number held degrees in both education of the deaf and counseling and guidance (Table 18).
Table 17. Undergraduate majors.

<table>
<thead>
<tr>
<th>Major</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology</td>
<td>21</td>
<td>22.8</td>
</tr>
<tr>
<td>Sociology</td>
<td>12</td>
<td>13.0</td>
</tr>
<tr>
<td>Education</td>
<td>11</td>
<td>12.0</td>
</tr>
<tr>
<td>Education of the Deaf</td>
<td>9</td>
<td>9.8</td>
</tr>
<tr>
<td>Speech Pathology and Audiology</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>English</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>History</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Physical Education</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>14.1</td>
</tr>
<tr>
<td><strong>No Response</strong></td>
<td>15</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 18. Graduate majors.

<table>
<thead>
<tr>
<th>Major</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Degree</td>
<td>(66)</td>
<td>(71.7)</td>
</tr>
<tr>
<td>Counseling and Guidance</td>
<td>26</td>
<td>28.3</td>
</tr>
<tr>
<td>Psychology</td>
<td>8</td>
<td>8.7</td>
</tr>
<tr>
<td>Social Work</td>
<td>8</td>
<td>8.7</td>
</tr>
<tr>
<td>School Couns. with the Deaf</td>
<td>7</td>
<td>7.6</td>
</tr>
<tr>
<td>Educational Psychology</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td>Education, other</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Rehab. Couns. with the Deaf</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Rehabilitation Counseling</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Two Degrees</strong></td>
<td>(15)</td>
<td>(16.3)</td>
</tr>
<tr>
<td>Educ. of the Deaf/Couns. &amp; Guid.</td>
<td>8</td>
<td>8.7</td>
</tr>
<tr>
<td>Educ. of the Deaf/Other related</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Couns. &amp; Guid./Other related</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>No Response</td>
<td>11</td>
<td>12.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Counselors of the hearing impaired have spent a mean of 7.7 years in their major fields of study, a mean of 6.8 years in counseling in general, and a mean of 5.2 years in counseling with the hearing impaired (Tables 19, 20 and 21).

Twenty-eight counselors (30.4 percent) had worked in other capacities with hearing impaired individuals. A mean of 8.7 years was spent by these counselors in other work with the hearing impaired (Table 22).

A little more than half (52.2 percent) of the counselors had no personal experience with deafness preceding professional practice. Of those who had previous personal experiences with deafness, the largest number (23) had friends or acquaintances who were deaf (Table 23).

Counselors rated themselves favorably in their ability to use sign language and less favorably in their ability to read sign language. The majority (68.5 percent) rated themselves as very good or good in expressive ability and slightly more than half (52.2 percent) rated themselves, again, as very good or good in receptive ability (Tables 24 and 25). The reader is cautioned to note that these are self-ratings, and, as one counselor stated, "It is difficult to be objective about one's own skills." Still, a significant number of counselors felt they lacked adequate manual communication skills.
Table 19. Years experience in major specialty.

<table>
<thead>
<tr>
<th>Years</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-30</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>21-25</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>16-20</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>11-15</td>
<td>9</td>
<td>9.8</td>
</tr>
<tr>
<td>6-10</td>
<td>26</td>
<td>28.2</td>
</tr>
<tr>
<td>1-5</td>
<td>33</td>
<td>35.9</td>
</tr>
<tr>
<td>No Response</td>
<td>16</td>
<td>17.4</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean 7.7 years
Median 6.5 years
Table 20. Years experience in counseling.

<table>
<thead>
<tr>
<th>Years</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-30</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>21-25</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>16-20</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>11-15</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>6-10</td>
<td>27</td>
<td>29.4</td>
</tr>
<tr>
<td>1-5</td>
<td>28</td>
<td>30.4</td>
</tr>
<tr>
<td>No Response</td>
<td>30</td>
<td>32.6</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean 6.8 years
Median 6.1 years
Table 21. Years experience in counseling hearing impaired.

<table>
<thead>
<tr>
<th>Years</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-30</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>21-25</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>16-20</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>11-15</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>6-10</td>
<td>23</td>
<td>25.0</td>
</tr>
<tr>
<td>1-5</td>
<td>51</td>
<td>55.4</td>
</tr>
<tr>
<td>No Response</td>
<td>12</td>
<td>13.0</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean 5.2 years
Median 4.4 years
Table 22. Years experience in other work with hearing impaired.

<table>
<thead>
<tr>
<th>Years</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>36-40</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>31-35</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>26-30</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>21-25</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>16-20</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>11-15</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>6-10</td>
<td>9</td>
<td>9.8</td>
</tr>
<tr>
<td>1-5</td>
<td>12</td>
<td>13.0</td>
</tr>
<tr>
<td>No Response</td>
<td>64</td>
<td>69.6</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean 8.7 years
Median 6.0 years
Table 23. Personal experience with deafness.

