

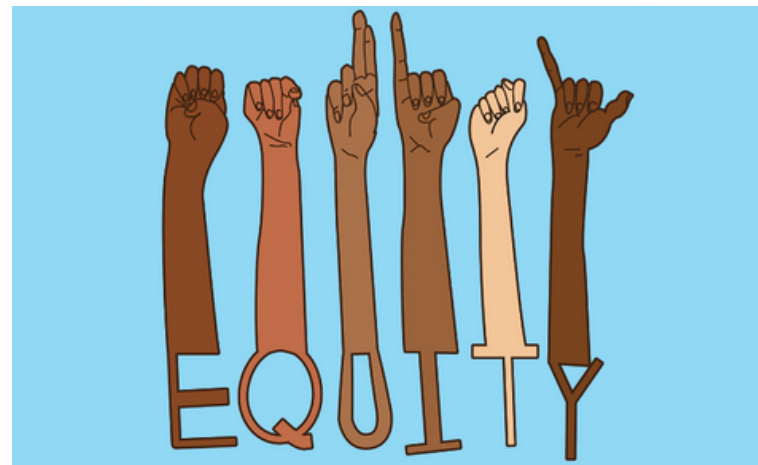
# OK TF-CBT TIDBITS

Official Newsletter from Oklahoma TF-CBT



## Quarterly Focus: Addressing Trauma in the Deaf and Hard of Hearing Community

People, especially children, who are deaf and hard of hearing are uniquely at risk for various types of trauma and maltreatment. Deaf adults reported that as children they had experienced more frequent sexual abuse by a larger number of perpetrators (Hester, 2002) and overall childhood maltreatment rates at significantly higher levels (Embry, 2000) than their hearing counterparts. Research also indicates that much of the trauma experienced by youth with hearing impairments occurred at school and/or in settings like transport vehicles, bathrooms, and beds. Like many youth who experience developmental differences from peers, carers and/or adults providing specialized care are often the ones to engage in maltreatment.



In addition to physical abuse, sexual abuse, and neglect, some professionals posit that deafness and/or hearing impairment itself may qualify as traumatic in and of itself. Harvey (1996) cites that traumatic events are 1) outside the range of ordinary human experience; 2) exceeds the individual's perceived coping abilities, and 3) significantly disrupts the individual's psychological functioning. It's argued that language-based communication with family members is so critical for relational development, but all facets of psycho-social development that Conversational Isolation fits within the realm of trauma, especially given the limited signs for mental health topics. Unfortunately, few abuse prevention programs exist that have been adapted to DHH children and/or are designed specifically for this population. This newsletter will provide some basic concepts in the DHH community and resources to support therapeutic referrals or intervention.

### This issue:

Quarterly Focus  
PAGE 01

Quarterly Focus cont.  
PAGE 02

Ethical and Clinical  
Implications  
PAGE 03

Therapist Spotlight  
PAGE 04

Resources and Citations  
PAGE 05

# Two Dominant Beliefs about Deafness

## MEDICAL VS CULTURAL

### Medical perspective

- Believe deaf people can't...
- Describe sign language as inferior to spoken language
- Regard the "normal hearing person" as the best role model
- Neither accept nor support a separate "deaf culture."

### Cultural perspective

- Believe Deaf people can...
- View sign language as equal to spoken language
- Regard successful deaf adults as positive role models for deaf children
- Respects, values and supports the language and culture of deaf people.

**"I can do anything, except hear."**

- Dr. I. King Jordan, first Deaf President of Gallaudet University

### The Difference Between 'deaf' and 'Deaf'

deaf	Deaf
May not attend school for the deaf	Strong deaf identity
Describe hearing loss only in medical terms	Consider themselves culturally deaf
Identifies with hearing people	Attends schools and programs for the deaf
Does not associate with the deaf community	Member of deaf community

In addition to the two Dominant Beliefs about Deafness, there are three main types of Cultural norms: Hearing Cultural Norms, Deaf Cultural Norms, and Biculturalism. Many factors influence a person's cultural identity as it relates to deafness and the deaf community. Such factors include but are not limited to, age of onset of hearing impairment or loss, severity of hearing loss, and/or the cause or etiology of their deafness.

