Division of Vocational Rehabilitation;
Florida Department of Education

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Guide on Serving Individuals Who are Deaf, Late-Deafened, Hard of Hearing, or Deaf-Blind

CONTENTS

INTRODUCTION

The *Guide on Serving Individuals Who are Deaf, Late-Deafened, Hard of Hearing, or Deaf-Blind* is based on previous editions of the Florida Model State Plan for Deaf and Hard of Hearing (MSP). A copy of the MSP can be located on the VR-iNet (VR Intranet) or it can also be found on the internet at http://www.hawaiivr.org/forms/mspdeaf.pdf.

The purpose of this guide is to enhance the effectiveness of the services provided to individuals with hearing loss through Florida's Division of Vocational Rehabilitation (DVR or VR). This document is designed to supplement other resources on the VR iNet (VR Intranet) and clarify areas in the provision of rehabilitation services to individuals who are deaf, late-deafened, hard of hearing, or deaf-blind. It is not intended to amend, substitute, or change in any way the State Plan of VR.

VR recognizes the task of meeting the vocational needs of this population. To the fullest possible extent, the agency will assure that every working age individual who is deaf, late-deafened, hard of hearing, or deaf-blind, unemployed or under-employed, will be provided the opportunity to be considered for vocational rehabilitation (VR) services.

PHILOSOPHY

Through its services to individuals who are deaf, late-deafened, hard of hearing, or deaf-blind, VR supports a philosophy that specific practices are necessary to fulfill the rehabilitation needs of this population. The key considerations that need to be recognized when providing services to eligible individuals who are deaf, late-deafened, hard of hearing, or deaf-blind are as follows:

- These individuals have a right to be provided services necessary to achieve the degree of independence that reflects their native abilities.
- If unemployed, they should be considered for VR services until evaluation and diagnosis prove otherwise.
- If significantly under-employed, they may be considered candidates for VR services unless otherwise indicated through case study, including a review of community resources and current economic conditions.

- VR will assist and train its staff to ensure that they understand the unique problems of this population and will help them develop skills to communicate and serve effectively.
- VR will emphasize outreach efforts, utilize existing resources, develop needed programs, and provide appropriate opportunities for this population throughout the rehabilitation process.
- VR will help prepare, support, or train individuals by improving their mental, physical, social, psychological, and economic status so they can achieve their appropriate vocational objectives.

POPULATION

Approximately 20 percent (48 million) of Americans above the age of 11 years reported some degree of hearing loss in 2011.

http://www.hopkinsmedicine.org/news/media/releases/one_in_five_americans_has_hearing_loss

LIMITATIONS AND GENERAL BARRIERS

A. Individuals Who are Deaf

In general, individuals who are deaf face significant barriers that affect self-sufficient functioning. Many individuals who are deaf also lack extensive experience in interpersonal relations that are critical to the development of self-identity and social confidence, both at home and at work.

A review of studies conducted in the past twenty years has characterized individuals in the workforce who are deaf as follows (Boone & Long, 1988):

- Individuals who are deaf and working are generally found in un-skilled, semi-skilled or other manual occupations. There is very little representation of this population in professional and administrative occupations.
- Jobs held by individuals in this population are frequently characterized by low job security and little opportunity for advancement beyond entry-level.
- Many of these jobs pay low wages. Although reliable and stable, the average individual who is deaf and working earns 72 percent as much as the average individual with normal hearing in the labor force. Salaries of non-white individuals who are deaf and working are even lower.

- Many of the occupations in which deaf individuals are clustered are occupations that are either declining in demand or projected to experience minimal growth. Advanced technology is rapidly replacing many of these occupations.
- Very few individuals who are deaf are employed in rapidly growing occupational clusters.
- Females who are deaf and non-white fare less well in obtaining employment. Generally, males who are deaf tend to be employed at a rate comparable to, or slightly above, males with normal hearing. Females who are deaf experience unemployment rates that are 50% higher than non-white females who are not deaf and far worse than the males who are deaf and white.
- Pre-vocational individuals who are deaf have greater difficulty in obtaining employment. The average levels of educational completion fall below that of the general population, further handicapping their ability to compete. Obstacles surrounding communication are important factors related to the earnings and occupational attainment of these workers.
- A significant proportion of individuals who are deaf and working exhibit personal and/or work adjustment deficits that jeopardize their ability to obtain or retain employment.

B. Individuals Who are Late-Deafened

Individuals who are late-deafened are those who were not born deaf, but became deaf after they developed language skills. They cannot understand speech without visual cues, and thus cannot rely on their hearing as a means of receptive communication. Individuals who are late-deafened primarily depend on some visual mode of receptive communication, such as lip reading, sign language, or text reading.

The cause of deafness may have been the result of heredity, accident, illness, drugs, surgery, or causes unknown. The hearing loss may have occurred suddenly or very slowly over a period of years. Most importantly, regardless of the cause of hearing loss, individuals who are late-deafened share the cultural experience of having been raised in the hearing community and having “become” deaf rather than having been born deaf (Miller, 1998). It is estimated that 75% of individuals who are late-deafened became deaf after the age of 19 (Schein & Delk, 1974).

The following table summarizes Goulder's findings (1998) in a focus group study of individuals who were deafened in early adulthood and in pre-career stage. The concerns of this group are contrasted with the concerns of a mid-life group.

Concerns of Individuals Who are Late-Deafened		
Early Adulthood and Pre-Career Stage Concerns	**Mid-Life Age Group**	**Issues of Technological Assistance**
Loss of social relationships	Limited advancement opportunities	Telephone use
Attaining advanced education	Job performance and retention	Relationships with supervisors
Finding appropriate employment	Job loss	General communication with co-workers

Individuals who have higher levels of education and more work experience before becoming deafened appear to have better job security than deafened young adults who lack training and work experience. However, even the well-educated and experienced individuals who are employed expressed frustration regarding employment mobility and re-training in the work place. In this study, individuals who are late-deafened predominantly relied on speech as their primary mode of communication.