<table>
<thead>
<tr>
<th>Type</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal hearing loss</td>
<td>15</td>
<td>16.3</td>
</tr>
<tr>
<td>Deaf parents</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td>Deaf children (own)</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td>Deaf siblings</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>(Other) deaf relatives</td>
<td>11</td>
<td>12.0</td>
</tr>
<tr>
<td>Other experiences</td>
<td>23</td>
<td>25.0</td>
</tr>
<tr>
<td>No previous experiences</td>
<td>48</td>
<td>52.2</td>
</tr>
</tbody>
</table>

N=92.
Table 24. Ability to use sign language.

<table>
<thead>
<tr>
<th>Rating</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>34</td>
<td>37.0</td>
</tr>
<tr>
<td>Good</td>
<td>29</td>
<td>31.5</td>
</tr>
<tr>
<td>Fair</td>
<td>21</td>
<td>22.8</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>None</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 25. Ability to read sign language.

<table>
<thead>
<tr>
<th>Rating</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>19</td>
<td>20.7</td>
</tr>
<tr>
<td>Good</td>
<td>29</td>
<td>31.5</td>
</tr>
<tr>
<td>Fair</td>
<td>29</td>
<td>31.5</td>
</tr>
<tr>
<td>Poor</td>
<td>9</td>
<td>9.8</td>
</tr>
<tr>
<td>None</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Sign language was the communication resource used by most counselors (84.8 percent) in providing services to deaf students (Table 26). In light of this, the counselor's manual communication skill level becomes an important issue.

Unfortunately the majority of counselors who serve deaf students have had no special preparation to serve this population. Only 14.1 percent have had graduate training in counseling with the deaf. On-the-job training and special coursework in deafness were the leading types of special preparation reported (Table 27).

Table 26. Communication resource(s) used in counseling the deaf.

<table>
<thead>
<tr>
<th>Resource</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech</td>
<td>57</td>
<td>62.0</td>
</tr>
<tr>
<td>Fingerspelling</td>
<td>43</td>
<td>46.7</td>
</tr>
<tr>
<td>Sign Language</td>
<td>78</td>
<td>84.8</td>
</tr>
<tr>
<td>Writing</td>
<td>17</td>
<td>18.5</td>
</tr>
<tr>
<td>Interpreter</td>
<td>9</td>
<td>9.8</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7.6</td>
</tr>
</tbody>
</table>

N=92.
Table 27. Special preparation for counseling with the deaf.

<table>
<thead>
<tr>
<th>Type</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-the-job training</td>
<td>29</td>
<td>31.5</td>
</tr>
<tr>
<td>Special coursework in deafness</td>
<td>23</td>
<td>25.0</td>
</tr>
<tr>
<td>Practicum with deaf</td>
<td>16</td>
<td>17.4</td>
</tr>
<tr>
<td>Sign language training</td>
<td>16</td>
<td>17.4</td>
</tr>
<tr>
<td>Graduate training program in counseling with the deaf</td>
<td>13</td>
<td>14.1</td>
</tr>
<tr>
<td>Interaction with fellow professionals in deafness</td>
<td>10</td>
<td>10.9</td>
</tr>
<tr>
<td>Workshops and conferences on deafness</td>
<td>9</td>
<td>9.8</td>
</tr>
<tr>
<td>Teaching the deaf experience</td>
<td>8</td>
<td>8.7</td>
</tr>
<tr>
<td>Other work with the deaf</td>
<td>8</td>
<td>8.7</td>
</tr>
<tr>
<td>Internship with deaf</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>Reading literature on deafness</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Orientation to deafness training</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>No special preparation</td>
<td>8</td>
<td>8.7</td>
</tr>
<tr>
<td>No response</td>
<td>7</td>
<td>7.6</td>
</tr>
</tbody>
</table>

N=92.
Some counselors did manage to complete practicums and internships with deaf individuals without being in a graduate training program for counseling with the deaf. These counselors were often supervised by teachers of the deaf or administrators of educational programs serving the deaf who had little understanding of counseling. Others were supervised by university personnel in counseling and guidance or general rehabilitation counseling who had little understanding of deafness. Neither situation was ideal.

Sections 4 and 5—(Counselor Questionnaire)
Counseling Theories and Techniques

Question 7: What theoretical approaches and counseling techniques were currently being utilized in the delivery of counseling services to deaf students?

Rogerian Client-Centered Therapy and Glasser's Reality Therapy were the approaches utilized most frequently by counselors providing services to deaf students. Behavioral approaches followed closely behind, and a significant number of counselors utilized the "other" category and labeled their approach as eclectic (Table 28).

