Public Law 94-142
Pre-service Training Needs

Mary Pat Aull-Moeller, M.S.
Purdue University

Paper presented at the Summer Institute Academy of Rehabilitative Audiology, Winter Park, Colorado, June 1, 1978.

The audiologist has been recognized in the design of P.L. 94-142 as a provider of a comprehensive range of services. Among these are: identification, audiologic assessment, selection of amplification and aural rehabilitation, hearing conservation and counseling. Garstecki (ASHA 1978) in his survey of school audiologists reported the encouraging trends that audiologists are becoming less involved in identification, and are becoming somewhat more involved in rehabilitation. However, only 36% of the audiologists he surveyed were involved in rehabilitation of communication problems in hearing impaired children. Why does this situation exist? Audiologists have been successful in convincing the designers of the Public Law that the role of an audiologist who contributes in an educational setting **must** be comprehensive—that an audiologist should be involved in providing services in both rehabilitative and diagnostic areas—great. Hm—seems the problem is we have not yet convinced a number of audiologists and educators that this should be the case. For the audiologist to contribute meaningfully within the full intent of the law, I feel that he must be firmly committed to the full range of responsibilities suggested, and must in turn convince the Local Education Agency of the crucial nature of his contribution. It is obvious that if this is to be a reality, curricular changes, practicum modifications and some role redefinitions must be affected in graduate training programs.

Dublinske (ASHE, 1978) has suggested preparing audiologists by: (1) providing students with information on P.O. 94-142 and the requirements for IEP's and (2) Revising procedures for developing clinic reports and lesson plans to conform to IEP requirements. The value of this basic pre-service preparation is ob-

vious. Yet, knowledge of the "rules" alone fails to ensure their effective implementation. We in training programs have a fascinating challenge—to prepare a broadly-based case manager, who by his **actions** and **continuous interactions** is accepted as a **fact**; a **necessity** in the child's education. In discussing "action" and "continuous interaction," I am alluding to my philosophy that we need to update training programs in two critical areas:

1. theoretical and practical aspects of treatment and
2. the "oft-mentioned—but oft-neglected" areas of **interpersonal communication skills.**

As I direct my comments toward the provision of enriched audiologic training, I will couch this discussion in a communication framework. Students must become adept at relating on an interpersonal level to ensure the efficient delivery of their services. Interpersonal "finesse" need not be left to chance, as it all too often is. Such facility influences (1) the clinicians relation with parent and child; (2) the clinicians' own self perceptions, and the (3) clinician's skill in interdisciplinary roles mandated in 94-142.

An audiologists role with parents of hearing impaired children often begins with identification and follow through with the hearing problems—but too often ends there. As Calvert and Ross express in their guidelines, the audiologist has the skills to ensure maximal exploitation of the residual hearing (Volta, 1977). If this is the case it is critical that audiologists become a continuous member of the parent-child treatment team **very early** on. Audiologists, if better trained in infant stimulation and counseling, are "a natural" for guiding parent-child programs. I feel it is crucial that we offer the audiologist a training option for specialization in parent-infant-programming. All students should be exposed to the potential for mobilizing parent resources from the earliest programming on. And after all, that's where we're at. We can hardly discuss the workings of P.O. 94-142 without attention to mobilizing parents who are the most stable force in the child's long term education. Yet Northcott found that of 119 people working in Parent-Infant Programs in the US only 14 were audiologists. At Purdue, our students actively seek out involvement in the Parent-Infant Program. They are required to seek electives in infant development, and counseling, and must enter the practicum with firm grounding in clinical aspects of audiology and language. Students are involved in observation of a demonstration teacher/counselor initially in home visitation, home demonstration, and weekly parent mutual support group meetings. Emphasis is placed on openness in the supervisory-student relationship such that techniques may be challenged and disputed on a professional level. This "openness" aspect involves the student in applying diplomatic communication skills and offering new ideas first on "safe ground". Students gradually

become a member of a case management team with the teacher counselor.

The delicate and dynamic parent-clinician interchange is enhanced by the case management concept. Traditional semester "stints" are simply insufficient for developing the trust and continuity-based relationship so needed to promote personal growth in child and parents. Thus, an approach to supervision in our infant and early preschool program, has been to provide the family and the student with continuity of experience. The student is assigned to follow a particular child and family through a major portion of his master's degree. He is challenged to be a true—"real world" case manager[1] in the sense of living with and ironing out the hassles and problems and appreciating the value of his contributions. My feeling is that under the close direction of the teacher/counselor/supervisor, the student gains professional identity with rehabilitation (especially if provided a variety of cases). The students also gains confidence and communication skills. A student's Parent Clinician communication experiences, I feel, should focus on three levels of parenting—despite the child's level:

1. parents as partners—here I am referring to students' learning to relate to parents in a situation devoid of power struggles: a parent-clinician **partnership:** And that the student supports the growth of the parents not as teachers, but as ideal parents—partners with their child for the duration.
2. parents as learners and importantly,
3. parents as persons.

