Counseling Services
For Students Who are Deaf and Hard of Hearing

Current trends
A recent Time magazine article noted that college counseling centers are experiencing an increasing number of students seeking services for a range of mental health and developmental needs. For many students, the college experience can be stressful, which may contribute to poor eating habits, irregular sleeping patterns, or experimentation with high risk behaviors such as sex, drugs, and alcohol.

All of these indicators, combined with the academic stress of college life, can precipitate mental health problems. With the modern medical treatment of antidepressants and other drugs, many students who would have been unable to attend college two decades ago now can thrive on campus.

As a result, there is a greater need for services than ever before. Some college counseling centers are either expanding their campus counseling services or referring students off campus for treatment. Deaf and hard-of-hearing students have the same developmental and psychological needs as their hearing counterparts; however, their communication needs are unique.

The unique experience
Although confronted with ongoing challenges growing up in families with hearing members, many deaf and hard-of-hearing individuals are well adjusted and lead productive lives. However, due to the low incidence nature of deafness and communication issues, the prevalence of mental health problems is greater among deaf and hard-of-hearing people than the general population.

In addition to the known causes of mental health problems found in the general population, it often is the attitudinal or physical barriers surrounding deafness that manifest the “second layer” of mental health problems in deaf and hard-of-hearing individuals. It is important for mental health providers to understand the implications of some of the common phenomena experienced by deaf and hard-of-hearing individuals. Here is a snapshot of some issues:

- Ninety percent (90%) of deaf and hard-of-hearing children have parents who are hearing. How families react to deafness has a permanent psychological effect on the child and influences the entire emotional structure of the family. For example, prolonged parental grief will have an impact on the child’s view of self. And although more and more parents are using sign language, a significant number of families still rely on spoken communication.
- Only 30% of all spoken English words are lip-readable. Deaf and hard-of-hearing individuals have difficulties discriminating words such as pat, bat, and mat even with amplification. Understanding spoken communication often is frustrating and difficult for deaf and hard-of-hearing individuals.
- As with hearing children, incidental learning within the home and the community is an ongoing activity often taken for granted. Additionally, growing up “isolated or feeling left out” at home or school is a common experience shared by most of the deaf and hard-of-hearing children where communication or information access is limited and restricted. Listening to the radio, informal conversations at meal times and family gatherings, conversations at playgrounds, and public announcements at places such as airports, for example, often are not accessible to deaf or hard-of-hearing individuals. Such barriers affect the deaf or hard-of-hearing child’s understanding of the world.
- Since more deaf and hard-of-hearing children are being placed in mainstream settings, many of these children do not have the benefit of a “critical mass.” Many of these children are one of the few, if not the only, deaf children in such settings. Some do not have the opportunity to interact with other children like themselves, are not exposed to successful deaf role models, and rely on support services that may barely meet their needs. Social isolation and poor self-esteem are caused by gaps in their developmental stages.
- Attitudes of hearing people toward deaf people tend to pervade deaf or hard-of-hearing people’s
relationships with their family, with their educational environment, with employers, and with fellow workers. Some examples are accepting lower expectations of themselves based on perceptions of hearing people and lacking confidence as a result of being raised in an overprotective environment or having things done for them.

- Several studies reported a higher incidence of substance abuse in the deaf community, largely due to lack of access to information or understanding about substance abuse. Another barrier is the lack of quality services in programs with knowledge and expertise in deafness. Studies also report a higher incidence of sexual misconduct against people with disabilities than is found in the general population.

Providing quality services

These are some of the issues and experiences deaf and hard-of-hearing students are bringing to college campuses. So what does that mean for those who provide services to such students? Counseling students who are deaf and hard of hearing requires specialized skills. Colleges must be staffed with qualified mental health providers who are knowledgeable about deafness and deaf culture and are fluent in using sign language. For instance, facial expression, like voice fluctuation in spoken language, is a grammatical feature in American Sign Language (ASL) that can be misunderstood by a counselor who is unfamiliar with deafness. Since effective communication is so critical in counseling relationships, direct communication with the counselor is preferred. However, when using an interpreter, the counselor must understand the dynamics involved in using a third party. With an interpreter, one must also be aware that some information becomes “lost” or “filtered” when exchanged through an interpreter, even in the best circumstance. The overriding factor in the success of therapeutic work is not limited to effective communication but the attitude associated with knowledge, sensitivity, willingness to learn about educational and psychosocial implications of deafness, respect for deaf culture, and diversity. Having qualified mental health professionals on the staff who are deaf and hard of hearing would be an asset to college counseling centers.

Resources

Many books and articles have been written about the psychology of deafness. Literature with balanced views are published by authors such as Drs. Neil Glickman, Jeffrey Lewis, Marc Marschark, Robert Pollard, and McCay Vernon.

The American Psychological Association, Division 22, is one of several professional organizations where resources are available. Resources and Web sites pertaining to deafness and mental health services are also available at educational mental health settings: Gallaudet University in Washington, DC, The Lexington Mental Health Center in New York City, and the National Technical Institute for the Deaf/Rochester Institute of Technology in Rochester, NY. Other mental health resources for deaf people in different parts of the country can be found in Mental Health Services for Deaf People: A Resource Directory, available through the Gallaudet University Department of Counseling.

For more information on how to contact professionals in the counseling services field, as well as other topics covered by the PEPNet Tipsheet series, visit PEPNet’s Web site at http://www.pepnet.org.