

Considerations When Counselling Deaf Clients

DEE DEE (DIANA) KAY

Bachelor of Professional Arts, Athabasca University, 2004

A Project
Submitted to the School of Graduate Studies
Of the University of Lethbridge
In Partial Fulfillment of the
Requirements for the Degree of

MASTER OF COUNSELLING

LETHBRIDGE, ALBERTA

December, 2008

Dedication

This manual is dedicated in loving memory of Tanya Gilliam (2007), my female soul mate and best friend, for without her support this journey would have never begun.

This manual is also dedicated to the Calgary Deaf Community for sharing their language and culture with me over the past 25 years.

Abstract

Due to the paucity of Deaf counsellors it is inevitable that d/Deaf clients are more likely to have a hearing counsellor. For the past 25 years, I have worked as a Sign Language Interpreter and interacted with the Deaf community. Through those years, it has become evident that non-deaf (hearing) counsellors are often unfamiliar, unsure, and lack the necessary information required to provide a culturally infused approach to counselling d/Deaf clients. I saw a need to create a manual which synthesized and included information to better prepare counsellors when working with d/Deaf clients. This manual introduces; common terminology, information about Deaf culture, hiring and using interpreters, understanding the technology d/Deaf people use in their daily lives and a list of questions to help the counsellor know how the d/Deaf person culturally views themselves. A DVD is also included which provides **basic** signs for office staff and the counsellor to help establish a rapport with their d/Deaf client.

Acknowledgements

I would like to acknowledge Dr. Lynn Davis, my supervisor on this project, and Dr. Nancy Arthur, committee member of this project, for their support and guidance in the completion of this work. I would also like to acknowledge Debra Flaig, my phenomenal editor and Andrea Palmer, my APA editor for their careful and concise feedback and suggestions to enhance the work. I send a huge thank you and sincere appreciation to Cindy Pilz and Mark Duncan for sharing their epistemic knowledge as core members of the Calgary Deaf Community.

I would like to thank my family, my husband Ken, my son Jordan, and my daughter Jazmyn for their unconditional love, support, and patience while at the same time helping and supporting my dream of completing my current educational journey. I would also like to thank my brother-in-law, Dave Kay, for being the resident computer expert who was always there for me whenever I ran into a technical glitch.

Table of Contents

Introduction.....	1
Terminology.....	3
History.....	3
Trust.....	3
Understanding the Language.....	5
Working Alliance.....	6
Cultural Affirmative Counselling.....	8
Cross Cultural Counselling.....	8
Deaf Culture.....	9
Social Behaviours.....	11
Communication.....	12
Written Format.....	13
Sign Language Interpreters.....	13
Technical Devices.....	17
Front Office Staff.....	18
Discussion.....	18
Conclusion.....	20
References.....	21
Appendix: Manual: Consideration when Counselling Deaf Clients.....	28
Table of Contents for Manual.....	29

Introduction

The profession of counselling requires knowledge and proficiency in providing quality services. Clients seek counselling for a multitude of reasons. The ethical expectation of the counsellor is to work with these individuals to assist and empower them to ameliorate their current and possibly past life struggles. However, if the client is d/Deaf¹ there are additional considerations which must occur prior and during intake, assessment, and counselling in order to foster a successful working alliance. Although it would be ideal for a d/Deaf client to see a Deaf counsellor, for comfort and ease of communication, due to a paucity of Deaf counsellors it is more likely that the counsellor will be non-deaf (hearing) (Lytle & Lewis, 1996).

Literature and research, related to working with d/Deaf clients was reviewed and critiqued with the purpose of discovering whether enough is being done to make the counselling experience inclusive of d/Deaf clients. The outcome of this review discovers what has been researched and written with regard to working with d/Deaf clients and what still needs to be done.

Recurrent themes for successful interactions with d/Deaf clients throughout this literature review are; Deaf history, the importance of a working alliance, and accessible communication via interpreting services or alternative means of communication. Evidently, a large amount of the research to date speaks to the importance of required specific knowledge on the part of the counsellor pertaining to working with d/Deaf clients. However, it is clear that this view is that of a pathological perspective as opposed

¹ Throughout this paper, the word deaf will often be capitalized. This is not a grammatical error, but recognition and political accuracy of how culturally Deaf adults are distinguished from non-culturally deaf individuals.

to a linguistic cultural minority view (Munro, Baell, & Ruiz, 2000; Padden, 1989; Wilcox, 1989). While deaf people all share a hearing loss, it is important to note that they are not all considered Deaf. An individual must be fluent in American Sign Language (ASL), identify with the Deaf community, and know the social rules of the culture to be considered culturally Deaf (Baker & Cokely, 1980; Glickman & Harvey, 1996; Lane, 1992; Padden; 1989; Rutherford, 1989; Wilcox 1989; Woodward, 1982).

Research available regarding considerations when counselling d/Deaf individuals, has limitations. The biggest limitation that has the greatest impact is the view of how deafness is perceived. Many of the Researchers have taken a pathological view on deafness as opposed to a cultural linguistic minority view. Other limitations include research being conducted by non-deaf individuals with limited background knowledge and a lack of true understanding of the language Deaf people use to communicate, Deaf culture, and an understanding of their oppressive experiences (Munro, Baell & Ruiz; Padden; Wilcox). Also absent from the research, yet present in the literature, is the view and perception of counselling d/Deaf individuals in a culturally affirmative way (Glickman & Harvey1996; Glickman & Gulati, 2003). Culturally affirmative counselling recognizes d/Deaf people as a linguistic cultural minority thereby altering the stereotype of d/Deaf people being viewed as pathologically deaf and therefore handicapped.

Research and literature obtained for this review was gathered from the author's personal library, university libraries, and the internet. These resources spoke directly to considerations when counselling d/Deaf clients. Search strategies were conducted via the internet with the use of keywords "counselling deaf clients", "deaf" + "mental health".

An evaluation of web pages, as outlined by Barker (2005), ensured that the articles and research chosen were authentic reputable sites.

Terminology

To comprehend the distinction of a culturally Deaf individual from a non-culturally deaf person it is important to understand the differing perceptions. In the research explored for this literature review, d/Deaf people are referred to as hearing impaired people or deaf people. It could be surmised that the perception these researchers and authors have is one of a pathologically deaf person as opposed to a cultural linguistic Deaf person. This pathological view leaves the impression of handicapped individuals who are limited by their disability. Deaf people view themselves as members of a cultural linguistic as opposed to pathologically deaf (Baker & Cokely, 1980; Glickman & Harvey, 1996; Lane, 1992; Padden; 1989; Rutherford, 1989; Wilcox 1989; Woodward, 1982). Within the Deaf community, it is considered bad manners to ask another member of the community their decibel loss, as that is viewed as irrelevant (Padden, 1989). Through other literature it is explained that members of the Deaf community view themselves as Deaf and not hearing impaired because “hearing impaired” is viewed as a negative label (Lane, 1992; Padden; Rutherford).

History

Trust

Steinberg, Sullivan, & Lowe’s (1998) research, on the cultural linguistic barriers to mental health from a Deaf consumer’s perceptive, speaks to the lack of trust that d/Deaf people have with mental health professionals. This is not a surprising result when the d/Deaf community has been oppressed, repressed, restrained, and frustrated due to

having to fight for the right to vote, drive, marry, gain an equitable education (this fight still continues) and many other aspects of life which are automatically afforded to the majority of individuals who can hear and have access to communication (Higgins 1980; Jacobs, 1969). Although these researchers were respectful of the discomfort many d/Deaf individuals have towards the English language (both written and spoken) by providing Sign Language Interpreters for the interviewing process, never once do the researchers address the reason for this discomfort. In 1880, an international conference on the education of deaf children was held in Milan, Italy. Educators of deaf children, the majority being from Italy and France, attended this conference. It was at this conference that a decision to educate deaf youth via the oral method² be implemented and sign language be omitted because it was seen as detrimental to deaf students learning language. Even though Sign Language is the natural language of d/Deaf people (Baker & Cokely, 1980), speech was seen as the way to improve the mind. It should be noted that no deaf delegates were invited to attend or to be involved in drafting a resolution. The decision to banish Sign Language caused a ripple affect across the globe and into classrooms (Lane, 1992; Rutherford, 1989). This rippling effect has caused continuous discrepancy and debate, by the hearing majority over how deaf children should be educated. Due to these debates deaf children have often fallen behind in their scholarly studies (Hoffmeister, & Bahan, 1996; Lane, Padden & Humphries, 1988; Wilcox, 1989). The majority population often makes the assumption that language is associated with the ability to speak and is required in order to be able to think, and without speech individuals are unable to develop language (Higgins, 1980). Due to these assumptions,

² The oral method refers to the banishment of sign language in the classrooms and playground in hopes that deaf children would learn to speak with their voices (Padden & Humphries, 1988).

decisions continue to be made on behalf of d/Deaf people without their input or without consideration of the ramifications. Although most languages are based on sounds, which develop the ability to speak, on a cultural level within the Deaf community, speaking is considered inappropriate and not necessary (Padden, 1989). Deaf children often do not share the same cultural group as their parents (Glickman & Harvey, 1996; Woodward, 1982). How language is expressed within the home differs from home to home (Steinberg, Sullivan, Lowe, 1998). Therefore, when explaining within a study that English is not the preferred mode of communication, an explanation should be provided in order to eliminate the stereotypical thinking that d/Deaf people are delayed in language development. It is the deprivation of language, English or ASL, which has caused the discomfort towards English.

Understanding the Language

During their research; Steinberg, Sullivan, & Lowe (1998) wanted to gain a sense of d/Deaf people's comprehension of certain terminology within the mental health profession. They used an interpreter as an effective means of communication to ask d/Deaf participants to explain the meaning of particular words which had been presented. Even though 43% of the participants had a post secondary education, they were not able to identify words such as "manic", "obsessive compulsive", "psychosis", and "psychiatrist." Within the study there is no explanation or suggestion of why the lack of recognition might have occurred. It seems probable that the lack of recognition of these words exists because there are no concrete signs to represent these words. However, participants were able, with an 80 – 100% accuracy, to identify; "crazy", "addiction", "depression", and "social worker". These words are represented, with one concrete sign

and therefore become more recognizable. Researchers have an ethical responsibility to know the participants they are interviewing (Sinclair & Pettifor, 2001) thereby making the research reflective of the participants. This lack of knowledge on the researchers' part espouses the majorities' perspective on conducting research without truly knowing the participants whom they are interviewing (Offet-Gartner, 2005). Trust is an integral part of counselling (Horvath, 2000). Gaining trust from d/Deaf clients, sharing their language and supporting their beliefs (Padden, 1989; Munro, Philip, Lowe, & Biggs, 2005) is a great beginning towards fostering the growth of a working alliance. Without trust a relationship cannot be developed and therefore success of the counselling experience is more apt to be unsuccessful (Horvath).