Behavioral approaches were emphasized when counselors identified the approaches they utilized second and third most frequently (Tables 29 and 30). Close to half of the counselors (46.7 percent), however, did not indicate the use of a third approach in counseling practice.
Table 28. Most frequently used theoretical approach.

<table>
<thead>
<tr>
<th>Approach</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adlerian Therapy</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Behavioral Approaches</td>
<td>19</td>
<td>20.7</td>
</tr>
<tr>
<td>Client-Centered (Rogerian)</td>
<td>24</td>
<td>26.1</td>
</tr>
<tr>
<td>Gestalt Therapy (Perls)</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Psychoanalysis (Freudian)</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Rational-Emotive (Ellis)</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Reality Therapy (Glasser)</td>
<td>23</td>
<td>25.0</td>
</tr>
<tr>
<td>Transactional Analysis (Berne)</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>15.2</td>
</tr>
<tr>
<td>No response</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 29. Second most frequently used theoretical approach.

<table>
<thead>
<tr>
<th>Approach</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adlerian Therapy</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td>Behavioral Approaches</td>
<td>26</td>
<td>28.3</td>
</tr>
<tr>
<td>Client-Centered (Rogerian)</td>
<td>12</td>
<td>13.0</td>
</tr>
<tr>
<td>Gestalt Therapy (Perls)</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>Psychoanalysis (Freudian)</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Rational-Emotive (Ellis)</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Reality Therapy (Glasser)</td>
<td>13</td>
<td>14.1</td>
</tr>
<tr>
<td>Transactional Analysis (Berne)</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>8.7</td>
</tr>
<tr>
<td>No response</td>
<td>16</td>
<td>17.4</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 30. Third most frequently used theoretical approach.

<table>
<thead>
<tr>
<th>Approach</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adlerian Therapy</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Behavioral Approaches</td>
<td>12</td>
<td>13.0</td>
</tr>
<tr>
<td>Client-Centered (Rogerian)</td>
<td>7</td>
<td>7.6</td>
</tr>
<tr>
<td>Gestalt Therapy (Perls)</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Psychoanalysis (Freudian)</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Rational-Emotive (Ellis)</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>Realty Therapy (Glasser)</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>Transactional Analysis (Berne)</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td>No response</td>
<td>43</td>
<td>46.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The most frequently utilized approaches were used primarily with deaf students, with a good degree of success, and were selected for use on the basis of the counselor's own previous training and experience. The same was true of the second and third most frequently utilized approaches. However, diversification in responses to these questions increased as selection went from the most frequently utilized to the third most frequently utilized theoretical approach.

Lastly, counseling techniques used with deaf students were identified. Emphasis was given to action-oriented techniques such as role playing, play therapy, psychodrama, and counseling games (Tables 31 and 32).

Table 31. Specific counseling techniques used.

<table>
<thead>
<tr>
<th>Techniques</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychodrama</td>
<td>18</td>
<td>19.6</td>
</tr>
<tr>
<td>Role-Playing</td>
<td>77</td>
<td>83.7</td>
</tr>
<tr>
<td>Play Therapy</td>
<td>47</td>
<td>51.1</td>
</tr>
<tr>
<td>Other</td>
<td>36</td>
<td>39.1</td>
</tr>
</tbody>
</table>

N=92.
Table 32. Other counseling techniques identified.

<table>
<thead>
<tr>
<th>Techniques</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of counseling games, kits, and other activities</td>
<td>9</td>
<td>25.0</td>
</tr>
<tr>
<td>Group work</td>
<td>8</td>
<td>22.2</td>
</tr>
<tr>
<td>Art therapy</td>
<td>6</td>
<td>16.7</td>
</tr>
<tr>
<td>Use of media (films, videotaping)</td>
<td>5</td>
<td>13.9</td>
</tr>
<tr>
<td>Use of behavior modification techniques</td>
<td>5</td>
<td>13.9</td>
</tr>
<tr>
<td>Use of projection strategies</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>(Glasser's) Class meetings</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>Family work</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>Serving as a role model</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>Mime</td>
<td>2</td>
<td>5.5</td>
</tr>
</tbody>
</table>

N=36.
Hypotheses

Hypothesis 1

Hypothesis number one stated that: The provision of counseling services to deaf students will not be lacking in any educational program serving the deaf.

This hypothesis was rejected in that counseling services were being provided to deaf students in only 50.8 percent of the educational programs responding to the survey.

Hypothesis 2

Hypothesis number two stated that: The provision of counseling services to deaf students will not be related to the educational setting in terms of:

a. the type of educational setting.
b. the educational levels offered.
c. the funding source.