# Ethical and Clinical Implications for Therapeutic Intervention

**Need to assess for child's language competence in English, ASL, and/or other visual communication methods.**

Additionally, assess the child's feeling vocabulary, regardless of age. Someone's ability to understand/identify a feeling in English may have the ability to understand in ASL or have their own means of communicating that emotion.

**Utilization of imagery, pictures, or other visuals can be utilized with or in lieu of written exercises. Role plays can also be beneficial.**

Regardless of referral trauma experience, providing safety skills such as teaching accurate names of private parts and supporting child in communicating about this topic with trusted adults is critical given the increased risk of sexual abuse towards this population.

**It is NOT acceptable practice to rely on lip reading. Similarly, using writing as a primary technique for communication is considered not satisfactory, given that it takes much longer, details are often missed or left out, and the focus ends up on the interpreter, not the youth. The Americans with Disabilities Act (ADA) guidelines requires public accommodation, such as treatment agencies, to have equitable communication available. These might include qualified interpreters, captioning, or computer software.**







## Therapist Spotlight: Lovina Bater, PhD

LOVINA HAS PH.D. IN CLINICAL PSYCHOLOGY WITH AN EMPHASIS ON PEDIATRICS IN AUSTIN, TEXAS WITH MY TWO DOGS, CHLOE AND MIA, AND ALL OF MY PLANT BABIES! SHE IS A CHILD OF DEAF ADULTS (CODA) WITH BOTH MY PARENTS BEING DEAF AND AMERICAN SIGN LANGUAGE (ASL) IS HER FIRST LANGUAGE

### **What is your experience working with the deaf and hard of hearing population?**

ASL was my first language so I have grown up around the DHH community and culture. In my role as a psychologist, I have provided mainly consultative services in medical settings to families who have children and/or parents that are DHH.

### **How long have you been providing TF-CBT to families?**

I had my first TF-CBT patient in 2012 while in graduate school working at a group home and haven't looked back.

### **What's the most rewarding thing about TF-CBT work for you?**

The most rewarding thing about TF-CBT is being able to help children and families that are in such difficult situations, and often dire needs, learn how to gain control of their trauma and mental health to ultimately gain control of their life, for the present and future.

It's important to be humble about your knowledge of signing, especially as a hearing individual. Regardless of being a CODA and growing up with ASL, there also exists various dialects based on things like region that are important to consider. Another important consideration is the use of metaphors, sayings that may not translate, and slang (e.g., "that's so fire" or "that's so lit"). For example, if someone were to directly translate "I am going to go babysit" in sign language, it would result in "I am going to sit on babies." Humility in being corrected and getting feedback while being able to maintain humor is always helpful!





**CONTRARY TO POPULAR BELIEF, MOST SIGN LANGUAGES BEAR LITTLE RESEMBLANCE TO THE SPOKEN LANGUAGE FROM THE SAME AREA AS THE PARTICULAR SIGN LANGUAGE. IN OTHER WORDS, IN THE MAJORITY OF CASES, THE VARIOUS SIGN LANGUAGES USED WERE NOT DEVELOPED FROM SPOKEN LANGUAGES.**

**-DAVEN HISKEY**

## 24-HOUR CRISIS HOTLINES

### Deaf Crisis Line

DeafLEAD, 24 hour crisis line  
Video Phone: 321-800-3323

### Crisis Text Line

Provides a 24-hour  
confidential crisis counseling  
via text messaging.  
Text HOME to 741741



# Resources and Citations

NCSTN: [White Paper on Addressing the Trauma Treatment Needs of Children Who Are Deaf or Hard of Hearing and the Hearing Children of Deaf Parents](#)

Youtube Video: [30 Mental Health Signs and Sentences in ASL](#)

[National ASL Resource Library \(State by State\)](#)