Working Alliance

In considering what is required when working with d/Deaf clients, a working alliance is imperative to success. The research and literature reviewed for this paper, supports the importance of a relationship between the counsellor and client. The counsellor should be genuine, empathetic and have a positive regard towards their d/Deaf clients (Gelso & Carter, 1994; Meara & Patton, 1994). This will help initiate the relationship between the counsellor and clients. A working alliance can enhance the relationship and engage clients in the process of becoming empowered and taking back control of their lives, ameliorating current situations and being the author of their own stories (Raskin & Rogers, 2005). Within the counselling environment the counsellor and client come into session with "unique interpersonal dispositions" (Horvath, 2000, p. 170) where the client is viewed as the expert on the problem and the counsellor as the expert on the process. Trust is an integral part of a working alliance (Horvath), which in turn

fosters the growth of a relationship (Bok, 1983). A working alliance must be developed collaboratively (Bordin, 1975). As previously noted trust is an enormous issue for d/Deaf individuals working with hearing counsellors. D/deaf people have been considered outsiders in the hearing world for hundreds of years (Higgins, 1980). As a result, d/deaf people often feel of excluded and apprehensive. They have a lack of trust towards the majority society. To gain trust a counsellor must know the “culturally based fears” that the d/Deaf person brings to therapy (Steinberg, Sullivan, & Lowe, 1998). Also, counsellors must recognize their own limitations and lack of knowledge when working with d/Deaf clients. Clients who view their counsellors as trustworthy and having expertise will experience more success because they believe in the therapeutic process (Horvath & Symonds, 1991). Gaining trust from the client develops through the counsellor being knowledgeable about the struggles and barriers d/Deaf people have encountered throughout their lives. By the counsellor accepting and respectfully acknowledging American Sign Language (ASL) as the language of the Deaf, recognition of the sacredness and strength of the Deaf community (Padden, 1989) can be understood.

It is inevitable that every working alliance, at some point, will experience a rupture. However, if the rupture is handled with openness and honesty the situation can be controlled and even used to enhance the therapeutic process (Safran & Muran, 2000). The research and literature highlights the importance of a good working relationship between the professional and d/Deaf client, as it reiterates the necessity for the client and counsellor to be working as a team which provides a safe environment for the client (Horvath, 2000). When a client has a sense of safety they are more likely to be less resistant and reluctant, thereby allowing for more disclosure (Robbins, 1992). Another

way of fostering a relationship with d/Deaf clients is through cultural affirmative counselling.

Cultural Affirmative Counselling

Cross Cultural Counselling

There is a plethora of literature that speaks to the culture of d/Deaf people which a counsellor should be well versed in before starting work with a d/Deaf person.

Counsellors must be aware that working with d/Deaf people is a form of cross cultural counselling where language, values, beliefs, customs, ethnicity, gender sexuality, religion and socio-economic status may be different from the societal majority (Munro, Philip, Lowe & Biggs, 2005). As a mental health practitioner, when working with d/Deaf clients, there is the added responsibility of acknowledging the d/Deaf experience of these communities, in order to avoid unintentional imposed oppression through the therapeutic process (Glickman & Gulati, 2003). To avoid any added stress to the working alliance, the counsellors must be apprised of the cultural differences (Arthur & Collins, 2005) between d/Deaf and hearing people.

Some d/Deaf individuals face the challenge of being a double or triple minority i.e.: d/Deaf, gay, African American etcetera which could promote identity issues.

Luckily, some d/Deaf people will find their way to counselling but there will be many who will not because they are unaware that these services exist. It is not through advertising, but through members of their community/culture where they learn about counselling as well as many other aspects of life (Steinberg, Sullivan,& Lowe, 1998). This emphasizes their collective nature and the trust they have for one another. As a counsellor working with a minority group, like the Deaf communities, of which they are

not a member, the counsellor must have knowledge of the struggles, challenges, needs, and culture if they wish to be viewed as an ally and not another adversary majority member (Glickman & Gulati).

Deaf Culture

Knowledge of Deaf culture is not collected through standard conventional research but through Deaf people coming together and sharing their stories. This sharing is narrative in nature and passed from one generation to the next. The stories are presented in a visual format and do not have a written component. It is the similarities in the stories that have been documented and used to enlighten others about Deaf culture (Glickman & Harvey, 1996).

Often because the hearing population perceives deafness as a medical disability, it is believed that only hearing impaired persons who are fully integrated into the hearing world will be successful as opposed to ending up in a “Deaf ghetto” (Glickman & Harvey, 1996, p.127). A deaf ghetto refers to d/Deaf people receiving limited education, low status jobs, low incomes, social rejection and alienation from the larger population (Munro, Baell & Ruiz, 2000). The view of d/Deaf people as a linguistic minority is fostered by this Deaf ghetto perception. As a result of this perception, the community members become supportive and tightly bound with one another. Therefore, counsellors should consider the benefits of understanding how their d/Deaf client views themselves. Glickman & Harvey noted that d/Deaf people will go through “Deaf Identity Development” (p.145). The different stages experienced are; hearing, marginal, immersion, and bicultural (Glickman & Harvey). Glickman and Harvey revised the Deaf Identity Development Scale which serves the purpose of identifying which

developmental stage the d/Deaf person is in with regard to their cultural identity. This scale can assist the counsellor in supporting the client to empower themselves to make the changes required to improve their quality of life. Glickman and Harvey also devised a list of questions intended to assess how a d/Deaf individual culturally identifies themselves (p.151).

The Deaf community shares common characteristics with other minority groups. They bond through sports, socials, artistic expressions, political organizations, community, and shared oppression (Lane, Hoffmeister, & Bahan, 1996). Pride, language, instruction, role models, finding a culturally compatible spouse and ending the isolation felt by Deaf individuals occurs through affiliation and identification with the Deaf community (Lane, Hoffmeister, & Bahan; Munro, Baell, & Ruiz, 2000; Steinberg, Sullivan, & Loew, 1998). Nowhere is it mentioned within the research about the importance of counsellors being aware of other services and contacts for d/Deaf clients. It would be most advantageous for the counsellor to be aware of Deaf Clubs, Deaf Churches, social events, workshops, education, job employment support and other services which could support a d/Deaf client and facilitate a sense of inclusion. Through connecting with the local Deaf club and finding a Deaf leader to work with collaboratively, the counsellor would cultivate the beginning of trust from the Deaf community to counselling services (Arthur and Collins, 2005).

Cooper, Rose, and Mason (2004) conducted a study where they interviewed six deaf women, through the use of a sign language interpreter, regarding their concerns with mental health care professionals. As a result of the interview, 121 mental health professionals were sent a questionnaire with the intention of discovering positive or

negative attitudes towards deaf people. There was no recognition or distinction, in the research, between Deaf and deaf people. The researchers received a 74% return rate on their surveys. They concluded that the results showed a 90% positive attitude on how mental health professionals view deaf people. These researchers espoused that the results of this research were more viable since the survey questions were based upon the initial interview questions with deaf people (Cooper, Rose, & Mason). It is difficult to accept that six females serve as representatives for a community which in 1980 had a population of between 250,000 –500,000 (Baker & Cokely, 1980). Another concern with this research is that out of the 74% returned 90% showed positive attitudes towards deaf people. That is quite a high percent of counsellors that look at deaf people in a positive way. As someone who is very actively involved in the Deaf community, this author is constantly hearing stories of how d/Deaf people are treated poorly by receptionists, and professional's themselves for example; being ignored, exaggerated speech, and use of non-verbal language. These stories suggest the impatience and lack of tolerance in trying to communicate. As a professional interpreter, entering professional settings with Deaf individuals, I have personally witnessed such poor treatment. However, I would concur with Cooper, Rose, & Mason's (2004) findings that people who had experienced interactions with d/Deaf people showed a more positive attitude. These findings could be reflective of the professionals who have taken the time and interest to get to know d/Deaf people and have a different perspective and attitude, one that is more cultural and less pathological (Glickman & Harvey, 1996). The results could also represent professionals who view d/Deaf people more from a pathological perspective and feel good because they helped a disabled deaf person.

Social Behaviours

Steinberg (1991) addresses some social behaviours, of d/Deaf people, pertinent for counsellors to be aware of when working with d/Deaf clients. As a means of gaining the client's attention, verbal cues are not always an option. Therefore, a d/Deaf person could be misdiagnosed if a counsellor is not aware of touch, stomping, hand waving, shouting, flashing of lights are forms of gaining attention. Also it is important for the counsellor to know how eye contact is maintained (extended periods of time) and how the uses of non-verbal gestures (facial grammar, non-verbal cues) are culturally common for d/Deaf individuals. Without understanding these social behaviours, which are part of the language and social norms, these behaviours could be misconstrued as tics, involuntary movements, abnormality of eye contact, or difficulty maintaining boundaries (Steinberg). There are many misunderstandings and barriers which can occur when working with a different cultural group in the counselling setting, however, being open and aware of the cultural differences will assist in making the process a successful one. The biggest barrier, however, when working with d/Deaf individuals in a counselling setting, is that of communication.

Communication

The necessity for consideration of many factors when communicating with d/Deaf clients is espoused in every piece of literature and research reviewed for this paper. Before discussing the different needs and accommodations suggested, there are assumptions which should be addressed for the sake of clarity. Firstly, it should be noted that while some d/Deaf individuals struggle with English comprehension not every d/Deaf person experiences the same struggles. Secondly, not all d/Deaf individuals can

or want to communicate in a sign language.³ Thirdly, individuals who use sign language may prefer not to use it during therapy, and speak for themselves. Fourthly, even though a d/Deaf person may be able to verbally articulate on their own, they may prefer to communicate, for the purpose of clarity and comfort, through the use of a sign language interpreter. It is essential that the mental health professional ask the d/Deaf person their communication preference (Demers, 2005; Glickman & Harvey, 1996; Steinberg, 1991).

