

WORKING WITH DEAF CLIENTS

Understanding some of the challenges of providing culturally competent and accessible mental health services for the Deaf community. BY SUSI BOLENDER, RCC

Sign language isn't something most people think about until they see it. When I was a teenager, someone mentioned to me I might consider working with Deaf children, and I had no idea what that might be like, but it sparked some curiosity.

One of the things I learned is the "D" in Deaf is often capitalized, because a Deaf identity is one of culture, which most people do not realize. Sometimes, you will see it written as d/Deaf which shows it's inclusive of both people who have hearing loss (deaf) and those who identify as a cultural minority with a unique culture, language, and heritage (Deaf).¹

In Canada, while there are regional differences in sign, American Sign Language or ASL is generally used. One of the most typically asked questions is, "Is there a universal sign language?" While there is an international sign language, it's not commonly used, and many spoken languages have a signed counterpart. Wikipedia suggests there are over 135 different sign languages around the world.

WHAT THE NUMBERS SAY


Statistically, the Canadian Association of the Deaf writes that, while there is no credible census to know accurately

how many d/Deaf people there are in British Columbia, they generally use a 10 per cent rule.² With a population of over five million people, B.C. has an estimated 500,000 people with some form of hearing loss. While there is no way to know exactly how many of those use ASL, those of us who work with the Deaf signing community know there are significant obstacles in accessing services due to communication barriers.

This is an article about accessibility, not statistics. For a population that a counsellor may not often think about until they show up requesting services, it is important to understand some of the challenges of providing culturally competent and accessible services in mental health when there are such limited options for the Deaf community.

It is estimated that one-fifth of Canadians experiences a mental health or addiction problem.³ Applying those calculations to British Columbia, an estimated 100,000 d/Deaf citizens may seek professional counselling services. That seems a large number, especially when you consider the barriers to direct services people with hearing loss face in a system that does not realize the significance of the language barrier.

A Canadian Community Health Survey reported that Canadians in the lowest income group are three to



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four times more likely than those in the highest income group to report poor to fair mental health.⁴ In 1998, The Canadian Association of the Deaf conducted a survey and data collection on the employment and employability of d/Deaf Canadians. They reported that only 20.6 per cent of d/Deaf Canadians are fully employed, 41.9 per cent are underemployed, and 37.5 per cent are unemployed (CAD, 2014). The data reflects that 79.4 per cent of d/Deaf Canadians are either underemployed or unemployed. Using this data, we can estimate that of the almost 500,000 d/Deaf British Columbians, 397,000 of them are three to four times more likely to have mental health needs due to socioeconomic barriers; a counsellor may not have the ability to communicate directly about this.

I am certain that most counsellors reading this article do not have functional fluency in ASL. I know this because I live and work in British Columbia and, to my knowledge, there are three bilingual RCCs in the province fluent in ASL. Fortunately, there are other resources.

RESOURCES TO SUPPORT WORK WITH THE DEAF AND HARD OF HEARING

The Deaf Well Being Program has an office in Burnaby and provides direct services to individuals and their families with hearing loss.⁵ They also provide consultation for counsellors working with Deaf or Hard of Hearing clients throughout the province. This is the most valuable resource for consultation on how to work with Deaf clients.

Another resource is the provincial interpreting association: The Westcoast Association of Sign

Language Interpreters (WAVLI).⁶ This organization offers contact to individuals and agencies who provide professional sign language interpreting services. Most agencies have a minimum charge of upwards of \$120 for a professional sign language interpreter. Many clinicians do not realize this is a cost that will fall to them as provincial and federal governments mandate that services need to be accessible.

