

Understanding Deaf People in Counseling Contexts

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(ASL PRIDE created by De'VIA artist, Nancy Rourke. nancyrourke.com)

We, five Deaf counselors, have come together to write this article to educate our fellow counselors about Deaf culture, the Deaf community and working with Deaf clients. This article is written from the Deaf experience — a “Deaf center” — which reflects “a different normality” (as Irene Leigh explains in her book *A Lens on Deaf Identities*). This means the perspectives shared here are not from an audiological center or phonological constructs that include the views and terms of “deafness,” “hearing loss,” “hearing impaired” and “cannot hear.” We discuss Deaf people from a social-cultural minority standpoint.

This article is only a starting point to understanding Deaf people in counseling contexts. It is not comprehensive. When meeting with a Deaf client, several important issues need to be considered, including cultural competence, assessing and working through personal biases, counselor advocacy and client empowerment, communication, confidentiality, service delivery, referral, consulting and connecting with professional Deaf counselors, and working with sign language interpreters.

Deaf culture, Deaf community and Deaf identity

Deaf people are part of an ethnic group — a cultural, linguistic minority. It is living in a nonsigning world that can be disabling, not the experience of being Deaf. Deaf people share a collective name, language, culture, history, values, customs and behavior norms, feelings of community and kinship, arts and literature, and social/organizational structures. Being Deaf is a biological characteristic — just like being Black or White, female or male — and is not a condition; it is a way of *being*.

We use “Deaf” with a capital D in this article as any author would when referring to other cultural or religious groups (Hispanic, Japanese, Jewish and so on). Our use of a capital D indicates, as Joanne Cripps explains in *Quiet Journey: Understanding the Rights of Deaf Children*, that Deaf culture “is the birthright of every Deaf individual by virtue of their having been born Deaf or having become Deaf in childhood, whether or not they have been exposed to Deaf culture.”

Like members of other ethnic groups, Deaf people come with a wide range of identities. It is common practice to use a capital D when identifying as culturally Deaf and a member of the Deaf community. Deaf people who have different experiences with vision may identify as Deafblind. Some use a lowercase d for “deaf,” which stems from the medical model and focuses on audiological status, communication style and/or level of exposure to and experience in the Deaf community. Other examples include *hard of hearing*, *late-deafened* or *Deaf learning ASL later in life*. The term *hearing impaired* may seem politically correct, but for most Deaf people, it is insulting. Additionally, Deaf

people have a range of intersections — racial/ethnic, sexuality, gender and so on (for example, African American Deaf or Black Deaf, Native Deaf, Latina Deaf lesbian, Deaf immigrant, Deaf with cerebral palsy). There are also hearing children of Deaf adults who identify with Deaf culture and as members of the Deaf community.

It is important for counselors to engage in readings about Deaf culture and Deaf identity development. Only 10 percent of Deaf people are born into Deaf families, meaning approximately 90 percent are born into families who are hearing and not aware of Deaf culture or American Sign Language (ASL). Often the latter grow up feeling they may be inferior and learn to accept labels born from the medical model. A great number of Deaf people share a common experience called the “dinner table syndrome,” a term informally coined by counselors working with Deaf college students. It describes how, at the dinner table, hearing family members converse freely through speech about their day at work or school and other issues and, all the while, the Deaf person is missing out on these exchanges. (Susan Dupor’s painting, *Family Dog*, which can be viewed at duporart.com/gallery/prints/familydog.html, phenomenally portrays these experiences.) Counselors working with Deaf clients would want to educate themselves — as well as their Deaf clients and, when appropriate, the clients’ families — about “Deafhood.” Deafhood, as described by Paddy Ladd, is “to begin the process of defining an existential state of Deaf ‘being-in-the-world.’”

ASL is the language of Deaf people in North America. ASL is not universal. There are different sign languages around the world just as there are different spoken languages. The multicultural aspect of the Deaf community may influence a Deaf person’s signing style. Different signs are used in different regions for the same term. Deaf ethnic/racial minority groups may have their own unique signs and dialects (such as in Black ASL). Education and class may influence a person’s signing as well. For example, the signing of Gallaudet University graduates is often a combination of ASL and English, while a purer form of ASL is retained by those less affected by the higher value academia has long placed on English.