Written Format

As previously mentioned within this paper, some d/Deaf individuals struggle with English and may have limited exposure to common ideas and thoughts expected of someone of a compatible age. Since there is no formal written format of ASL, when a d/Deaf person writes something they will often write in a format that represents ASL which does not follow the syntax of English (Steinberg, 1991). As a result, a hearing person is left thinking that the d/Deaf this person is illiterate, incompetent or worse, illogical. Therefore, other means of communication must be considered when looking to conduct assessments, surveys, personality inventories, anything written and especially informed consent forms. Alternative methods of delivery, in presentations, must be addressed; video presentations in ASL or the hiring of qualified interpreters (Munro, Philip, Lowe, & Biggs, 2005; Steinberg, Sullivan, & Loew, 1998; Steinberg).

Sign Language Interpreters

Research conducted by Steinberg, Sullivan, and Loew, (1998), on linguistic barriers with d/Deaf clients, and Lezzoni, O'Day, Killeen, and Harker research on,

³ Sign language is not international. American Sign Language (ASL) is used in North America with d/Deaf people with the exclusion of Quebec. They use Lanque des Signes Quebecoise (LSQ). There are also colloquial differences from province to province and state to state.

(2004) communicating about health care concluded that there are many considerations when interacting with d/Deaf clients whose preferred communication is through sign language. Although some hearing counsellors may know a few signs they often do not have enough sign language to communicate effectively in a therapy session with a d/Deaf client. Therefore, the hiring of a qualified sign language interpreter would be required (Demers, 2005; Glickman & Harvey, 1996; Lezzoni, O'Day, Killeen, & Harker 2004; Steinberg, Sullivan, & Loew, 1998; Steinberg, 1991). It is validating to d/Deaf people that the research recognizes the importance of providing equitable access to communication through the use of an interpreter.

There are gaps in the research and literature when it comes to hiring an interpreter. Although it is important to emphasize the need for interpreters it would be beneficial to know how to access and contract a reputable one. Interpreting agencies can be found within the white or yellow pages of a phone book or from a quick search on the internet of sign language interpreting agencies in an area. Some interpreters can also be contracted privately but it may be more difficult to locate one and further verify their credentials and qualifications. Dependant upon where an agency is located, the fee for services may be covered by the health care system or the interpreter agency may have monies available for mental health services. There may be the off chance that the counselling service agency hiring the interpreter may be expected to cover half or the full cost of the interpreting services.

Concerns which are consistently noted in the research are the lack of hiring qualified interpreters as well as concerns of confidentiality being maintained on the part of the interpreter (Glickman & Harvey, 1996; Lezzoni, O'Day, Killeen, & Harker 2004;

Steinberg, Sullivan, & Loew 1998; Steinberg, 1991). Although the research mentions the need for qualified interpreters there is no explanation of what being qualified entails. Being able to sign does not qualify an individual as an interpreter. Interpreters are trained professionals who abide by a national code of ethics and guidelines⁴ with confidentiality as one of the ethical components (Demers, 2005). When hiring an interpreter, it is preferred if they are a member of the national organization for sign language interpreters. Although it is an asset to hire a certified interpreter⁵ having a breadth of experience in mental health interpreting would be extremely beneficial for the intricate work done between the counsellor and client. Steinberg, Sullivan, & Loew discovered that just because an interpreter is present this does not always guarantee that comprehension will occur. Unfortunately, assuming a qualified interpreter has been contracted, these researchers did not elaborate on the reasons for the lack of comprehension on the d/Deaf person's part. The client may have cognitive impairments, mental illness, have minimal language skills, and be from another country which uses a different sign language. They may also be intimidated, scared, and nervous if this is their first experience in this situation, overwrought with emotion or they may not prefer or comprehend the interpreter who has been hired. Therefore, upon learning that sign language is the language of choice the counsellor should ask the d/Deaf client if they have a list of interpreters they prefer. This is also a way of empowering the d/Deaf person (Steinberg).

⁴ In Canada interpreters must adhere to the Association of Visual Language Interpreters code of ethics (AVLIC). In the United States interpreters must adhere to the Registry of Interpreters for the Deaf (RID) code of ethics. Both organizations have a formal dispute resolution process, (AVLIC)/ grievance procedure (RID) should any concerns arise from the interpretation.

⁵ Both AVLIC and RID offer testing to ensure that interpreters meet a national standard which has been established. In Canada it is called Certificate of Interpretation (COI) and in the United States it is called Certificate of Interpretation (C.I) and/or Certificate of Transliteration (C.T).

A working alliance is not only essential for the counsellor and d/Deaf client but also necessary between the interpreter and d/Deaf client (Steinberg).

Once the right interpreter has been contracted, it is important for the counsellor to have a dialogue with that person before the d/Deaf client arrives. The research and literature clearly addresses the importance of a working alliance between the counsellor and the interpreter (Glickman & Harvey, 1996; Steinberg, 1991). The counsellor and interpreter need to communicate their needs, roles, goals in their work, and how to best serve the client. Most counsellors spend about fifty minutes with a client but due to the interpreting process, more time will be required to accommodate this style of communication (Glickman & Harvey, 1996) or for the use of consecutive interpreting⁶ as opposed to simultaneous interpreting⁷. Dependant upon the linguistic needs of the d/Deaf client a Deaf Interpreter⁸ may also be required. The counsellor, in meeting with the interpreter, would be well advised to ensure that the room in which the session will occur is conducive to the needs of the d/Deaf client, the use of sign language and an interpreter. Glickman & Harvey mention the importance of signing space (enough room between the d/Deaf person and the others in the room) and understanding the flow of sign language (turn taking in sign language), things which make the situation accommodating for communication requirements. They emphasize the importance of knowing when a d/Deaf person has completed their utterance before interjecting by

⁶ Consecutive interpreting means: “The process of interpreting after the speaker or signer has completed one or more ideas in the source language and pauses while the interpreter transmits that information” (Russell, 2005, p.136).

⁷ Simultaneous interpreting means: “The process of interpreting into the target language at the same time as the source language is being delivered” (Russell, 2005, p.136).

⁸ A Deaf interpreter is a Deaf individual who acts as a “language facilitator” (Boudreault, 2005, p.327) to assist in the comprehension of communication between a hearing consumer and a d/Deaf consumer.

watching for eye gaze to change or the relaxation of the hands. Steinberg (1991) mentions the importance of keeping the same interpreter throughout the duration of sessions for consistency and to enhance the therapeutic working relationship. It is important to note that although a qualified interpreter is used there is no guarantee that the same quality of service which would be found between a counsellor who is fluent in ASL and a d/Deaf client would be present. Communicating with a d/Deaf client during the sessions, prior to sessions, and follow-ups can be enhanced with the use of sign language interpreters. However, knowing the technology required for making contact with d/Deaf clients as well as the technology used to support their daily lives is also an important aspect when working with d/Deaf clients.

Technical Devices

The research and literature comment on the use of technical devices for d/Deaf individuals as part of their daily lives. The use of technical devices enhances interaction with the majority society. However, the research does not speak directly to what the devices are or the purpose they serve. Contacting a d/Deaf person would be done through a relay service, video relay service, pager, or e-mail. The counsellor should also be aware that there are other devices which d/Deaf people use that aid in their quality of life. Devices (electronic box/es which plug into the wall) are often connected to the lights within a d/Deaf person's home. The lights will flash differently depending upon what is making the noise; doorbell, fire alarm, telephone, crying baby, alarm clock (these are often also connected to a shaker which is placed under the pillow or mattress to alert the individual when it is time to get up) (Baker & Cokely, 1980).

Front Office Staff

Signing d/Deaf people have noted another area of concern that occurs when first entering a counselling establishment. It has been documented that having the front office staff know a few signs would help the d/Deaf client feel welcomed in the office (Lezzoni, O'Day, Killeen, & Harker, 2004; Steinberg, Sullivan, & Loew, 1998;). D/deaf people are constantly reminded that they do not fit in with the hearing majority because people rarely take the time to try and communicate in sign language or even by writing short notes. D/deafness is often invisible until communication is initiated. Through my years of working in the Deaf community, I know it only requires a small effort to learn a few signs which can help make a d/Deaf individual feel as though they are welcomed in that environment. Since counselling is about empowering the individuals who come for services, having the front office staff use sign language to communicate "hello", "good morning", "good afternoon" or "have a nice day" would be a great start to building a comfortable environment and rapport for the d/Deaf client. While these concerns are addressed in the research and literature, suggestions in ameliorating the situation are lacking.

Discussion

There are many considerations for a counsellor to think about before they should accept work with a d/Deaf client. Being educated and therefore knowledgeable of the different needs of d/Deaf clients will help clients to feel included and truly part of the therapeutic process. Insight into the history, working alliance, cultural affirmative counselling, and communication requirements and expectations of d/Deaf individuals will facilitate the provision of services that are truly equitable and accessible. The Deaf

community is a support system for its members and if there are services that provide “Deaf friendly” accessibility, the rest of the community will know. However, if the services are not genuine and continue to foster oppression, which has been felt by d/Deaf people over the centuries, the community will also know.

The research provided a great deal of surface information about the necessities and considerations when working with d/Deaf clients but it lacks in the areas of providing explanations and understanding of the reasons d/Deaf people feel oppressed, isolated, excluded and marginalized. Also the researcher’s pathological outlook served to further oppress the community when the true intent was to support it. Although, having knowledge of Deaf culture was referenced in the research it still lacked the details that a counsellor would need to know when considering whether they are capable and competent of working with d/Deaf people. The findings highlight the need for further work to be done in the field to supplement and enhance the existing knowledge for counselling d/Deaf clients. Specifically, research from a culturally affirmative perspective that is truly representative and conducive of the Deaf community’s perspective about; how they are treated by the hearing society, why they believe this oppression continues to happen, how things could be different, and what needs to be known in order for the majority of society to alter their perspective.

Development of a resource manual, entitled “Considerations when working with d/Deaf clients”, will be developed. This manual will synthesis all of the information within this paper while at the same time providing a guide and a list of resources. This manual will then be available to counselling services that might have or be working with d/Deaf clients. It will provide; information on Deaf culture, clarification on pathological

deafness versus cultural linguistic minority Deafness, social norms, information on hiring an interpreter, how to work with an interpreter as well as the d/Deaf client, recommendations for better inclusion of d/Deaf clients, pictures of different technical equipment, questions to ask d/Deaf clients to see how they identify themselves and their communication preferences, and a DVD of simple signs that would provide counsellors and office staff with some signs that would help to make a d/Deaf client feel welcomed and part of the therapeutic process.