C. Individuals Who are Deaf-Blind

Individuals who are deaf-blind vary significantly depending on etiology, age of onset, degree of vision and hearing loss, communication preference, educational background, and life experience. Very few individuals who are deaf-blind have complete loss in both senses. Their communication preferences depend greatly on which sense they lose first, hearing or vision. Individuals who lose their hearing first will most likely communicate using tactile sign or close vision sign and will require the use of an interpreter. Individuals who lose their vision first will most likely utilize assistive listening devices or devices that provide Braille assistance.

Support Service Providers (SSPs) may be used with individuals who are deaf-blind to assist them in developing independence, and both adjusting to and navigating in their environment. Currently, there is no program in Florida to certify and pay for an SSP. Individuals who are deaf-blind may bring their own SSP to meetings.

VR currently has a cooperative agreement with the Division of Blind Services (DBS) [**http://dbs.myflorida.com/**] that outlines procedures for serving individuals who are

deaf-blind. If an individual is deaf-blind, the supervisors of the respective divisions will jointly assign the case to the most appropriate Counselor and/or DBS specialist. A joint staffing of counselors of both divisions will be held for each case to determine whether it is a dual case involving both divisions, or whether one division should take the full responsibility of serving the individual while the other provides consultation as needed. Both agencies may receive credit for a successful closure if they dually serve the individual with a successful job outcome. For more details on these procedures, go to VR iNet (VR Intranet) to see the latest version of the DBS/VR cooperative agreement.

D. Individuals Who are Hard of Hearing

Most individuals who are hard of hearing do not share the same communication, cultural, and social identities of many individuals who are deaf. The individual who is hard of hearing faces problems such as difficulty understanding speech; denial; lack of understanding by family, friends, and peers; rejection; isolation; and withdrawal.

VR staff members are in a strategic position to assist clients address hearing loss issues in the workplace and, through guidance and counseling, assist clients to cope with hearing loss.

Individuals who are hard of hearing may suspect that others reject them because they are different or too much trouble to talk with and must contend with those who may label hearing loss as: an intellectual disability, laziness, snobbishness, mental problems, a bad attitude, and spitefulness. This lack of sensitivity by others creates a significantly negative impact on individuals who experience hearing loss. Other struggles faced by those with hearing loss include the following:

- Difficulty identifying to which community they belong - hearing or deaf.
- Lack of sign language skills that limits involvement with those who are deaf.
- Complications on the job that mirror their personal struggles.
- Difficulty maintaining employment.
- High costs of accommodations and devices for hearing loss.
- Communication frustrations that affect job performance and perceptions by employers and co-workers.

In addition to the potential need for hearing aids, telecommunication devices, captioning decoders, and visual alert systems, they may have to consider surgery, ongoing speech therapy, assistive listening devices, extensive use of transportation for face-to-face communication, and/or ongoing auditory training. Coping strategies play a major role in adjustment to hearing loss by the individual who is hard of hearing.

Socio-psychological interventions, surgical procedures, auditory and/or speech training, and assistive listening devices are a few of the services that may enable the individual who is hard of hearing to succeed in society as a productive employee.

E. Individuals Who are Deaf and Low-Functioning

Within this larger population of individuals who are deaf and hard of hearing is a group whose skills and competencies may be considered to be inadequate to achieve employment or independent living goals. These individuals have been referred to in terms such as low-functioning deaf individuals, underachieving, severely disabled, minimal language skilled, multi-handicapped, and traditionally under-served.

The term “low-functioning deaf,” which sometimes includes individuals who are hard of hearing, has been used since the late 1970’s (Dew, 1999). A survey research study conducted by Long, Long, and Ouelette (Dew, 1999) identified a number of risk factors often associated with individuals who are deaf or hard of hearing and have been identified as Low-Functioning Deaf (LFD). These factors are listed in the table that follows.

Low-Functioning Deaf (LFD) Risk Factors	
Low socioeconomic status	Lack of access to appropriate education
Incorrect diagnosis	Lack of family support
Speaks English as a Second Language	Substance abuse
Member of a minority community or from an environment where the spoken language in the home is not English	Residence in a very small rural or low economic urban setting
Discrimination	Secondary disabilities

As a consequence of these risk factors and the interactive effects of these factors with each other and with hearing loss, adults who are identified as LFD are more likely to demonstrate limited communication abilities, difficulty maintaining employment, and poor social and emotional skills. Some may not be able to live independently without transitional (sometimes on-going) assistance or support. These individuals are considered among the most significantly disabled in the rehabilitation system.

Individuals who are deaf and are eventually determined to be “low-functioning” are identified because of a diagnosed secondary disability or because of problems in behavior, academic achievement, language use, the development of independent living skills, employment, or some other major life functioning with no known etiology. For some individuals who are LFD, identification is based on standard assessment methods that will diagnose a second disability such as blindness, developmental disability, or other conditions. For others who have experienced some form of language, social, or educational deprivation, the identification may be based upon performance measures (Dew, 1999).

Rehabilitation Services Administration (RSA) research and demonstration projects over the past several decades (1963-1998) have agreed on **six characteristics that seem to describe individuals who are LFD** (Dew, 1999):

1. **Inadequate communication skills due to inadequate education and limited family support.** Demonstrating poor skills in interpersonal and social communication interactions, many of these individuals experience difficulty expressing themselves and understanding others through sign language, speech and speech reading, or reading and writing.

2. **Vocational deficiencies due to inadequate educational training experiences during the developmental years and changes in personal and work situations during adulthood.** Demonstrating an underdeveloped image of self as a worker, many exhibit a lack of basic work attitudes and work habits as well as a lack of job skills and/or work skills.

3. **Deficiencies in behavioral, emotional, and social adjustment.** Demonstrating a poorly developed sense of autonomy, many exhibit low self-esteem, have a low frustration tolerance level, and have problems of impulse control that may lead to mistrust of others and pose a danger to self and others. Many of these individuals are avoided or rejected because of socially unacceptable behaviors or because of societal attitudes and discriminatory actions toward them.

4. **Independent living skills deficiencies.** Many of these individuals experience difficulty living independently, lack basic money management skills, lack personal hygiene skills, cannot manage use of free time, do not know how to access health care or maintain proper nutrition, and have poor parenting skills.