In ASL, the use of nodding is important, as it is in the Japanese language. When a Deaf person is nodding, it means she or he is listening and sees what you are saying. It does not necessarily mean that person is in agreement with what you are saying. Like the Hebrew language, ASL is effective without use of the words “was,” “are,” “to,” “be,” “were,” etc. ASL does not follow the grammatical or syntax structures of English.

Cultural competence and working through biases

In Deaf-centered counseling, the counselor provides culturally and linguistically affirmative services to Deaf clients. The counselor is conscious of how Deaf clients’ lives are shaped by their identity and experiences and by being members of a cultural/linguistic minority group. The counselor uses ASL and communication that matches clients’ preferences and is mindful of issues related to managing life in a small community (for example, dual roles/relationships and the possibility of backstabbing/grapevine talk being misunderstood as Deaf culture).

If a hearing counselor has minimal awareness of Deaf culture and the Deaf community and does not know ASL, this counselor can refer the Deaf client to a Deaf or signing counselor. Another option is for the hearing counselor to work with the Deaf client and a sign language interpreter. It is important to discuss this issue with the Deaf client to find out which option the client prefers. Usually, Deaf clients prefer to work with Deaf counselors. However, there are some Deaf clients who prefer to work with hearing counselors. There are a variety of reasons for either preference (for more on this, see the chapter “Deaf College Students” by Aimee K. Whyte and Kendra Smith in the second edition of *Psychotherapy With Deaf Clients From Diverse Groups*, edited by Irene Leigh).

As is the case when working with any client, working with Deaf clients requires cultural competence. Cultural competence is developmental, educational, community focused, family oriented, systemic and culturally relevant. Being culturally competent means understanding one's own worldviews as well as those of the client, and paying attention to the needs of individuals and groups. It involves the integration of cultural attitudes, beliefs and practices into the building of rapport, diagnosis and treatment, education and training, and the counseling office or agency itself.

Ongoing counselor advocacy, client empowerment and use of reframing with Deaf clients — meaning paying particular attention to how we frame things and how our own views of “Deaf” come through in sometimes harmful ways (biases) — fall under cultural competency. Ongoing self-assessment is a must, and this article can be used as a guide.

It is important to focus on how to advocate for Deaf clients and to teach self-advocacy with Deaf clients, both on an individual basis and with families and within systems. It is also important to learn to be *anti-audist*. Although the word appeared in the Deaf community in 1975, it was not until 2012 that the *American Heritage Dictionary* first published an official definition of *audism*: the belief that people with hearing are superior to those who are Deaf and/or that the English language is superior to ASL. Audism is essentially discrimination or prejudice against people who are Deaf. Acts of audism — much like racism, sexism, ageism and other isms — may be intentional or unintentional on the part of a hearing person toward a Deaf person.

Beliefs that Deaf people are helpless, inferior, vulnerable, unintelligent or unable to “speak” for themselves have long dominated our social consciousness. Those same beliefs are perpetuated in many areas of our society, including the professional literature, and negatively influence how we frame the discourse about Deaf people. Deaf people have yet to be identified as a distinct cultural group in counseling and psychology textbooks. They are often included — if at all — in sections discussing people with disabilities (one possible exception is the second edition of *Addressing Cultural Competencies in Practice* by Pamela Hays, which contains some limited mentions about counseling Deaf people).

In examining the prevalence of the pathological framework in the literature, we are better able to understand the basis of many of our beliefs about Deaf clients. One of the first steps is to accept that much of what you have read thus far in the literature is misleading, incorrect or incomplete. It is our responsibility as professionals working with minority groups to commit ourselves to unlearning what we already “know” and then relearning from the very communities with which we are working. Should a Deaf individual show up at your office, do not assume that because you have read a book or even several articles (including this one) that you are automatically qualified to work with the person. One of the best ways you can advocate for and with Deaf clients is to seek consultation with Deaf mental health professionals.

As a counselor who has studied multiculturalism, you may be aware of the need to unpack your privileges prior to working with clients. One such privilege is “hearing privilege.” Encouraging a Deaf client to become more “hearing” (for instance, by suggesting that the client should speak or speak more often, work to accommodate others, get a cochlear implant or simply accept that the world is not fair) may result in the client feeling less than human.

