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ABSTRACT

Gross deficiencies in educational and vocational counseling of handicapped students are examined. The authors' major thesis concerns the one-sided stress which has been placed on personal factors, to the ignoring of situational and environmental factors, as the focus of intervention efforts. Noting that, by and large, vocational information, vocational self-concept, and career patterns and choices are the product of previous experiential, exploratory opportunities, and further that most handicapped persons do not pass through this stage, the authors conclude that our society has not been concerned with or effective in guaranteeing the essential component of vocational maturity. A counseling model for handicapped persons is proposed which would require counselors to become advocates for equalizing experiences for handicapped students. (11)

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Educational and Vocational Guidance
for the Handicapped Student

Gerald I. Manus and Muriel Manus

Counselors who pride themselves on their knowledge of vocational theory and aptitude testing might well question the assumptions on which ^{their} knowledge is based. We do not serve clients whose lives have been limited by physical, social, cultural, or other handicaps if we continue to use skill and knowledge as a screening mesh for exclusion from the general educational and guidance opportunities. Attention needs to be paid to the counselor's function as a modifier of the physical and social environment for the handicapped student.

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EDUCATIONAL AND VOCATIONAL GUIDANCE FOR THE HANDICAPPED STUDENT

Too much time has been devoted to analysis of the aptitudes of the individual and too little to the aptitude of the environment. Stress has been placed on self-knowledge through counseling and testing; little attention has been paid to knowledge of the selectivity and exclusiveness of the environment. Although the vocational theory of Super (1957) has permitted room for attention to environmental factors that influence, restrict and shape our educational and vocational choices, we have done little as counselors to insure equalization of the opportunities that would make career choice an equivalent process for the handicapped person.

Oh, yes, we have now become aware that differences in the choices or vocational behavior are a result of early and continuous differences in the career choice stimuli to which the individual is exposed! Perhaps, we have always assumed this to be true. Yet, factually, it is only in the past seventeen (17) years since the 1954 Supreme Court decision that we have been cognizant that, perhaps, more than one out of every four Americans has failed to be provided with the experiences on which vocational career choice is based. Add to these the individuals who are physically handicapped through a birth defect, those who are economically handicapped by the social class into which they are born, and the 50% of our population who, by virtue of the chromosome that determines their gender, are exposed to a selective range of vocational stimuli. We must

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conclude that our vocational development concepts are suitable to 25% of our population; the suitability of these concepts to the handicapped person is yet to be established.

In this framework, let us view our present assumptions about handicapped persons. Firstly, this conference appears to be a manifest expression of the latency effect in our field. In 1968, the A.P.G.A. resolution on racism affirmed that "opportunities for personal and social development are not equally available to all citizens of this country"; the A.P.G.A. then went on record committing itself to priority for action and urged the membership to "seize initiative in proposing and implementing local action programs". What in the past three years have we done to insure equal opportunities and what more could we do?

Since 1968 this country has slowed in its progress toward equal opportunity because we have become more deeply involved in military commitments in Indochina. Concurrently, our effort to slow the tide of inflation has resulted in reduced expenditures in domestic areas where increased expenditures seemed necessary and appropriate.

We have effectively increased the community of children who have experienced disease, death, poverty, and disadvantage by the addition of millions of unemployed whites to the millions of unemployed (and underemployed) blacks. Today's policy errors produce tomorrow's counseling problems!

All of this serves as a background to the understanding of why physically, intellectually, emotionally, socially and economically handicapped individuals, (1) continue to represent such large numbers in our affluent

society, and (2) why we have yet to develop programs that either effectively prevent or treat the handicap.

Tools of Counseling

Vocational development theories and hypotheses continue to be used as tools for categorization rather than as guides to development of prescribed or corrective procedures. Though theory and techniques of counseling are seen as tools to help the individual select the right vocation, school, or job, they are not seen as keys to initiating actions to ameliorate the conditions that may have affected the individual's range of choices. Our professional concern is often analogous to a preoccupation with the thermometer reading rather than reduction of the fever or the cause of the fever that threatens to destroy the patient's brain tissue; at times we may be so concerned with telling the patient of the probability of success in controlling the fever that we fail to do what can be done to eliminate the causes of the fever.

Aptitude tests, vocational development theory, interest tests and inventories, and other instruments of counseling have been utilized with the assumption that they provide guides for individual counseling. Certainly they have been of help in reducing helter-skelter, hit-or-miss educational and career choices (Super, 1957). Yet for individual cases, the highest validity correlations for these tests result in an incorrect prediction for 26% of the individuals we counsel. Most of the instruments have validities which necessitate a counseling error for one-third to two-fifths of our clients when we use validity coefficients alone.

These facts hold for group predictions; the predictive error for single counselees may be greater or less depending on their similarity or difference from the mean of the normative distribution on which the data were based, and the purity of the relationship between the test and the criterion.