This hypothesis was rejected because the provision of counseling services to deaf students was greater in residential schools, counseling services were more available in secondary level programs, and services seemed less available in private funded educational programs.
Hypothesis 3

Hypothesis number three stated that: The provision of counseling services to deaf students will not be related to the hearing impaired student population in terms of:

a. The size of the hearing impaired student population.
b. the primary type of disability.
c. The predominant expressive mode of communication of deaf students.

This hypothesis was also rejected. The size of the hearing impaired student population was a major factor in the provision of counseling services to deaf students. In educational programs where counseling services were not provided to deaf students, 84.3 percent had hearing impaired student populations of less than 150 students. Counseling services were more available in programs serving deaf students and where students used a manual mode of communication.

Hypothesis 4

Hypothesis number four stated that: Counselors serving the deaf will not have unequal backgrounds in terms of:

a. academic training.
b. professional experience.
c. personal experience with deafness.
d. communication abilities.

e. special preparation for counseling with the deaf.

This hypothesis was rejected. Though the majority of counselors held master's degrees, some did not. Considerable variability was noted in undergraduate and graduate majors as well as the type of special preparation completed for counseling with the deaf. Some variance was also noted in length of professional experience, personal experience with deafness preceding professional practice, and communication abilities.

**Hypothesis 5**

Hypothesis number five stated that: Counseling approaches and techniques will not be unequally utilized in the delivery of counseling services to deaf students.

This hypothesis was rejected. Client-centered therapy, reality therapy, and behavioral approaches were utilized most in counseling with deaf students. A behavioral emphasis was noted in the counselors' second and third choice approaches. Action-oriented counseling techniques such as role playing, play therapy, psychodrama, and counseling games were used most by counselors serving deaf students.

**Summary**

The results of the study were presented in this chapter. Descriptive data were presented first and
discussed in the topical sequence of the questionnaires. Then the individual hypotheses of the study were presented and discussed.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

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

General Summary

A review of the literature revealed the minority status of the deaf population and its inaccessibility to counseling services provided to people in general. The literature also pointed out the need for counseling services for deaf persons of all ages. The need for counseling in schools for the deaf was noted. Further, some individuals have described the state of the art of counseling in schools for the deaf and have been critical of it. However, little data was available to support the existing criticism. Thus, the need was felt to determine the present and actual state of counseling in schools for the deaf.

Purpose

The purpose of the study was to determine the actual state of the art of counseling in schools for the deaf in terms of the availability of counseling services, the skills and training of counselors providing these services,
and the methodology currently being employed in the de-
ivery of counseling services to deaf students. The study
asked the following questions:

1. Were counseling services being provided to deaf
   students in educational programs serving the deaf?

2. Was the provision of this support service related
to the educational setting in terms of:
   a. the type of educational setting?
   b. the educational levels offered?
   c. the funding source?

3. Was the provision of this support service related
to the hearing impaired student population in terms
   of:
   a. the size of the hearing impaired student
      population?
   b. the primary type of disability?
   c. the predominant expressive mode of communi-
      cation of deaf students?

4. What were the reasons for the non-provision of coun-
   seling services to deaf students in these educa-
   tional programs?

5. What was the nature of the work of a counselor for
   the deaf in an educational setting in terms of:
a. the counselor position?
b. the counselor's responsibilities?
c. counseling practice?

6. What was the background of the counselor who serves deaf students in terms of:
   a. academic training?
b. professional experience?
c. personal experience with deafness?
d. communication abilities?
e. special preparation for counseling with the deaf?

7. What theoretical approaches and counseling techniques were currently being utilized in the delivery of counseling services to deaf students?

**Design**

To answer the questions posed above, two mailed questionnaires were developed. The questionnaires were sent to administrators of 231 educational programs serving the deaf. Useable questionnaires were returned by 181 respondents. The information from the questionnaires was analyzed, and the following null hypotheses were tested:

1. The provision of counseling services to deaf students will not be lacking in any educational program serving the deaf.
2. The provision of this support service will not be related to the educational setting in terms of:
   a. the type of educational setting.
   b. the educational levels offered.
   c. the funding source.

3. The provision of this support service will not be related to the hearing impaired student population in terms of:
   a. the size of the hearing impaired student population.
   b. the primary type of disability.
   c. the predominant expressive mode of communication of deaf students.

4. Counselors serving the deaf will not have unequal backgrounds in terms of:
   a. academic training.
   b. professional experience.
   c. personal experience with deafness.
   d. communication abilities.
   e. special preparation for counseling with the deaf.

5. Counseling approaches and techniques will not be unequally utilized in the delivery of counseling services to deaf students.
Results

The analysis of the descriptive data revealed that counseling services were being provided to deaf students in only 50.8 percent of the educational programs responding to the survey.