Conclusion

Anytime a minority cultural group has been marginalized it is worth drawing attention to and assisting in influencing change. D/deaf people have been struggling for hundreds of years to be treated like everyone else. Unfortunately, society still views d/Deaf people through a pathological lens and refuses to see this group of people as they wish to be viewed which is that of a cultural linguistic minority. The dynamics of working with d/Deaf people can be quite intricate, challenging and even overwhelming at times. However, if a counsellor keeps the recommended considerations in mind the counselling experience should be positive and empowering for the d/Deaf client.

References

- About TTY.com. (n.d). *The power of connecting*. Retrieved March 29, 2008 from <http://www.abouttty.com/>
- Alberta Education Response Centre. (1988). *The use of an interpreter in an educational setting: Guidelines and standards*. Edmonton, AB: Alberta Education.
- Association of Visual Language Interpreters of Canada (AVLIC). *About AVLIC*. Retrieved March 29, 2008 from <http://www.avlic.ca/index.php>.
- Baker, C., & Cokely, D. (1980). *American sign language: A teacher's resource text on grammar and culture*. Silver Spring, MD: T. J. Publishers Inc.
- Barker, J. (2005). *Finding information on the Internet: A tutorial: Evaluating web pages: Techniques to apply & questions to ask*. Retrieved October 1, 2006, <http://www.abcounselored.net/courseware/caap617/Fall>.
- Bienvenu, M., & Colonomos, B. (1989). *An introduction to American deaf culture: Group Norms*. [video]. Riverdale, MD: Sign Media, Inc.
- Bienvenu, M., & Colonomos, B. (1989). *An introduction to American deaf culture: Language and Traditions*. [video]. Riverdale, MD: Sign Media, Inc.
- Bienvenu, M., & Colonomos, B. (1989). *An introduction to American deaf culture: Identity*. [video]. Riverdale, MD: Sign Media, Inc.
- Bienvenu, M., & Colonomos, B. (1989). *An introduction to American deaf culture: Rules of Social Interaction*. [video]. Riverdale, MD: Sign Media, Inc.
- Bienvenu, M., & Colonomos, B. (1989). *An introduction to American deaf culture: Values*. [video]. Riverdale, MD: Sign Media, Inc.

- Bok, S. (1983). The limits of confidentiality. In J. Callahan (Ed.), *Ethical issues in professional life* (pp. 230-239). New York, NY: Oxford University Press.
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252-260.
- Boudreault, P. (2005). Deaf interpreters. In T. Janzen (Ed.) (2005) *Topics in signed language interpretation*. (pp. 323-355). Philadelphia, PA.: John Benjamins North America.
- Canadian Academy of Audiology. (2006). *Hearing aids really do help*. Retrieved March 29, 2008 from <http://www.canadianaudiology.ca>.
- Canadian Association of the Deaf. *Deaf Issues*. Retrieved March 29, 2008 from <http://www.cad.ca/en/>.
- Communication Services for the Deaf. (2008). Retrieved March 29, 2008 from <http://www.c-s-d.org/>
- Connevans Limited (2008). *Equipment for deaf people*. Retrieved May 1, 2008 from <http://www.connevans.com>.
- Cooper, A., Rose, J., & Mason, O. (2004). Measuring the attitudes of human service professionals toward deafness. *American Annals of the Deaf*. Winter, 2004, 148(5), 385-389. Washington, DC.
- Demers, H. (2005). The working interpreter. In T. Janzen (Ed.) *Topics in signed language interpretation*. (pp.203-230). Philadelphia, PA.: John Benjamins North America.
- E-Michigan Deaf and Hard of Hearing People (2008). *TTY or TDD: The text telephone*. Retrieved May 1, 2008 from www.michdhh.org.

- Gallaudet University. (2008). *About Gallaudet*. Retrieved March 29, 2008 from <http://www.gallaudet.edu/>.
- Gelso, C. J., & Carter, J. A. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Counseling and Development, 41*(4), 296 - 306.
- Glickman, N. (1996). Culturally affirmative mental health treatment for deaf people: What it looks like and why it is essential. In N. Glickman & M. Harvey (Eds.). *Culturally affirmative psychotherapy with deaf persons*. (pp.1-32), Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Higgins, P. (1980). *Outsiders in a hearing world: A sociology of deafness*. Beverly Hills, CA: Sage Publications, Inc.
- Horvath, A. (2000). The therapeutic relationship: From transference to alliance. *Psychotherapy in Practice, 56*(2), 163-173.
- Horvath, A., & Symonds, B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*, 139-149.
- Irish Deaf Society (n.d). *Deaf technology*. Retrieved May 1, 2008 from <http://www.deaf.ie/IDSinfo/deaftech.htm>
- Jacobs, L. (1969). A deaf adult speaks out. In S. Wilcox (Ed.), *American deaf culture: An anthology*. (pp. 65-89). Burtonsville, MD: Linstok Press.
- Lane, H. (1992). *The mask of benevolence: Disabling the deaf community*. New York, NY: Random House, Inc.

- Lane, H., Hoffmeister, R., & Bahan, B. (1996). *A journey into the deaf-world*. San Diego, CA: Dawn Sign Press.
- Lezzoni, L., O'Day, B., Killeen, M., & Harker, H. (2004). Communicating about health care: Observations from persons who are deaf or hard of hearing. *Annals of Internal Medicine*. 140(5), 356-362. Retrieved September 23, 2006 from <http://www.annals.org/cgi/content/abstract/140/5/356>.
- Lytle, L., & Lewis, J. (1996). Deaf therapists, deaf clients, and the therapeutic relationship. In N. Glickman, & M. Harvey (Eds.), *Culturally affirmative psychotherapy with deaf persons* (pp. 261-276). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Madsen, W. (1971). *You have to be deaf to understand*. Retrieved April 15, 2008, from http://library.thinkquest.org/26209/the_poem.html.
- Meara, N.M., & Patton, M.J. (1994). Contributions to the working alliance in the practice of career counseling. *Career Development Quarterly*, 43, 161-177.
- MerTural (2007). Deaf technological review: *Technological advancements for the deaf and deafblind*. Retrieved May 1, 2008 from <http://deafgeek.com/?p=31>
- Munro, L., Philp, K., Lowe, R., & Biggs, H. (2005). Counselling Deaf Clients: Politics, Practice and Process. In *Proceedings Australian Counselling and Supervision Conference*, Brisbane. Retrieved September 23, 2006 from <http://eprints.qut.edu.au/archive/00002053>.
- Murray, M., Nelson, G., Poland, B., Maticka - Tyndale, E., & Ferris, L. (2004). Assumptions and values of community health psychology. *Journal of Health Psychology*. 9 (2), 323 – 333.

- National Captioning Institute. *About captioning*. Retrieved March 29, 2008 from <http://www.ncicap.org/>.
- Padden, C. (1978). The deaf community and the culture of deaf people. In C. Baker, & R. Battison (Eds.), *Sign language and the deaf community: Essays in honor of William C. Stokoe* (pp. 89-103). Silver Spring, MD: National Association of the Deaf.
- Padden, C., & Humphries, T. (1988). *Deaf in America: voices from a culture*. Cambridge, MA: Harvard University Press.
- Offet-Gartner, K. (2005). Research across cultures. In N. Arthur and S. Collins (Eds.), *Culture-infused counselling: Celebrating the Canadian mosaic* (pp. 273-310). Calgary, AB: Counselling Concepts.
- Raskin, N. & Rogers, C. (2005). Person-centered therapy. In Corsini, R. J., & Wedding, D. (Eds.), *Current psychotherapies* (7th ed.)(pp.130 -165). Belmont, CA: Brooks-Cole Thomson Learning.
- Registry of Interpreters for the Deaf (2006). *Standard practice papers*. Retrieved March 29, 2008 from <http://www.rid.org/>.
- Relay New Hampshire News (2006). *Relay New Hampshire*. Retrieved May 1, 2008 from www.relaynewhampshire.com
- Robbins, S.B. (1992). The Working Alliance. In N.M., Meara & M.J., Patton (1994). Contributions to the working alliance in the practice of career counseling. *Career Development Quarterly*, 43, 161-177.

- Russell, D. (2005). Consecutive and simultaneous interpreting. In T. Janzen (Ed.). *Topics in signed language interpretation*. (pp.135-164). Philadelphia, PA.: John Benjamins North America.
- Rutherford, S. (1989). Funny in deaf: Not funny in hearing. In S. Wilcox (Ed.), *American deaf culture: An anthology*. (pp. 65-89). Burtonsville, MD: Linstok Press.
- Safran, J. D., & Muran, J. C. (2000). Resolving therapeutic alliance ruptures: Diversity and integration. *Journal of Clinical Psychology/In Session: Psychotherapy in Practice*, 56(2), 233-243.
- Serenity Health. (2008). *Net health shops*. Retrieved May 1, 2008 from www.serenityhealth.com
- Sinclair, C., & Pettifor, J. (2001). In Sinclair C., Pettifor J. (Eds.), *Companion manual to the Canadian code of ethics for psychologists*, (3rd ed.). Ottawa, Ontario: Canadian Psychological Association.
- Sorenson VRS (2008). *What is SRVS?* Retrieved March 29, 2008 from <http://www.sorensonvrs.com/>.
- Steinberg, A. (1991). Issues in providing mental health services to hearing impaired persons. *Hospital Community Psychiatry*, 42, 380-389. Retrieved September 23, 2006 from <http://ps.psychiatryonline.org/cgi/content/abstract/42/4/380>.
- Steinberg, A., Sullivan, V. Loew, R. (1998). Cultural and linguistic barriers to mental health service access: The deaf consumer's perspective. *The American Journal of Psychiatry*, 1(5), 982-984. Retrieved September 24, 2006 from <http://ajp.psychiatryonline.org/cgi/content/abstract/155/7/982>.