5. **Educational and transitional deficiencies.** Most read at or below a fourth-grade level and have been poorly served by the educational system, are frequently

misdiagnosed and misplaced, lack a supportive home environment, are often discouraged in school and drop out, and are not prepared for post-school life and work. Approximately 60% of students who are deaf and leaving high school cannot read at the fourth-grade level.

6. **Health, mental, and physical limitations.** Many have no secondary physical disabilities, but a large number have two, three, and sometimes more disabilities in addition to that of deafness. In fact, 30% of students who are deaf and leaving high school had an additional educationally significant disability. These secondary disabilities range from organic brain dysfunction to visual deficits. These problems are further compounded in many instances by a lack of knowledge on how to access health care and/or self-care.

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THE REHABILITATION PROCESS

A. VR PROCESS

An agency or organization may refer an individual to VR for services, or the individual may make a self-referral to VR. The referral/application form is available on the VR website: www.rehabworks.org by clicking on Customer (Referral/Application for Vocational Rehabilitation Services). On this form, the individual can request an accommodation by indicating what auxiliary aid or service is needed, *e.g*., an American Sign Language Interpreter. The completed form must be mailed, faxed, or delivered by hand to VR. Any referred individual must be seen or contacted by VR Area staff within 3 working days of the date the form is received by VR. The VR response must be through an initial appointment letter or email or telephone call documented in a case note. (CPM Ch. 4.00(3). The VR response shall also specify what accommodation, *i.e.,* appropriate mode of communication, will be provided for the initial appointment. The VR shall make every effort to provide the accommodation as requested on the referral/application form. During the initial interview, the counselor and customer shall review and discuss the DVR Handbook of Services (www.rehabworks.org, click on VR Brochures)**.** The Handbook outlines the individual's rights and responsibilities in the VR process, including the appeal process, as well as the function of the VR Ombudsman's Office.

Appropriate mode of communication means specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated. Appropriate modes of communication include, but are not limited to, the use of interpreters, open and closed captioned videos, specialized telecommunication services and audio materials, materials in electronic formats, augmentative communication devices, graphic presentations, and simple language materials. 34 C.F.R. Ch. III Part 361.5.a.5)

After the initial meeting and throughout the VR process, the VR staff shall continue to arrange for the customer's preferred accommodation for all appointments as originally requested on the referral/application form. If the preferred accommodation is not available for a certain appointment, the VR will notify the individual well in advance and state what alternative accommodation may be provided. If the individual disagrees with the type of accommodation being arranged, the individual may contact the

Ombudsman's Office for assistance by calling toll-free 866-515-3692 (V/TTY) or email ombudsman@vr.fldoe.org.

In the VR process, there are a number of steps and timelines to be observed. An eligibility determination is to be made within 60 days from the date the individual submits a completed, dated, and signed referral/application form unless exceptional or unforeseen circumstances call for an extension to which the individual and the counselor agree. (CPM, Chapters 4 & 6) To determine eligibility or the vocational rehabilitation needs of the individual, assessments may be utilized. (CPM, Ch. 4) An Individualized Plan for Employment (IPE) between the individual and the counselor must be developed and signed within 120 days from the date of eligibility determination unless an extension is agreed to by the individual and the counselor due to exceptional and unforeseen circumstances. (CPM, Ch. 8)

B. Ombudsman Services

VR staff shall ensure that the individual is satisfied with any auxiliary aid or service throughout the VR process. In the event the individual becomes dissatisfied, VR staff shall do whatever seems appropriate to resolve the issue as quickly as possible. The goal is to minimize interruption of the VR services that the individual is receiving. As above, the individual may contact the Ombudsman's Office for assistance.

The Ombudsman's Office assists in resolving customer service needs disputes. The Office is impartial. It is charged with investigating complaints of unfair treatment with the objective of resolving them as quickly as possible. The Counselor and supervisor are to respond to the ombudsman and reach a decision regarding the individual's complaint within 7 days, circumstances permitting. The Counselor or the ombudsman shall inform the individual of the decision within 15 business days, circumstances permitting. If the individual does not agree with the decision, the Ombudsman's Office will provide the individual with information about the VR appeal process and appeal rights, including that appeals must be filed within 21 days. These are, as well, outlined in the Handbook. (www.rehabworks.org, click on VR Brochures).

C. Documentation of Accommodation in VR Case Notes

The Counselor shall document in the case notes what auxiliary aid or service was provided for each meeting with the counselor, including the initial interview in which the rights and responsibilities are to be reviewed with the individual, and for any appointment such as for assessment, training, or job placement. If the preferred

auxiliary aid or service is not provided, the Counselor shall document the reasons and state whether or not an alternative auxiliary aid or service was provided.

D. Communicating with Individuals who are Deaf, Late-Deafened, Hard-of-Hearing, or Deaf-Blind

The key to successful rehabilitation is the full participation of individuals who are deaf, late-deafened, hard of hearing or deaf-blind. As section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act require, full and equal participation throughout the rehabilitation process includes timely and effective communication by means of such auxiliary aids and services as may be necessary. Care should be taken in each step of the rehabilitation process so that these individuals are fully involved in the rehabilitation process and understand both their and the agency's responsibilities.

The VR staff is expected to maintain full, effective, and clear communication with all individuals who have hearing loss. The VR staff shall inquire into and honor the individual's preference for an auxiliary aid or service. Per Counselor Policy Manual (CPM) (Chapter 11), VR will provide interpreter services, note-taking services, and communication services as appropriate to individuals to enable their full participation in the assessment for, development of, and completion of the rehabilitation program. Such aids and services are to be available to facilitate all VR-arranged appointments, whether in-office or elsewhere in the community.

Individuals Who are Deaf

Individuals who are deaf are visually oriented and depend on either manual or oral (speech and lip reading) methods of communication. This underscores the critical need for visible expression to be congruent with what is being communicated. It is essential for the individual who is deaf to leave the service contact with a clear understanding about the next steps in the process, such as the time and place of the next appointment.