It is crucial to create a space for Deaf people, to empower them to take a journey into exploring exactly what Deafhood is for them and to support them in discovering and utilizing tools for countering an oppressive society in ways that are both compassionate and liberating. Encouraging clients to develop skills and tools for managing oppression, prejudice and negative attitudes is empowering. On the other hand, teaching a Deaf client to “cope” with oppression as opposed to exploring advocacy — thus placing the burden on the individual rather than on society — is an explicit example of a counselor who has yet to unpack her or his hearing privilege.

Referral

If a Deaf client prefers to work with a Deaf or hearing-signing counselor and one of these counselors is in close proximity, be prepared to make a referral. Discuss this with the client. The client may or may not already know the Deaf/signing counselor. When contacting the Deaf/signing counselor, do not use the client's name until the client gives her or his full consent. If referring to a hearing-signing counselor, find out the counselor's knowledge of sign language and Deaf culture. Advise the client that you are not qualified to evaluate a person's sign language proficiency and knowledge but that you were informed or are aware that the counselor knows sign language.

Another option is to refer the client to an agency that provides videophone counseling. Videophone counseling is also referred to as distance counseling, telecounseling or teletherapy. With just a videophone or webcam and a broadband Internet connection, Deaf clients can now have unprecedented access to Deaf counselors. Technology enables real-time, face-to-face communication between Deaf counselors and clients who communicate in ASL, a visual language perfectly suited to this particular therapeutic modality. Advanced equipment ensures picture quality that is far superior to the typical Skype picture with which most people are familiar. Videophone counseling facilitates therapeutic dialogue by enabling continuous eye contact and observation of facial expressions and upper body language. With the click of a remote, clients can go outside of their geographic regions, as well as their social and professional circles, to obtain support from a larger, more diverse pool of licensed Deaf counselors.

Alternative Solutions Center (ASC), for example, has offered videophone sessions through a national network of licensed Deaf clinicians since its establishment as the first Deaf-centered counseling practice in 2001. By an overwhelming majority, ASC's clients report a strong preference for videophone sessions with Deaf counselors who understand and "get" the Deaf experience in life over meeting in person with hearing counselors and interpreters, or even with hearing counselors who signs.

When the counselor-client relationship is the best predictor of success, it is not surprising that Deaf clients choose videophone sessions with Deaf counselors. This dyad lets clients relax and focus on the issues that brought them to counseling in the first place rather than dealing with the additional strain so often present when Deaf clients find it necessary to alter or slow down their signing so a hearing counselor can understand them. With videophone sessions, Deaf clients do not feel the need to take care of a hearing counselor's feelings by throwing in a disclaimer such as "but I don't mean you" when venting their frustrations about hearing people. Nor do they need to deal with subtle undercurrents of Deaf-hearing inequity that is so prevalent in our society and unavoidable in the therapeutic dyad of a Deaf client and hearing counselor or a therapeutic triad when an interpreter is present. According to ASC, clients tend to keep videophone appointments more regularly than appointments that require traveling to the counselor's office.

Consulting and connecting with Deaf counselors

The Department of Counseling at Gallaudet University, located in Washington, D.C., is the world's only training program that prepares mental health and school counseling graduates to work with a wide range of Deaf people. These programs are accredited by the Council for Accreditation of Counseling and Related Educational Programs. Graduates are highly trained in their CACREP specialty areas and possess in-depth knowledge about the Deaf community, including its various subgroups, and are required to have sign language fluency. Interns and graduates from these counseling programs have had a dramatic impact on service delivery systems for Deaf individuals as well as the Deaf community throughout the United States and internationally, increasing full communication and service accessibility for this population. For example, several state mental health directors for Deaf services are Gallaudet counseling graduates.

Although sign language interpreters continue to be an option for making counseling services accessible to the Deaf community, in combination with nonsigning hearing professionals who may or may not be knowledgeable about this population, this is not comparable to direct communication with clients. Gallaudet's counselor training program is unique because all communication in classrooms is in ASL. Practicum and internship placements are at agencies that serve Deaf people. Graduates of the counseling programs are not limited to working with Deaf clientele; they are trained to serve hearing clients as well.

