

THE VOLTA REVIEW

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George W. Fellendorf, Editor
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Cover photo: A home economics major in the upper school at Pennsylvania School for the Deaf, Philadelphia, spends two days a week with the young children under 5 in the lower school dormitory where she is getting experience in child-care.

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An Academic-Vocational Program For Multiply Handicapped Deaf Students

Gary O. Bunch

Mr. Bunch, assistant superintendent of the Ontario School for the Deaf in Milton, gave this paper at the 1970 Summer Meeting of the Alexander Graham Bell Association for the Deaf.

A combined educational-vocational program for multiply handicapped deaf children was started at the Ontario School for the Deaf in Milton in 1966. Children admitted to the program must have an IQ no lower than 50 and must not be confined to a wheelchair. Both educational and vocational facilities are in the same class area so that there is an easy transition from one to the other. On-the-job experience as well as classroom experience is provided. The school cooperates with other institutions in helping to train and place deaf pupils who have other physical and/or emotional handicapping conditions resulting in unacceptable behavior patterns that can be alleviated. Whenever possible pupils are integrated into the regular classes for deaf children. Since the program was initiated, there has been a noticeable improvement in academic and vocational skills and in behavior. Continuing study and evaluation will lead to better utilization of consultative, medical, and paramedical personnel as well as improvement of the program.

All educators of the deaf are and have been aware of the needs of the multiply handicapped hearing impaired individual. It is only more recently that some have initiated programs designed to meet the needs of such individuals and have taken steps to widen admission policies to accept the multiply handicapped.

The Ontario School for the Deaf, in past years, has admitted children with limited mental ability in addition to deafness following a rough guideline of apparent mental ability of 50 IQ points minimum. Those children accepted were placed in classes of eight to ten and an attempt was made to utilize at a slower pace the cur-

ricula designed for more able children. At approximately age 12 a vocational training program was begun in conjunction with the academic program. This training was of a rather general nature, increasing in proportion of time as the child moved toward graduation. Upon graduation, assistance in seeking employment was and is provided by the Canadian Hearing Society, an organization formed to render aid to hearing handicapped persons.

There still existed a significant number of children who were not eligible for referral to the school for the deaf. Those who did not meet the admission requirements were referred to their homes, schools for the mentally retarded, opportunity classes, or Ontario hospitals. Many were incorrectly diagnosed or not diagnosed at all and never referred to a school. It was extremely difficult for the cerebral palsied deaf, emotionally disturbed deaf, orthopedically handicapped deaf, and mentally retarded deaf child, to say nothing of those children with more than two handicaps, to find beneficial educational placement.

the initiation of a planned program

One major reason in more recent years for deferring a program designed for the multiply handicapped deaf, was the steadily increasing deaf population of Ontario with a concomitant increase of the student population at the Belleville school to and beyond normal capacity. It was difficult enough to provide sufficient space for the more able deaf children as the population rose and diagnosis improved across the province.

This difficulty was removed in 1963, with the opening of the second provincial school for the deaf at Milton. Among the 84 children transferred from Belleville in April of that year were a number of children of limited mental ability. These children were placed in as homogenous a grouping as possible and they proceeded through the regular junior school curricula at a slow pace. The educational officers of the school were deeply concerned about these children whose dual handicaps were highlighted in such a small school and about the growing number of other multiply handicapped children visiting the audiological and psychological assessment center.

prior planning

It was not until September 1966, when the senior school stage of the school opened, that programs specifically designed for this group

of children were initiated. The need for a special program had been foreseen by officials at the Ontario School for the Deaf, Belleville, and in the department of education. Steps had been taken to design learning areas specifically for the multiply handicapped deaf child.

The plans provided four specific learning areas—one each for groups of four or five boys and girls 12 to 15 years of age and one each for older groups of similar size. Each room was to contain academic and vocational areas in close proximity so that lesson topics begun in one section could be completed, developed, furthered, or supported in the other.

Younger boys worked from orthodox academic desks in a normal class area, but a few steps away was a vocational area equipped with individual work benches, hand tools, and a basic assortment of simple power tools. In the area for older boys a smaller discrete academic area was created. Since it was expected that vocational training would gain ascendancy over academic in the later years, the shop area was quite large in comparison with the academic, and contained equipment for basic carpentry, metal working, welding, and small engine repairs.

Girls initially entered a compact classroom containing a normal academic area, power sewing machine center, sewing and needle-work center, beauty culture center, and kitchen area. The classroom for older girls contained more sophisticated areas along these lines plus a laundry center and apartment living center. The same philosophy underlining flexibility and interplay of various programs was followed.

Arrangements were made for girls to use the boys' vocational areas and for the boys to use the kitchen areas of the girls' classrooms. We believe it is important for girls to know how to make minor repairs and for the boys to possess basic cooking skills. It is likely that in at least a few cases these children will be called upon to look after themselves and it will be to their benefit if they have a wide range in background knowledge.

