

## APPENDIX I

### **The Evolution of Mental Health Services for the Deaf and Hard of Hearing Questionnaire Responses**

#### **Therapist's Issues:**

*What challenges are created when you are not in control of how your message is "languaged" to the client? How have you learned to compensate for this? What trials, errors and successes?*

- Have faith/trust interpreter to send my message in a "psychologically-minded" way – the way I intend it...need to know interpreter and be able to openly discuss how message was intended and sent (any problems, etc) to better understand the client. Similarly, I may check out the message I observed the client sending (i.e. ask the interpreter).
- Challenge: need to be concise/precise...cover one topic at the time...constant review of what we have covered and where we are going...increased the need to check with patient re understanding of therapist's message/process.
- 25 years ago when I embarked on a counselling career with Deaf people the expectation was that I needed to be able to sign...presently my signed language is "languaged" so that my client can understand and the reciprocal communication is established directly between client and therapist...when I think my signing is not clear I slow down and make it clear.
- May lose the care with which the message is conveyed and subtle nuance...learn to compensate by listening to the interpreter "re-voice" the words as s/he signs them and to pick up any discrepancies by re-iterating the message more clearly.
- Formal assessments with suggestible client who has anxiety about pleasing therapist/interpreter...offering of examples in ASL is problematic...need to discuss preferred interpretations with interpreter prior to utilization...time consuming/results from assessment difficult to rely on...language of cognitions in EMDR same challenge.
- I feel comfortable with the three interpreter I have used...if message isn't exactly as I want I just rephrase and repeat it...this happens with a hearing client also at times.
- I had no trouble with this...the interpreters would often search for a way to describe my question, but the search led to interesting distinctions.

***Did you feel vulnerable having another professional (the interpreter) in the room when you were conducting therapy? How did you overcome that?***

- Cumbersome at first...as relationship with interpreter (and client) developed, the flow developed.
- Initially yes...vulnerable and intimidated but soon forgot interpreter as relation with patient became only focus.
- I use an interpreter where there is more than one person in the session (i.e. family group, marital therapy) it is helpful for all parties but takes some adjustment (e.g. eye contact, timing).
- At first yes...competency issues arose but were quickly overcome...interpreter presence is minimal/almost non-existent when the language isn't working.
- Initially yes, however one gets use to it...getting to know the interpreter better helps.
- Not at all...having another professional present is fine.
- I didn't feel vulnerable with the interpreter.

***What assumptions, if any, did you import from your work with hearing clients that had to be modified or changed when working with the Deaf?***

- Eliminate English idioms...some don't translate well. Developed awareness of Deaf Community's impact on individual (is like a "ghost in the room" during therapy). Confidentiality takes a greater meaning in the Deaf Community (gossip).
- Necessary to modify many aspects...need to be more concrete...use of social cues to help client...appointment scheduling is more demanding/time consuming as three different parties have to be scheduled.
- Words like "communication" and "isolation" took a whole new meaning in my work with Deaf people...the experience of Deafness on language, vocational opportunities, relationships in unique and plays integral part in self-determination and change.
- There are a lot of "hearing" idioms that need to be changed...assumption of level of knowledge/life skills may not be appropriate...need to explain things clearly and in metaphors.

## Questionnaire Responses

6

- Use of visual language rather than auditory...metaphorical language doesn't work as well...use of minimal encouragers in tracking client which isn't useful with Deaf clients/tracking has to become much more visible...family of origin issues very different – wasn't prepared for that.
- That client has a familiarity with therapy in general, introspection and self-growth in particular...took a while to realize this was not part of Deaf culture.
- I discovered through the process that my client had a much harder time understanding others or explaining herself than I had supposed...Her vocabulary was so limited that she was almost incommunicado with others, particularly her daughter...she therefore had trouble trusting others, a natural consequence of being Deaf.

### ***Other issues that you noticed that are unique to providing therapy to deaf and hard of hearing clientele.***

- Trust of hearing therapist...even minimal signing ability is beneficial to relationship development...organizing interpreters is time consuming...when writing to client there is a Deaf-ASL style of approaching the English language that is unique and requires understanding...understanding the Deaf speech takes time.
- Respect for language (ASL) is important. Deaf clients seem more apprehensive...need more reassurance/information about processes.
- Deaf community is an integral system that impacts on individuals in terms of supports, historical difficulties, etc...Deaf/Hard of Hearing populations are not homogenous and present with own unique/separate issues...early childhood issues are significant when working with Deaf adult re general impact on individual's life.
- Difficulty in determining when "Deaf/Hearing" dichotomy is valid or when it is used as a way of excusing client from honestly facing issues.
- Huge gaps in development due to lack of shared language in family of origin...ongoing oppression of hearing world-seen as available victims, underemployment, loneliness...violation of boundaries/lack of confidentiality in Deaf community...some therapy modalities difficult to incorporate in deaf therapy.
- Mother and daughter discovered that daughter has no language to explain feelings...I was mistrusted by the mother because I was a man and she had different experiences with her father and other men...I was stereotyped because she didn't and couldn't seem to really understand my experience.