Stone Deaf Pilots. (2007). *Video relay service*. Retrieved May 1, 2008 from
<http://www.stonedeafpilots.com/?p=46>

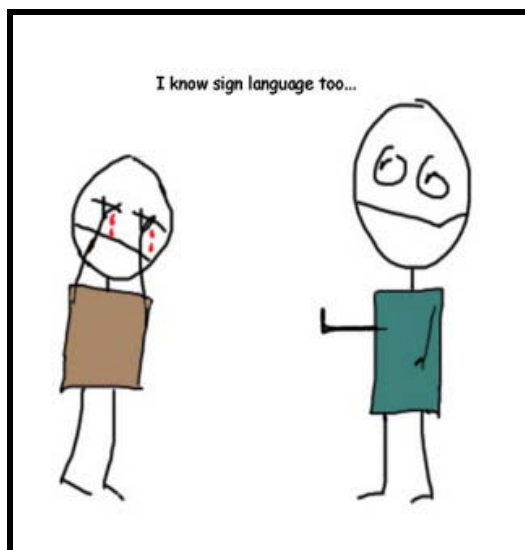
Wilcox, S. (1989). *American deaf culture: An anthology*. Burtonsville, MD: Linstok
Press.

Woodward, J. (1982). Implications for sociolinguistic research among the deaf. In S.
Wilcox (Ed.), *American deaf culture: An anthology* (pp. 65-89). Burtonsville, MD:
Linstok Press.

Appendix

CONSIDERATIONS WHEN COUNSELLING

DEAF CLIENTS



Images retrieved from Google images, March 2008

BY DEE DEE KAY

Manual for Counselling Deaf Clients

Table of Contents

Purpose.....	30
Terminology.....	32
Definitions of Common Terminology.....	33
Deaf Culture.....	36
You Have to Be Deaf to Understand.....	37
Understanding Deaf Culture.....	38
History of Deaf People.....	39
Language.....	41
Group Values.....	43
Social Norms.....	45
Identity.....	50
Hiring and Using Sign Language Interpreters.....	52
Technology.....	56
Deaf Identity Development Scale.....	60
Summary.....	61
Appendices.....	62
A: Counsellor’s Do’s and Don’ts.....	62
B: Interpreting Agencies – National and International.....	64
C: Deaf Organizations – National and International.....	66

Purpose

The intent of this manual is to provide counsellors with a document which will enhance interactions between themselves and d/Deaf clients. This manual has been developed to synthesize and correlate relevant and cultural information into one document which can assist a counsellor when preparing to meet with d/Deaf clients. It has been designed with the intention of providing insight into the multifaceted complexities of d/Deaf clients.

“People who are different from the mainstream have historically been viewed as defective or deficient in some way.” (Murray, Nelson, Poland, Maticka – Tyndale, & Ferris, 2004, p.330). Deaf people have certainly had their share of marginalization from the mainstream. Deaf people are often viewed from a pathological perspective. This perspective recognizes deafness as a disability (Glickman & Harvey, 1996). However, Deaf people view themselves as members of a cultural linguistic minority as opposed to pathologically deaf (Glickman & Harvey; Lane, 1992).

The material in this manual will help demystify d/Deaf people and assist counsellors in approaching the therapeutic process with a culturally affirmative approach. The manual is not exhaustive; however, it contains current relevant information which will enable a counsellor to initiate the therapeutic process through a cultural infused approach. It encompasses a plethora of information to ease counsellors understanding of; d/Deaf people, their plight, the Deaf community, and Deaf culture.

The purpose of the included DVD is to demonstrate simple signs to assist in the establishment of a rapport with d/Deaf clients. This DVD only presents **basic** and


minimal vocabulary words and by no means represents the intrinsic sophisticated structure of American Sign Language (ASL).

Terminology

Definitions of Common Terminology

American Sign Language (ASL) - is a visual-gestural language created by Deaf people and is used in North America with d/Deaf people with the exception of Quebec. They use Lanque des Signes Quebécoise (LSQ). There are also colloquial differences from province to province and state to state (AVLIC, n.d.).

Audism - direct, indirect and/or systemic discrimination and discriminatory behaviour or prejudice against Deaf people which occurs at all levels of government and society (Canadian Association of the Deaf, 2008).

Closed caption - a system for displaying the text of a broadcast as subtitles; a text version of the spoken part of a television, movie, or computer presentation; also written closed-caption; abbr. CC or symbolically shown  (National Captioning Institute, n.d.).

Cochlear Implant (CI) - is a surgical procedure, lasting about 3 ½ hours under general anesthesia and requires hospitalization for two to four days. A device consisting of microelectrodes that delivers electrical stimuli directly to the auditory nerve is surgically implanted into the cochlea (Lane, 1992).

Consecutive Interpreting - the process of interpreting after the speaker or signer has completed one or more ideas in the source language and pauses while the interpreter transmits that information (Russell, 2005, p.136).

Deaf - particular group of deaf people who share a language, American Sign Language (ASL), and culture. (Padden & Humpries, 1988).

deaf - audiological condition of not hearing (Padden and Humphries, 1988).

Deaf Community - consists of Deaf people who share a complex set of factors; attitude (person identifies him/herself as a Deaf person and supports the values of the community), political (potential ability to exert influence on matters which directly affect the Deaf Community on a local, provincial or national level), linguistic (ability to understand and use American Sign Language), and social (participate in social functions within the Deaf Community) (Baker & Cokely, 1980). Non –deaf individuals can be part of the Deaf Community if they share the language, support the values, political factor, and participate in socials. However, they cannot be part of the Deaf core.

Deaf Core - this is a level of membership in the Deaf Community, only afforded to those who cannot hear (Padden & Humpries, 1988).

Deaf culture - is composed of people who consider deafness to be a difference in human experience, rather than a disability (Canadian Association of the Deaf, 2008).

Deaf Interpreter - a Deaf individual who acts as a “language facilitator” to assist in the comprehension of communication between a hearing consumer and a d/Deaf consumer (Boudreault, 2005, p.327).

Deaf-World - where Deaf people, regardless of their hearing loss, hold membership with others who share a positive attitude about being deaf, know the language and culture (Lane, Hoffmeister, & Bahan, 1996).

Fingerspelling - is the formation of letters onto one hand with the purpose of representing an English word by spelling it out letter by letter (Alberta Education Response Centre (ERC), 1988).

Gallaudet University - is the leading liberal university, in the world, for deaf individuals and it is located in Washington, D.C. (Gallaudet University, n.d.).

Hard of hearing - refers to the decibel loss of hearing and encompasses people who are unable to follow a conversation between 3 or more people without the assistance of a hearing aid (Canadian Association of the Deaf, 2008).

Hearing - audiological condition of being able to hear (Padden & Humpries, 1988).

Hearing aid - is a technical device which is use to help amplify sounds (Canadian Academy of Audiology, 2006).

Hearing impaired - is a label applied to d/Deaf people by hearing people due to the term d/Deaf being viewed as negative (Bienvenu, & Colonos, 1989).

Lip reading - A technique for understanding unheard speech by interpreting the lip and facial movements of the speaker.

Oral - refers to a person with a hearing loss who uses their voice to speak (Baker & Cokely, 1980).

Professional Certified Interpreter - Both AVLIC and RID offer formal testing to ensure that interpreters meet an established national standard. In Canada, it is called Certificate of Interpretation (COI) and in the United States it is called Certificate of Interpretation (C.I.) and/or Certificate of Transliteration (C.T.) (AVLIC, n.d.; RID, 2008).

Professional Interpreter - In Canada interpreters must adhere to the Association of Visual Language Interpreters code of ethics (AVLIC). In the United States interpreters must adhere to the Registry of Interpreters for the Deaf (RID) code of ethics. Both organizations have a formal dispute resolution process, should any concerns arise (AVLIC, n.d.; RID, 2008).

Relay Service - Connecting deaf, hard-of-hearing and speech-disabled people to their calling communities (Communication Services for the Deaf, 2008).

Signing Exact English (SEE) - is a code, created by hearing people, which is an artificially developed means of representing English (Baker & Cokely, 1980).

Simultaneous Interpreting - the process of interpreting into the target language at the same time as the source language is being delivered (Russell, 2005, p.136)

TDD - Telecommunication Device for the Deaf (a term which was assigned to the TTY by non-deaf individuals). The Deaf community prefers the term TTY as opposed to TDD. (Abouttty.com, n.d.).

TTY - teletypewriter – telephone communication device for the Deaf communities that was invented by the Deaf physicist, Robert Weitbrecht. (Abouttty.com, n.d.).

Video Relay Service (VRS) - is a free service for the deaf and hard-of-hearing communities which enables anyone to conduct video relay calls with family, friends, or business associates through a certified ASL interpreter via a high-speed Internet connection (Sorenson, 2008).

Deaf Culture



Deaf and Proud
Artist: Helene Oppenheimer (1996)

You Have to be Deaf to Understand

by Willard J. Madsen
Retired Professor of Sign Language
Gallaudet University

What is it like to "hear" a hand?
You have to be deaf to understand!
What is it like to be a small child,
In a school, in a room void of sound --
With a teacher who talks and talks and talks;
And then when she does come around to you,
She expects you to know what she's said?
You have to be deaf to understand.

Or the teacher who thinks that to make you
smart
You must first learn how to talk with your
voice;
So mumbo-jumbo with hands on your face
For hours and hours without patience or end,
Until out comes a faint resembling sound?
You have to be deaf to understand.

What is it like to be curious,
To thirst for knowledge you can call your own,
With an inner desire that's set on fire --
And you ask a brother, sister, or friend
Who looks in answer and says, "Never
mind!"?
You have to be deaf to understand.

What is it like in a corner to stand,
Though there's nothing you've done really
wrong
Other than try to make use of your hands
To a silent peer to communicate
A thought that comes to your mind all at once?
You have to be deaf to understand.

What is it like to be shouted at
When one thinks that will help you to hear;
Or misunderstand the words of a friend
Who is trying to make a joke clear,
And you don't get the point because he's
failed?
You have to be deaf to understand.

What is it like to be laughed in the face
When you try to repeat what is said;
Just to make sure that you've understood,
And you find that the words were misread --
And you want to cry out, "Please help me,
friend!"?
You have to be deaf to understand.

What is it like to have to depend
Upon one who can hear to phone a friend;
Or place a call to a business firm
And be forced to share what's personal, and
Then find that your message wasn't made clear?
You have to be deaf to understand.

What is it like to be deaf and alone
In the company of those who can hear --
And you only guess as you go along,
For no one's there with a helping hand,
As you try to keep up with words and song?
You have to be deaf to understand.

What is it like on the road of life
To meet with a stranger who opens his mouth --
And speaks out a line at a rapid pace;
And you can't understand the look in his face
Because it is new and you're lost in the race?
You have to be deaf to understand.