The provision of counseling services to deaf students was greater in residential schools for the deaf. Services were more available in secondary level programs and seemed less available in privately funded educational programs.

The provision of counseling services was related to the size of the hearing impaired student population. The lack of services was greater in programs with small hearing impaired student populations. Counseling services were more available in programs serving "deaf" students and where students utilized a manual mode of communication.

The lack of funding for counselor positions and the shortage of qualified personnel available to fill these specialized positions were the major reasons for the non-provision of counseling services to deaf students.

Counselors serving deaf students were primarily full-time counselors serving exclusively hearing impaired caseloads. Individual and group student counseling, teacher/staff consultation, and parent/family counseling were the
major responsibilities of both part-time and full-time counselors of hearing impaired students.

Full-time counselors spent nearly half of their time in actual counseling while part-time counselors spent about one-third of their time in the same activity. Communication and linguistic limitations were the most frequently reported difficulties encountered in counseling with deaf students.

The majority of counselors serving deaf students held a master's degree. Psychology was the leading undergraduate major while counseling and guidance was the leading graduate major for these individuals.

Most counselors of the hearing impaired have spent less than ten years in their major fields of study, in general counseling, and in counseling the hearing impaired. Nearly one-third of the counselors had worked in some other capacity with hearing impaired individuals.

A little more than half of the counselors had no personal experience with deafness preceding professional practice.

Sign language was the communication resource used by most counselors in providing services to deaf students. About two-thirds of the counselors rated themselves as adequate (very good - good) in ability to use sign language,
and only half rated themselves as adequate (very good -
good) in ability to read sign language.

Only 14.1 percent of the counselors have had graduate
training in counseling with the hearing impaired. On-
the-job training and special coursework in deafness were
the leading types of special preparation reported.

Rogerian Client-Centered Therapy, Glasser's Reality
Therapy, and behavioral approaches were utilized most in
counseling with deaf students. Action-oriented counseling
techniques such as role playing, play therapy, psychodrama,
and counseling games were the most frequently reported.

Conclusions and Interpretations

To the extent that the educational programs and
counselors who participated in this study are representative
of the total population of educational programs and coun-
selors serving the deaf, the following conclusions may be
drawn:

1. Counseling services were not provided to deaf stu-
dents in half of the educational programs serving
the deaf. Interpretation: The non-provision of
this support service could have personal, social,
educational and vocational implications for the
students who are not being served.

2. The provision of counseling services to deaf stu-
dents was greater in residential schools, secondary
level programs, and publicly funded educational programs. Interpretation: Extra effort will be required on the part of day schools and day class programs, elementary level programs, and privately funded educational programs to insure that the counseling needs of deaf students in these programs are being understood and are being met.

3. The lack of funding for counselor positions and the shortage of qualified personnel available to fill these specialized positions were the major reasons for the non-provision of counseling services to deaf students. Interpretation: The effectiveness of counseling with deaf students must be demonstrated, and the need for counseling must be clarified and/or emphasized for legislators and others making funding decisions. Additionally, more training programs should be established to prepare counselors to work with deaf students.

4. Many counselors experienced communication difficulties; most utilized sign language to communicate; yet, many felt they lacked adequate sign language skills. Interpretation: Administrators should require that counselors have the skills needed to effectively perform their duties and should employ only qualified individuals.
5. The backgrounds and training of counselors serving the deaf varied considerably. **Interpretation:** Standards for counselors should be established and adhered to by all those concerned.

6. Counselors have successfully implemented various counseling approaches and techniques in counseling with deaf students. **Interpretation:** Primary consideration should be given to modification of existing materials and implementation of existing knowledge.

**Recommendations for Further Research**

1. In the present study, the focus was on the counselor in attempting to determine the state of the art of counseling in schools for the deaf. Further research might deal with the perceptions and/or attitudes of deaf students, teachers of the deaf, or other staff and how they influence the state of the art. This would help in defining more accurately the state of the art of counseling in schools for the deaf.

2. The counselors in this study were employed in a variety of educational settings. Additional research should be conducted to determine if the setting in which the counselor is employed influences the way he performs his job. This information
would be valuable to those persons responsible for training counselors to serve the hearing impaired and to schools employing these counselors.

3. Future research should attempt to determine the relationship between counselor variables such as academic training, personal experience with deafness, and manual communication skills with counselor performance. This information would be valuable in defining the position of the counselor and in setting standards for counselors serving deaf students.

