

Chapter 16

Career Development & Adult Life

Megan Reister

This chapter focuses on the transition from school to career/adult life in individuals with hearing loss who communicate through listening and spoken language (LSL). According to the National Center for Health Statistics, 48 million (20%) Americans have some degree of hearing loss. It is the third most prevalent chronic health condition in older adults, after arthritis and heart disease—making it an issue of national concern (Hearing Loss Association of America, 2017). Living with a hearing loss has many far-reaching impacts that affect all areas of life for both the individual and those with whom he or she comes into contact. One such area impacted by hearing loss is



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within the work sector and postsecondary settings after high school. In addition to communication and language, the presence of a hearing loss can interfere with work and school performance as an individual transitions to adulthood.

This chapter will take a look at the historical overview of employment as related to individuals with hearing loss followed by a glimpse at the Americans with Disabilities Act (ADA)—a law that heavily influences the postsecondary education and

occupational outcomes of those with disabilities, including hearing loss. Next, we will discuss independent living, self-advocacy, and social skills

that pertain to this population. Finally, the chapter will conclude with personal stories from contributing individuals with hearing loss who communicate using LSL or American Sign Language (ASL).

Historical Overview of Employment

In addition to its effect on psychosocial status and interpersonal communication, a hearing loss may also influence a person's employment status (Ross, 2011). As Ross highlights, most jobs in our society require some degree of interactive verbal communication. One must be able to communicate effectively with coworkers and colleagues, the public, and most importantly one's supervisors. Any obstacle or hurdle to effectively communicating with others in the workplace or postsecondary setting may interfere with the efficiency and accuracy of these communication exchanges and in turn affect job performance.

The long-lasting effects may include amount of pay and job retention. Research within deafness has revealed that individuals with hearing loss historically have been underemployed and underpaid. While the people with the mildest hearing losses show little or no drop in income compared to their normal hearing peers, as the hearing loss increases, so does the reduction in compensation (Hearing Loss Association of America, 2017). However, thanks to advancements made within technology, a shift in social attitudes and perspectives, and public laws that have been instituted, the treatment and expectations of individuals with hearing loss within the workplace has changed for the better compared to how these individuals were treated in the past.

According to research conducted by Sergei Kochkin, nearly 60% of the people with hearing loss are currently gainfully employed or partaking in educational settings—dispelling the long-held notion that only the

elderly experience hearing loss (Ross, 2011). Kochkin also discovered that the income level of individuals with moderate hearing loss was about \$14,000 less than that earned by individuals with mild hearing loss. Astonishingly, the income difference between individuals with mild hearing loss compared to those with severe or more profound hearing loss reached \$31,000. Further, Kochkin's research revealed that use of amplification had a tremendous impact on job performance. Through using amplification (e.g., hearing aids), individuals are able to better compensate for their hearing loss and overcome any communication challenges that may arise. Individuals who used hearing aids within the workplace reported they felt less social isolation and more emotionally secure compared to those individuals who did not wear hearing aids (Ross, 2011).

Some studies have found that individuals with severe hearing loss have been unemployed at a higher rate than those with milder hearing loss (Ross, 2011)—indicating a general difficulty with obtaining employment. Individuals with hearing loss historically have experienced higher rates of unemployment and underemployment and lower levels of educational attainment than people without hearing loss (Danermark, 2005; Punch, Hyde, & Creed, 2004).

Data from the 2010 American Community Survey indicated that while the percentage of individuals who are D/HH with college degrees had quadrupled since the 1970s, employment and earnings rates were considerably worse than for the general U.S. population and had actually

declined over the same period (Walter & Dirmyer, 2013). Punch (2016) discovered the largest gap was for people with no college degree, and the smallest gap was for graduates with a bachelor's or graduate degree. Nevertheless, the gap in earnings for those with degrees was still around 20%. This suggests an underemployment problem, or individuals who are D/HH working in jobs that required a lower level of education than they had attained.

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One study revealed that although individuals with hearing loss had a high level of educational attainment (87% of participants held a 4-year college degree or higher), over half of these individuals worked in nonmanagerial positions, approximately one-third as lower- and middle-level managers, and 8% as upper-level managers (Dong & Guerette, 2013). Labor market trends in recent years—such as the growth of the service sector, Internet-related services, and the tendency for large organizations and the public sector to outsource many tasks to contractors and consultants—have contributed to growth in the number of small businesses and thus in the number of people who are self-employed (Savickas, 2012; Stokes & Wilson, 2010). This may mean that more individuals with hearing loss will be self-employed in the future (Punch, Creed, & Hyde, 2006).

