

VR AND YOU, WHY A SPECIALIST?

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Today we are going to focus on a three-part discussion. First I will give you an introduction and some background on Vocational Rehabilitation, then we are going to talk specifically about specialized services that are available for the deaf-- particularly late deafened adults. I would like to build this into an open forum in which we can talk about experiences that you have had, as well as things that would you like to see someday happen so late deafened adults can be better served.

Vocational Rehabilitation, or VR, is a federally mandated program that provides vocational counseling and a variety of services to adults with disabilities that somehow impede their ability to either stay in the employment they have currently, or to search for employment positions. VR itself, does counseling for people who want to get work or find ways to stay in their jobs. We both Counsel and rehabilitate. Why was this established? Why is there a federal mandate for this program? That's because historically, societal norms and behaviors have not allowed for people with disabilities to overcome barriers in the community without laws in place to ensure that they are granted their civil rights. So, federal mandated laws have set up ways to insure that people have opportunities to overcome barriers imposed by their disability. VR was born in the 1920's with the Vocational Rehabilitation Act. Since then, other important legislation such as the Rehabilitation Act of 1973 and its amendments, as well as the American with Disabilities Act of 1990, or ADA, has set forth these laws that can specifically explain who are disabled, and who is responsible for accommodating for them, as well as what are their civil rights are in terms of overcoming barriers in employment, recreation, education, and social opportunities.

You may be asking how do late deafened adults fit into this picture? In fact, late deafened adults are considered by law to be disabled, because one of the major life activities whose lack is listed under the ADA as a disability is hearing. Therefore, late deafened adults who have hearing loss as a disability are eligible to apply for vocational rehabilitation services and can work with a counselor in a VR setting to focus on vocational issues to either maintain the work they have or find employment in another setting.

Since it's a Federally mandated program, each state has its own programs with a variety of different names. Regardless, it's the same services that are being offered in each state. When working with a VR counselor, you will sit down and establish your own vocational goal, and then make out an individualized plan for employment—whether it be for job intention or to return to your former employment field, or to establish a new career goal, as well as the steps you need to take to accomplish this. Overall the goal of vocational rehabilitation is to help you, the late deafened adult, compete competitively with people who do not have a hearing loss.

Now, you may be asking as a late deafened adult, what are the special services that a VR agency can offer me? Now, when you refer yourself to VR in many states, you might be referred to a specialist-- a RCD , or rehabilitation counselor for the deaf. And that individual works not only with the culturally deaf but with the oral deaf, the hard of hearing, with the late deafened, the hard of hearing who sign, the whole range of people who have hearing loss.

As you know, hearing loss infiltrates each aspect of your life because it effects communication. So a RCD specialist can offer you something that general counselors in many instances cannot, because they have background information about the impact of communication on your daily life. For example, the counseling sessions will be accessible to you by whatever means you need to communicate. They know about backlighting and eye contact and to be open to your feed back regarding your individual needs. They also understand that even someone who speaks English well and clearly may well have a profound to total loss and are facing definite limitations that can effect employment. They also have a much deeper understanding of the psychosocial impact that hearing loss can have on your every day life.

And that leads me to a discussion about transcending disability. Many RCD's can offer you help in that process. Vash, who writes about the psychology of disability, doesn't talk about overcoming disability, or beating it, what she talks about is transcending one's disability, through process, through a journey. And depending on where you are in that process, may depend on whether or not you have requested an RCD when you come in a VR setting. A trained RCD can meet you at whatever level you are at in your own journey and help you in as you take on a new identity with hearing loss. The RCD can assist you by perhaps referring you refer you to other support services, while helping them to understand special needs to which others might not be sensitive.

There are people who if you come into the VR office and are not signing who would not refer you to an RCD. And that is something you need to understand and insist upon having. There are many ways to accommodate the deaf from sign to Cart to devices but I propose that at times, the best accommodation can actually be communicating with someone who is patient, and who is knowledgeable. And depending on where you are in your transcendence of your disability, that may not be something that you can advocate for yet. It may not be something that you even thought about yet. And isn't it, wouldn't it be nice to be able to sit down and have a conversation with someone who can already be knowledgeable and who could be patient in talking to you? That is what an RCD ideally can offer you.

It would be wonderful if we could have this type of support outside of the VR office wherever we go. Unfortunately, at this point, we don't. Unfortunately, many people are ignorant and indifferent to the needs of people with hearing loss. Ignorant because they don't have a hearing loss and they cannot necessarily understand the implications, communicatively and psycho-socially of hearing loss. And in some cases, quite indifferent because it hasn't happened to them or it hasn't happened to someone that they know. I would like to see if we can work on addressing this issue. Because again, with all the technical accommodations that you have, and environmental changes that you can make, without being able to have clear communication with people in a variety of settings in your life, how are things really going to change for you as you transcend your disability? Those of us who are service providers need to imagine the potential for change if we trained people to have someone on staff who is more of a specialist in this area.