4. Additional research might also focus on hearing impaired student characteristics such as degree of hearing loss, age of onset, mode of communication and how these relate to the use of various theoretical approaches and/or various counseling techniques. This knowledge would be valuable to counselors in training as well as counselors in the field in making appropriate applications of theoretical approaches and/or counseling techniques.
APPENDIX A

QUESTIONNAIRE FOR COUNSELORS

COUNSELING IN SCHOOLS FOR THE DEAF*: A STUDY OF THE STATE OF THE ART

We are requesting your voluntary participation in the completion of this questionnaire. We are attempting to determine the actual state of the art of counseling in schools for the deaf through the use of this questionnaire. The purpose of the study is solely to collect data and to describe the state of the art. If you decide to participate, please answer as many of the questions as you are able with confidence. You do not have to answer all of the questions. Completion of this questionnaire will indicate your consent as a willing participant in the study. All data received will be treated with anonymity and confidentiality. You are free to withdraw from the study at any time without incurring ill will. The completion of this questionnaire will require approximately twenty minutes of your time.

I. EDUCATIONAL SETTING

A. Type (Check):

1. Residential school for the deaf
2. Day school for the deaf
3. Regular school, special classes for the deaf
4. Regular school, deaf integrated in regular classes
5. Other (specify)__________________________

*The term "deaf" is utilized because educational programs were designated as schools and classes for the deaf by the American Annals of the Deaf. Realizing that these educational programs serve students with widely varying degrees of hearing loss, the term "deaf" as utilized in this questionnaire refers to those individuals whose hearing loss is so severe and of such early onset as to require special educational techniques or special tutorial services for the acquisition and/or development of speech and language.
B. Level (Check all that apply):
   1. Pre-school
   2. Elementary
   3. Secondary
   4. Other (specify) ________________

C. Funding Source (Check):
   1. Public
   2. Private
   3. Other (specify) ________________

II. STUDENT POPULATION

A. Number (indicate):
   1. Hearing impaired students
   2. Total number of students ________________

B. Hearing Impaired Students Are Primarily (Check):
   1. Deaf
   2. Hard of hearing
   3. Both deaf and hard of hearing
   4. Deaf/mentally retarded
   5. Deaf/otherwise multiply handicapped
   6. Other (specify) ________________

C. The Predominant Expressive Mode of Communication of Deaf Students (Check):
   1. Oral (Speech)
   2. Manual (Fingerspelling and Signs)
   3. Combined (both manual and oral)
   4. Other (specify) ________________

III. COUNSELOR FOR THE DEAF

A. Staff Position
   Which of the following best describes your present activities (Check):
   1. Full-time counselor
      a. exclusively for hearing impaired ________________
      b. hearing impaired part of caseload ________________
2. Part-time counselor  
a. exclusively for hearing impaired  
   ____________
b. hearing impaired part of caseload  
   ____________

3. Other (specify)________________________________________

B. Responsibilities  
Check those of the following that are a part of your job responsibilities relative to the hearing impaired:

1. Individual student counseling  
   ____________
2. Group student counseling  
   ____________
3. Parent/family counseling  
   ____________
4. Teacher/staff consultation (conferences)  
   ____________
5. Public relations activities  
   ____________
6. Student appraisal (testing)  
   ____________
7. Academic and vocational advising  
   ____________
8. Student scheduling  
   ____________
9. New student orientation  
   ____________
10. Involvement in student discipline  
    ____________
11. Data collection and record keeping  
    ____________
12. Counseling program evaluation  
    ____________
13. Referral and placement activities  
    ____________
14. Student follow-up (research)  
    ____________
15. Other (specify)________________________________________

C. Counseling Practice

1. Estimate percent of your time spent in counseling hearing impaired students: ____________ percent.
2. What in your opinion are the major difficulties in counseling with deaf students?________________________________________

D. Background (Counselor for the Deaf)

1. Highest degree earned________________________________________
2. Undergraduate major________________________________________
3. Graduate major(s)________________________________________

4. Professional experience  
Indicate the number of salaried years experience in:  
a. your major specialty  
   ____________
b. counseling in general  
   ____________
c. counseling the hearing impaired  
   ____________
d. other work with the hearing impaired (specify) __________________________
5. Personal experience with deafness
   Indicate personal experiences with
   deafness preceding professional
   practice with the deaf (Check):
   a. personal hearing loss
   b. deaf parents
   c. deaf children (own)
   d. deaf siblings
   e. (other) deaf relatives
   f. other experiences (specify)
   g. no previous experiences

6. Communication ability
   a. rate your ability to utilize sign lan­
      guage: very good good fair poor none
   b. rate your ability to read back sign lan­
      guage: very good good fair poor none
   c. check the main communication resource(s)
      you use in counseling deaf students:
      speech fingerspelling sign lan­
      guage writing interpreter other

7. Special preparation
   Describe briefly the kind of special prepara­
   tion you had for counseling with the deaf (on
   the job; special courses; special program;
   practicum, etc.); the type of supervision;
   the setting; and other relevant information
   and recommendations

IV. SPECIFIC COUNSELING THEORIES USED IN COUNSELING WITH
   DEAF STUDENTS. Note: It is assumed that counselors
   are operating from a theoretical base when providing
   counseling services to deaf students. If this is not
   the case, please use the OTHER category and identify
   your method of operation.