Adjustments, accommodations, and use of technology can reduce workplace barriers. Due to technological advances made in recent years, an expanding range of devices and systems may have the effect of increasing occupational accessibility for individuals with hearing loss. While research has shown the benefits to using hearing aids or some other type of personal amplification within the job setting, a particular job or function may make communication demands that exceed the capabilities of conventional hearing aids. In these cases, other forms of hearing assistive technologies may be needed to address these challenges. Developments in information and communication technologies, such as text-based communication

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and digital forms of face-to-face contact through video telephones, have dramatically changed the communicative interchanges for individuals with hearing loss in both the workplace and social settings (Garberoglio, Dickson, Cawthon, & Bond, 2015; Okuyama, 2013; Power & Power, 2010; Tye-Murray et. al., 2009).

However, the extent to which individuals with hearing loss—particularly young people entering the workforce—are aware of available options or are able to obtain access to them is not certain (Punch, 2016). Contrary to this statement, Dong

& Guerette (2013) reported that individuals who had more severe levels of disability, higher levels of education, worked full-time rather than part-time, and were younger were more likely to request accommodations. Participants were more likely to request and receive accommodations when they had a high expectation that employers would comply with the request. These researchers also reported individuals who received accommodations revealed higher levels of coworker and employer support and higher levels of job satisfaction than individuals who had not requested accommodations, or who had requested but not received them. Nonrequesters had lower levels of knowledge of disability legislation and procedures for requesting accommodations.

Even without the presences of hearing loss, demands are present in various occupations or work environments that impact communication and may have differing effects on each person. Some common solutions to barriers to communicating effectively with others in the workplace or postsecondary setting that are very low-cost are to (Punch, 2016; Tye-Murray et. al, 2009):

- Rearrange furniture, so that the individual with hearing loss can see others better in the workspace.
- Make use of preferential seating.
- Move a desk away from a noisy hallway.
- Reverse one’s desk to keep the sun out of one’s eyes to assist in better viewing of the lips and mouths to aid in speech reading.
- Repeat and rephrase information.
- Use email or text messaging in place of telephone calls.
- Ask colleagues or coworkers to take on specific hearing-related tasks (such as telephone calls).
- Gather the individual’s attention before presenting information orally to allow for maximum attention when speaking with the individual with hearing loss.

Haynes and Linden (2012) report that common accommodations made in the workplace for individuals with hearing loss include:

Telephone aids	Help from coworkers
Modification of job tasks or training	Electronic communication
Adjustments to the workspace	Sign language interpreting

These same researchers also discovered that individuals with mild hearing loss did not capitalize on the accommodations or supports that might be beneficial to them due to lack of awareness of accommodations and/or perhaps thinking the level of hearing loss was too low or mild to have an impact when in truth it does have an effect.

The telephone often has been a significant communication challenge or barrier in the workplace (Tye-Murray et. al., 2009). However, with advancements made to telephone technology that allows for clearer calls, the introduction of texting, and the prevalence of email communications, as well as other technology advancements made in recent years, telephones may not prove as difficult to navigate nowadays compared to the past.

Many states offer state vocational rehabilitation offices or other similar agencies or organizations to provide assistance with obtaining services, accommodations, and resources that may help an individual with hearing loss obtain and/or maintain a job after securing employment. When seeking assistance of this sort toward career or postsecondary outcomes, it is up to the individual to seek the services. Oftentimes the process is a long one that involves completion of paperwork and interviews to determine eligibility and type of services that will be awarded.

Individuals with hearing loss tend to work in a hearing environment and are likely to face daily barriers and challenges that involve communication difficulties, as well as a range of social, attitudinal, and structural barriers (Punch et al., 2004). Further, other challenges can emerge as a result of elevated levels of stress and fatigue. It is commonly reported that adults with hearing loss experience fatigue and stress resulting from the greater effort put forth to concentrate, listen, and speech read that they need to make in everyday situations compared to people without hearing loss. Generally, more effort is made on the part of individuals with hearing loss to (Bess & Hornsby, 2014; Granberg et al., 2014; Hornsby, 2013; Hua, Karlsson, Widen, Moller, & Lyxell, 2013; Kramer, Kapteyn, & Houtgast, 2006):

- “Distinguish between and localize sounds.”
- “Communicate in noise.”
- Make “effort in hearing.”
- Experience more perception of environmental noise when compared to hearing colleagues.

Commonly listed difficult workplace situations within the workforce are (Haynes & Linden, 2012; Punch et. al, 2007):

- Meetings
- Lack of assistive listening systems
- Captioning
- Interpreters
- Professional development and training activities
- Coworkers’ unwillingness to adjust to the needs of the individual with hearing loss
- Lack of understanding of the implications of hearing loss
- Work-related social functions

Some questions individuals with hearing loss might need to consider when entering the workforce:

- When do you disclose your hearing loss to a potential employer?*
- How do you function on the job?*
- Do you use captioned telephone, computer-assisted real-time transcription (CART), and an assistive device?*
- Are your coworkers cooperative and help communicate clearly?*

The answers to each of these questions are personal and highly individual depending on the person.