AUDIENCE MEMBER: One of the problems I have seen is when a person comes in for the first time and is afraid of deafness and in a panic and cannot make themselves open to any flexibility in terms of communication.

JULIE JODOIN: I can speak from my own experience, I happen to be one of the only hearing RCD 's in Massachusetts. Most of the RCD's in Massachusetts, at least 80 to 85 percent of them are actually culturally deaf. I have spoken to them about this because their experience is very different from mine. My experience is that I feel fortunate because I work with a range of consumers, those who are culturally deaf who use ASL, those who are oral deaf, those who are hard of hearing, who speak, those who are deaf or hard of hearing use and use assistive listening devices and can speak. Since I'm fluent in ASL, I have been able to work with most people without an interpreter, and have arranged my office to minimize noise and glare. Many of the culturally deaf RCD 's in Massachusetts, use interpreters to communicate. And through a lot of sensitivity and rapport building, they have had a lot of success maintaining verbal clients on a case load and working with them. It's a completely different approach. They can also serve as a role model because they are working in a position where they must advocate for their own needs. Thus a newly deafened person can look to them as someone who has been able to achieve both in their own professional and personal life despite their handicap.

There are a lot of people in the states who are becoming RCD's who are not deaf, and is important to realize that they may not be culturally sensitive to the various needs to the populations that they serve. We need to talk about how to get into training programs that can train people to become specialists so that they can have that sensitivity at the RCD level. It would be good to work together to talk about how to get into such training programs, and address not just cultural accessibility, but also communicative accessibility.

AUDIENCE MEMBER: We all know that one of the major problems in providing accessibility is expense. Interpreters of all kinds are very expensive. People, or institutions, can become bankrupt by providing access ability. And that's a real problem because these services are part of reasonable accommodations. How can we continue to provide the services, understanding that there is an expense behind that?

JULIE JODOIN: In the state of Massachusetts, we have three different ways that we tend to address that issue. One, in many cases, is VR's standpoint, it's the university or college's obligation to provided that, and we understand that's a tremendous cost. So, in many cases we have set up cost agreements where we assist in providing interpreters, primarily, in some cases CART reporters. We are trying to work on a statewide agreement to really substantiate this issue and set up responsibilities so that all schools, the ones who don't have as much funds available as the ones who do, also will be providing the interpreters in the same way. And it's not finalized yet, so, I can't say how that will actually turn out. We have, in other cases, made contractual agreement with colleges that have more of a deaf studies program or more of a deaf following, especially at the community college level, we tried to set up a contract type of agreement with the VR office whereby an agreed upon amount of funds would go to the school for each student that is deaf or hard of hearing. In some cases, that has work out, not only with helping with budgetary costs but also the paperwork for trying accommodate each student. But that is an ongoing issue. The expense of any accommodation, especially a CART reporter, is high. Even though half of my caseload is oral, most of my consumers never request a CART reporter because they know that whoever they are going to request it from will say no. There is certainly a gap that needs to be looked at and advocated for so that funding can be available, especially when it's necessary to facilitate communication.

Another thing we must be aware of is the tendency at times for VR to be an assembly line. There are cases where they would not refer to you an RCD, but would try to keep you with a general counselor, not a specialist. They may be thinking all you need as hearing aid, and that you are going to keep the job that you have so they don't need to offer you any specialized services and they can close your case quickly. This would then be recorded in their statistics as a successful rehab which helps with funding. Unfortunately, that does happen, and the it won't happen if you yourself can advocate and say "No, I would like to work with a specialist, someone who understand about my communication needs as late deafened adult. I would like to take the time to have a couple of counseling sessions with someone who understands the implications of hearing loss in my life and how it applies to the world." And if you can get to that place in your own transcendence, in your own process of being late deafened, that can be of tremendous help.

We need ways to make consumers aware of this factor. In some cases, an RCD can take on the responsibilities of trying to network with the audiologists in the area, who usually seem to be one of the first contacts that especially late deafened people see, especially if it is a progressive hearing loss. It's not a perfect system, and I think that marketing is an important piece of the puzzle we need to put into place in the future. That is part of the problem, if you were to request services and you were in an office that didn't support specialty services or didn't want their RCD's to work with anyone except the culturally deaf, you might be caught in the cracks, because you are not yet able to effectively. That's another reason why I'm here today, to encourage people to be aware of specialty services, and to look at how they can be applied to other agencies as well. It seems to me when I have successful meetings with people, late deafened, that this is one of the missing pieces in their lives—reaching the point where we know what we need and being comfortable asking for it and using it.