   ADLERIAN THERAPY  RATIONAL-EMOTIVE (ELLIS)
   BEHAVIORAL APPROACHES  REALITY THERAPY (GLASSER)
   CLIENT-CENTERED  TRANSACTIONAL ANALYSIS
   (ROGERIAN)  (BERNE)
GESTALT THERAPY (PERLS) OTHER (Specify)___________

PSYCHOANALYSIS (FREUDIAN) OTHER (Specify)___________

A. Most Frequently Utilized

1. Using the above list, identify the theoretical approach you utilize most frequently in counseling with deaf students:

2. Indicate which subgroup this most frequently utilized approach is primarily used with (check):
   a. deaf
   b. hard of hearing
   c. deaf/mentally retarded
   d. deaf/otherwise multiply handicapped (specify)
   e. other (specify)

3. Indicate the degree of success achieved in implementing this most frequently utilized approach with the subgroup you have indicated (check):
   a. poor
   b. fair
   c. good
   d. very good

4. This most frequently utilized approach was selected for use with deaf students on the basis of (check):
   a. recommend counseling professionals/literature
   b. recommend deafness professionals/literature
   c. own previous training/experience
   d. degree of communication required to implement
   e. other (specify)

B. Second Most Frequently Utilized

1. Using the above list, identify the theoretical approach you utilize second most frequently in counseling with deaf students:

2. Indicate which subgroup this second most frequently utilized approach is primarily used with (check):
   a. deaf
   b. hard of hearing
   c. deaf/mentally retarded
d. deaf/otherwise handicapped
   (specify)__________________________
e. other (specify)_____________________

3. Indicate the degree of success achieved in implementing this second most frequently utilized approach with the subgroup you have indicated (check):
   a. poor _____  c. good _____
   b. fair ____   d. very good ____

4. This second most frequently utilized approach was selected for use with deaf students on the basis of (check):
   a. recommend counseling professionals/literature _____
   b. recommend deafness/professionals/literature _____
   c. own previous training/experience _____
   d. degree of communication required to implement _____
   e. other (specify)_____________________________

C. Third Most Frequently Utilized
1. Using the previous list, identify the theoretical approach you utilize third most frequently in counseling with deaf students:

2. Indicate which subgroup this third most frequently utilized approach is primarily used with (check):
   a. deaf ____
   b. hard of hearing ____
   c. deaf/mentally retarded ____
   d. deaf/otherwise multiply handicapped (specify)____________________
   e. other (specify)__________________________

3. Indicate the degree of success achieved in implementing this third most frequently utilized approach with the subgroup you have indicated (check):
   a. poor _____  c. good _____
   b. fair ____   d. very good ____
4. This **third** most frequently utilized approach was selected for use with deaf students on the basis of (check):
   a. recommend counseling professionals/literature
   b. recommend deafness professionals/literature
   c. own previous training/experience
   d. degree of communication required to implement
   e. other (specify)

V. SPECIFIC COUNSELING TECHNIQUES

A. List Those Used With Deaf Students
Through the literature on deafness, the following techniques have been identified for use with the deaf. List additional techniques, and indicate all that you have utilized and found to be effective (check):
1. Psychodrama
2. Role-playing
3. Play Therapy
4. Other (specify)

VI. REMARKS, COMMENTS, RECOMMENDATIONS ON ANY ASPECT OF COUNSELING WITH THE DEAF (STUDENT):

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

(Return to: Marie A. Curtis, 1201 Broadmoor #120, Austin, Tx., 78723).
APPENDIX B

QUESTIONNAIRE FOR ADMINISTRATORS

To be completed only if counseling services are not provided to deaf students.

I. EDUCATIONAL SETTING

A. Type (Check):
   1. Residential school for the deaf
   2. Day school for the deaf
   3. Regular school, special classes for the deaf
   4. Regular school, deaf integrated in regular classes
   5. Other (specify)

B. Level (Check all that apply):
   1. Pre-school
   2. Elementary
   3. Secondary
   4. Other (specify)

C. Funding Source (Check):
   1. Public
   2. Private
   3. Other (specify)

II. STUDENT POPULATION

A. Number (Indicate):
   1. Hearing impaired students
   2. Total number of students

B. Hearing Impaired Students are Primarily (Check):
   1. Deaf
   2. Hard of hearing
   3. Both deaf and hard of hearing
   4. Deaf/mentally retarded
   5. Deaf/otherwise multiply handicapped
   6. Other (specify)
C. The Predominant Expressive Mode of Communication of Deaf Students (Check):
1. Oral (Speech) ______
2. Manual (Fingerspelling and Signs) ______
3. Combined (both oral and manual) ______
4. Other (specify) ______________________________________