Personnel who regularly meet individuals who are deaf should develop effective manual skills, primarily the use of American Sign Language (ASL). Counselors who function as Rehabilitation Counselors for the Deaf (RCDs), technicians, support staff, and others coming in contact with these individuals should become familiar with communication methods used by this population. When an individual requests a sign-language interpreter, the VR staff will arrange to engage a VR staff interpreter or

qualified vendor sign-language interpreter to ensure timely and effective communication. According to the Americans with Disabilities Act (ADA), the qualified interpreter will convey communication effectively, accurately, and impartially, both receptively and expressively, including the ability to convey any specialized vocabulary (28 CFR Part 35). Rehabilitation staff should take care to use qualified and effective interpreters. Evidence of interpreter credentials should be verified through the VR Vendor Certification Unit.

Interpreters should be used whenever rehabilitation staff cannot adequately communicate with individuals who are deaf. The Counselor who functions as an RCD and the individual who is deaf have the right to request or reject an interpreter. For individuals who rely on oral communication, the potential for misunderstanding increases. Therefore, the use of oral interpreters or text forms of communication may help.

INDIVIDUALS WHO ARE LATE-DEAFENED OR HARD OF HEARING

In consideration of federal laws and regulations, the VR staff cannot, under any circumstances, ask individuals to bring a family member, friend, or advocate as an interpreter. The Counselor should explain that individuals are welcome to bring along a family member, friend, or advocate for support, but, for the sake of maintaining unbiased, accurate communication for all participants, a VR approved interpreter must be used. If an individual insists on bringing his or her own interpreter, the Counselor must inform the individual that VR is not responsible for misinterpretation or biased interpretation. Counselors should document such in the case notes. More information on the use of interpreters can be found beginning on page 23 of this guide and in a separate *Guide for the Provision of Interpreting Services for Individuals with Hearing Loss.*

The communication needs of individuals who are late-deafened or hard of hearing and those who are deaf may differ. While individuals who are late-deafened or hard of hearing face difficulty understanding speech, few use sign language.

These individuals may require face-to-face communication involving lip-reading, text-to-text devices such as the Ubi Duo, and/or intensive listening with use of hearing aids or assistive listening devices (for example, personal FM system). There may be a need to repeat messages to assure that everything is being understood. Written notes can be helpful as well.

E. Case Finding and Referral

Case finding and referral require special efforts on the part of the Counselor to bring individuals who are deaf, late-deafened, hard of hearing, or deaf-blind into the rehabilitation process.

Referral sources may need to be cautioned not to pre-determine whether or not an individual is eligible for VR services. They should be encouraged to refer individuals who are deaf, late-deafened, hard of hearing, or deaf-blind to VR and leave eligibility determination to the Counselor. Qualified staff and good services help build referrals.

Information about Vocational Rehabilitation (VR) services circulates quickly through the deaf community and among those who are late-deafened, hard of hearing, or deaf-blind. When individuals who experience hearing loss are served well by VR, referrals tend to increase. Principal referral sources of individuals who are deaf, late-deafened, hard of hearing, or deaf-blind are summarized in the following table:

Referral Sources	
Public or residential schools	State Hospitals
State associations	Audiologists
Self-help groups	Hearing-aid dealers
Local clubs	Speech and hearing centers
Parent and teacher groups	Deaf service centers
Organizations and facilities serving individuals with hearing loss	Rehabilitation centers
	One-Stop centers
Special education programs	Otologists and speech pathologists
Centers for independent living	Representatives of employment, welfare, and social security offices

For students with hearing loss, it is ideal to initiate contact during the junior and senior years of high school. Typically students who are deaf or hard of hearing are served by a Counselor assigned to serve adults with hearing loss, but, in some cases, may be served by the School to Work Counselor. To ensure successful school to work transitions, VR may work with secondary and post-secondary schools, parents, sheltered workshops, rehabilitation facilities, independent living centers, and/or service providers to adequately prepare individuals who are deaf, late-deafened, hard of hearing, or deaf-blind for employment and independent living.

For adults with hearing loss, the challenge for VR is to prepare them for new occupations due to their difficulties in getting job promotions, the loss of jobs, and

unemployment or underemployment. Important considerations in establishing effective outreach services are as follows:

1. Individuals who are deaf frequently attend established events where there is a greater concentration of other individuals who are deaf. Unlike individuals who are deaf, those who are late-deafened and hard of hearing may only get together in announced local group meetings such as the Hearing Loss Association of America (HLAA) or gather information from audiological professionals.

2. Understanding the unique needs and problems of individuals who are deaf, late-deafened, hard of hearing, or deaf-blind requires extra time, willingness, and committed personnel.

3. The ability of rehabilitation personnel to effectively communicate with individuals who are deaf, late-deafened, hard of hearing, or deaf-blind is critical.

4. Writing letters to individuals who are deaf is generally ineffective as an outreach method. Every effort should be made to communicate directly with the individual who is deaf throughout the rehabilitation process. It is preferable to use video phones and video relay services instead of using written communication or Teletypewriters for the Deaf (TTY).

F. INTAKE

The intake process is a crucial stage in which many individuals who are deaf, late-deafened, hard of hearing, or deaf-blind are lost because of the lack of meaningful communication. The individual with hearing loss can get overwhelmed and discouraged when the individual's role in the VR process, planning for services, and the individual's rights (Agreement of Understanding) are overly explained. Establishing good rapport with the individual is crucial for continued progress. Complex explanations about policy and responsibilities can be shared in simplified terms that the individual can digest; otherwise, the applicant may become discouraged by the discussion and fail to return. Meaningful communication and rapport building require high level skills in listening, attending, and responding as well as demonstrating empathy, understanding, congruency, and respect.

Provide clear, simple, written instructions regarding the next scheduled appointment and customer tasks may be helpful. Interpreters or assistive devices should be available upon request from the individual. Such considerations are especially important in the development of the Individualized Plan for Employment (IPE).

Eligibility for VR services is based on three criteria.

*1. The individual has a physical or mental impairment.**

2. The impairment constitutes or results in a substantial impediment to employment, and the individual can benefit in terms of an employment outcome from vocational rehabilitation.

