

Deafness and School Counselling

Definition: In this document the term “deaf” is used to refer to children who have a mild, moderate, severe or profound hearing loss. It is used to refer to children who have a hearing loss in both ears, and also to those who have a hearing loss in one ear.

School counsellors must also be aware of the need to consider this guidance for children who have a temporary hearing loss.

It is estimated that deaf children and young people are 60% more likely to experience mental health problems than other children.¹

It is not deafness itself that increases the incidence of emotional health difficulties, but rather the implications of being deaf in a hearing orientated society and the communication barriers that result.

Due to the increased prevalence of emotional difficulties in the young deaf population, it is important to take steps to promote healthy minds among deaf pupils. It is recommended that school staff work proactively with deaf pupils to ensure that they are comfortable and confident with their deafness.

Since communication barriers can mean that deaf children are more vulnerable to emotional health problems, it is also important to ensure that the school community is inclusive of deaf children and young people. For example, all staff and children within the school community should receive deaf awareness training.

Counselling a deaf child

In addition to promoting healthy minds, it is important that a school ensures its counselling services are tuned into the specific needs of deaf children and young people. This way, deaf pupils can easily access the service if/whenever they want to.

Just like all children, deaf children may experience emotional difficulties for reasons that are unrelated to their deafness. However, it is still important that counsellors are sensitive to deafness and the particular challenges that deaf children and young people may face.

Furthermore, it is essential that school counsellors understand the different ways to communicate effectively with deaf children and young people.

As appropriate, support/advice/referral should be sought from deaf CAMHS.

Of course every deaf child is different and sessions will need to be tailored to each child's particular communication needs... but here are a few pointers:

¹ Department of Health (2005), *Mental Health and Deafness: Towards Equity and Access*

1. Get the environment right

Many deaf children rely on lip-reading and access to sound in order to communicate. Poor lighting can make lip reading difficult and external noises/echoes can affect communication. Therefore, it is important to ensure that a room is both well lit and quiet. It may be necessary to close window blinds or move seating positions to aid communication. In addition, the counsellor should sit opposite the deaf pupil.

Before the session begins, the counsellor should always ask the deaf child/young person whether the lighting and room layout is suitable.

2. Make eye contact

Counsellors are often required to complete forms or take notes during sessions. Although breaking eye contact to make notes does not generally interrupt interaction with a hearing child/young person, it may interrupt the flow of conversation with a deaf child/young person and could be considered rude. It is, therefore, best to avoid taking notes during the session. Alternatively, the counsellor could agree to take short note taking breaks, although this may still interrupt the flow of a session.

3. Be Visual

Be aware that young deaf people will have a visual approach to the world. Therefore, using visual techniques during sessions, such as demonstrations, video, flip charts, and whiteboards can be helpful.

However, counsellors should be careful not to talk while looking away or whilst the child/pupil is looking at a visual illustration.

4. Write it down!

Remember that lip reading or following BSL interpretation can be tiring. This may impact on a young deaf person's retention of information. Therefore, it is useful to write down all agreements/actions/decisions in plain language for the young person to take away.

It may also be useful to write down any word that either the counsellor/young person is struggling to understand. This technique can be particularly useful for deaf children who do not sign, and have limited speech.

However, please note that this approach may not be appropriate for all deaf children. Some deaf children may struggle with written language, and first language BSL users may have little or no written language. In this case, drawing visual images may be more appropriate.

5. Are common talking therapies appropriate for every child?

Many deaf children will have to concentrate very hard in order to follow spoken conversations of length, so consider ways to break up the discussion.

It should also be noted that some deaf children may have delayed literacy development and could find the description of abstract emotions challenging. Therefore, it is a good idea to have

some paper and colouring pens to hand, so that children can draw if they struggle to express verbally the word or emotion that they are feeling.

6. Make sure the assessment is appropriate for the child

It is important to be aware that a number of therapeutic assessments and standard measures are unlikely to provide a successful assessment of many deaf children, even when translated into sign language. Standardised assessments may suffice for children with an oral approach to learning, but it may still be appropriate to adopt a more open approach to determine therapeutic needs. It may be useful to contact a professional body with more experience of working with deaf children.

7. Think about the child's emotional literacy

Be aware that deaf children may have experienced delays in acquiring language. Many deaf children are aware of having feelings, but lack the vocabulary to 'label' them. Understanding and identifying feelings contributes to a child's capacity to recognise their own feelings and those of others, and helps them to manage their emotions well.

Does he/she prefer to use sign language?

