

Volume 13.1 | Spring 2023 | Practice Digest | ©April 2023 | fieldeducator.simmons.edu

# The Case for Keeping COVID Modifications: More Opportunities for Deaf, DeafBlind, And Hard of Hearing Social Work Interns

Author(s)

Concetta Pucci, PhD Gallaudet University

Hayley Stokar, PhD Gallaudet University

With the numerous, rapidly changing obstacles brought to the social work profession by the COVID-19 pandemic, social workers wrestled with how to continue their work remotely as they faced and surmounted technological challenges. We looked to our professional associations – specifically, the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE) – for new and appropriate ways to provide ethical and effective services while remaining at home, and received real-time guidance. Individual field placement agencies and practitioners sought out remote technologies that would meet the needs of workers, interns, and clients.

These adaptations, through their improvements in accessibility and other accommodations, have contributed to how social work interns who are Deaf, DeafBlind, and Hard of Hearing can perform effectively and efficiently, especially considering that they often have trouble gaining parity with hearing peers. The unique challenge of practicing in a pandemic has brought innovative approaches, new perspectives, and growing opportunities that may, indeed, provide greater professional opportunities for future social workers who are Deaf, DeafBlind, and Hard of Hearing.

Technological adaptations adopted during the pandemic positively impacted field education and direct service provision for Deaf, DeafBlind, and Hard of Hearing social worker interns. This article offers recommendations to employers, supervisors, and general practitioners for retaining these adaptations even after things "return to

#### normal."

### **Remote Technology Enhances Accessibility**

Working in the pandemic created new, innovative approaches to maximize the learning opportunities and work performance for all social work interns and professionals, and these approaches are especially beneficial for Deaf, DeafBlind, and Hard of Hearing populations. A primary benefit is the reduced cost of using accommodations via virtual platforms compared to using accommodations on the physical site. For instance, an on-site sign language interpreter in Washington, D.C. earns about \$45 per hour (U.S. Bureau of Labor Statistics, 2021). Costs of travel to the site, including gas and parking, are also included in their fee. Additionally, having one interpreter on site is not best practice; it is required to have two interpreters on site so they can take turns and support situations with multiple speakers or environmental sound input (Napier, McKee, & Goswell, 2010; Registry of Interpreters for the Deaf, 2007). In contrast, video relay interpreters (remote interpreters stationed at call centers) are compensated by the Federal Communications Commission (FCC) through video relay companies, and services are free of charge for agencies and universities (FCC, 2022). While communicating through a phone relay will not satisfy all interpreting needs (e.g., for a team meeting), many everyday communications can be well served through this modality.

A second benefit to the approaches developed during the pandemic is the optimization of learning opportunities through participation in webinars and online trainings. In fact, a growing number of webinars and online trainings provide recorded online content, making it available and accessible for learning (Mehta et al., 2022). One example that illustrates the efficacy of webinars is a Deaf Gallaudet University social work intern, who shared anecdotally that now, due to adaptations from the pandemic era, she accrues internship hours viewing recordings of webinars and trainings developed by the agency during the lockdown. These have been informative and educational for her, and demonstrate clearly that digital resources can be valuable for many years, not just in a moment of acute need.

A third benefit is the direct opportunity to work with clients in remote areas. The shift to providing direct services virtually increases access and equality for clients who are Deaf, DeafBlind, or Hard of Hearing, especially those who live far away from accessible social service agencies. Virtual access reduces the burden on clients of advocating to their mental health services for accessible communication, an activity that can be time-consuming and frustrating (Mussallem, et al., 2022). More generally, the ease of virtual access provides the same benefits for clients who have mobility challenges or are living in rural areas (Appleton et al., 2021).

In physical employment spaces, Deaf, DeafBlind, and Hard of Hearing individuals may need accommodations such as (1) a sign language interpreter, to communicate with their hearing colleagues and clients; (2) assistive technologies (videophones, voice-over devices, assistive listening devices, and communication access realtime translation, known as CART), to accommodate their communication needs; and (3) work area adjustments such as strobe lighting or vibrating alerts for sound notifications like ringing phones or door-knocking (U.S. Equal Employment Opportunity Commission, 2006).

