The role of the vocational rehabilitation agency in the rehabilitation of the severely disabled congenitally deaf-blind

This paper deals with vocational rehabilitation services for the congenitally deaf-blind as opposed to the adventitiously deaf-blind. The reason for this is because the congenitally deaf-blind are more severely disabled and have not been adequately served by vocational rehabilitation agencies. Because of the rubella epidemic of 1963-65, there are considerably more congenitally deaf-blind individuals who need or will need vocational rehabilitation services in the very near future. This paper delves into the services that are being provided now as well as a historical overview of the vocational rehabilitation laws leading up to the present time. A final section deals with possible recommendations and solutions that could better enable the vocational rehabilitation agency to work with this population of deaf-blind individuals. These would insure more adequate and appropriate services and perhaps allow for more independent living within the community.

Creator
Galloway, Nancy A.

Resource type
Graduate project

Campus
Northridge

Department
Education

Degree level
M.A.

Publisher
California State University, Northridge
Subject
Dissertations, Academic -- CSUN -- Education.

Date copyright
1976

Date issued
1976-06

Handle
http://hdl.handle.net/10211.3/174988

Language
en

Statement of responsibility
by Nancy A. Galloway

Relationships

CSUN

California State University

About ScholarWorks

ScholarWorks is a shared institutional repository that collects, preserves, and provides access to scholarship by research communities at The California State University. Collections include CSU faculty publications, student dissertations and theses, datasets, and teaching materials.

Powered by Samvera Hyrax 2.5.1

Upload your work
2. To highlight the role of rehabilitation in achieving the SDGs. 3. To call for coordinated and concerted global action towards strengthening rehabilitation in health systems. OUTCOMES. Rehabilitation 2030: A Call For Action, fostered awareness of the need to strengthen rehabilitation in health systems to meet the existing and future needs of populations. Demonstrated the importance of rehabilitation across WHO strategies and in the achievement of Sustainable Development Goal 3. Shed light on the approaches to implementing rehabilitation services in countries, using examples from Chile, Germany, Pakistan and the Philippines. Contents of this report. This report summarizes the key messages of the various sessions in chronological order. The optimal rehabilitation process for such clients begins before the clients transfer from educational programs. Services should include counseling of the client and her/his family and physical and mental restoration (e.g., surgery, psychotherapy, equipment). (PsycINFO Database Record (c) 2012 APA, all rights reserved). Although not within the context of vocational rehabilitation services, the importance of service providers who are able to communicate effectively with consumers who are deafblind has been discussed (Everson & Goodall, 1991; Vernon & Duncan, 1990). Services for Consumers Who Are Deafblind: Vocational Rehabilitation Agency Service Models Utilized and Their Effectiveness. Article. Jan 2019. The roots of vocational rehabilitation in America can be traced to the diffuse development of disability-specific workshops in the early 19th century. The first of these was the Perkins Institute, incorporated in Boston in 1829 to train blind individuals for manufacturing jobs. Efforts such as this were few and far between, however, until turn-of-the-century Progressivism strengthened the impetus. The Soldier Rehabilitation Act of 1918 expanded Smith-Hughes to provide vocational training to disabled veterans. Ratification of the Vocational Rehabilitation (Smith-Fess) Act two years later extended services to disabled civilians. Additionally, though the Standard Rules emphasise the importance of the involvement of disabled people and their organisations in the development of rehabilitation programmes, there is no clear statement that such strategies must be controlled by or accountable to them. There is therefore a tacit assumption that such services will be professionally led. Furthermore, since disability in the ICF is presented as a ‘health’ rather than a political issue, it is inevitable that rehabilitation workers will continue to be dominated by or ‘allied to’ medicine (Finkelstein, 1998). Special education teachers of the blind and visually impaired work in either public or private schools; other teachers work with the child and parents in their home. School-based environments vary. Some teachers work individually with a child in a classroom, while others teach children who are blind or visually impaired in mainstreamed classes alongside other teachers. What They Do: In general, vision rehabilitation therapists instruct people with vision impairments in the use of compensatory skills and assistive technologies which enable them to live safe, productive, and independent lives. Vision rehabilitation therapists enhance the vocational opportunities, independent living, and educational development of people with vision loss, and may include working in center-based or itinerant settings.