Independent Living as Adults

Although an independent life is difficult to describe, Appelman et. al. (2012) noted that participants classified as being independent in a study that analyzed independent living skills in individuals with hearing loss had completed college, were married, worked, had a driver’s license or permit, were registered to vote, and no longer lived with their parents. However, the literature on life skills and Deaf adults is sparse. Of the few studies that have been conducted, studies have tended to concentrate on

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barriers young people with disabilities face, and within that literature, young individuals with hearing loss are rarely discussed.

As recognized by the current body of research and literature, people between the ages of 18-35 may have unique issues with hearing loss compared to an older individual with later-acquired hearing loss, such as particular barriers to the transition to independent living. Issues for this population include (Mathews, 2015):

- Lower expectations during elementary and high school.
- Quality of communication at home.
- Learned helplessness.
- Poor literacy and numeracy skills.

Another hurdle to acquiring independence as an adult may lie in the qualifications of those who provide the instruction or training to individuals with hearing loss. These staff members may not have the appropriate background or training in working with individuals with hearing loss, such as adequate knowledge of communication modes or lack of understanding of social ramifications of living with hearing loss (e.g., sign language, feelings of isolation). Therefore, care will need to be taken to ensure the needs of individuals with hearing loss are met when aiming to provide them with instruction or training to foster independence in careers, postsecondary settings, and adult living.

It is essential that relevant professionals—including vocational rehabilitation counselors, audiologists, and educators working with individuals with hearing loss transitioning from secondary or postsecondary education—be as informed as possible about advances in assistive technology to better accommodate for hearing loss (Punch et. al., 2016).

Strengths in independent living demonstrated by individuals with hearing loss include:

Food management	Emergency and safety
Housekeeping	Transportation

However, gaps persist, particularly in relation to health, sexual health, knowledge of legal rights, and knowledge of housing issues, such as renting (Mathews, 2015). Successful models of teaching daily living skills, such as those listed above, to individuals with disabilities—

including hearing loss—incorporate a multifaceted program that provides structured classes taught by qualified teachers or social workers who have worked in the area of deafness and who facilitate social inclusion. Additionally, these classes or programs present supportive environments for individuals to put into practice the daily living skills they have learned as a result.

Overview of the ADA

The ADA is the primary law that ensures provisions for the workplace, including jobs within state and local government sectors (Title II), and also relates to public accommodations and commercial facilities (Title III). The ADA was last revised on September 15, 2010, and the revisions helped to clarify and refine issues that have arisen over the past 20 years and contain new and updated requirements, including the 2010 Standards for Accessible Design (ADA, 1990/2010).

Thanks to the ADA and other federal laws, employers are required to make reasonable accommodations to the known disability of a qualified applicant or employee unless such accommodations would impose an undue hardship on the employer. Reasonable accommodations include a wide variety of actions:

- Making worksites accessible.
- Modifying existing equipment in order to provide new devices.
- Modifying work schedules.
- Restructuring jobs.
- Reassigning an employee to a vacant position.
- Providing readers or interpreters.

In spite of these legal provisions that have been put in place to ensure equal access, Baldrige and Swift (2016) maintain that people with disabilities of all types are often reluctant to ask for workplace accommodations. Further, these researchers also suggest that some employers and managers—trying to avoid cost and

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inconvenience and fearing that refusing requests once they are made could involve legal risk—may subtly discourage such requests. Contrary to this, human resource professionals and managers need to foster workplace environments that encourage social support and coworker understanding (Punch & Hyde, 2005).

Regarding communication, under the ADA, the purpose of effective communication rules is to ensure a person with a vision, hearing, or speech disability can communicate with, receive information from, and convey information to the covered entity. Covered entities must provide auxiliary aids and services when needed to communicate effectively with people who have communication disabilities.

The key to communicating effectively is to consider the nature, length, complexity, and context of the communication and the person’s method(s) of communication. Finally, the rules apply to communicating with the person who is receiving the covered entity’s goods or services, as well as with that person’s parent, spouse, or companion in appropriate circumstances (ADA, 1990/2010).

For people who are deaf, have hearing loss, or are deafblind, the ADA mandates that a qualified notetaker; qualified sign language interpreter, oral interpreter, cued-speech interpreter, or tactile interpreter; real-time captioning; written materials; or printed script of a stock speech (such as given on a museum or historic house tour) be provided. A “qualified” interpreter means someone who is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed to convey information back to that person) using any necessary specialized vocabulary.

The ADA requires that aids and services that may be beneficial to the individual with hearing loss be

provided. These may consist of a wide variety of technologies, including:

- Assistive listening systems and devices.
- Open captioning, closed captioning, real-time captioning, and closed caption decoders and devices.
- Telephone handset amplifiers; hearing-aid compatible telephones; text telephones (TTYs); videophones; captioned telephones; and other voice, text, and video-based telecommunications products.
- Videotext displays.
- Screen reader software, magnification software, and optical readers.
- Video description and secondary auditory programming (SAP) devices that pick up video-described audio feeds for television programs.
- Accessibility features in electronic documents and other electronic and information technology that is accessible (either independently or through assistive technology), such as screen readers.