### **Interpreter Issues**

***How is mental health interpreting different than other types? What special demands does it place on the interpreter? Vis a vis the client? Vis a vis the other professional (a therapist vs. a doctor or lawyer)?***

- Mental health interpreting can be very stressful and emotional for the interpreter and client...interpreter must be professional in conveying the content, emotion and deliver of the client...because of the serious nature of some counselling issues, it is necessary that the interpreter understand accurately what is being conveyed in order to voice it properly....the therapist may have to be patient so an accurate rendering can be made.

***What does the interpreter experience as she/he comes to realize that each therapist has a different theoretical orientation?***

- Interpreters need to be more sensitive about all “human” issues and be open to exchange of emotions that they will face...need to be able to interpret the tonality and tension in the ASL language they pick up from the patient.
- Different people/schools/therapy.
- Be patient and not show signs of frustration.

***How important is the therapist’s awareness of Deaf Culture? What responsibility do you feel for education the therapist? How has your approach to this advocacy task changed over the years?***

- Good awareness is important...understanding culture and different trends in the culture is a good tool.
- It is important but the therapist should also know the role of the interpreter and what he/she may encounter with one...I don’t think it is my job to educate the therapist on Deaf Culture...my approach to this advocacy task has not changed over the years.

***What other wisdom have you accumulated about working as a team to provide mental health services to this community?***

- It’s certainly better if there is a Deaf therapist involved or one that is fluent in ASL.

***It would be particularly helpful if you could remember the process you went through as you went from “then” to “now”. What helped you move from one stage to the next? (colleagues, meetings with therapists, life experience, etc.)***

- Apprehension...confusion about culture...special needs of population...ability to be more flexible...access to therapist/support/information in same area...need to share with therapist my experience.
- There was more of an adjustment for me getting to know the Deaf client and his mode of communication, people in his life and his abbreviations for things...my relationship with the therapist was not a problem.

### **Team Work Issues**

***What were the initial difficulties as therapists and interpreters began to work together? What issues/topics produced the most friction, heat and smoke?***

- Having another person in the room...(therapist's) need to talk directly vs. through (interpreter)...at first noticing who the client is looking at...can therapist trust interpreter to convey message...not being able to do “Ericksonian” therapy in a traditional way.
- Schedules-difficult to find time...working in different milieu/location...different philosophies in regard to patients...no remuneration for meetings...limited training in the field.
- Not understanding about Deaf culture...polite rules of managing relationships...therapist trying to instruct the interpreter with the session which isn't appropriate (asking for feedback instead of supporting the interpreter in “role”).
- Initial feeling of “missing” client...direction of therapy wasn't happening...not knowing what interpreter said...Was it language or particular client? Comfort of having a witness to intense sessions (i.e. suicidal client)...someone to whom I could say “holy, intense session” and knew she knew it!
- Individual styles of interpreters i.e. simultaneous or consecutive interpreting...first interpreter “trained” me well and spent several hours alone with me introducing me to Deaf Culture.
- None.

***Where have we made progress? Were the problems solved, resolved or dissolved (simply disappeared)?***

- Resolved-I worked with great interpreters-learned some sign language...found new ways of working.

## Questionnaire Responses

6

- Variety of therapist...more information meetings scheduled.
- Solved by discussion of therapist and interpreter initial stages...would often meet for 15 minutes to 1/2 hour after sessions to debrief the process.
- Regret necessity of throwing formal assessments out...these were not getting valid results on dissociative experiences scale and MPD assessment (DID).
- I have an interpreter that is a little more a part of the team and not just a formal interpret...when boundaries are too frigid I feel we do not work as well together for benefit of the client.

### *What work still remains to be done in terms of ongoing tension, dispute, etc.?*

- Keep talking to each other...therapists should learn basic signing to help process go more smoothly (but still use interpreters) Interpreters should understand basic therapeutic principle.
- Nothing from my perspective...dispute is too strong.
- One mental health interpreter for whole Okanagan valley makes scheduling very difficult...client had process issues with interpreter and if not resolved no other viable options...scary...it was resolved.