3. The individual requires vocational rehabilitation services to prepare for, secure, retain, or regain employment.

** Physical or mental impairment means a condition that limits, contributes to, and/or, if not corrected, will probably result in limiting a person's activities or functioning.*

G. Determination of Eligibility

Establishing eligibility for services is a critical legal step in the VR process. Since functional limitation resulting from a hearing loss may be a substantial impediment to employment, individuals who are diagnosed as deaf, significantly disabled hard of hearing, or deaf-blind are likely to be eligible for services if their evaluation shows potential for employment.

A substantial impediment to employment means that a physical or mental disability interferes with the individual's ability to work and prevents the individual from obtaining and retaining employment. In certain situations where an individual is clearly under-employed, consideration should be given to assisting the individual to find employment that is well-matched to the individual's ability levels.

Employment outcome refers to the counselor's determination that the provision of VR services will enable the individual to become employed in a job commensurate with abilities. It can also refer to self-employed status in such areas where payment is in kind rather than cash (homemaking, family work, sheltered employment, or other gainful work).

H. Reports Required for Eligibility or Services

All current records need to be obtained. A General Medical Examination (GME) is no longer required, but may be obtained if necessary. If no recent records are available, an audiological evaluation must be arranged for every individual who is deaf, late-deafened, hard of hearing, or deaf-blind. An otolaryngological report may be required when ear diseases may be present. The audiogram and report must be less than six months old in order to be used for purchasing hearing aids.

The audiological and/or otolaryngological reports must be the primary source of evidence to substantiate a hearing loss. The audiological evaluation should be performed and/or signed by a certified or licensed audiologist. The audiological report will indicate the type and extent of hearing loss and the potential value a hearing aid could provide. When amplification is recommended, the report generally indicates the following: the ear to be fitted, the type of hearing aid recommended, the specific characteristics of the aid related to the individual's needs, the individual's attitude toward amplification, an indication of a trial period, and evidence of the hearing aid orientation given to the individual. (**See *Guidelines on Hearing Loss, the Purchase of Hearing Aids, and Cochlear Implants***)

The otolaryngological report will indicate the condition of the ear, a quantitative estimate of the degree of hearing loss, the presence or absence of ear disease, the etiology of the condition, a prognosis, and recommendations for medical treatment, surgery, or amplification.

There are three basic types of hearing losses: conductive, sensorineural, and mixed. Conductive losses involve correction of the hearing disorder through surgical procedures, medical treatment, or amplification. Some sensorineural losses can be helped through amplification. Mixed hearing loss includes both conductive and sensorineural causes and should be evaluated for rehabilitation services.

The visual examination (ophthalmological evaluation) is an important aspect of diagnosis in cases of hearing loss involving those with congenital deafness. A visual exam is required to rule out the possibility of retinitis pigmentosa (RP), a disease that generally results in deaf-blindness.

In some cases, particularly with those who are late-deafened or hard of hearing, consideration should be given to the need for speech evaluation by a certified speech pathologist. Speech reception and speech discrimination scores are important in predicting rehabilitation outcome. Speech audiometry information should be an integral part of determining the appropriateness of auditory training, lip-reading instruction, and hearing aid selection and use.

It is important for the counselor to be sensitive to how individuals with congenital deafness feel about audiological evaluations. Some individuals who are deaf may resent and/or resist the requirements for evaluations of their ears since their hearing loss is chronic and further decline in hearing levels is seen as having no practical consequence. Available information from other agencies and school records may be utilized to save time and to avoid unnecessary testing.

I. ASSESSMENT

A number of individuals who are deaf, late-deafened, hard of hearing, or deaf-blind may, in addition to their hearing loss, have other physical and mental disabilities. Appropriate assessment should be utilized for those individuals who are suspected of having other limitations or disabilities. A complete educational, social, psychological, and vocational assessment is often necessary in determining their eligibility as well as rehabilitation potential.

The following factors are important in considering assessment procedures:

1. Functional illiteracy is evident among many individuals who are either pre-lingually or pre-vocationally deaf. It is important to understand, however, that language ability is not an indicator of innate intelligence. Since acquiring English is not achieved through listening, these individuals learn English as a second language. Educational achievement among individuals who are deaf is usually not commensurate with their schooling.

   Another significant factor to consider is whether an individual was educated in a public school class (mainstreaming), a special education class for students who experience hearing loss, or in a residential school for the deaf.

   English language deficiencies in an individual who is deaf are usually reflected in his or her speech, writing style, reading comprehension, vocabulary, and syntax. Such deficiencies should not be confused with potential in other areas (psychological, social, or vocational). Standardized achievement test results should be used only as general indicators of the individual's overall educational performance, and not as a strict measure of achievement.

2. Psychological assessments may be considered for some individuals who are deaf, late-deafened, hard of hearing, or deaf-blind. Important factors which need to be taken into account include the following:

   a. The psychological test/instrument must be appropriate for individuals who are pre-lingually or pre-vocationally deaf. Whenever possible, these performance batteries should use norms developed for this population.

   b. Group testing of individuals who are deaf and severely hard of hearing should be utilized only as a last resort and as a screening technique.

c. Some tests administered by professionals with limited understanding in sociopsychological dynamics of hearing loss have resulted in a misdiagnosis of mental illness, intellectual disability, or behavioral disorders.

3. Most commonly used vocational assessment procedures have not been validated, standardized, and normed with individuals who are deaf. The work sample approach, however, is probably one of the best evaluation tools for assessing vocational potential and may, in some programs, appropriately be used with these individuals.

   In general, psychological and vocational scores for individuals who are deaf and hard of hearing are not precise measurements, but can be helpful if used with behavioral observations, experience, situational assessments, and on the job training to provide a more accurate appraisal of vocational potential. A team approach involving the Counselor, individuals with hearing loss, and vocational evaluation staff, is encouraged when developing possible vocational objectives.

J. Individualized Plan for Employment (IPE)

Initiation and participation in the development of an IPE requires mutual involvement of both the individual who is deaf, late-deafened, hard of hearing, or deaf-blind and the Counselor. A clear understanding of objectives that lead to the vocational goal is paramount to success of the program.