Another service provided through the ADA that has helped individuals with hearing loss is real-time captioning (also known as computer-assisted real-time transcription—or CART), which was highlighted in recent studies as being one of the most effective means of providing access to information within the workforce, particularly when used in large meetings (Haynes & Linden, 2012). This is a service similar to court reporting in which a transcriber types what is being said at a meeting or event into a computer that projects the words onto a screen. This service, which can be provided onsite or remotely, is particularly useful for people who are deaf or have hearing loss but do not use sign language.

Regarding communication over telephones, a free nationwide telecommunications relay service (TRS) can be reached by calling 7-1-1. TRS uses communications assistants (also called CAs or relay operators) who serve as intermediaries between people who have hearing or speech disabilities who use a TTY or text messaging and people who use standard voice telephones. The CA tells the telephone user what the other party is typing and types to tell the other party what the telephone user is saying. TRS also provides speech-to-speech transliteration for callers who have speech disabilities.

For individuals who communicate through sign language, video relay service (VRS) is a free, subscriber-based service for people who use sign language and communicate through videophones, smartphones, or computers with video communication capabilities. For outgoing calls, the subscriber contacts the VRS interpreter, who places the call and serves as an intermediary between the subscriber and a person who uses a standard voice telephone. The interpreter tells the telephone user what the subscriber is signing and signs to the subscriber what the telephone user is saying.

Also using video technology, video remote interpreting (VRI) is a fee-based service that accesses an offsite interpreter to provide real-time sign language or oral interpreting services for conversations between hearing people and people who are deaf or have hearing loss. The new regulations give covered entities the choice of using VRI or onsite interpreters in situations where either would be effective. VRI can be especially useful in rural areas where onsite interpreters may be difficult to obtain. Additionally, there may be some cost advantages in using VRI in certain circumstances. However, VRI will not be effective in all circumstances. For example, it will not be effective if the person who needs the interpreter has difficulty seeing the screen (either because of vision loss or because he or she cannot be properly positioned to see the screen because of an injury or other condition). In these circumstances, an onsite interpreter may be required.

If VRI is chosen, *all* of the following specific performance standards must be met to comply with ADA:

- Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images or irregular pauses in communication.
- A sharply delineated image that is large enough to display the interpreter’s face, arms, hands, and fingers, and the face, arms, hands, and fingers of the person using sign language, regardless of his or her body position.
- A clear, audible transmission of voices.
- Adequate staff training to ensure quick setup and proper operation.

The ADA places responsibility for providing effective communication, including the use of interpreters, directly on covered entities. They cannot require a person to bring someone to interpret for him or her.

When choosing an aid or service, state and local government sectors (Title II) are required to give primary consideration to the choice of aid or service requested by the person who has a communication disability. The state or local government must honor the person’s choice, unless it can demonstrate that another equally effective means of communication is available, or that the use of the means chosen would result in a fundamental alteration or undue burden. If the choice expressed by the person with a disability would result in a fundamental alteration or undue burden, the public entity still has an obligation to provide an alternative aid or service that provides effective communication, if one is available.

When considering public accommodations and commercial facilities (Title III), these entities are encouraged to consult with the person with a disability to discuss what aid or service is appropriate. The goal is to provide an aid or service that will be effective—given the nature of what is being communicated—and the person’s method of communication. Individuals with hearing loss have expressed a desire for employers to demonstrate more awareness of the ADA in providing services and equal access to meetings and instruction to allow for more opportunities for advancement on the part of individuals with hearing loss (Perkins-Dock, Battle, Edgerton, & McNeil, 2016).

Covered entities may require reasonable advance notice from people requesting aids or services—based on the length of time needed to acquire the aid or service—but may not impose excessive advance notice requirements. “Walk-in” requests for aids and services must also be honored to the extent possible, unless doing so would result in an “undue burden,” which is defined as causing

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significant difficulty or expense. If a particular aid or service would result in an undue burden, the entity must provide another effective aid or service, if possible, that would not result in an undue burden. Determining what constitutes an undue burden will vary from entity to entity and sometimes from one year to the next. The impact of changing economic conditions on the resources available to an entity may also be taken into consideration in making this determination.

Self-Advocacy in Adult Life

Successful individuals with hearing loss within the general education setting tend to be high in self-advocacy through:

- Educating others about hearing loss.
- Being prepared.
- Perhaps working harder than others (to compensate for the hearing loss).
- Making use of anticipatory strategies before meetings and conferences.
- Persisting in obtaining accommodations that would be of benefit to the student and his or her family.

Within group settings, it may be difficult for the individual with hearing loss to interact with colleagues, and he or she may experience communication difficulties. Overall, Tye-Murray et al. (2009) concluded that most professionals who have hearing loss are tenacious individuals with strong interpersonal skills who were determined that hearing loss would not hold them back from performing their jobs or advancing their careers. Likewise, Jacobs, Brown, and Paatsch (2012) indicated successful individuals with hearing loss used the same psychosocial skills as successful hearing people, as well as additional skills specific to identifying and managing hearing-related difficulties. Some of these skills included:

- Refusing to accept other people's lowered expectations.
- Making lifestyle choices to suit their strengths.
- Being assertive when necessary.
- Informing others about their hearing loss-related needs.