I would like to address practical aspects of these last two points: Students should be involved in systematic parent education programs. They should be required to design objectives for parent mastery of aspects of the Public Law and due process. (The student obviously will master the law, if he must in return present it). The student could be challenged to develop media for most efficient delivery of information to the parent. Once presented, the student should design and execute means for evaluating parental mastery. Students and parents may then discuss and discover inherent weaknesses in the law, trouble-shooting means to overcome them.

In the Purdue clinic a student participates fully with the supervisor in the parent mutual support group. Following each weekly interchange, the student and supervisor discuss the dynamics of the session. This is critical, I feel, in heightening the students awareness of the supervisor's techniques and to helping

[1]*"Case manager" in this sense means taking initiative and responsibility for the case—making contacts with other agencies, ensuring follow-through, etc.*

them discover means for encouraging affective communication.

Students on an interpersonal level must be sensitized to the awesome responsibility that the Public Law has dictated to parents. Parents are now legally active participants in the decision making process. They must make decisions which will influence the rest of the child's life frequently with inadequate information. A student should learn through his practicum and coursework to deal with the natural human fears and concerns that such a situation promotes. Non-recognition of such emotions leads to labeling of parents, and worse, denies their natural need for release.

A student should be involved in planning and promoting parent assertiveness training. The student may prepare parents through role play or micro-teaching to work assertively with the school without being agressive or antagonistic (Closer Look, 1977). Students may assist in planning "preventative programs" with parents. The student should be directed in experience in the schools which requires him to research and recognize potential problems for hearing impaired children. Students involved in preschool or public-school settings should also be directed in discovering what services are "appropriate".

"Appropriateness" is related to concepts of accountability. It is my feeling that the supervisor-clinician interaction is critical in fostering the student's commitment to accountability. Supervisor flexibility is a must—if the supervisor allows for experimentation with methods—the student may **discover** the value of accountability, rather than having it dictated. My feeling is that simple mandated switching of records to comply with the IEP may be interpreted by the student as needless paperwork. At Purdue we approach the issue in several consecutive steps which include:

1. goal setting contracts; the student designs monthly short term goals. The student and supervisor weekly assess progress toward monthly goals. Through partnership and self-confrontations the students quickly learn the degree of realism of their short and long term goals.
2. Videotaped confrontation—here we focus on critical evaluation of personal style: The students discover and gain confidence in the **facilitative** aspects of their behavior. There is direct emphasis on interpersonal evaluation and self-monitoring.
3. Innovation in daily record-keeping devices: The students use an interdisciplinary communication board to relay progress with the child. Since several people relate to the same child in differing capacities, the students learn about their roles as a part of a team process. "As a team member, I am responsible to other members of my team as well as to the child".

4. Varying goals based on objective criteria: Objectifying progress.

In effect, I feel that these modifications in the supervisor-student relationship enhance communication skills, realistic self perception, and have a direct affect on quality provision of rehabilitation to the child. I feel that only through active involvement as a case manager the student becomes committed to his comprehensive roles, which later he will adamantly support and sell to educators.

Effectiveness of interdisciplinary communication is a third critical area of need for training focus. If the student has received groundwork in the supervisor-clinician teams, the transition to school personnel will hopefully be facile. However, students must also receive other formative experiences at the graduate level which will enhance their communication with school and administrators. I feel one particular thrust should promote student realism. Students should hear the constraints under which administrators operate. They should interact with teachers so they may assess teacher constraints and future inservice needs. They should be involved in teacher inservice during their graduate program. I also feel that audiology students should be involved in professional "table talks" with teacher of the deaf trainees. The time to coordinate these two disciplines in a mutual effort for the child is prior to development of stereotyped discriminations.

The scope of pre-service training needs is far-reaching and constantly changing. My hope is that we can partially meet the challenges by philosophical committment to the students' professional growth of accountable rehabilitation skills and interpersonal communication skills.

REFERENCES

Dean, Dorothy (director) "The Closer Look Report" National Information Center for the Handicapped, Washington, D.C., Fall, 1977.

Dublinske, Stan, "P.L. 94-142: Developing the Individualized Education Program (IEP)," *ASHA*, 1978, 20, 380-397.

Garstecki, D.C., "A Survey of School Audiologists, *ASHA*, 1978, 20:4, 291-296.

Ling, D., Ling, A. and Pflaster, "Individualized Programming for Hearing-Impaired Children, *Volta Review*, 1977, 79, 204-230.

Ross, Mand Calvert, D.R., "Guidelines for Audiology Programs in Educational Settings for Hearing Impaired Children." *Volta Review*, 79, 1977, 153-161.