What is it like to comprehend
Some nimble fingers that paint the scene,
And make you smile and feel serene
With the "spoken word" of the moving hand
That makes you part of the world at large?
You have to be deaf to understand.

What is it like to "hear" a hand?
Yes, you have to be deaf to understand!

Understanding Deaf Culture

Before understanding Deaf culture it is important to have a common understanding of culture. “Culture is the sum total of ways of living built up by a group of human beings and transmitted from one generation to another.” (Retrieved February 9, 2008 from; <http://dictionary.reference.com/browse/culture>). Deaf culture, as defined by Bahan (1996), “is not associated with a single place, a “native land”; rather, it is a culture based on relationships among people for whom a number of places and associations may provide common ground” (p.5).

Deaf culture encompasses the history, language, group values, social norms, and group and individual identity. Deaf culture is not collected through standard conventional research but through Deaf people coming together and sharing their stories. Stories are presented in a visual format and do not have a written component (Glickman & Harvey, 1996). The Deaf community shares common characteristics with other minority groups. They bond themselves together through sports, socials, artistic expressions, political organizations and shared oppression (Lane, Hoffmeister, & Bahan, 1996).

History of D/deaf People

In 1880, an international conference on the education of deaf children was held in Milan, Italy. Educators of deaf children, the majority being from Italy and France, attended this conference. It was at this conference that a decision to educate deaf youth via the oral method⁹ was made which resulted in the omission of using sign language because it was seen as detrimental to deaf students learning language. Even though Sign Language is the natural language of d/Deaf people (Baker & Cokely, 1980), speech was seen as the way to improve the mind. It should be noted that no deaf delegates were invited to attend or to be involved in drafting a resolution. The decision to banish Sign Language caused a ripple affect across the globe and into classrooms (Lane, 1992; Rutherford, 1989). This rippling effect has resulted in continuous discrepancy and debate, by the hearing majority, over how deaf children should be educated.

Due to these debates deaf children have often fallen behind in their scholarly studies (Hoffmeister, & Bahan, 1996; Lane, Padden & Humphries, 1988; Wilcox, 1989). The majority population often makes the assumption that language is associated with the ability to speak and is required in order to be able to think, thus d/Deaf people are unable to develop language (Higgins, 1980). Contrary to this assumption Deaf people have proven themselves to be very fluent and proficient in ASL or both ASL and English. Unfortunately, decisions continue to be made on behalf of d/Deaf people without their input or without consideration of the ramifications. Although most languages are based on sounds, which influence the ability to speak, on a cultural level within the Deaf community, speaking is considered inappropriate and not necessary (Padden, 1989).

⁹ The oral method refers to the banishment of sign language in the classrooms and playground in hopes that deaf children would learn to speak with their voices (Padden & Humphries, 1988).

Most deaf children come from homes where the parents can hear and do not communicate in Sign Language (Glickman & Harvey, 1996). Therefore, deaf children often do not share the same cultural group as their parents (Glickman & Harvey; Woodward, 1982). How language is expressed within the home differs from home to home (Steinberg et al.). As a result deaf children are often deprived access to communication which limits their ability of becoming fluent in both English and ASL. As these children mature and become adults they often share a discomfort in both written and spoken English and thereby create a stronger use of their ASL through interaction with their local Deaf community.

As indicated, throughout the history of d/Deaf people, hearing people have often made decisions without the input from Deaf adults which directly affect d/Deaf people. As a result, trust toward hearing people, especially a hearing counsellor must be earned. Without trust in the therapeutic process the chances for success diminish (Horvath, 2000). For d/Deaf clients to begin trusting their hearing counsellor, the counsellor should make an effort to try and share their d/Deaf client's language and support their cultural beliefs (Padden, 1989; Munro, Philip, Lowe, & Biggs, 2005). The most crucial cultural belief is how Deaf people view themselves; which is as a linguistic minority as opposed to pathologically deaf.

Language

Sign language is not international. Each country has its own sign language which is identified by its country of origin i.e. BSL (British Sign Language, FSL (French Sign Language) etc. In North America, American Sign Language (ASL) is the natural language used by d/Deaf people (Baker & Cokely, 1980), except in Quebec where they use Langue des Signes Quebécoise (LSQ). It is important to note that there are also colloquial variations from province to province and state to state. Of course, not all North American deaf people will use ASL as some may have been raised in an educational system that did not support its use and/or isolated a deaf child into a mainstreamed setting with no language models. Sign Language is rarely formally taught to deaf children while English is routinely taught to hearing children. This lack of language instruction often results in children not having a base language and consequently having to struggle in the acquisition of their natural sign language and English. Often deaf children develop their ASL through deaf classmates whose parents are Deaf and have modeled ASL at home. Even though most deaf children are raised in homes with hearing parents, who are rarely fluent in ASL, it is assumed that these children are familiar with ASL when they first enter school which can be as early as age 3. Unless the deaf child attends a school, specifically for deaf children, they often lack the exposure to Deaf adults and language models. As a result these children often graduate school with an elementary reading level. These children are commonly referred to as delayed in their language development however it is deprivation of exposure to their natural language as well as English which has caused their challenges and discomfort with English.

Due to ASL not having a written component and the lack of confidence and struggle that many d/Deaf people have encountered with learning English could lead to a variety of implications within the counselling setting. It is important for the counsellor to be aware of the language barriers when administering an assessment, questionnaire, personality inventories, and any form of written documentation where the client is expected to read questions and respond. These barriers could cause anxiety and embarrassment for the client. Also misunderstandings regarding literacy could lead to misdiagnosis (Steinberg, 1991). Using a Sign Language Interpreter could help alleviate this discomfort (Steinberg). Also if the agency starts working with many d/Deaf clients it would be beneficial for the agency to hire a Deaf person who could be videotaped presenting the written information in ASL (Steinberg).

Group Values

Due to the visual nature of ASL, Deaf people place great value on their other senses, especially their vision. Their education and socialization primarily occurs visually and a great sense of loss and alienation would occur if their vision was lost. While providing counselling for a Deaf-Blind client may incorporate many of the suggestions in this manual, depending upon the age at which they lost their sight, this manual was designed for working with d/Deaf clients only.

Many of the residential schools for the deaf have been closed because mainstreaming has been deemed a successful way for deaf children to simulate hearing children. However, residential schools foster strong values for many Deaf adults such as: Deaf pride, confidence, and self-esteem. At residential schools the learning happens both formally and informally through literature, sports, the dorm, and social activities. These schools offer cultural roots for deaf children which help foster a sense of pride and empowerment of their culture. In turn these schools provide the students with courage and knowledge for how to interact with the majority culture (hearing people). Mainstreaming is viewed as a form of isolation and causes delays in social skills due to a lack of role models and a support system for the deaf students.

Deaf clubs and organizations are very valued within the Deaf community. These clubs provide a place where Deaf people can communicate with ease amongst their peers and friends in their natural language, ASL. This is also where new friendships are forged and loyalties develop with people who hold similar values. By holding membership in Deaf clubs and organizations a sense of belonging is felt. Often these clubs and organizations provide support for the development of improved services and access to the

majority community. They also create opportunities for further interaction with other d/Deaf people locally, provincially, nationally, and internationally through social activities, sporting events, conferences, and other activities while at the same time supporting deaf youth to become proud Deaf adults. Deaf people spend the greater part of their day working and interacting in a hearing world. There is often a daily struggle with communication in their place of employment, the grocery store, bank, or any place which requires communication. Therefore, the opportunity to attend a Deaf event and use their language effortlessly is the reason why so much value is placed on clubs, organizations, and ASL.

* This information was resourced from “An Introduction to American Deaf Culture” video series produced and directed by MJ Bienvenu and Betty Colonomos (1989) as well as this authors personal and professional experience with the Deaf community*

Social Norms

Introductions – The way in which introductions are made varies is dependent upon whether two Deaf people are being introduced or a Deaf and hearing person are being introduced.

Deaf person to Deaf person – Both the first and last names are introduced as this helps to identify the family of origin and provides information about an individual's heritage. Information about where an individual is from is provided next. This is done to try and gain a connection with each other i.e. if they went to a residential school or they know another Deaf person from that area. The individual then shares information about where they work and what they do at work.

Hearing person to Deaf person – Hearing people are often brought or invited to a Deaf function by a Deaf person. It is considered bad form to come into an event uninvited. The Deaf person who invited the hearing person is often the one to introduce the hearing person to other Deaf people. The hearing person is immediately identified, as being hearing, by the Deaf person during the introduction. The Deaf person doing the introduction will indicate the hearing person's connection to the deaf community such as: whether they are just learning ASL, come from d/Deaf parents, or work with d/Deaf people. If the Deaf person who invited the hearing person is not present to make the introduction, the hearing person identifies themselves as hearing and why they are at the event. Often Deaf people will ask questions such as: Are your parents d/Deaf?, Do you work with d/Deaf people?, and Do you have d/Deaf friends?. The purpose of this is to identify the interest the hearing person has in being in this setting, as many Deaf people are apprehensive to open up their private and sacred world to hearing people due to the

history of how hearing people have treated and continue to treat d/Deaf people. This questioning also starts the process of establishing trust. It is important for counsellors to note that during a counselling session, the counsellor needs to be aware that the ritual, previously explained, only happens in a Deaf environment. When a d/Deaf client is in a hearing counsellor's office they will often try and follow the norms of the hearing culture by allowing the counsellor to take the reins. However, it would be wise for the counsellor to speak of their knowledge or lack of knowledge of Deaf Culture while at the same time explaining why they want to work with them (a d/Deaf person). This will help to build trust between the d/Deaf person and the counsellor.

Gaining Attention – Since a d/Deaf person is unable to hear when someone is trying to gain their attention other methods have been established within the community to achieve the same result.

Flashing lights – This method is used when there is a group of Deaf people and the attention of the people is required. There is a protocol of how many times a light should be flashed and at what rate. The custom is that this should only be done by Deaf people because incorrect speed and repetition could cause confusion or panic as flashing lights are also used to signify when there is an emergency.

Foot Stomp: This method is used to obtain attention when there is a distance between people and the individual requiring attention does not wish to get up or walk over and gain the other's attention. A foot stomp is done by using one foot and raising it a little and stomping it hard on the floor twice. If the d/Deaf person does not respond it can be repeated.

Arm or Leg tap: This is a gentle but firm touch. It is used to gain the attention of an individual who is in close proximity. The tap is done on the edge of the shoulder or on the mid thigh. Two taps at one time seems to be the proper protocol.