Self-determination skills—including communication, assertiveness, confidence in self, negotiation, and problem solving—are important and need to be promoted and fostered in individuals with hearing loss in the school setting and also at home within families.

Additionally, vocational rehabilitation counselors working with individuals with hearing loss must assist in the development of self-advocacy skills where necessary, as well as educate employers about deafness (Schoffstall, Cawthon, Tarantolo-Leppo, & Wendel, 2015).

Social and emotional support can have an impact on the amount of self-advocacy displayed by an individual with hearing loss. Social and emotional support involves social and emotional integration and trust among coworkers and supervisors and social cohesion in the overall work group that can impact levels of feeling accepted and supported within the workplace or postsecondary setting. Instrumental social support involves extra resources or assistance with work tasks provided by coworkers or supervisors (Karasek & Theorell, 1990). Further, individuals with hearing loss, particularly young people, need to (Punch et. al., 2016):

- Develop strong self-advocacy skills and knowledge.
- Grow in their persistence and resiliency.
- Increase in their understanding of their legal rights and skills in explaining the implications of their hearing loss.
- Learn to negotiate for necessary accommodations to be successful in the workforce and postsecondary settings.

Social Life

Other social aspects of living as an adult with hearing loss to consider are dating and relationships, parenting, and stigma. Within dating and relationships, communication issues may arise that may impact feelings of acceptance and belonging, and the individual with hearing loss may contemplate *when* to reveal there is a hearing loss to the prospective partner. Social situations, such as parties, can be difficult for spoken communication to occur if the music or background noise is too loud. Likewise, those who sign may struggle to see the signs due to poor lighting in such social situations. Once individuals with hearing loss become parents, a new set of worries may crop up regarding the child or children in that parents may worry they might not hear a crying child during the night or hear the child from another room. As the

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children grow and begin to talk, parents may struggle with understanding what the child is saying. Once the children enter school, parents may face anxiety or stress over parent/teacher conferences, interactions with other parents and/or children, and being able to hear all that is exchanged at a school meeting or gathering.

Some individuals with hearing loss have expressed being embarrassed about their hearing loss or facing some sort of stigma about hearing loss when it comes to interacting with others who might not be familiar with hearing loss (Hearing Loss Association of America, 2017). At times, they may attempt to cover their hearing aids with their hair, while other individuals have expressed they feel comfortable with their hearing loss and do not mind if their hearing aids are readily observed by others. Research has

also shown that individuals with hearing loss who received the diagnosis of hearing loss at an early age tend to be more accustomed to interacting with others and compensating for their hearing losses compared to those who were diagnosed or encountered hearing loss at an older age.

Profiles from Contributors

This section is devoted to three stories of successful adults who are D/HH, including individuals who primarily use ASL to communicate and individuals who primarily use LSL to communicate. Our purpose in sharing these narratives is to provide examples of the lived experience of individuals who are D/HH and their experiences of growing up with deafness, identity, family, and transitioning to college and careers.

Joseph Hill's Profile

As a Black, Deaf assistant professor and published author, my ongoing professional journey is the result of parental involvement, teachers' expectations, and the respect for my agency as a human being. I was born profoundly deaf to a family of siblings who are of D/HH, a mother who is D/HH, and a hearing father. I was raised as a child who is D/HH with hearing aids who spoke English, but undergoing a personal transformation with my own realistic assessment of my needs, I have accepted myself as a Deaf adult who uses ASL as a primary language and communicates orally when necessary.

Parental involvement made a difference for me as a successful student. For 15 years, my mother had familiarized herself with the educational resources for my Deaf brothers and sister before my birth in 1979. Even with the preparation, it was not an easy journey for my parents with teacher and medical professionals who were often at odds with my parents on every

decision for their children. Born at least 11 years apart from my brothers and sister, we shared some of the same teachers of the deaf, and our education was primarily in a self-contained classroom setting in public schools. The main difference between my siblings and me was that I began using sign language in middle school and working with sign language interpreters through secondary and postsecondary education. I felt like sign language expanded the horizon in a way that I had barely gotten through speaking and listening with my residual hearing. My social skills had improved through sign language, because I had access to incidental learning within communication discourses with the help of my interpreters, whether it was intentional or not.

My teachers' expectations were based on their recognition of my talent. I was very fortunate to escape the fate that befell most of my peers who are D/HH whose teachers reserved low expectations for their

educational achievement. Because I was in a self-contained classroom, I was assigned similar assignments as my peers during the early part of my education, and they were not as challenging. I saw my Deaf brothers and sister going to college, and naturally I wanted the same for myself. I began to take on more challenging assignments in middle school, and that resulted in the decision to be fully mainstreamed in secondary education and involved in early career exploration activities and trainings in business, technology, and leadership.