There are a variety of ways to connect with Deaf counselors. Gallaudet's counseling training program and its mental health center are good starting points. We have also listed some other agencies and organizations below.

If you do not know of any Deaf agencies in your area, contact one from the list (or from your own Internet search) and ask these organizations to help connect you to the closest Deaf counselor or service agency in your area. Many Deaf counselors are also available to consult through videophones using video relay service (see fcc.gov/guides/video-relay-services). There is no cost to consumers using video relay service.

If you see Deaf counselors at a workshop or conference, talk with them. Invite Deaf counselors to provide education and training to you and your colleagues about working with Deaf clients. When training new counselors about multicultural issues and ethnic groups, include Deaf populations in your discussions and invite Deaf professionals to serve as guest speakers in classes. Finally, attend events and conferences hosted by Deaf counselors.

Working with interpreters

In some instances, the Deaf client may decide to work with a hearing counselor and an interpreter, or for some reason, it may be the only option. Remember that the interpreter is in the session for *both* the counselor and the client. It is recommended that the interpreter be nationally certified by the National Association of the Deaf and the Registry of Interpreters for the Deaf (see nad.org/issues/health-care/mental-health-services and rid.org) as well as trained and experienced in interpreting counseling and mental health situations. Trust Deaf clients if they share that they are not getting their needs met via the interpreter or if they explain that the interpreter's signing skill level does not match their own.

Counselors can also use an interpreting referral agency both to find interpreters and to become familiar with the code of conduct and ethics of interpreters. It is helpful if the counselor asks about the Deaf client's communication preference and whether the client has a preferred interpreter prior to the counseling session. Confidentiality is a critical issue for Deaf clients, particularly because the Deaf community is small and close-knit. Deaf people work with interpreters often, so there may be specific interpreters the Deaf client would prefer to work with or avoid in counseling sessions for various reasons. Deafblind clients may ask specifically for a close vision interpreter or a tactile interpreter. On some occasions, depending on the language skills of the client, there may be a need for a certified Deaf interpreter in the session in addition to the hearing sign language interpreter.

When in the counseling session, discuss seating arrangements with the Deaf client and ask where the client prefers the interpreter to sit. Most likely, the client will prefer for the interpreter to sit next to the counselor. Avoid talking with the interpreter before and after sessions without the presence of the Deaf client. Otherwise, the client may think you are talking about her or him, and this may have an impact on rapport building and trust. Typically, it is helpful for interpreters to know the goals and important terms that may be used in communications prior to interpreting assignments. In counseling sessions, however, this is not always possible. Instead, this communication can take place with the Deaf client present. Best practice includes the client in any communication with the interpreter.

If any communication is unclear, ask for clarification as the counselor. It is possible either that the client was unclear or that the interpreter was unclear or misinterpreted information. It is also helpful at times to repeat back what the client has said through the interpreter to ensure understanding between all parties. Remember that sign language interpreters are not only interpreting what is said between the Deaf and hearing persons, they are also mediating between cultures. As Claude Namy once said, "Interpreting ... is not merely transposing from one language to another. It is, rather, throwing a semantic bridge between two different cultures, two different thought worlds."

Be mindful of communication flow and turn taking with the client when talking. What is said in ASL often takes longer to interpret or say in English. Eye contact is also important. Be sure to look at the client rather than the interpreter. In addition, avoid using phrases such as "Tell her that ..." Always talk to the client directly.