Hand Waving: This is a gesture, which is done to get a persons attention who is in fairly close proximity but not close enough to touch. This action is done by facing your palm to the floor and using your wrist to wave your hand up and down. This is done at a pace of approximately one wave per second. As with the light flashing if the wave is too quick it could be misconstrued as an emergency.

Shouting: Often d/Deaf people will use their voices to gain the attention of someone they know can hear their call. The sound is often guttural and could be alarming to a hearing person who has not heard the sound before. This technique could be used with a d/Deaf person (dependent upon their loss) or a hearing person. This is neither considered rude nor inappropriate, culturally. It is often considered humorous when the hearing person is startled by this sound.

Requirements for Communication: When communicating with d/Deaf people it is important that there are no obstructions e.g. flowers, stack of books, and other obstacles between the people as it can hinder communication. It is also important that the room be well lit and that the bulbs do not flicker as that will become visual noise which will, in turn, cause flow disruption in the communication. Having adequate room between the counsellor, client, and interpreter (if present) is necessary for ASL to happen naturally as opposed to limiting the signing space for production of the language. Even if a Sign Language Interpreter is present it is important for the counsellor to maintain eye contact with the d/Deaf person. This will help to establish rapport and demonstrate respect for the

client. Also some d/Deaf people can lip read certain words and if the counsellor's head is not facing them this cannot be accomplished. Facial grammar is a necessary part of ASL that a counsellor must be aware of to avoid misinterpretation. Deaf people will use their faces to emphasis, clarify, and express emotion which hearing people do through vocal tone (intonation). Without facial grammar a d/Deaf person would be perceived as monotone and be difficult to understand. Nodding of the head is a common communication device to indicate that comprehension is occurring. It does not signify that the d/Deaf person agrees.

Hugging – This is a tradition of Deaf people within their community but is not often done with hearing people unless the Deaf person is close with the hearing individual. It is common for hugging to occur both when one enters a situation and when they leave. This has become a tradition because Deaf people often view each other as family. Deaf people do not hug people they see regularly rather mainly with others that they have not seen in a month or so. It is important for a counsellor to know that a d/Deaf client may hug them but it needs to be the d/Deaf person who initiates the hug.

Directness – When d/Deaf people ask a question they are seeking a direct response. It is often common in the English language for some answers to be indirect or interwoven in an example. This can seem evasive and even confusing to someone who is D/deaf. Also a Deaf person expects details in the answer. An example would be if someone is injured an explanation explaining what happened is expected. This is one way that Deaf people gain access to information. Also when a Deaf person leaves a room they will often give the reason why they are leaving such as: going to the washroom/restroom, or top up the

meter. Although this is uncommon in the hearing world it is considered proper and appropriate etiquette in the Deaf world.

Bicultural Relationships - Many Deaf people do not support the mixture of Deaf and hearing relationships. These relationships can be very challenging and often unsuccessful due to the differences between cultures. Generally, for success to happen in a bicultural relationship, one person's culture is normally abandoned to fully join their partner's culture.

Departing – Deaf people often allow extra time for leaving a social event. Due to the limited opportunity to chat with someone who shares their language during their work day Deaf people try and maximize every moment with other Deaf people. They catch up on all the news and talk about the many current events happening in today's society but in a natural and effortless way. A good-bye can sometimes take up to two hours. However, in a counselling session it is important for the counsellor to make sure that the d/Deaf person is aware that the meeting is drawing to a close, as this will notify them that it is soon time to leave. Since Deaf culture departure can be a drawn out process this notification helps steer the client to closure and helps to keep the counsellor on track with other clients.

* This information was resourced from “An Introduction to American Deaf Culture” video series produced and directed by MJ Bienvenu and Betty Colonos (1989) as well as this authors personal and professional experience with the Deaf community*

Identity

The term Deaf-World is used to describe people who live in a world where they share the experience of being Deaf (Lane, Hoffmeister, & Bahan, 1996). Not all Deaf people are born into the Deaf-World as some people lose their hearing at different ages and later learn about the language and culture (Lane, Hoffmeister, & Bahan). Deaf people (as opposed to non-capitalized deaf people) are individuals who have accepted their deafness as part of their self identity. They hold a positive attitude about being deaf while at the same time know the language and culture of their people. By holding this attitude this takes them to another level in the Deaf community which is called the “Deaf Core” (Colonomos & Bienvenu, 1989). Only Deaf people can be members of this group because they are deaf. Hearing people, who support the culture and beliefs of Deaf people are welcome to be a part of the Deaf community but not the core.

The concept of Deaf identity was developed in residential schools. At these schools is where deaf children learned their social skills, culture, and gained a sense of pride in themselves through the learning of their language, heritage, and culture (Bienvenu, & Colonomos, 1989). However, due to being schooled in mainstream settings, many children lack being introduced and affiliated with the Deaf Core until much later in life.

Deaf people view themselves as a culturally linguistic minority as opposed to a group of people who are disabled. Hearing people have been placing labels on d/Deaf people for years and deciding what they are capable and incapable of doing. They have even gone as far as to recreate a sign language system which is more representative of the English language (Signing Exact English) to renaming the teletypewriter (TTY) to

telecommunication device for the deaf (TDD) to how deaf people should be labeled (hearing impaired, hard of hearing, profoundly deaf, etc.). Deaf people are not interested in one another's decibel loss or whether they can speak. As previously noted, it is how the Deaf person accepts their deafness, the language and the culture (Lane, Hoffmeister, & Bahan, 1996).

Cochlear implants are another invention by hearing people who believe that life without sound is debilitating. Although viewed as a medical miracle by hearing professionals, this medical procedure is often viewed as a form of genocide for Deaf people. The question that Deaf people often ask is why would one take a perfectly healthy deaf person and turn them into a broken hearing person.

Hiring

And using

Sign Language

Interpreters

Hiring and Using Interpreters

Before hiring a professional Sign Language Interpreter it is imperative to check with the d/Deaf person to see if they want an interpreter and if they have a preference for a particular interpreter (Steinberg, 1991). This is very important because not all d/Deaf people (even if they are fluent ASL users) will want an interpreter in the counselling situation due to the possible sensitive nature of the work and offering the choice provides them with a sense of empowerment to make the choice (Steinberg). They may also have an interpreter that they feel very comfortable using and trust to interpret their information accurately. If an interpreter does need to be hired a local interpreting agency can be contacted (please see Appendix A). By using an agency this ensures that a professional and qualified interpreter will be hired. When contacting the agency, the counsellor will need to provide the agency with the time, location, the length of session, a sense of content of session, as well as the d/Deaf person's name. Most interpreters will work a one-hour session by themselves but if more time is needed, there may be a need to hire two interpreters. The purpose of two interpreters, past one hour, is to reduce the risk of injury to the interpreter and reduce the error production in the work as errors increase over time due to fatigue. Also if the d/Deaf person has indicated a preference for a specific interpreter the agency will need to know the name of that interpreter.

Dependent upon where an agency is located, the fee for services may be covered by the health care system or the interpreter agency may have monies available for mental health services. However, there may be situations where the counselling agency will be expected to pay half or the full cost of the interpreters services. Unless the counsellor is fluent in ASL it is not recommended for them to try and conduct a session with the little

sign they possess as this could lead to grave misunderstandings and frustration on the d/Deaf persons part. Working through an interpreter may not offer the same quality of service that would be found with an ASL competent counsellor and a d/Deaf counsellor. Therefore, to provide the best possible access for the d/Deaf client it would be beneficial for the counsellor to do some preparation with the interpreter before working with the client.

While it is a necessity to establish a working alliance with the d/Deaf client, it is also very important to establish one between the counsellor and the interpreter. If the interpreter is a professional they are bound by a Code of Ethics, which recognizes confidentiality as imperative to the work they provide (Demers, 2005). Therefore, the counsellor should feel confident in the sharing of information with the interpreter as this will better prepare the interpreter for the work. However, the interpreter is again bound by their ethics where they cannot add personal opinions or comment on information that they may know about the client other than their communication needs. A further purpose of a pre-meeting with the interpreter is to communicate their needs, roles, goals in their work, and how best to serve the client. The interpreter will also be able to address whether the room where the session is scheduled to occur will be conducive to the d/Deaf person's needs (Glickman & Harvey, 1996).

A major problem that may evolve could be the availability of an interpreter. Sometimes depending on location or the availability an interpreter may not always be available for the scheduled time. It is this author's recommendation (through 25 years of experience in the Deaf Community) that due to the sensitivity and importance of clarification and understanding the meeting be re-scheduled until an interpreter becomes

available. If the counselling is being conducted in a remote area, an interpreter could be brought in from the closest city or the possibility of using the new technology of video relaying could be incorporated. This will be further explained under technology. Also if an emergency arises after business hours most agencies have an emergency list of interpreters who are able to be available when needed (Refer to Appendix A for agencies).

Technology





MerTUral (2007)

This is a Blackberry, which is very popular among d/Deaf people. It equates to the use of a cell phone for non-deaf individuals.



(Serenity Health, 2008).



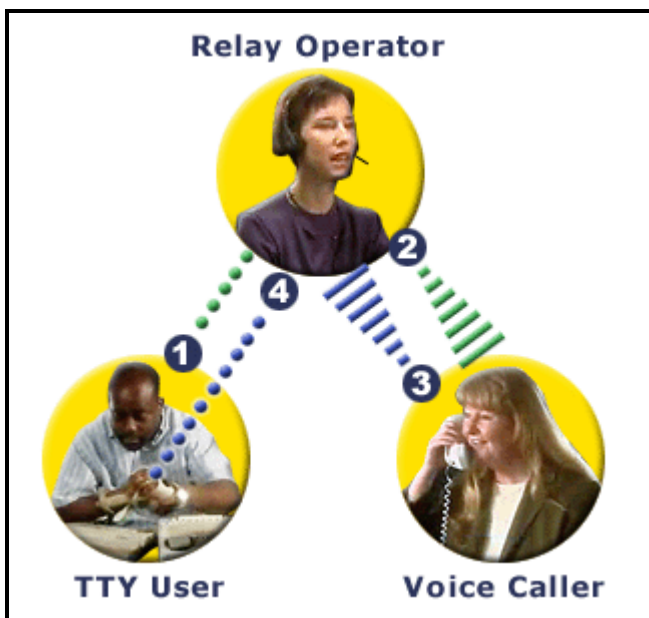
(Irish Deaf Society, n.d).