One thing I was grateful for was the respect for my agency as a human being. I could have my agency taken away from me due to my disability, but my mother fought for my right to make an informed choice and make my teachers honor my choice. I didn't understand the importance of it when I was young, but looking back, I appreciate the lasting impact it had on my life as a Deaf individual who knows his own needs better than most.

David Smith's Profile

According to my mother, I had a very difficult delivery during the mid-70s and had acute asphyxia when I was born. I was in neonatal care in the hospital for several weeks. During that time, I had a collapsed lung and had seizures. Due to these problems, the doctors said I would have some learning disabilities and slow development.

When I wasn't speaking normally, it was assumed it was because of all my problems. It wasn't until I started kindergarten that the teachers said that I wasn't hearing. I went to the audiologist and found out that I had progressive moderate-to-profound loss in both ears. My profound loss is in the high-pitch range, and the moderate is in the lower range. I was fitted with hearing aids and put in the hearing-impaired classes in school. I also had a speech impairment. I was 6 years old at that time. If I was tested at an early age, I would have had hearing and speech therapy

sooner. Instead, I was 6 years behind.

During my school years, I was evaluated with the results placing me in the mildly mental retarded category and also showed that I would have a difficult time obtaining employment without special training. My first job was cleaning offices after school with a friend of mine. When I graduated, I got a job as a mail clerk with a bank with the help from the Office of Vocational Rehabilitation (OVR). OVR also obtained a work coach for me to help learn the job.

After a year, the bank closed, and I got a job with the Social Security Administration—first as a data transcriber, then transferred to the mail room as a mail clerk. Again, I obtained this job through OVR. I had difficulties learning their procedures, but I had one-on-one training and finally caught on. I have been employed there now for

15 years and am hoping to retire from there.

Socially, I get along with everyone from work. Being a mail clerk, I get to see and talk to many coworkers during the day. I have a few good friends and socialize often. I collect movies and have over a thousand of them in my movie collection. I'm an avid bowler and am currently on two leagues. I help my dad around the house and yard. I enjoy spending time with my nieces and nephew.

My advice to teachers would be to have patience and repetition. The only way I learned was by doing something over and over again. I would also encourage teachers to find something the student likes and build on that interest. For example, my interest was driving, so my teachers helped me with understanding the driving manual until I read and understood everything. If students are interested in something, they will learn!

Megan Reister's Profile

I have moderate-to-severe hearing loss in both ears. I was diagnosed with this sensorineural hearing loss at the age of 2 and received behind-the-ear hearing aids for both ears when I turned 4. Before my diagnosis, my parents did not suspect I had a hearing loss, because I compensated by following my brothers' lead in communicative interactions. As an infant, I often cried and was inconsolable for hours on end for no apparent reason that led to many frustrating hours for my parents. It was not

until I started talking that my parents noticed that I would leave certain sounds out or not respond when called to from another room.

I have a twin brother who does not have hearing loss, and initially we received the same school experiences by attending the same preschool. However, after receiving my hearing aids, my family and I received early intervention services in our home. My parents were taught how to care for my hearing aids and were shown different

types of early literacy and language curriculums and resources to use with me.

My mother—a special education teacher by trade who had taken time away from teaching to be a stay-at-home mother to my older brother, twin brother, and me—was at that point already spending much of each day working one on one with me to teach me vocabulary and the correct pronunciation of words when we would play “school” together. Then when my

Megan Reister's Profile (continued)

father would come home from work in the evenings, he and I would review what Mom and I had worked on during the day. I recall enjoying the time spent with my parents and thinking it was all for fun and just “playing.” Our family grew with the addition of my little brother, and I remember commenting how loud he was when he would cry or babble, as the timing of my little brother reaching these developmental milestones coincided with when I received my hearing aids.

During my preschool year, when enrolled in the same class as my twin brother, the preschool classroom teacher was not willing to make accommodations for my hearing loss and hearing aids. My parents—at the recommendation of the ear doctor—enrolled me in a school for children with special needs. Even as young as 4 years old, I can recall wondering why I was in this classroom when I saw how different I was from the other children. Some needed help with walking through use of walkers—or they did not walk at all, and they used a wheelchair. Some communicated with their hands (e.g., sign language); yet other students seemed to not communicate at all and did not actively participate in the class.

I remember being captivated by the adapted toys and playground and wondering why the students were so different than me in terms of communication and what I could do compared to what they could do. I was a student in this

particular classroom for about 3 months before the classroom teachers informed my parents that I was beginning to regress in my language and had begun to imitate grunts and speech produced by my classmates. It was determined I would attend my neighborhood school and once again be in a general education setting with my twin brother for kindergarten.