Key counseling approaches

- First and foremost, be ready to refer Deaf clients to Deaf counselors or hire contractual Deaf counselors as needed. If neither option is available, develop a budget for interpreters.
- Remember that Deaf people are diverse. No Deaf person is the same.
- Deaf people are visual beings. Visual, expressive and tactile approaches may be beneficial, including the use of art and play therapy, particularly in school counseling settings. Be mindful that assignments or handouts in English language may not be culturally compatible with Deaf clients.
- Encourage families of Deaf children to learn ASL. In addition, encourage these families to seek opportunities for the child to attend Deaf community events and connect with Deaf role models to foster self-efficacy, communication and social skills.
- n Hearing counselors who are fluent in sign language should never assume the role of interpreter, even in family counseling sessions or if their school is facing financial constraints. Accepting this dual role is unethical and also creates role confusion.
- Become attuned to the power dynamics present when you have an interpreter in your session.
- Be open to and invite challenge from your Deaf clients to neutralize the power dynamics in session. Adopt the vocabulary your client uses (except when it may interfere with treatment goals or identity development issues, or contribute to faulty thinking).
- Be aware that ASL is a specific language. When asking a Deaf client if she or he is "mad," "angry," "furious," "livid" or "enraged," be cognizant that the sign for each word may be the same. However, the intensity of the sign may change, as may facial expressions. When a client signs that she or he is "mad" with an "enraged" facial expression, there is no telling what terminology the interpreter will choose to describe the client's anger. For this reason, asking scale questions may be helpful. For example, "Describe your anger on a scale of 1-10." When assessing for suicide, access to weapons or experience of abuse, use straightforward, simple questions. For example, "Do you want to kill yourself?" The word "suicide" in English actually has several specific signs in ASL, such as "slash wrists," "take pills" or "hang self."
- Avoid making decisions for the client or giving advice. Deaf clients may have had decisions made for them for much of their life by family members or hearing service providers. For example, parents may have decided to get them a cochlear implant, vocational rehabilitation counselors may have told them what they could and could not major in in college, schools may have assigned them interpreters with whom they did not feel comfortable, school individualized

education programs may have required them to take speech classes while hearing students were in an enjoyable art class and so on.

- Avoid making assumptions about what Deaf people should be feeling. For instance, many counselors assume that Deaf people are grieving a loss of hearing when, in reality, many embrace their Deafhood. Focus on Deaf Gain (see the work of Dirksen Bauman, Joseph J. Murray and Peter Hauser).
- Do not require proof of audist injury and/or minimize experiences that a Deaf person has as a result of familial or systematic oppression. Statements such as, “I would imagine your father wanted to communicate with you, even though ...” are not helpful. Validate the client from the client’s experience.
- Beware of challenging Deaf clients to explore patterns of dependency and statements of helplessness. This may trigger transference.
- Avoid asking Deaf clients to teach you about Deaf people or ASL. It is not their responsibility, and counseling sessions certainly aren’t the time for this. Do that research on your own time.
- Do not devalue ASL. Learning the basics of ASL does not make you fluent enough to work with Deaf clients. However, learning some basic sign language and fingerspelling may aid in building rapport and demonstrate that you are interested in your client’s language.
- Be attuned to ways that self-pity elicits your own pity as a counselor, particularly as it pertains to internal biases about the experiences of Deaf people.
- Acknowledge, apologize for and learn from mistakes.
- Pay attention to the framework you discuss in sessions by monitoring your word choices and the ways you may be placing responsibility on the individual for social issues. Consider adopting feminist, systemic, social constructivist approaches to counseling with Deaf clients.
- Use caution when diagnosing. When Deaf people say they believe their family members are talking about them, they may be right (for example, hearing members discussing the Deaf person through speech in the Deaf person’s presence, but the Deaf person not understanding what is said). Or if they think the Deaf community knows something about them, they may be right (the community is very small and close-knit). Because of these issues, some Deaf people have been misdiagnosed as anxious or paranoid. Others have been misdiagnosed with schizophrenia because they were “hearing voices or sounds.” In reality, they were experiencing tinnitus or ringing in the ears, or they were simply misunderstood. Misdiagnoses of attention-deficit/hyperactivity disorder are common for Deaf children with “attention challenges.” This is particularly prevalent in mainstream settings where Deaf children may not have the right kind of interpreter or are feeling that they do not belong, or in Deaf school settings where they have finally discovered peers with whom they can sign.
- Some Deaf clients may have misconceptions about Deaf people and being Deaf. This is known as internalized or “dysconscious audism” (see the work of Genie Gertz). These Deaf people may not have had much exposure to other Deaf people and may possess an identity that was imposed on them (medical perspective). This may be consciously or unconsciously interfering with the client’s life, relationships, self-concept/well-being and perspectives of Deaf people, and would thus be an important issue in treatment. Some treatment goals and activities may include unpacking perspectives (realistic and unrealistic) of Deaf people, meeting other Deaf people, joining Deaf organizations, finding Deaf role models and so on. It may be helpful for the counselor to review development models such as Anita Small, Joanne Cripps and James Cote’s Minority Deaf Identity Development framework, as well as Jean Phinney’s Model of Ethnic

Identity Development or Anthony D'Augelli's Model of Lesbian, Gay and Bisexual Identity Development because there are some parallels in these models to Deaf people's experiences.