With the shift from convening at the workplace to working from home, employers and educators now depend on technologies that Deaf, DeafBlind, and Hard of Hearing people have been using for years, e.g., video conferencing platforms and, as previously mentioned, videophone relay. Like everyone else, they benefit greatly from newly ubiquitous video conferencing platforms that allow them to interact and communicate with colleagues and/or clients. What hearing users may not realize is that video conferencing platforms include features such as live-captioning, spotlighting, screensharing, recording, chat boxes, and several more that are still being developed.

While professionals from Baby Boomer, Generations X, and Generation Y generations may even remember life before Zoom, Generation Z and Millennials are highly adaptive and agile with sudden changes in technologies for work or learning (Harari, Sela, & Bareket-Bojmel, 2022). During the pandemic, videoconferencing services provided by Zoom, Google Meet, Microsoft Team, and others skyrocketed and doubled web traffic. Zoom reported that 300 million people used their platform in June 2020 compared to 10 million users in December 2019 (Industry Today, 2020; Iqbal, 2023).

Even basic telephone calls, which occur more frequently with interns working remotely, can employ cost-free assistive technology to help Deaf, DeafBlind and Hard of Hearing interns work more effectively. Not many people realize that these assistive technologies – more specifically, videoconferencing and video relay services – are free of charge for Deaf, DeafBlind, and Hard of Hearing consumers, and are covered by the FCC. Videophone relay weaves seamlessly into standard telephone communication, such as a basic phone call, so when a hearing person calls a Deaf, DeafBlind, or Hard of Hearing person on the phone by dialing a phone number, that individual receives a flashing or vibrating alert, and then shifts to a computer screen to answer the call. Upon answering, they see a sign language interpreter onscreen to facilitate the communication. No extra steps are needed for the hearing caller, and no extra charges are incurred – it is business as usual, but with relayed interpretation facilitating free and automatic communication through technology.

In the field education program at Gallaudet University serving Deaf, DeafBlind, and

Hard of Hearing population, one student whose contracted interpreter called in sick was still able to conduct a meeting on Zoom using the captioning feature, allowing the field supervisor to interact with the intern. Deaf interns are actually able to use two other options: responding by typing in the chatroom or calling a video relay provider to get a live interpreter on a separate screen. Using two different screens does make the interaction take longer, and requires teamwork and patience for the supervisor and intern. However, the Gallaudet program has found, anecdotally, that supervisors and interns are often willing to make this commitment to each other.

Another example from Gallaudet's program involved an agency that required inperson work during the pandemic, but with health and safety protocols in place that allowed only a limited number of staff in the space at one time. In this circumstance, the intern showed up at the agency with their tablet computer to connect with an interpreter, instead of having this interpreter show up at the site, which would have added one more body in the limited space. These creative approaches made it possible for a Deaf intern to have the quality of field education experience they needed.

Working from home with accommodations is not a perfect solution – there are still challenges and concerns. First, there will always be technological lapses that users cannot control, and screen fatigue while using video conferencing impacts most users (Peper, et al., 2021; Wiederhold, 2020). Second, though social workers are monitored by various governing bodies (e.g., NASW, CSWE, Association of Social Work Boards), concerns have emerged about whether using assistive or communication technology is compliant with the Health Information Portability and Accountability Act (HIPAA, 2022; Wright & Caudill, 2020) and if it might increase vulnerability to confidentiality breaches (Houser et al., 2022). Even before COVID-19, insurers were also initially wary about covering telehealth services (Balestra, 2018), though most now cover some form of remote services (U.S. Department of Health and Human Services, 2023). Lastly, video conferencing may not be fully accessible for Deaf, DeafBlind, and Hard of Hearing if there is insufficient captioning technology, or if the individual does not have enough vision to read on a screen.

Nevertheless, it can be argued that the benefits of technology outweigh the costs, both for interns working on-site and interns working remotely. The relative ease of the transition to remote communication surprised many of us as we adapted in real-time during the pandemic. Perhaps the best takeaway for all universities and nonprofits with limited budgets was the financial shift related to supporting interns requiring ADA accommodations, a transition from sometimes expensive accommodations to nearly (or totally) free ones.

#### Workshops and Trainings Within Reach

Pandemic restrictions limiting workers' physical presence at job sites impacted every dimension of field education. Many field education supervisors reached out to each other and to CSWE for assistance regarding how students could complete their internship hours. Many redirected interns to remote activities like volunteering in the community, participating in crisis hotlines, and attending online training modules. Because these new activities could make use of telecommunication technologies for Deaf, DeafBlind, and Hard of Hearing interns, a seeming reduction in opportunities for mainstream interns actually brought *increased* opportunities for this population.