There continues to be a need to review the curriculums in education programs. I just completed a rehab counseling degree program at the master's level, and it had nothing to do with deafness or hearing loss. I will be able to pull the work I have done and focus on hearing loss, and that's my specialty, but that certainly wasn't something developed in those courses and there are very few training programs that specifically train RCD's. Most programs are set up to train rehab counselors to work a general caseload. So, there certainly needs to be more attention given to this problem of focusing on a general area rather than on specific disabilities. There also needs to be more attention to standardizing the qualifications and requirements, which vary from state to state, for being a RCD. At the present time there is no continuity or consistency. They may ask the RCD's to get masters, but not the supervisors. So, that's what's very, very frustrating.

In addition, the Rehabilitation Act is coming up for reauthorization in two years. We want it put in the rehab act that each state have a state coordinator for the deaf, with a master's degree in rehab counseling. Some states don't have a state coordinator for the deaf, it's combined with other job responsibilities and that person may have no knowledge of deafness, and cannot sign.

All of this is so very, very important. So many students with disabilities are now coming to VR. And RCD's are trying to handle and then close their cases, but so many students are not ready to have their cases closed. There may be psychological and emotional issues that need to come first

before they can even start thinking about placements. So, that's a really important issue to consider when we talk about training.

There is also certainly a need within the local community to be able to address some of those issues, especially if you are at Gallaudet, there may be people who think they can get Gallaudet, they can get anything resolved because at least there will be access ability there. But in some cases they are not appropriately placed at the college level, and there may be things, as we mentioned that need to be addressed before they can get to college. You are setting them up for failure fail by placing them before they are ready for placement.

Certainly as we talk about the education of some of the VR counselors, as well as people in other fields, we need to continue to emphasize that the need to recognize that the person with a hearing loss is not just like any other consumer and that if that person, for example, is not ready for college, then they are not ready for college. And they certainly need to have accessible services to get them to a place so that they can be ready for college.

As on any other case load, a VR counselor is responsible for training people to be providing appropriate services outside of the VR office. Certainly, I think most RCD's above and beyond trying to explain to other agencies and services and advocate for their clients and help them become empowered and advocate for themselves. And I wonder if we cannot find ways to do that at a community level. I there are not ways that as late deafened adults, and as service providers, so we can help people become aware of their own ignorance find ways to get them to assume responsibilities that may not be mandated by law but are morally appropriate. We must keep trying.

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Figure 1

“VR and You: Why a Specialist?”

Vocational Rehabilitation’s Mission:

MRC's Vocational Rehabilitation Program assists individuals with disabilities to obtain and maintain employment.

The Vocational Rehabilitation Program helps individuals with physical, psychiatric and/or learning disabilities face the challenges of the modern workplace.

This may include:

- Identifying job goals based on individual interests and aptitudes,
- Providing funds for college and vocational training,
- Assessing worksite accommodations,
- Educating an employer about the Americans With Disabilities Act, or
- Assisting an individual returning to work after adjusting to a new disabling condition.

FIGURE 2

According to the **ADA**, an individual with a disability is a person who has:

- a **physical** or mental **impairment** that **substantially limits one or more major life activities**;
- a record of such an impairment; or
- is regarded as having such an impairment

(U.S. Equal Employment Opportunity Commission, 1992, p. II-I).

The legislation continues to list **"hearing"** as a **major life activity** which is **substantially limited** by the permanent physical impairment of **hearing loss**.

Figure 3

“Before disability can be transcended, first it must be acknowledged at the three designated levels:

- **recognition of the facts**
- **acceptance of the implications, and**
- **embracing of the experience.**

...*Transcendence* connotes rising above or beyond the limits imposed by certain conditions.”

--- Vash (1981, p. 131-132)

Figure 4

“We are remarkably ignorant about deafness, which Dr. Johnson called ‘one of the most desperate of human calamities’ – much more ignorant than an educated man would have been in 1886, or 1786. Ignorant and indifferent.”

--- Sacks (1990, p. 1)

Figure 5

Questions to ponder and share after our workshop:

- **Could I or someone I know benefit from VR services?**
- **Would I request an RCD? Why or why not?**
- **Where am I in the transcendence of my disability? Or how much do I understand about others' journeys? What has helped us in this process?**
- **How can a specialist trained in the communication and psychosocial needs of a late-deafened person benefit me or my consumers?**
- **Am I willing to train those who work in my agency to understand the communication and psychosocial needs of late-deafened adults?**
- **How can I, as a late-deafened adult, encourage all of my service providers to have a more specialized understanding of my communication needs?**