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Supplemental Input in Favor of Mandatory National Speech-To-Speech Service.
Notes on the Need for an Effective Outreach Program

PLEASE IGNORE THE PREVIOUS EDITION OF THESE COMMENTS

THE AUTHOR EXPRESSES DEEP GRATITUDE TO
AMY S. FRIEDMAN, BROOKLYN, NY
FOR HER KINDNESS IN CORRECTING AND CLARIFYING THESE REMARKS

As a clinical psychologist (UCLA '62; USC '68) with athetoid cerebral palsy (ambulatory) since birth and significant speech disability, my comments on the above derive from personal and professional experience.

The thrust of current arguments by AT&T, Bell-Atlantic and others -- including potential STS-carriers and interested persons concerned with cost-effectiveness -- against a Mandatory National STS Service centers on two factors:

- Nationwide low STS call volume by speech-impaired populations
- Nationwide high STS costs due to training needs and labor-intensiveness.

Both factors are less than reliable due to the following:

1) Outreach Efforts Are Underfunded, Indifferently Managed or Completely Absent.

With few conspicuous exceptions, the speech-disabled community is shy, reticent and passive. Test measurement scores in ability and achievement among speech-disabled persons are significantly beneath test scores made by persons without a speech disability. "Learned Helplessness" is but one descriptive term for apathetic, and passive-dependent behavior seen -- to a greater or lesser extent -- in every member of this population. HERE, THE AUTHOR DOES NOT EXCEPT HIMSELF.

Are speech-disabled persons mentally or emotionally retarded?

Some are, others are not. However, it is the APPEARANCE rather than the ACTUALITY of retardation in these realms that usually determines the quantity and quality of efforts extended by professionals to improve quality of life for speech-impaired children or adults.

Professional and popular literature overflow with such examples: My Left Foot became an Academy Award-winning motion picture for its star, Mr. Daniel Day-Lewis. It is instructive to note that My Left Foot the movie, came to wide attention more than a generation after My Left Foot the book was written. The movie was released several years after the accidental death -- asphyxiation due to choking and swallowing, age 47 of its author, Mr. Christy Brown.

Are test scores made by speech-disabled persons valid? Again, some are, others are not.

Administration of timed standard IQ and educational tests such as Wechsler Intelligence Scale for Children - Third Edition (WISC-III); Wechsler Adult

Intelligence Scale - Third Edition (WAIS-III-R); Wide Range Aptitude Test - Revised (WRAT-R) are administered to speech-disabled persons by Psychologists, Psychology Assistants, Psychiatry Residents and other state-licensed personnel.

Often, through no fault save inexperience, these and similar tests are routinely administered to speech-impaired persons with motor coordination impairment WITHOUT MODIFICATION OR ALLOWANCES MADE FOR SUCH IMPAIRMENTS. Worse, such "mistakes" are repeatedly made by experienced personnel whose weight of experience should have told them otherwise -- but, somehow, has not.

(At age eight, the author of these comments was found to have an IQ in the Educable Mentally Retarded Range [75-89) by a psychologist appointed by the Los Angeles Unified School District. This raises the possibility of an important conclusion -- that the author may presently be an overachieving Mental Retardate. When attempting, some years ago, to retrieve his childhood records, the author was informed the records are "lost." Thus, sadly, the tale must remain apocryphal).

Can psychologists and other professionals assess speech disabled persons with reasonable accuracy?

Often yes, although most graduate psychology curricula does not include such preparation. Additionally, funding limits imposed by managed care facilities and HMOs necessarily reduce the chances of a child or adult who is motorically and speech-disabled to receive ability/achievement testing by an experienced, skillful professional.

Treatment Authorization Requests (TARs) must accompany every request for a psychological test evaluation. The HMO makes a yes/no (will pay/will not pay) determination based upon criteria describing medical need(s). Eligibility Evaluators (EEs) for fiscal intermediaries (private insurance companies) are responsible for the distribution of Medicaid, Medicare as well as private health insurance monies). In turn, EE's carry out policy set by insurance actuaries whose interests are best served by observing the Fiscal Intermediary's "bottom line."

Under the Managed Care system, the EEs, by no means the highest paid force in the insurance industry, become "gatekeepers" to the company largesse. EEs are also "a phone call away." As such, they are the direct recipients of frustration, disgust, outrage, contempt and, finally, formal appeals by patients, school districts, families, Regional Centers, Disability Advocates and service providers (physicians and psychologists, in this case).