K. Counseling and Guidance

Counseling and guidance is the core component of the rehabilitation process provided by the Counselor to the individual who is deaf, late-deafened, hard of hearing, or deaf-blind. Successful counseling involves understanding, trust, and clear communication between the individual and the counselor. Specific counseling issues that may need to be addressed with individuals who have hearing loss may include topics such as: coping with hearing loss, communicating at work, using communication technology, and how to request and advocate for accommodations.

It is important for the counselor to acknowledge that many individuals who are deaf frequently identify themselves with American Sign Language and its deaf culture. Other individuals who are late-deafened or hard of hearing may rely on use of speech along with necessary modifications such as changes in lighting, assistive listening devices, and direct (face-to-face) communication. In respect to unique needs of these individuals, effective communication and mutual understanding of one another contribute to the success of counseling.

L. PHYSICAL AND MENTAL RESTORATION

Surgery to restore or improve hearing may be considered, including cochlear implants, whenever there is a reasonable expectation of a successful outcome that a regular hearing aid cannot produce alone. Success can depend on a number of factors including age of onset of loss, type of loss, severity of condition, and adjustment to loss. However, the provision of hearing aids (amplification) may be ideal if surgery is not recommended or is refused by the individual.

Hearing Aids will be considered when there is evidence that the amplification provided by the aid will contribute to the individual's vocational adjustment (e.g. effective communication) and/or safety on the job (environmental sound awareness). The hearing aid does not restore normal hearing function in the same way eyeglasses do for vision.

It is important for the individual to know that the hearing aid will not restore normal hearing, but will only amplify sounds. Examination by an audiologist prior to purchasing a hearing aid is necessary to obtain maximum benefits. If there is a suspected medical condition that impacts hearing, the individual should be referred to an ENT (otolaryngologist, otologist) for additional diagnostics and potential treatment. **(See *Guidelines on Hearing Loss, the Purchase of Hearing Aids, and Cochlear Implants*)**

Hearing aids cannot be provided as a stand-alone service. It is important that the individual also receive guidance and counseling in regard to adjusting to living with hearing loss and being successful in utilizing hearing aids.

Cochlear Implants may be appropriate for individuals who have acquired good speech, lost all of their available residual hearing in later years, and cannot benefit from hearing aids. Candidates for cochlear implant must first undergo extensive evaluations by specialists in order to determine whether or not they are qualified to receive cochlear implants.

First, efforts must be made to secure funding from private insurers. If none is available, VR may cover most, if not all, of the costs. A prior approval from the state office is required. There are separate guidelines on securing prior approval for cochlear implants**. [See *Guidelines on Hearing Loss, the Purchase of Hearing Aids, and Cochlear Implants*]**

Assistive Listening Devices (ALDs) should also be considered and purchased if they can assist individuals to become successfully placed and employed. The Rehabilitation

Act Amendments of 1986 emphasize the importance of rehabilitation engineering and adaptive technology; this legislation increased the number of assistive devices that are available to accommodate the needs of individuals who are deaf, late-deafened, hard of hearing, or deaf-blind.

The ALDs include, but are not limited to, FM, infra-red, audio loop, amplifiers, alerting devices, and text/tablet devices. Evaluation and prior approval from the State Office are required for cochlear implants or other implantable devices that require surgery.

M. VOCATIONAL TRAINING

Training services for individuals who are deaf, late-deafened, hard of hearing, or deaf-blind cover a broad spectrum of possibilities, which may include unskilled, technical, and professional areas. A thorough evaluation of specific needs and/or training potential should be developed for each individual who is deaf, late-deafened, hard of hearing, or deaf-blind. Some individuals who have hearing loss may require basic education including independent living skills prior to entering training. In some programs, basic education can be accomplished concurrently with training.

Training individuals who are deaf and deaf-blind may require a longer period of time compared with other individuals with disabilities including those who are late-deafened or hard of hearing. The unique needs, primarily related to communication, require more individual attention during the training period.

Post-secondary educational institutions can be considered for those who have demonstrated the potential for success in pursuing higher degrees. Many individuals who are deaf attend either Gallaudet University or National Technical Institute for the Deaf (NTID) because of their excellent accommodations for students who are deaf, late-deafened, hard of hearing, or deaf-blind. However, it is recommended that individuals with unconfirmed maturity and academic readiness first attend local colleges to determine whether or not they have the potential to attend an out-of-state college or university.

Gallaudet University and NTID (out-of-state institutions) require prior approval from the Area Office. An issue of concern with local colleges is the lack of availability and provision of auxiliary aids such as interpreting services, assistive listening devices, and CART (communication access real-time captioning). The Cooperative Agreements between VR, the Department of Education (DOE), Division of Blind Services (DBS), and both State University and College Systems provide guidelines on the responsibility of providing and paying for auxiliary aids.

If an individual who is deaf, late-deafened, hard of hearing or deaf-blind is already employed, it does not mean that training services should be denied. The individual's vocational potential, motivation, and maturity should be considered along with other factors that may indicate that an under-employed individual with hearing loss would benefit from training commensurate with vocational potential.

Maintaining effective communication between the Counselor and the training institution/representative is of major importance. Other support services such as remedial classroom instruction, tactile interpreting, oral interpreting, sign-language interpreting, tutoring, assistive listening devices, CART/captioning, and/or note-taking services may be necessary to enable individuals who are deaf, late-deafened, hard of hearing, or deaf-blind to successfully complete post-secondary training.

N. Placement and Follow Up

The following factors are important and relevant when placing individuals who are deaf, late-deafened, hard of hearing, or deaf-blind into employment. The Counselor or local employment service provider will:

1. Develop and maintain regular contacts with employers that express an interest in hiring individuals who are deaf, late-deafened, hard of hearing, or deaf-blind. Job opportunities for these individuals will improve when employers are invited to participate in workshops, seminars and conferences on working with individuals who experience hearing loss.

2. Consider accompanying the individual to job sites to familiarize employers with unique talents as well as possible accommodations. This smoothes the way for the individual and opens possibilities for others to follow.