- Ensure that your agency or private practice is Deaf-friendly. For example, list "Deaf" under ethnicity in your forms and checklists. Include a question about communication preference or if an interpreter is needed in sessions. Print intake forms and other paperwork in a larger font size for Deafblind clients (14-point Verdana on yellow paper, unless the client specifies a different need or preference). Become familiar with the relay phone services that Deaf people use, including video relay service and text relay.
- When possible, high school counselors could connect Deaf students with a Deaf unit in a department of vocational rehabilitation to support the students' vocational and career goals after graduation.

Resources

Deaf Counseling/Mental Health Organizations & Agencies:

- *Abused Deaf Women's Advocacy Services (ADWAS):* adwas.org
- *ADARA (Professionals Networking for Excellence in Service Delivery with Individuals who are Deaf or HOH):* adara.org
- *Advocacy Services for Abused Deaf Victims (ASADV):* asadv.org
- *Alternative Solutions Center (ASC):* ascdeaf.com
- *Deaf Counseling, Advocacy and Referral Agency (DCARA):* dcara.org
- *Deaf Wellness Center (DWC):* urmc.rochester.edu/deaf-wellness-center
- *Gallaudet Mental Health Center:* gallaudet.edu/mental_health_center.html
- *National Counselors of the Deaf Association:* ncdacounselors.org
- *Minnesota Chemical Dependency Program for Deaf/HOH:* mncddeaf.org
- *National Deaf Academy Behavioral Health System:* nda.com
- *Substance and Alcohol Intervention Services for the Deaf (SAISD):* rit.edu/ntid/saisd
- *Deafblind International:* deafblindinternational.org

Deaf Organizations:

- *American Association of the Deaf-Blind:* aadb.org
- *American Society for Deaf Children:* deafchildren.org
- *Children of Deaf Adults, Inc.:* coda-international.org/blog
- *Deafhood Foundation:* deafhoodfoundation.org
- *Deaf Women of Color:* deafwomenofcolor.com
- *Deaf Women United, Inc.:* dwu.org
- *Facundo Element, Project Humanity:* facundoelement.com
- *Intertribal Deaf Council (IDC):* deafnative.com
- *Jewish Deaf Congress (JDC):* jdc.org
- *Journal of Deaf Studies and Deaf Education:* jdsde.oxfordjournals.org

- Latino Deaf & Hard of Hearing Association of the Metro DC Area, Inc.: ldhhamdc.org
- National Asian Deaf Congress (NADC): icdri.org/dhhi/nadc.htm
- National Association of the Deaf: nad.org and nad.org/affiliates
- National Black Deaf Advocates (NBDA): nbda.org
- National Council of Hispano Deaf and Hard of Hearing: nchdhh.org
- Rainbow Alliance of the Deaf: rad.org

Books/Videos for Counselors:

- “A Lens on Deaf Identities” by Irene W. Leigh.
- “Cognitive-Behavioral Therapy for Deaf and hearing persons with language and Learning Challenges” by Neil Glickman.
- “Cultural Space and Self/Identity Development Among Deaf Youth” by Anita Small, Joanne Cripps and James Cote ([Available Online](#)).
- “Deaf and Sober: Journeys Through Recovery” by Betty Miller.
- “Deaf in America: Voices from a Culture” by Carol Padden and Tom Humphries.
- “Deafhood Discussions” (various videos): deafhood.us/wp.
- “Ethics in Mental Health and Deafness” by Virginia Gutman.
- “History Through Deaf Eyes” (PBS movie).
- “Mental Health Care of Deaf People: A Culturally Affirmative Approach” by Neil Glickman and S. Gulati.
- “Psychotherapy with Deaf Clients from Diverse Groups” (first and second editions), edited by Irene W. Leigh.
- “Quiet Journey: Understanding the Rights of Deaf Children” by Joanne Cripps.
- “The Mask of Benevolence” by Harlan Lane.
- “Understanding Deaf Culture: In Search of Deafhood” by Paddy Ladd.

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