WORKING WITH REGISTERED SIGN LANGUAGE INTERPRETERS

Interpreting is a relatively new field. To understand the problems faced in interpreting today, it helps to realize who has functioned as interpreters in the past. Some examples are family members (including hearing children), friends, co-workers, or other hearing people, referred to as signers, who have learned some sign or fingerspelling informally. Aside from the fact that

these groups of people are not trained in the skill of interpreting, other problems exist. Family and friends can be consciously or subconsciously biased, making it impossible for the hearing person, agency, or business to trust that the interpretation is accurate and impartial.⁷

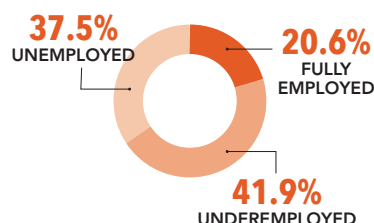
In the field of mental health, the non-signing counsellor depends on the interpreter to facilitate communication. Problems arise when the counsellor is uninformed about how to judge the skills and abilities of the sign language interpreter and the sign language interpreter is unfamiliar with the practice of counselling. In a variety of surveys, sign language interpreters self-disclosed that their training in mental health interpreting was insufficient.⁸

WAVLI only recently secured title protection and now has legal recourse to intervene if any person uses the protected registered titles: Registered ASL/English Interpreter, Registered Sign Language Interpreter, and Registered Visual Language Interpreter. There have been unscrupulous people who have learned sign language and then marketed themselves as an interpreter — when in fact they are properly referred to as “signers” — and hiring these imposters can greatly affect the quality of care a counsellor provides. Issues like informed consent and limits of confidentiality are components of our professional services that address the accountability of the clinician and client in sessions. If these issues are not conveyed appropriately, we leave ourselves open to liability. Signers, acting as interpreters, can seem appealing due to their tendency to charge lower hourly fees for their services. But while using the services of a signer may seem economical, the lack of training, education, experience,

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Employment Status of d/Deaf Canadians (CAD, 2014)



Many people use the word “hearing impaired” to describe hearing loss and think “Deaf” is insulting — thinking of Deafness as a disability — but the Deaf community prefers to be referred to as such. To say “hearing impaired” is a negative medicalized view of an aspect of their being that is a part of their cultural identity, so in most cases, using the word Deaf is most respectful. Even more respectful is to ask them how they would like to identify and talk about their hearing loss.



registered member of WAVLI by asking to see proof of membership.

PROVIDING EFFECTIVE AND INFORMED SERVICES

The d/Deaf community faces multiple barriers to mental health services but has an equal right to access services. The most effective way for counsellors to work with the d/Deaf community is two-fold: understanding that, in our society, a d/Deaf person is seen as a disabled person, balanced with recognizing that Deafness is a rich cultural identity with members viewing themselves as a cultural minority. Consulting with clients regarding the acceptable provision of services and ensuring sign language interpreters are qualified and professionally registered mitigates the feeling of difference and brings d/Deaf people into the fold of their mental health service provision. Framing practice from this informed perspective, counsellors must advocate for access and inclusivity and prepare to work with sign language interpreters as colleagues. ■

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and learned collegial knowledge makes their services ineffective and potentially harmful to both the d/Deaf client and clinician.

WORKING AS A TEAM WITH A REGISTERED SIGN LANGUAGE INTERPRETER

I often say that a therapist is only as good as the interpreter they hire. A therapist can be an expert in a field of practice but hire a novice interpreter in their sessions and be ineffective. It is crucial to work with a qualified, experienced interpreter and be diligent before engaging their services in understanding their credentials and ability to work in mental health settings.

Developing a working alliance, rapport, and so many of the foundational aspects of our practice are dependent on relationship. When our approach must be spoken through another individual who does not have the same professional training as we do, we need to be sure we are investing wisely for our own professionalism and the success of our clients.

In addition to considering how the sign language interpreter will affect the working alliance, a counsellor should also consider the accuracy of information and the nature of the

interpreting process by checking in with the client frequently for understanding and having pre- and post-session discussions with the interpreter about their theoretical framework and clarify goals of therapy.

HOW TO SELECT AN INTERPRETER

An interpreter that both counsellor and client are comfortable with will support the therapeutic process. Knowing the right questions to ask before engaging an interpreter’s services will be helpful in determining best fit. Asking about experience in mental health, sharing your theoretical framework, and asking questions about their knowledge and background will help make these determinations. Also, ensure they are a

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