3. Assist the customer to form new work relationships with co-workers and supervisors and develop new work skills such as communication patterns and transportation routes.

4. Be aware that job applications may reveal language difficulties of individuals who are deaf. Many individuals who are deaf are reluctant to expose their weaknesses in reading and writing. Encourage these individuals to consider job-seeking skills training in order to boost their confidence.

5. Be aware that the job interview can be a very traumatic experience for an individual who is deaf. Arrange the use of a Staff Interpreter or the hiring of a qualified

interpreter vendor for job interviews. Interpreter assistance may also be helpful during the initial phases of employment.

6. Be aware that many job responsibilities are learned through casual conversations with co-workers so the individuals who are deaf, late-deafened, hard of hearing, or deaf-blind may be at a disadvantage. For these individuals, effective and thorough job orientation is a necessity. The rules, responsibilities, work hours, pay, job benefits, and supervisor's expectations must be clearly explained to individuals who have hearing loss.

7. Consider on-the-job training as an alternative to permanent placement. This option may be helpful in overcoming resistance by the employer in hiring individuals who are deaf, late-deafened, hard of hearing, or deaf-blind.

8. Provide close follow-up services to ensure a successful placement outcome. Federal regulations require satisfactory employment for at least 90 days before a successful closure can be claimed, however, the literature recommends that a period of 120 or more days is an ideal time for follow-up before closing the case.

O. Supported Employment

Consider Supported Employment for individuals with the most significant disabilities who require ongoing support services to succeed in competitive employment. The Supported Employment program is defined as competitive work in an integrated work setting with ongoing support services. Generally, VR covers Phase I services (short-term) while another entity such as the Agency for Persons with Disabilities (APD), Department of Children and Families Substance Abuse and Mental Health (SAMH), or another contracted agency covers Phase II services of supported employment (long-term). VR cannot provide Phase I services if Phase II providers are not available.

P. Post-Employment Services

Post-employment services for individuals who are deaf, late-deafened, hard of hearing, or deaf-blind may be considered. Additional services that preserve a job and independent living after case closure should be provided as authorized by law and regulation. Post-employment services may include the following: interpreters, job coaches, assistive technologies, and consultation with a rehabilitation engineer. These and other services may be available on a case by case basis.

STANDARDS FOR VR DEAF AND HARD OF HEARING SERVICES

A. Interpreter Services for Individuals with Hearing Loss

Every state is expected to have a program policy on interpreter services. This policy complies with Title V, Section 504 of the Rehabilitation Act of 1973, as amended by Public Law 99-506 and 100-630, 29 CFR, Sections 32-33, and Title II of the Americans with Disabilities Act of 1990 (42 U.S.C.). Interpreter Services are covered in the Operational Policies and Procedures for Counselors (Counselor Policy Manual) or the Policy Manual for Vocational Rehabilitation Privatization Initiatives, as appropriate.

The latest VR *Guide for Provision of Interpreting Services for Individuals with Hearing Loss* includes legal and background information, purpose, procedures and expectations. This manual also discusses the use of interpreter services throughout the VR process, best practices, working with interpreters, and hiring interpreter vendors.

Interpreter credentials must be verified before authorizing interpreter services. The VR Deaf, Hard of Hearing, and Deaf-Blind Services program works closely with the VR Vendor Unit to maintain a list of qualified interpreters statewide for use by VR field staff serving individuals with hearing loss. When a local VR office is unable to secure a qualified interpreter who is an approved VR vendor, a qualified interpreter with Temporary Vendor Status may be requested in order to meet the interpreting need. (For further information, see the *Guide for Provision of Interpreting Services for Individuals with Hearing Loss*.)

B. Communication Access to VR Offices

State and local VR offices serving individuals with hearing loss are advised to use Video Relay Services (VRS) and/or Telecommunication Relay Services (TRS) to facilitate effective communication. Assistive listening devices (ALDs) such as an FM system are also recommended. The VR Operational Policies and Procedures for Counselors explains the steps for purchasing ALDs. The VR state office maintains a number of text-to-text devices, such as the Ubi Duo, and FM Systems for in-house purposes (meeting or emergency use).

Videophones (VP) have emerged in the world of telecommunications in recent years, and many individuals with hearing loss have chosen to use a VP instead of a Teletypewriter (TTY). With videophones, those with hearing loss are now able to talk in sign language directly with the counselors (visually) or through a relay interpreter via the Video Relay Service (VRS). The VRS is acknowledged to be a “functionally equivalent communication” tool. The counselors can also directly reach their individuals

at home via the VP through video relay services (VRS). Many believe the VRS relay interpreter is a much smoother and quicker communication method than either talking directly with a TTY or through a traditional relay service (TRS) operator. Because VR wants to improve access between individuals and counselors, there are plans to install videophones in as many offices as possible.

All individuals with hearing loss are also encouraged to apply for free-loan devices such as TTY, a home ring signaler, a specialized phone, and amplifiers through the Florida Telecommunications Relay, Inc. (FTRI) or one of local distribution centers authorized by FTRI to provide this equipment to qualified residents for use at home. For more information or application forms, refer to www.ftri.org.

VR STAFF

Historically, the Division of Vocational Rehabilitation has recognized the unique challenges faced by individuals who are deaf or have hearing loss. First, there is a pervasive communication barrier that separates individuals from having access to needed services. Second, there is a lack of understanding about the unique problems experienced by individuals with hearing loss that may negate successful rehabilitation outcomes. In recognition of these obstacles, the VR Administrator (Deaf, Hard of Hearing, and Deaf-Blind Services) is assigned the responsibility of consulting with and providing training or technical assistance to local VR offices to ensure that an effective delivery of VR services is provided to individuals who have hearing loss.

A. Professional Staff at VR Headquarters

The staff at the VR Headquarters consists of a VR Administrator, a VR Staff Interpreter/Program Consultant, and a Deaf-Blind Specialist. The VR Administrator also functions as a State Coordinator for Deaf and Hard of Hearing Services (SCD) within VR. These three positions assist the VR field staff, state agencies such as Division of Blind Services (DBS), and individuals who are deaf, late-deafened, hard of hearing, and deaf-blind.