Online opportunities, accessible to interns regardless of hearing status, increased exponentially, seemingly overnight. Field education directors created lists of possible learning activities that counted as approved hours for internship, such as studying case scenarios, viewing documentary videos, participating in online training modules, and learning through discussions in field seminars. Both NASW and CSWE provided a variety of online resources that interns can use for their field education experiences.

#### **Increased Job Prospects**

Historically, Deaf, DeafBlind, and Hard of Hearing workers have faced notable discrimination in the workplace related to their need for accommodations (Boutin, 2010; Bowe et al., 2005; Haynes & Linden, 2012), and the field of social work, unfortunately, is no different. Employers sometimes assume that social workers must drive, attend in-person meetings, and meet with clients in person without language support, but these things are not considered "core functions" by the Americans with Disabilities Act (1990) and can easily be modified. Some agencies cite the cost of accommodations (e.g., ASL interpreters) as the reason their budget-constrained nonprofits cannot take on Deaf employees or interns. However, a federal incentive called the Work Opportunity Tax Credit (WOTC) can apply when an employer hires qualified individuals with disabilities or members of other target groups (Congressional Research Service, 2018). The WOTC can credit thousands of dollars back to an organization annually (Internal Revenue Service, 2022), which may exceed the amount that was spent on the actual accommodation.

What the pandemic has reinforced, however, is that the most commonly used assistive technologies are free. They benefit everyone – employers, workers, and interns – and eliminate cost as a consideration for bringing qualified Deaf, DeafBlind, and Hard of Hearing social workers and specialists on to a team (not to mention that cash-strapped nonprofits still may receive the WOTC, whether they pay for accommodations or not). Not only do social work students who are Deaf, DeafBlind, and Hard of Hearing now have more career avenues thanks to technology and remote work options,

but many have already demonstrated to their employers vis-a-vis their internships that, yes, these adaptations work. Research on workplace accommodation is clear about the benefits: not only do workplaces become more diverse, but a "culture of accommodation" results in more flexibility for all individuals, even those who do not use specific accommodations (Schur et al., 2009; Stein et al., 2014). The combination of effective, cheap, and accessible is a win-win situation for students and their future employers.

## Looking Forward: Considerations for Diverse Deaf Interns

Though much has improved since the peak of the crisis in 2020, the waves of the pandemic have not entirely subsided. It is important to recognize the benefits of adaptive technology to promoting the inclusion of social workers who are Deaf, DeafBlind, and Hard of Hearing. Accommodations, after all, are not simply for the interns' benefit. Service is a core value of NASW, and practitioners who use accommodations and have fought for their own access are often the best practitioners to serve clients with the same needs. The field can benefit from having more Deaf, DeafBlind, and Hard of Hearing social workers serving the Deaf community, and effective internships are the first step in providing them.

When considering accepting new interns, employers should consider the benefits brought by teleconferencing and other communication technologies. Not only might they provide free or inexpensive ways of continuing business as usual, they might actually *increase* agency capabilities, expand client populations to include Deaf, DeafBlind, and Hard of Hearing community members, and broaden the scope of services. Necessities that arose due to the pandemic have taught the social work profession that flexibility, innovation, and accommodation are neither as risky nor as costly as agency leadership may have previously assumed.

There is a growing body of research suggesting that on-site internships are not the only effective path to training professionals (Feldman, 2021; Mikhail et al., 2021; Mitchell et al., 2022). Remote internship tasks align with the general trend toward increased remote and hybrid work across all American workplaces during the pandemic: A 2023 Gallup poll estimated that only one in five remote work–capable employees in the US has returned to the office full-time (Wigert & Pendell, 2023). The wealth of online learning resources and remote internship opportunities created by field instructors during the pandemic should be deployed, honed, and expanded.

Internship supervisors should also be aware that remote communication through technology opens doors for macro-level learning opportunities and social action, in addition to local micro and mezzo practice within agencies. Social workers across the country are now seeing the benefits of technology in uniting for political action, social justice work, and general engagement with causes that are not geographically bound. With access to national and international social change activities, students can interlace their work on the micro and mezzo levels by engaging remotely with larger systems.