My parents and I continued receiving early intervention services in our home throughout these transitions until we moved to a different state due to my father’s job (as a Master Sergeant in the Air Force). We spent one year in that new school before moving again. It was during this last move when I was in second grade that I continued with my general education placement and also received speech therapy services once a week for one year before being dismissed from these services.

When we first moved to the area, we had difficulty finding an ear doctor. A traumatic experience with an ear doctor who caused me much pain when removing wax left me wary of ear doctors when I was 7. Thankfully we were referred to a local ear doctor in a nearby town who was gentler in his approach and who wound up being my ear doctor throughout my childhood and even up to today. I also see the same audiologist whom I have seen since second grade now as an adult nearly three decades later! I did not receive any specialized education services for the remainder of my

schooling from 3rd through 12th grade.

During my senior year, upon the suggestion of my high school guidance counselor, I spoke with an OVR officer from my state. This officer provided me with resources and information about scholarships and assistance in buying new hearing aids for college. Through maintaining this relationship with OVR throughout college and into young adulthood, I was able to receive assistance with purchasing new hearing aids and other assistive technology to help me maintain my independence and continue working, whether as a college student or as a teacher.

Having grown up in a family of teachers, I knew from a young age I wanted to be a teacher. I wanted to enter a unique educational field compared to the teaching fields of my grandmother, aunts, and mother, so when it came time to declare a major, I thought why not work with children like me?! I wanted to work with children who also had hearing loss and wore hearing aids, yet were educated in the general education setting, so I pursued a teaching career in deaf education.

My parents were always supportive of any decision I made, including educational and vocational choices, and taught me that any goal was attainable with hard work and determination. My hearing loss was never viewed as a reason I could not at least try to do something new, and I am grateful my family has viewed me in that way and taught

Megan Reister's Profile (continued)

me to view myself that way. This was evidenced by their acceptance of my request to transfer from my small private elementary school to a large public junior high school, since I felt the academic coursework at that high school would better prepare me for my postsecondary plans of attending a 4-year college.

Upon finishing college, I pursued my master's degree while teaching and working full time. My family embraces a strong work ethic, and education was very much valued and a priority in our household, as evidenced by my father completing his college degree after retiring from the Air Force when my brothers and I were in elementary school. Witnessing my mother's passion of teaching children at the elementary school level instilled a love for learning *and* teaching in me.

While enrolled in my undergraduate career, I worked part-time to pay for school expenses and focused heavily on my training in the teacher preparation program to ensure I would be as prepared as possible for my future students. One summer in college, I worked as a camp counselor at a YMCA camp where we mainstreamed children with special needs into the camp setting. Throughout college and into young adulthood, I babysat and nannied, which was something I had enjoyed doing since middle school. I knew vocation-wise that I would always be involved with children, whether it was through working at a daycare and running a day camp one summer, nannying in Montana

another summer, volunteering in local classrooms, or taking extra classes in the summer to broaden my horizons. I also took seriously the opportunities to explain my hearing loss to those who had never seen hearing aids before or did not know anything about hearing loss, even if others initiated that communicative interaction.

Acting within the informant role gave me joy as I got older, as I was able to see misconceptions or previously held beliefs about living with hearing loss be changed through my testimony. One example of this occurred in high school at cheerleading camp the summer of my freshman year. After learning a routine and preparing for a competition that evening, both of my hearing aid batteries died at the same time. There was no time to return to the cabin to replace the batteries, as competition time was near. I had to cheer, standing in the front line, without being able to hear a word and without being able to see my fellow cheerleaders. I managed to get through the routine, but one of the judges did ask one of my peers if I was deaf. Katie said, "Her? Yes." This was the first instance I can recall of being categorized as an identity type with which I did not label myself, and I later explained to Katie what I perceived at the time the differences between Deaf individuals and individuals with hearing loss.

Another defining moment that stands out for me regarding challenges or obstacles related to perceptions of identity and

hearing loss during my schooling occurred at the undergraduate level. In conversing with the professor of our small class, my professor interrupted me in mid-sentence and bluntly said, "Are you deaf? Or hard of hearing? Which do you go by?" And the first thoughts that popped into my mind were, "Neither! How do I answer this?" This exchange was eye-opening for me, as I felt as if I did not fit in either category and did not know how to convey that to others. I had viewed myself as hearing, but I just happen to wear hearing aids. This question posed by this professor nearly 15 years ago later served as the title of my dissertation study, as I sought to examine and explore this notion of more than one identity type existing for students with hearing loss who communicate using LSL to communicate with others.

Looking back on my schooling from early intervention to PhD, I can only think of two times I may have used my hearing loss to my advantage, so to speak. In high school, I was uncomfortable participating in the swimming requirements of the physical education curriculum due in part to having to remove my hearing aids when in the water and not being able to hear in the swimming pool, but more so due to not wanting to be in a swimsuit in front of my peers as an awkward young teenager. In college, as a struggling student in my math class, I received accommodations for taking tests, not due to my hearing loss, but because I had test anxiety and was

Megan Reister's Profile (continued)

a weak math student. Yet in both of these cases, I was able to be excused from the typical class activities and able to participate alternatively, in part because of my hearing loss.