Vocational training does not stop within the classroom. Arrangements have been made for girls to take on-the-job training with our dietary, laundry, and maintenance staffs as well as to receive training in our formal training areas—beauty culture, home economics, sewing, dressmaking, and commercial office. The boys have the possibility of taking on-the-job training with the dietary,

maintenance, laundry, and groundskeeping staff, as well as having access to teaching in carpentry, cabinetmaking, metal trades, welding, and auto body.

Recently arrangements have been made for two older boys of quite limited mental ability, transferred to us from one of our Ontario hospitals, to take on-the-job training in a sheltered workshop. Plans are being made to expand the on-the-job training field, not with the idea of having any particular child find employment in any particular field, but with the concept of providing a wide-ranging vocational background to enable the child to locate unskilled employment in a variety of situations.

the evolving program

All areas were to maintain flexible timetables with much of the program evolving from ideas and interests of the students. This aspect of programming was based on the premise that individuals of all abilities learn most effectively when pursuing subjects which motivate them highly. Although the classes were mainly non-rotary, allowance was given for students to join other academic and/or vocational groups if the individual demonstrated abilities and interests beyond those of his classmates. No child was to be limited by the limitations of others nor by the limitations of his immediate class and/or teacher. Nor was education to be limited by the four walls of the classroom.

Excursions, hikes, picnics, and tours were to be an integral part of the learning experience and allowances were made for individual teachers to plan and carry out numerous such activities. Foremost in the decision to expand the program into the local environment was a desire to provide as rich a field of experience as possible in order to stimulate interest in discovering facts about common industries, businesses, and employment positions. Movie, still, and Polaroid cameras were provided to record aspects of activities for immediate discussion upon return to the class area or for review and enrichment of knowledge obtained during the activity.

difficulties of implementation

Such a plan was destined to be beset by problems, some of which could be foreseen and others which were unexpected. Most prominent among these were staffing and training of staff, the variety and severity of handicaps which presented themselves, the unex-

pected number of children who required specialized, individual aid, and the difficulty of finding suitable referral placements for those children whose handicaps proved too severe for the program.

staffing

Staffing was begun on a voluntary basis. Individual teachers who had an interest in working with exceptional deaf children volunteered and began to experiment with communication methods, timetabling, and curriculum. Guidance was provided by administrative staff, but the need for more training soon became apparent. Unfortunately, few teacher education institutions offer courses in educating the multiply handicapped deaf child, so training was slow and most often of an experiential nature. Various teachers received financial assistance to undertake courses in the areas of neurological disorders, slow learners, and the brain damaged. Some of these staff members have remained in the special class field but others have left.

Perhaps the most significant difficulty in the staff area has been giving the interested teacher psychological support until he has enough experience to analyze the problems of his children and to decide on his own future training needs. The novice special class teacher faced with the learning difficulty combinations of certain multiply handicapped deaf youngsters is sometimes overawed, and no amount of verbal encouragement, guidance, or offers of support for training will provide the strength to see her through the present and to help her press on to the future. It would appear that normal classroom teaching duties, coupled with involvement through staff discussion and theoretical training, does not provide sufficient insight into the educational problems of the multiply handicapped youngster to indicate which teachers are able to accept and come to grips with these problems and which are unable to do so. Only experience in the day-to-day program reveals those able to teach for extended periods in special situations.

Support for special class staff has taken a variety of forms. One consistent aspect of our program has been an honest acceptance of the paucity of information available and the need to develop our own program, benefiting from our failures as much as from our successes. Reference has been made to the few studies available, but we have forged ahead on the development of guidelines of study depending primarily on our experience and apparent needs.

utilization of consultative personnel

This is not to suggest that no attempt has been made to draw others into our planning. Supervisory staff charged with the overall development of the program and classroom staff charged with the daily detailed development have paid visits to other schools for the deaf in the United States and Canada, to schools for the retarded, to classes for the neurologically impaired, and to schools and institutions for the emotionally disturbed. They have attended special education seminars, workshops, and conventions, have discussed our children with provincial supervisory personnel in the area of special education, and have taken every opportunity to share in the experiences of educators and parents involved with every type of special child. An intense but cautious effort has been maintained in the development of a professional library focused on texts providing support for classroom work. Each acquisition of immediate interest has been brought to the attention of supervisory and classroom staff, and a basic suggested reading list compiled and distributed. A full-time psychologist and a consultant psychiatrist have been retained, and every effort made to involve them in this special class program.