Naturally, EEs make errors in determining Medical Need. Some errors are more readily correctable than others. One of the least "correctable" of possible errors is to expect immediate autonomy and self-sufficiency from a speech-disabled person who has had years to regard himself/herself as "backward" through early and/or repeated inappropriate testing and assessment.

These remarks have included a small sample of ways that the communication needs of the speech-disabled may be underestimated and denied by families, caretakers and, worst of all, by the speech-disabled themselves.

It is not reasonable to expect an STS outreach program, manned by personnel -- however "well meaning" -- who, by reason of temperament, training and/or experience are unable to cope with the innumerable and labyrinthine causes of

Learned Helplessness among speech-disabled persons.

It is not reasonable, absent a well-managed STS Outreach program with factors noted above, to base success or failure of an STS program merely on number of STS calls made within a given time frame. Causes of passivity and the required rehabilitation of speech-disabled persons do not lend to easy quantification.

It is not reasonable for actual and potential STS carriers to dismiss the "case-by-case" approach to STS outreach as, itself, too costly and labor-intensive. Once a "potential" STS user becomes an active STS user, a "ripple" effect sets in: Specifically, repeated use of STS involves the speech-disabled person more actively in the community at-large. Commercial and private parties become aware of STS AS A WAY TO REACH A HERETOFORE UNREACHABLE SEGMENT OF THE POPULATION - THE SPEECH DISABLED COMMUNITY - WHICH, AT A 90-CENT PER MINUTE RATE (PAYABLE FROM THE CALIFORNIA PUBLIC UTILITIES COMMISSION TO MCI, INC.) SHOULD GO FAR TO ASSUAGE THE "COST/LABOR INTENSIVENESS" OBJECTIONS RAISED BY AT&T AND BELL-ATLANTIC AS POTENTIAL OR ACTUAL STS CARRIERS.

THE "HIGH" COST OF A NATIONAL STS SERVICE

Potential or present STS carriers can lower their costs of providing efficient, full-time STS service with technology already in common use. Some examples follow:

1. Using Inmates as STS Call Assistants

CBS's "60 Minutes" ran a segment involving long-term inmates of a Texas Women's Prison working as "travel agents" for a nationwide travel agency. Customers dialing the firm's 800 number to plan business or pleasure trips were unaware that the agent was a prisoner who not only had never been to places requested, but would never travel at all, in all likelihood. Considerable study and preparation, naturally, was required. Consumers and "agents" each reported satisfaction. "It certainly beats letting my brain rot while I'm in here" was a typical prisoner comment.

Clearly, STS carriers could recruit, train and utilize Cas (call assistants) from male and female correctional facilities with lowered costs and in a manner consistent with preserving prison security and caller confidentiality.

2. Call Forwarding" equipment could be utilized to forward STS calls from speech-disabled users to a limited pool of CAs who the caller has found satisfactory and "easier to use." CAs differ in temperament and style just as do speech-disabled people. (As an STS consumer, the author prefers CAs who are quick, efficient, thorough, has a sense of humor, will "stay in the background" in order to help as needed, grasps when the call is "time sensitive," knows [after being told] when the author wishes or does not wish to be called "Doctor"). MY PARTICULAR "COMFORT ZONE" FOR CAs IS WIDENED BY

Being as polite as time allows.
Speaking and enunciating as clearly as possible.
Treating ALL CAs as persons rather than as tools provided for my convenience.
Remembering that CAs have good and bad days, too.
Calling the CA only by his/her number.
Praising the CA to his/her supervisor -- if time permits.

"Comfort zones" will differ for persons with significant speech disabilities.

When a particular CA does well in transmitting such a person's phone communication, in-place call-forwarding technology could route the particular caller to one of a set of CAs who are "known" to the caller. The "uncertainty factor" is diminished for STS users. Call forwarding technology would reduce the need for CAs to be at a central locale and/or attending to STS duties only. "Comfort zones" -- an admittedly subjective and unquantifiable entity -- would be significantly increased -- increasing the likelihood and probability of very quantifiable STS call volume.

The author recommends adoption of a National STS Outreach Program and use of existing carrier technologies to demonstrate the intrinsic and economic value of a national STS program.

To demonstrate the efficacy of such a pilot program, the author will be happy to represent carriers in areas where reported STS call volume continues to be poor.

Thank you.

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