I have worked in many different jobs over the course of my life. I babysat, ran errands and performed chores for the elderly, delivered newspapers, and took on a part-time job when I was 16 years old. I worked at a Subway restaurant for 7 years, and once I started teaching full time, I also worked part-time in retail. I worked in a clothing department store, toy store, teacher supply store, was a

companion through the Visiting Nurses Association, and also worked for a babysitting agency. Throughout all of these jobs, I did not require many accommodations, but I do recall avoiding answering the telephone when I could in case it would be difficult to hear the speaker on the other line. As a summer camp counselor, I traded lifeguarding duties with patrolling the beach, so that my hearing aids would not get wet.

Advice I would share with professionals who will be providing educational services for students who are D/HH is to not judge a

book by its cover, because chances are that after we get to know the characters, the setting, and the plot that what we thought that book was about was different from what was on those pages. We all do it. We all make assumptions based on first impressions. We do it to others, and they do it to us. The readers of this textbook can probably think of a time where the way they perceived themselves differed from how others viewed them. If you are unsure of accommodations or supports that may be needed for the individual to be successful, if even needed, or how the individual defines him or herself, then simply ask.

We *all* have different backgrounds in terms of identity, strengths, and weaknesses, but we must be respectful of differences and similarities—remember to keep in mind people are people first and to not judge a book by its cover.

Conclusion

After considering the history of employment, the laws that are in place to encourage access, and independent living of adults with hearing loss, in conjunction with the self-advocacy of these individuals and the impact of technology and social skills on living with hearing loss when thinking about schooling and careers, we hope you have a greater understanding of the unique experiences individuals with hearing loss encounter in their daily lives. This chapter focused specifically on the transition from school to career/adult life in individuals with hearing loss who communicate through LSL, but also included contributor profiles from those who primarily communicate through ASL.

As is evidenced by the stories and examples shared within this chapter, living with a hearing loss has many far-reaching impacts that affect all areas of life for both the individual and those with whom he or she comes into contact. However, as can be seen from the contributor profiles, I believe it is better to engage in conversation with others than to make assumptions, because the way others view individuals with hearing loss may differ from how the individuals see themselves and to make assumptions would not be respectful of the lived experiences. This same thought of respecting others and engaging in dialogue with them about their needs could also be applied to students in other populations, students with learning disabilities, students with autism, students from other cultural backgrounds, even different religions, because as you name it, we *all* have different backgrounds in terms of identity, strengths, and weaknesses, but we must be respectful of differences and similarities—remember to keep in mind people are people first and to not judge a book by its cover.

Resources

National Deaf Center (NDC), www.nationaldeafcenter.org

Formerly known as Pepnet 2 (pn2), this organization is a technical assistance and dissemination center funded by the Office of Special Education Programs (OSEP). The NDC's mission is to support postsecondary outcomes for individuals who are deaf, deaf., deafdisabled, hard of hearing, or late deafened. NDC activities draw on evidence-based strategies to educate and engage with stakeholders across the nation. They seek to create conditions for optimal success in a way that recognizes and honors the experiences, perspectives, and strengths of deaf individuals.

The NDC recognizes the full range of postsecondary education, training, and employment options available for individuals who are deaf or hard of hearing (D/HH) and strives to enhance the capacity of those institutions to appropriately serve this diverse population. The NDC makes use of a national collaboration of professionals with expertise in a broad array of content areas and a variety of environments, including research, technology, personnel development, media production, and technical assistance.

Resources include:

- Live, one-on-one assistance in a variety of communication modes,
- Inperson and online training.
- Materials that are downloadable, printable, or available as hardcopies.

Hearing Loss Association of America (HLAA), <http://hearingloss.org>

The HLAA is the nation's leading organization representing people with hearing loss. HLAA provides assistance and resources for people with hearing loss and their families to learn how to adjust to living with hearing loss. HLAA is working to eradicate the stigma associated with hearing loss and raise public awareness about the need for prevention, treatment, and regular hearing screenings throughout life.

The HLAA has an impact on communication access, public policy, research, public awareness, and service delivery related to hearing loss. Its national support network includes an office in the Washington, DC, area, state organizations, and HLAA chapters and state organizations across the country.

HLAA brings consumers and policymakers together to learn about communication access at the national, state, and local levels. HLAA staff works at the national level to affect legislation that impacts people with hearing loss—whether it's funding for hearing aids and cochlear implants, communication access in public places, or other important issues.

National Center on Secondary Education and Transition (NCSET): Creating Opportunities for Youth with Disabilities to Achieve Successful Futures, <http://ncset.org/>

NCSET coordinates national resources, offers technical assistance, and disseminates information related to secondary education and transition for youth with disabilities in order to create opportunities for youth to achieve successful futures. NCSET is headquartered at the Institute on Community Integration in the University of Minnesota's College of Education and Human Development.

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