III. COUNSELING FOR THE DEAF
A. Lack of Services Due to (Check):
1. Lack of need or demand for them ______
2. Lack of qualified personnel to provide them ______
3. Lack of funding to support them ______
4. Other (specify) ______________________________________

B. Counseling Services Would Be Provided if (Check):
1. There existed a need or demand for them ______
2. Qualified personnel were available to provide them ______
3. Funding were available to support them ______
4. Other (specify) ______________________________________

C. Briefly specify any problems you, as an administrator, have had in providing this particular support service to your deaf students: ________________________________
________________________________________
________________________________________

D. REMARKS, COMMENTS, RECOMMENDATIONS:

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

(Return to: Marie A. Curtis, 1201 Broadmoor #120, Austin, Tx., 78723).
APPENDIX C

COVER LETTER TO ADMINISTRATORS

(The University of Arizona Rehabilitation Center Letterhead)

You are being asked to voluntarily participate in a study entitled "Counseling in Schools for the Deaf: A Study of the State of the Art." We are attempting to determine the actual state of the art of counseling in schools for the deaf through the use of the enclosed questionnaires. Your school was identified as an education program serving deaf students through the 1978 American Annals of the Deaf, Directory of Programs and Services and was selected to participate in this study on the basis of its deaf student population.

Complete confidentiality is assured throughout the research process. No names of programs or individuals will appear in the final report. The purpose of the study is solely to collect data relevant to counseling services in schools for the deaf and to describe the state of the art. We will assume that those individuals who complete the questionnaires are thereby giving their consent to participate in the study.

We ask you to do one of the following:

1) If counseling services are provided to your deaf students, pass the Questionnaire for Counselors and the stamped, self-addressed envelope along to the primary provider of these services and ask that he or she complete and return the questionnaire as soon as possible. You may disregard the Questions for Administrators form.

2) If counseling services are not provided to your deaf students, disregard the Questionnaire for Counselors and complete the Questions for Administrators form and return it as soon as possible in the envelope provided. Please answer as many of the questions as you are able. You do not have to answer all of
the questions and you are free to withdraw at any time without incurring ill will. The completion of the Questions for Administrators form should require no more than five to ten minutes of your time.

Dr. Ralph L. Hoag, Past-President of the Conference of Executives of American Schools for the Deaf, has reviewed this study and has given it his full support. Dr. Hoag's letter of endorsement is attached.

A summary of our results will be provided to you at your request. Thank you in advance for your cooperation.

Sincerely yours,

Ms. Marie A. Curtis, M.A.
Research Coordinator

Dr. Armin G. Turechek
Research Director

Encl.: (3)
APPENDIX D

LETTER OF ENDORSEMENT

(Conference of Executives of American Schools for the Deaf Letterhead)

MEMORANDUM

DATE: October 16, 1978

TO: Administrators of Educational Programs for the Deaf

FROM: Dr. Ralph L. Hoag, Past-President
Conference of Executives of American Schools for the Deaf

SUBJECT: Study of "Counseling in Schools for the Deaf:
A Study of the State of the Art"

I know that you are flooded with questionnaires and requests for information all the time. It is in consideration of this possible further imposition that I am using my position as Past-President of CEASD to encourage your cooperation in this worthwhile study.

I have reviewed the proposed study by Ms. Marie A. Curtis and Dr. Armin G. Turecheck of The University of Arizona Rehabilitation Center on "Counseling in Schools for the Deaf: A Study of the State of the Art" and have given it my unqualified support. It is my considered opinion that this study will provide important information for educational programs serving the deaf in evaluating existing counseling programs for deaf students.
APPENDIX E

FOLLOW-UP LETTER TO ADMINISTRATORS

(The University of Arizona Rehabilitation Center Letterhead)

Recently, we mailed you a questionnaire entitled Counseling in Schools for the Deaf: A Study of the State of the Art. As yet, we have not received your response.

In order for this study to be valid and meaningful, it is very important that we receive responses from as many schools for the deaf as possible. If you have not already done so, may we again ask that you complete the questionnaire as soon as possible and return it in the stamped, self-addressed envelope provided.

Your cooperation is urgently needed and will be greatly appreciated. If you have already completed and mailed the questionnaire, please disregard this reminder and accept our thanks.

Sincerely yours

Ms. Marie A. Curtis, M.A.
Research Coordinator

Dr. Armin G. Turechek
Research Director
LIST OF REFERENCES


108