B. Local VR Staff Serving Individuals Who are Deaf, Late-Deafened, Hard of Hearing, or Deaf-Blind

Rehabilitation Counselor for Deaf (RCD) or Counselor

The Counselor who serves many individuals with hearing loss may also be called a Rehabilitation Counselor for the Deaf (RCD). However, in Florida, most Counselors who serve individuals with hearing loss have a combined caseload and also serve

individuals with other disabilities. The RCD carries out the same functions as VR general caseload counselors. Optimal service for individuals who are deaf, late-deafened, hard of hearing, or deaf-blind is provided by VR staff who not only have the ability to converse in manual communication, but also have the knowledge of deafness and hearing loss.

Important factors that should be taken into account when serving individuals who are deaf, late-deafened, hard of hearing, or deaf-blind include the following:

1. **The communication factor.** Interviews may take longer, and allowances should be made for adequate time to establish effective communication.

2. **Limited resources.** The counselor may need to spend more time identifying and developing community resources.

3. **Limited use of the telephone.** Individuals who are deaf, late-deafened, hard of hearing, or deaf-blind may be difficult to contact. Counselors may need to increase communication efforts to reach these individuals through repeated calls, emails, or text messages. A growing number of individuals who are deaf have direct access to smart phones, or video phones (VP) at home.

4. **Isolation of the deaf, hard of hearing, and deaf-blind population.** Individuals who are deaf, late-deafened, hard of hearing, or deaf-blind may be unaware of available services. Thus, more time is necessary for outreach efforts. (VR support staff may need to assist Counselors with large caseloads.)

5. **Complexity of placement for individuals who are deaf or hard of hearing.** The placement of individuals who are deaf or hard of hearing is a difficult process requiring more than just the referral of the individual. Often it involves on-the-spot assistance to individuals who are deaf or hard of hearing in job seeking, filling out application forms, etc. Employment Service vendors will need to provide information about hearing loss and effective communication strategies to prospective employers. This orientation is essential for successful placement.

According to the Rehabilitation Act of 1973, individuals who are deaf are considered to be significantly disabled. The Counselor is encouraged to become aware of community activities or events sponsored by individuals who are deaf, late-deafened, hard of hearing, or deaf-blind in order to provide VR outreach services and to become more aware of unique challenges experienced by these populations.

If the Counselor has concerns regarding services or resources, he/she should first consult the unit supervisor. If necessary, contact the Deaf, Hard of Hearing, and Deaf-Blind Services program for assistance. It is of primary importance for the Counselor to work closely with local programs to assure that individuals with hearing loss receive coordinated and integrated services.

STAFF INTERPRETER

The VR staff interpreter (career service or contracted) is a member of the local field office rehabilitation team who provides critical services to VR staff and individuals who have hearing loss. The staff interpreter facilitates communication in any VR related appointments or activities. The staff interpreter provides guidance as needed on matching language needs with available interpreting resources and on coordinating interpreting services either independently or in tandem with designated unit staff.

Additional duties include the provision of information and referral resources to the Counselor to ensure that individuals with hearing loss receive necessary referrals, accommodations, and services.

SUPERVISION OF RCDs, COUNSELORS, AND VR UNIT STAFF

Local VR supervisors and Area Directors are responsible for supervision of Counselors, VR Technicians, and Staff Interpreters. Unit supervisors of VR staff serving individuals with hearing loss may wish to consider the following factors to ensure successful outcomes:

- Interviews usually take longer with an individual who has hearing loss. Allowances should be made to allow adequate time for individuals to achieve a full understanding of the VR process.
- VR support staff should be encouraged to understand how individuals with hearing loss can be served effectively. They should also be encouraged to establish relationships with the staff interpreter.
- Counselors may require more time (phone calls, letter writing, etc.) to contact individuals who have hearing loss.
- Counselors and other involved staff are encouraged to participate in community activities or events to promote a better understanding of VR services for the deaf and hard of hearing.

- Counselors will spend extra time with outreach referral activities. This is important due to the often isolated nature of the deaf and hard of hearing populations.
- A Counselor's caseload size needs to be properly managed so that quality rehabilitation services, such as additional time for discussion and review of services, can be provided.
- Supervisors of Counselors and other involved staff are encouraged to take advantage of training activities relating to deafness and hearing loss.
- Supervisors are encouraged to inform the VR Administrator (SCD) of any needs or concerns that should be addressed locally or statewide.

REVIEW OF DEAF AND HARD OF HEARING SERVICES

Upon request, the Deaf, Hard of Hearing, and Deaf-Blind Services program may conduct assessments of services provided either locally or statewide to individuals who are deaf, late-deafened, hard of hearing or deaf-blind. These include on-site visits and reviews.

INTERAGENCY COOPERATION

VR is the only public service agency with a legal basis to provide vocational rehabilitation services to individuals with hearing loss as they seek to obtain, regain, or retain employment. VR has an obligation to strengthen its services to those who are deaf, late-deafened, hard of hearing, or deaf-blind through cooperative efforts with other public and private resources. The resources of other agencies will be explored and developed as appropriate. The following table displays a partial listing of resources that may meet certain needs of individuals with hearing loss.

Agency Resources for Individuals with Hearing Loss	
Deaf Service Centers	Hearing and Speech Centers
Adult Education/Special Ed. Programs	Post-secondary Educational Institutions
Rehabilitation Facilities	Religious Affiliated Organizations
Sheltered Workshops	United Way Affiliates
Florida Association of the Deaf (FAD)	State Residential School
Health Department	Workers' Compensation
Mental Health Programs	Public Schools
District Employment/Security Offices	Legal Aid

Centers for Independent Living	Local Social and Economic Programs
Hearing Loss Association of America (HLAA)	Social Security Administration
Association of Late-Deafened Adults (ALDA)	Florida Educators of the Hearing Impaired
Florida Coordinating Council for the Deaf and Hard of Hearing (FCCDHH)	Florida Registry of Interpreters for the Deaf (FRID)