As members of a diverse profession serving diverse populations, the pandemic has prompted social workers to view our work through a new lens. While it has long been central to the profession, technology and its myriad uses has become even more essential and visible. Many adaptations made out of sheer necessity have shown themselves to be easy, accessible, and, in some cases, better in unexpected ways.

We must ask ourselves: When remote communication through technology is no longer the only option, is it still beneficial? Has using this technology helped our colleagues? Enhanced services for clients? Increased efficiency for agencies? The answers to these questions should guide the response to a parallel question: Will discontinuing use of flexible remote and on-site technology diminish experiences for Deaf, DeafBlind, and Hard of Hearing interns? And will this flexibility and creative use of technology bring other benefits to those who are not Deaf, DeafBlind, or Hard of Hearing, particularly in mental health and clinical contexts? Social workers will, together, shape a "new normal" for the profession, and the hope is that it will be as inclusive as possible.

## References

- Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990). https://www.govinfo.gov/content/pkg/STATUTE-104/pdf/STATUTE-104-Pg327.pdf
- Appleton, R., Williams, J., Vera San Juan, N., Needle, J., Schlief, M., Jordan, H., Sheridan Rains, L., Goulding, L., Badhan, M., Roxburgh, E., Barnett, P., Spyridonidis, S., Tomaskova, M., Mo, J., Harju-Seppänen, J., Haime, Z., Casetta, C., Papamichail, A., Lloyd-Evans, B., ... Johnson, S. (2021). Implementation, adoption, and perceptions of telemental health during the COVID-19 pandemic: Systematic review. *Journal of Medical Internet Research*, 23(12). https://doi.org/10.2196/31746
- Balestra, M. (2018). Telehealth and legal implications for nurse practitioners. *The Journal for Nurse Practitioners,* 14(1), 33–39. https://doi.org/10.1016/j.nurpra.2017.10.003
- Boutin, D. L. (2010). Occupational outcomes for vocational rehabilitation consumers with hearing impairments. *Journal of Rehabilitation*, 76(3), 40–46. https://www.researchgate.net/publication/260932536\_Occupational\_ Outcomes\_for\_Vocational\_Rehabilitation\_Consumers\_with\_Hearing\_ Impairments
- Bowe, F. G., McMahon, B. T., Chang, T., & Louvi, I. (2005). Workplace discrimination, deafness and hearing impairment: The National EEOC ADA research project.

*Work: A Journal of Prevention, Assessment and Rehabilitation, 25*(1), 19–25. https://pubmed.ncbi.nlm.nih.gov/16006672/

- Congressional Research Service. (2018). *The work opportunity tax credit.* https://crsreports.congress.gov/product/details?prodcode=R43729
- Federal Communications Commission (2022, July 26). *Video relay services*. https://www.fcc.gov/consumers/guides/video-relay-services
- Feldman, E. (2021). Virtual internships during the COVID-19 pandemic and beyond. *New Horizons in Adult Education and Human Resource Development, 33*(2), 46. https://doi.org/10.1002/nha3.20314
- Harari, T. T., Sela, Y., & Bareket-Bojmel, L. (2022). Gen Z during the COVID-19 crisis: A comparative analysis of the differences between Gen Z and Gen X in resilience, values and attitudes. *Current Psychology*, 1–10. https://doi.org/10.1007/s12144-022-03501-4
- Haynes, S., & Linden, M. (2012). Workplace accommodations and unmet needs specific to individuals who are deaf or hard of hearing. *Disability and Rehabilitation: Assistive Technology*, 7(5), 408–415. https://doi.org/10.3109/17483107.2012.665977
- Health Information Portability and Accountability Act (HIPAA). (2022, November 1). Is Zoom HIPAA compliant? *HIPAA Journal*.
- https://www.hipaajournal.com/zoom-hipaa-compliant/ Houser, S., Flite, C., & Foster, S. (2022, October 17). Solutions for challenges in telehealth privacy and security. *Journal of the American Health Information Management Association*.

https://journal.ahima.org/page/solutions-for-challenges-in-telehealth-privacyand-security

Industry Today. (2020, June 10). Impact of COVID-19 on the video conferencing industry.