A Haunting Question

To this problem of statistically low validity must be added the question that haunts or should haunt all of us: what would happen to our predictions if programs of experience were developed that aimed at change in some of the behaviors that lead to success or failure in an educational or a vocational activity? For example, would we find changes in clients' career patterns and choices, in clients' vocational information, in vocational self-concept, in the predictive validity of our educational and vocational tests, if we provided trial work experiences for all individuals to permit them to systematically explore the entire range of occupations, with greater or lesser depth of exploration in some areas dependent on the individual's interests? The absence of longitudinal studies in which experiences have been controlled prevents us from safe speculation. However, many counselors would agree that empirical evidence might show all or some of these factors to be affected by the experiential opportunity. Further, it is likely that the timing of an experience in the life history of an individual affects the course of vocational development for that individual.

Our present counseling with the handicapped person lacks the benefit

of reassurance that the client has had a reasonable opportunity to obtain the experiences that will make it appropriate to use standardized interest, aptitude, or achievement tests. Does the client have the opportunity to try, test, experiment, or come into contact with a sufficient number and quality of pre-vocational experiences to assume that an exploratory stage has been experienced? In general, most handicapped persons do not pass through the exploratory stage except at the fantasy or vicarious level. Our society has clearly not been concerned with or effective in guaranteeing the essential component of vocational maturity. Our special education programs for the handicapped pupil were developed to compensate for the inflexibility of normal education facilities. These programs, however, have perpetuated and, at times, compounded the social isolation and understimulation that the disability tended to induce in the first place.

The counselor who serves in the traditional role of predictor, evaluator, or advisor, is functioning as a short-term counselor rather than a reflector of the client's long term needs, evolving self-concept, potential self-concept and future achievement status. Counselors of the handicapped person must help the client find experiences which have emergent potential rather than merely adjustment potential. This requires continuity in the counselor's engagement with the client at an early age and at follow-up stages to insure that intermediate and long-term goals are achieved. Such follow-up becomes a means for evalu-

ating the need for supplemental service including new experiences, remedial intervention or goal redefinition. Continuity in counselor-client contact also insures appropriate conceptual changes in the assumptions made by counselors in their theoretical orientation. The client uses experiences, and the responses to these experiences, as a guide to understanding earlier experiences and as a means to a planning future experiences. This experimental-emergent process has always been assumed to become autonomous once the client has completed a relatively brief contact with the counselor. For many clients, this assumption is probably sound. For the handicapped person, social, educational, and physical barriers limit the validity of this widespread counseling assumption. As a result, we find all too frequently that the handicapped individual, even after completing undergraduate and graduate education, is unable to find a personally appropriate and rewarding social or vocational direction.

These observations suggest a counseling model for the handicapped person that might be called "a continuous-development and periodic review model". It requires that elementary school, junior high school, high school and college counselors who are not now involved in the educational-vocational guidance of the handicapped student prepare to become advocates for equalizing experiences for the handicapped student. Academic and practical preparation may be necessary for many counselors who, up to this point in counseling history, have left the counseling of handicapped students to other professionals. Unfortunately, this professional trend served to perpetuate

the ostracism and the assumption of abnormality that is the typical social experience for the child, adolescent or college student with a physical, intellectual, emotional, educational or social disability.

The avoidance of the disabled student by the school counselor may explain why so few schools develop architectural, programmatic, or pre-vocational plans to meet the needs of their students who, because of physical, intellectual, emotional, or social disadvantages can not benefit from traditional educational plans. One might ask parenthetically whether these traditional plans are serving any students, disabled or not. The role of the counselor for all individuals should be that of a client advocate. In this model of counseling the community's institutions and organizations become the ground in which lifetime development goals of the individual are grown. The counselor must insure that the more fragile, less hardy or merely different student is provided with maximum growth experiences. It is the counselor's responsibility to see that the environmental media are ready to encourage the individual's potential. The counselor must see that these optimal opportunities are available throughout the school, college or work life of the individual. If this seems a revolutionary approach, let me again remind you that at the 1970 A.P.O.A. Convention in New Orleans, the National Vocational Guidance Commission recommended: ".....we should have a voice and a part in such a program of social actions." This view is reflected in the Vocational Guidance Quarterly Supplement entitled The Vocational Counselor and Social Action, a paper delivered at the 1969 A.P.O.A., Las Vegas Convention by Joseph Samler.

Samler, J. The Vocational Counselor and Social Actions: Special Supplement to Vocational Guidance Quarterly, 1969

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Perhaps, this year we can unite all A.P.G.A. in supporting an action program that each of us as school, college, vocational, or rehabilitation counselors, agree to carry out as an ethical imperative of our common profession: namely, it is incumbent upon the counselor to insure continuity of opportunity for his clients.

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