These are alarm clocks. The first picture has a light on top which will flash when the alarm goes off. The alarm clocks on the right have vibrators attached to them. The vibrators are placed under a d/Deaf person's pillow and will vibrate when the alarm goes off at the required time and wake the individual.



(E-Michigan Deaf and Hard of Hearing People, 2008).

This is a TTY which d/Deaf people commonly used before e-mail. A regular telephone would be placed over the cuppings and the information being communicated would be typed across the screen. Both individuals would need to have a TTY to communicate with one another. If one is not readily available then a non-deaf person would go through a relay operator.



(Relay New Hampshire News, 2006)

This is the process which was used when a non-deaf person wanted to contact a d/Deaf person or visa versa. This example indicates the TTY user initiating the call. The caller contacts the operator who will, in turn, contact the non-deaf individual and relay the information that has been typed across their screen. The non-deaf person will speak their message and the operator will type the information back to the TTY user. This process is

followed until the call is complete. There is a protocol and abbreviated language which is used on the TTY to save time. (This would be somewhat similar to the short cuts used in MSN).



(Stone Deaf Pilots, 2007).

This is the newest technology sweeping through the Deaf community. It is called video relay services. Similar to the relay operator, webcams are used and d/Deaf people can now communicate using their natural language ASL as opposed to typing their message via the TTY. This process expedites communication and alleviates the frustration of worrying about whether the use of English is grammatically correct.



(Connevans Limited, 2008).

This is called a “Baby Alarm” which is similar to a baby monitor but with a flashing light to indicate to the d/Deaf parents that their child is awake and moving around in their crib. Movement in the crib activates the device. It also comes with a vibrator to alert d/Deaf parents during the night if their child is awake.

Deaf Identity Development Scale

Neil Glickman originally developed The Deaf Identity Development Scale (DIDS), in 1993, which asks 60 questions with the purpose of identifying how d/Deaf clients culturally view themselves. This scale was translated into ASL for d/Deaf clients. The ASL translation was validated (Glickman, 1996, p.147). However, the original scale had not been validated or normed at the time this book was printed and therefore no claims had been made as to the scales validity, reliability, and utility (Glickman, pps. 147 – 150).

This questionnaire would be very beneficial to counsellors working with d/Deaf clients. As Glickman suggests, (Glickman, 1996) asking d/Deaf clients questions about themselves indicates the counsellors sensitivity to the struggles and awareness of Deaf cultural issues (p.146). The DIDS items are organized by a scale to see how a d/Deaf person views themselves. There are four separate categories; Hearing Scale (questions 4 & 18), Marginal Scale (questions 24 & 32), Immersion Scale (questions 27 & 57), and Bicultural Scale (questions 1 & 14). A full example of this DIDS can be found in Glickman and Harvey's (1996) book entitled *Culturally Affirmative Psychotherapy with Deaf Persons*. Glickman also provides questions, which help assess a d/Deaf person's cultural identity (Glickman, 1996, pps. 151 -152). Learning how a d/Deaf client views themselves is paramount not only to the working alliance, establishment of goals, but to the interventions provided for the client and how issues can be explored with a counsellors raised sensitivity.

Summary

The purpose of this manual has been to provide counsellors with an insight into the diversity of working with d/Deaf clients in a therapeutic setting and to demystify the stereotypes and misconceptions that often occur about d/Deaf people. Educating counsellors about Deaf culture, technical devices, and communication preferences serves to strengthen the working alliance between the counsellor and D/deaf clients. D/deaf people come from various ethnicities and backgrounds with different stories and experiences. Understanding of the struggles and oppression experienced by d/Deaf people and incorporating a culturally affirmative approach, as opposed to a pathological one, can only work to create a positive and empowering counselling experience.

Appendix A

Counsellor's Do's and Don'ts

Do's

Ask the client their communication preference

If the client wants to use an interpreter ask them if they have a preferred interpreter

Speak directly to the d/Deaf client whether an interpreter is present or not

Talk to the d/Deaf client and not the interpreter during the session

Maintain eye contact with the d/Deaf client

Remain aware of facial expressions, as they can convey a wealth of information

Set-up a pre-session with the interpreter

Take time to read this manual and understand the culture of Deaf people

Ensure that lighting and space are conducive to the use of an interpreter and ASL

Be aware of your own non-verbal communication

Maintain visibility to your face at all times

Contact the local Deaf organization to find a Deaf leader who can provide further insight and ideas when working with d/Deaf clients

Don'ts

Assume a few signs will suffice for communication during the therapeutic process

Decide the client's communication preference

Assume because the client is d/Deaf that their background is similar to that of another d/Deaf person

Over animate gestures for clarity

Over exaggerate speech

Speak louder in hopes of the d/Deaf client hearing what is being said

Mistake a head nod for agreement

Generalize/stereotype level of auditory loss or ability, speech, identity with intelligence

Talk into the person's hearing aid with hopes of them hearing what is being said

Assume that because a person wears a cochlear implant or a hearing aid that they do not want, need, require, or prefer an interpreter

Put your hands near clients face

Think that using a few signs provides comprehension to what the d/Deaf person is signing (talking about)

If a d/Deaf person chooses not to use their voice respect that decision

Appendix B

Resource for finding Sign Language Interpreters

Canada

Association of Visual Language Interpreters of Canada
 Canadian Evaluation System Office
 11337 - 61 Ave
 Edmonton, AB T6H 1M3
avlicces@freenet.edmonton.ab.ca
bmykle@vancouver.net
 780 430 9442 TTY; 780 430 9442 Phone
 780 430 9489 Fax
www.avlic.ca

British Columbia

Western Institute for the Deaf and Hard of Hearing (WIDHH)
 2125 West 7th Ave
 Vancouver, BC V6K 1X9
exdir@widhh.com
 604 736 2527 TTY; 888 736 2527 TTY
 604 736 7391 Phone; 888 736 7391 Phone
 604 736 4381 Fax
www.widhh.ca

Still Interpreting
 3469 Mons Dr.
 Vancouver, BC V5M 3B5
 604-433-6359

Alberta

Deaf and Hard of Hearing Services Southern Alberta Deaf Centre
 63 Cornell Rd NW
 Calgary, AB T2L OL4
exedir@dhhs.org
 403 284 6201 TTY; 403 284 6200 Phone
 877-711-3447 Toll-free Phone
 403 282 7006 Fax
www.dhhs.org

Freelance Interpreters Consolidated (FLIC) Inc.
 Po Box 36023
 RPO Lakeview
 Calgary, AB T3E 7C6
 (403) 283-8767 Phone/TTY
 (403) 802 3127 Fax
booking@flicinc.com

www.flicinc.com

Saskatchewan

Canadian Hard of Hearing Association Regina Branch
 c/o 2341 Broad St.
 Regina, SK S4P 1Y9
glochha@sasktel.net
 306 352 3323 Phone; 306 757 3252 Fax
 800 565 3323 Toll free in Saskatchewan

Saskatchewan Deaf & Hard of Hearing Services Inc.

#3 – 511 1st Ave. N.
 Saskatoon, SK S7K 1X5
saskatoon@sdhhs.com
www.sdhhs.com
 306 665 6575 TTY; 800 667 6575 TTY
 306 665 6575 Phone; 306 665 7746 Fax

Manitoba

ECCOE
 200 One Forks Market Road
 Winnipeg, MB. R3C 4L9
 204-926-3271
jan@eccoe.com

Ontario

Ontario Interpreting Services (OIS)
 271 Spadina Road
 Toronto, ON. M5R 2V3
 877-347-3427

New Brunswick

South-East Deaf and Hard of Hearing Services Inc.
 236 St. George St., Suite 420
 Moncton, NB E1C 1W1
seds@nb.aibn.com
 506 859 6101 TTY; 506 859 2979 Phone
 506 856 5060 Fax
www.south-eastdeaf.nb.ca

Nova Scotia**Society of Deaf & Hard of Hearing Nova Scotians**

1657 Barrington St., Suite 117
 Halifax, NS B3J 2A1
sdhhs@ns.sympatico.ca
 902 422 7130 Phone; 902 423 3353 TTY
 902 492 3864 Fax
www.sdhhs.org

Prince Edward Island**Canadian Hard of Hearing Association
Prince Edward Island Chapter**

Annie Lee MacDonald
 Augustine Cove
 Borden-Carleton, PEI C0B 1X0
 (902) 855-2382
annmerdon@pei.sympatico.ca

Newfoundland

isnl@nfld.com
 709 753 5621 Phone; 709 753 5620 TTY
 709 753 5682 Fax

**Interpreting Services of
Newfoundland &
Labrador**

220 Lemarchant Rd Suite 301
 St. John's, NF A1E 2H8

Northwest Territories**Canadian Hard of Hearing Association
Yellowknife Branch**

Esther Braden
 5A Aven Court
 5710 50th Avenue
 Yellowknife, NT X1A 1E9
 (867) 873-4735 bev_speight@gov.nt.ca

International**Registry of Interpreters for the Deaf, Inc.**

333 Commerce Street
 Alexandria, VA 22314
 703-838-0030
www.rid.org

Appendix C

Deaf Organizations

International

World Federation of the Deaf

Magnus Ladulasgaten 63, 4tr
118 27
Stockholm, Sweden
info@wfdnews.org
+46 8 442 1499 Fax
www.wfdnews.org

National Association of the Deaf

814 Thayer Ave, Suite#250
Silver Spring, MD 20910-4500
nadinfo@nad.org
301 587 1788 Phone
301 587 1789 TTY; 301 587 1791 Fax
www.nad.org

National

Canadian Association of the Deaf (CAD)L'Association des Sourds du Canada

251 Bank St., Unit 203
Ottawa, ON K2P 1X3
cad@cad.ca
613 565 8882 TTY; 613 565 2882 Phone
613 565 1207 Fax
www.cad.ca

Canadian Cultural Society of the Deaf Inc. (CCSD)

55 Mill Street, Suite 101
Toronto, ON M5A 3C4
info@deafculturecentre.ca
416 861 9946 Fax
www.ccdeaf.com

Deaf Culture Centre

The Distillery Historic District
55 Mill Street, Buliding 5, Suite 101
Toronto, ON M5A 3C4
info@deafculturecentre.ca
416 548 8882 TTY; 416 548 8880 Phone
416 548 8885 Fax
www.deafculturecentre.ca