referral areas

Three primary referral areas are the Ontario hospitals, the Mid-Western Regional Children's Centre at Palmerston, and the various Crippled Children's Centres. One student, a teenage girl, was transferred back and forth from an Ontario hospital, Hamilton, for two years, being with us while she maintained control of her emotions and returning to the hospital when necessary for intensive treatment. Another girl is undergoing a similar program between our school and the Ontario hospital, Penetang, at the present time. Other children from Ontario hospitals have been transferred initially to a class for the deaf-emotionally disturbed and/or retarded deaf at the Mid-Western Regional Children's Centre, Palmerston, and then placed on long-term leave to our school for education and re-socialization. To date, of four such children, one has been returned to Palmerston as being too limited in intelligence to fit into our program and one as being too destructive for our setting, though he will be receiving another trial this September. Two have graduated to the status of regular students in our school. The Palmerston center has returned these two to the charge of their parents as not exhibiting their

prior unacceptable behavior patterns. Various other children from the Ontario hospital, Orillia, live at the farm Home of Hope, a few miles away, and attend as day students. Some of these children will require special care for life, while others may take their rightful place in society with other deaf people. Crippled children regularly leave our school for short periods of reassessment and treatment at Crippled Children's Centres. Recommended therapy is carried out by staff members instructed by medical experts or at local hospitals. Regular consultations are held with staff at these various facilities to assess children, to place them in the proper program, and to disseminate useful information.

September 1970 saw the establishment of two additional classes for retarded and/or emotionally disturbed deaf children at the Ontario Hospital School, Cedar Springs, and the Ontario Hospital School, Orillia. Our guidelines with these various referral areas are purposely flexible in order to allow for unique situations and to utilize our combined facilities to the fullest. When in doubt, we prefer to admit a child and assess his actual performance, rather than hesitate and deny him an educational opportunity.

general guidelines

From our experiences have emerged a few general guidelines, the basic one of which is to accept no child with an apparent performance intelligence quotient of less than 50, though we have bent this in the case of a few individuals. A second guideline is that every child be ambulatory in that he does not require the constant assistance provided by a wheelchair. We have accepted children who use such an aid to a minor extent and who use leg braces and other supports continuously. Certain cerebral palsied students have been provided with typewriters adapted to their needs and with a special portable desk unit designed and built in our school. We accept our exceptional children on a trial basis and require that the classroom teacher advise us through reports of progress or lack of it. If no progress is realized after a reasonable time, alternate class placements or referrals to other centers are made.

benefits of the program

When this program was initiated it was hoped that the children would benefit academically and behaviorally. There has been definite behavioral improvement in the case of most children. We feel

that our academic/vocational program, with a stress on socialization and working together, has had a positive effect on behavior, though we realize that there are many other variables. One of these is residence, since some children live in residence at our school, others go home on a daily basis, and still others live in a home-residential situation at the farm Home of Hope.

We have realized some academic and vocational improvement. It would be natural to expect some improvement, though we feel, in the case of a few children, significant improvement has been realized. Our program philosophy calls for integration in more normal classes whenever possible and we have been able to promote various children from our special classes to full-time integration in the mainstream classes of our school.

As part of our assessment program, we apply routine psychological testing. Our primary test instrument is the WISC or WAIS, and it may be interesting to examine the results of some children who have been in this special program between two and three years. In preparation for this paper I compared the WISC and WAIS performance test results of 19 adolescent children on whom we have been able to obtain what our psychologists consider valid and reliable scores and who have been in our special program at least three years. The balance of the 28 children presently in the program do not fit these criteria. Our test results demonstrate a nearly universal rise in intelligence scores as yielded by our test instruments on a test-retest series. All 19 children received WISC as the initial test two or three years prior to being retested by the WISC or WAIS in the latter months of 1969. In the case of the seven children with a WISC-WISC series, the rise in scores was from an average of 69.57 to 82 or 12.43 points. In the case of the 12 children with a WISC-WAIS series, the rise was from an average of 70.25 to 80.08 or 9.73 points. These changes are significant beyond the .05 level. This rise is most interesting when we consider that while all these 19 children were deaf and mentally retarded, more than half had at least one additional severe handicap.

the future of this program

The results of this testing program, improvement in academic and vocational skills and improvement in behavior, have encouraged us to continue with our efforts. We believe, however, that improvement in all areas of this program is necessary. Our present formal facilities

have been overextended and temporary class areas provided from available space. We must re-evaluate our basic program, environment, and philosophy, retaining those points which are positive and continuing to improve them. We must strive to integrate our special children for regular subjects where possible and create more vocational training areas. We must expand our relationships with referral agencies and encourage them to do more than at the present. We must train our staff more fully and provide financial support for such training. We must continue to rework our study guides, make more use of the outside environment, student interests, and actual student needs. We must make more effective use of our consultative, medical, and paramedical people, training them as we train ourselves.

We must realize that we have a commitment to children of all types, and that we cannot dismiss any part of this commitment on the grounds of no precedence, no immediate reward, or no easy method. We must realize that it is as important to prepare a child for a better life which will be possibly spent within a sheltered environment as it is to prepare a child for a better life in normal society.

For Teachers of Hearing Impaired Pupils

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