Some deaf children will be first language BSL users. BSL is a completely different language from English/Welsh, with its own grammatical structure. Other forms of signing/communication may also

be used. Do not try to struggle through a counselling session – book an interpreter.

It should be noted that many deaf children may be taught in school through an oral approach, but may be more comfortable using sign language in a social setting. Always ask the child which form of communication they would prefer to use during the session.

Here are a few key pointers which should be considered when working with a child/young person who would prefer to communicate through sign...

1. Book an appropriate interpreter

There are different forms of signing; SSE (Sign Supported English), for example, is fundamentally very different from BSL. It is important to make sure that you book an interpreter who is able to interpret in the young person's preferred method of communication.

Counsellors should also ensure that the young deaf person is happy with the chosen interpreter. The young person may not be comfortable to rely on his/her usual school communication support worker within a counselling context, and they should not have to. Similarly, the young deaf person may not want to use an interpreter who he/she sees regularly within the community. Others may wish to use a particular interpreter, who they feel they can trust, or may have a particular preference for a female/male interpreter.

After a counselling session, it is also worthwhile asking the young person whether they felt comfortable with the interpreter before booking that same interpreter again for follow-up sessions.

If possible, book an interpreter with some experience in the counselling setting.

2. Talk to me, not the interpreter!

The interpreter is there to interpret. Counsellors should acknowledge the presence of the interpreter, but should maintain eye contact with the young deaf person when speaking to them.

3. Watch out for language

Sign language has a different structure and vocabulary to spoken language, therefore typically open-ended questions may need examples to make sense in sign language. Counsellors should be prepared to extrapolate the meaning and try to steer clear of abstract concepts. It might be worth meeting with the interpreter before the session to discuss how to format questions.

In addition, be aware that some information may be "lost" in interpretation.

4. Understand facial expressions

Sign language communication utilises facial expression to both illustrate emotion and carry grammatical information. Therefore, counsellors should be wary of using person perception and body language to determine a child/young person's state of wellbeing, as this may lead to misinterpretation.

There is no easy answer to this – seek advice, learn more about sign language, and ask the young person how they are feeling if you are unsure.

5. Work with the interpreter

A good working relationship with the interpreter can help to ensure that the session runs smoothly. It can be useful to meet with the interpreter before the session to run through the intended format of the session and the counselling style to be used.

If you haven't worked with an interpreter before, it is important to remember that you may still have to delve into the language being used to ascertain a deeper meaning – an interpreter will give the best translation of what a counsellor/child/young person wishes to convey, but the client may still need a further explanation.

You should also be prepared to repeat or re-phrase sentences for the interpreter if prompted.

The wellbeing of the interpreter should also be considered. However, be discreet in talking to an interpreter after a session – a pupil may assume that the discussion is about them.

Know your limits and get help!

In an ideal world, deaf children would be able to access counsellors who are knowledgeable about deafness and deaf culture, as well as aware of the specific challenges they face, for example, some children may feel neither deaf nor hearing. This is not always possible, but the most important

thing is that counsellors are willing to learn about deafness and take steps to ensure that services are truly accessible. If your knowledge is limited, you may find it useful to contact the school/LEA Teacher of the Deaf to talk about the different barriers that deaf children may face. You can also find out more about deafness at www.ndcs.org.uk

Other resources

- **The National Deaf Children's Society (NDCS)** has produced a *Healthy Minds* resource, which professionals can use to promote emotional wellbeing for deaf children aged 10 to 18. The resource pack also helps to ensure that deaf children and young people are well-equipped for the challenges of being deaf in a hearing orientated world.

NDCS has also published *What are you feeling?*, a guide to teaching emotional literacy

For more information, please phone the NDCS helpline on 0808 800 8880.

- **RNID** – www.rnid.org.uk, 0808 808 0123 or 0808 808 9000 (txt)
- **Mairian Corker** (1994), *Counselling: The Deaf Challenge*
- **BSMHD** – British Society for Mental Health and Deafness, www.bsmhd.org.uk
- **The Royal College of Psychiatrists** has translated *Mental Health and Growing Up*

factsheets into British Sign Language, which can be accessed on it's website:

www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup.aspx

- **Sign Health** is a charity set up to help with the needs of deaf people in the community focusing on mental and physical healthcare. For more information visit, www.signhealth.org.uk
- The **Deaf Info** website has more information on mental health, deafness, and the special services available to support deaf people who experience mental distress, www.deafinfo.org.uk
- The **Society for Mental Health and Deafness** is an international organisation which promotes the positive mental health of deaf people in Europe. For more information, visit www.esmhd.org/eu