https://industrytoday.com/impact-of-covid-19-on-the-video-conferencing-industry/

- Internal Revenue Service. (2022) *Work opportunity tax credit*. https://www.irs.gov/businesses/small-businesses-self-employed/workopportunity-tax-credit
- Iqbal, M. (2023, January 29). Zoom revenue and usage statistics (2023). *Business of Apps.* https://www.businessofapps.com/data/zoom-statistics/
- Mehta, D., Dixit, A., Bhagat, O. L., Nayak, P., Srivastav, S., Ojha, P., & Gaur, A. (2022). Critical self-appraisal towards the better use of a webinar series as an online tool for postgraduate teaching. *Cureus*. https://doi.org/10.7759/cureus.20976
- Mikhail, D., Margolin, E. J., Sfakianos, J., Clifton, M., Sorenson, M., Thavaseelan, S., Haleblian, H., Kavoussi, L., Badalato, G. M., & Richstone, L. (2021). Changing the status quo: Developing a virtual sub-internship in the era of COVID-19. *Journal of Surgical Education*, 78(5), 1544–1555. https://doi.org/10.1016/j.jsurg.2021.03.007

Mitchell, B., Sarfati, D., & Stewart, M. (2022). COVID-19 and beyond: A prototype for

remote/virtual social work field placement. *Clinical Social Work Journal*, 50, 1–8. https://doi.org/10.1007/s10615-021-00788-x

Mussallem, A., Panko, T., Contreras, J., Plegue, M. A., Dannels, W. A., Roman, G., Hauser, P., & McKee, M. (2022). Making virtual health care accessible to the deaf community: Findings from the telehealth survey. *Journal of Telemedicine and Telecare*. https://doi.org/10.1177/1357633X221074863

Napier, J., McKee, R., & Goswell, D. (2010) *Sign language interpreting: Theory & practice in Australia & New Zealand* (2nd ed.). The Federation Press.

Peper, E., Wilson, V., Martin, M., Rosegard, E., & Harvey, R. (2021). Avoid zoom fatigue, be present and learn. *NeuroRegulation*, *8*(1), 47–56. https://doi.org/10.15540/nr.8.1.47

Registry of Interpreters for the Deaf, Inc. (2007). *Standard practice paper: Team interpreting*. https://drive.google.com/file/d/0B3DKvZMflFLdVzZpaUtraW5xZG8/ view?resourcekey=0-MzvKxpp1Ie1Dr7VkM\_7yVQ

- Schur, L., Kruse, D., Blasi, J., & Blanck, P. (2009). Is disability disabling in all workplaces? Disability, workplace disparities, and corporate culture. *Industry Relations*, *48*(3), 381–410. https://doi.org/10.1111/j.1468-232X.2009.00565.x
- Stein, M., Silvers, A., Areheart, B. A., & Francis, L. (2014). Accommodating every body. University of Chicago Law Review, 81(2), 689–756. https://chicagounbound.uchicago.edu/uclrev/vol81/iss2/5/
- U.S. Bureau of Labor Statistics. (2021). *May* 2021 *State Occupational Employment and Wage Estimates, District of Columbia.* https://www.bls.gov/oes/current/oes\_dc.htm
- U.S. Department of Health and Human Services. (2023, January 6). *Private insurance coverage for telehealth.*

https://telehealth.hhs.gov/providers/billing-and-reimbursement/privateinsurance-coverage-for-telehealth

- U.S. Equal Employment Opportunity Commission (2006). *Hearing disabilities in the workplace and the Americans with Disabilities Act*. Retrieved October 23, 2020, from https://www.eeoc.gov/laws/guidance/deafness-and-hearing-impairments-workplace-and-americans-disabilities-act
- Wiederhold, B. K. (2020). Connecting through technology during the coronavirus disease 2019 pandemic: Avoiding "Zoom fatigue". *Cyberpsychology, Behavior, and Social Networking*, 23(7). https://doi.org/10.1089/cyber.2020.29188.bkw
- Wigert, B., & Pendell, R. (2023, January 31). *Six trends leaders need to navigate this year.* Gallup.

https://www.gallup.com/workplace/468173/workplace-findings-leaders-need-navigate-ye ar.aspx

Wright, J. H., & Caudill, R. (2020). Remote treatment delivery in response to the COVID-19 pandemic. *Psychotherapy and Psychosomatics*, *89*(3), 130–132. https://doi.org/10.1159/000507376