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## Special Competencies of Psychological Service Providers to the Deaf

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## **SPECIAL COMPETENCIES OF PSYCHOLOGICAL SERVICE PROVIDERS TO THE DEAF**

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As previously noted, it was the consensus of all the work groups that deaf persons have the same need for and the same right to quality psychological services and competent workers as do the non-deaf. But it was also emphasized that competency in psychological practice with the deaf is not achieved simply through academic psychological training nor in terms of academic degrees. Over and above these, a psychologist to the deaf must possess unique special competencies that will equip him to establish as close rapport-relations with deaf individuals as psychologists to the non-deaf establish with their clients.

The text of this section considers what the special competencies are that enable a psychological service provider to carry out his functions effectively with a deaf clientele.

### **The Psychologist as a Person**

It was recognized by several work groups that there are psychologists whose personalities cannot 'fit' into the frame of operations required for work with a deaf clientele; and that there are others in whom the very disability of deafness arouses inner tensions and anxieties that make themselves manifest in ineffective client management. A major area of competency therefore involves the personal qualifications of the psychologist for serving the deaf. As one group stated the case:

"More attention should be paid to the recruitment and selection of psychologists for deaf persons. Because of the nature of the work, such personnel need to possess particular personal attributes. Colleges, universities, agencies, associations, and various units of government define what a psychologist should be, but not so well defined is the need for the psychologist to be truly aware of his/her self. There should be continuing self-appraisal on the part of the psychologist. The psychologist should feel free to admit "I don't know, but I'll find out" rather than couch reporting in uncertainties, unknowns, and vague generalities."

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This group also stressed that psychologists to the deaf need to possess basic human inter-active skills involving empathy, rapport, and understanding; and that such skills over-ride competence in communication methodologies.

Another group stressed the need for flexibility not only in order to work with deaf clients of all levels of ability, skills, and adjustments, but also in working with the rehabilitation team whether as leader or member.

Among other personal qualifications stressed were: the ability to be satisfied with small gains and recognize small progress; exceptional respect for confidentiality; humility; and above all patience.

**Function-Competency Relationships**

One of the work groups drew up the following schematic outline to indicate the competencies required to carry out a given function. Categorically, a number of competencies appear no different from those required with the non-deaf. However, their setting lies within the deaf subculture, and the differences are derived from the related complexities so introduced.

<b>Function</b>	<b>Special Knowledge, Competencies</b>
<b>1. Evaluation</b>	
Observation . . . . .	Knowledge of deaf "body language", gestures, motor mannerisms, habits Ability to distinguish between normal and abnormal deaf behavior Ability to detect pathological signs
Interview/Intake . . . . .	Ability to use communication mode used by client Ability to work with interpreter Ability to "think deaf" conceptually Familiarity with deaf environment, community, and subculture Perception of significance of special information in client's history Ability to gauge and use interview approach conceptually and linguistically appropriate for a given client
Testing/Reporting . . . . .	Ability to select appropriate tests for a given client Ability to apply history data in test selection and interpretation

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<b>Function</b>	<b>Special Knowledge, Competencies</b>
	Ability to get test directions across to client preferably through direct communication
	Ability to understand/read clients responses to test tasks
	Ability to interpret and report test results to client, parents, and team in terms and language comprehensible to each
	Ability to interpret test scores realistically, not test-bound
Interpretation/ . . . . . Recommendations	Knowledge and ability to integrate history data, psychological findings, and team reports into a total picture of the client as a human being
	Knowledge of the technical language of the team disciplines
	Ability to perceive need as required for ongoing evaluations and re-assessments
	Knowledge and ability to make sensible recommendations in line with client's status, potentials, and the potentials of remediation in the particular case
	Knowledge of service-referral facilities and community resources
2. Techniques of Treatment	
a. Counseling and Psychotherapy. . . . .	Knowledge of theories and techniques of counseling and psychotherapy, and their application to the deaf population in general, and to the deaf client in particular
	Knowledge of special problem areas in the world of the deaf, e.g. marriage, drugs, etc.
	Knowledge of possible disabling effects of additional disabling conditions, e.g., Usher's syndrome

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<b>Function</b>	<b>Special Knowledge, Competencies</b>
(1) Vocational . . . . . Counseling	Knowledge of recognized interpreter resources and ability to orient and work with interpreter Ability to communicate directly with and gain confidence of client Sensitivity to heterogeneity of deaf population Knowledge and ability to make proper referrals to effective and responsible referral resources and other professionals, and of securing communication assistance for client if required Ability to accept deaf person as a person and involved in decision-making Basic knowledge of the deaf job market, vocational placement problems, and occupational conditions among the deaf Ability to aid client in using his vocational interests in vocational training Ability to identify causes of vocational failures and deal with them Knowledge of community resources for vocational assistance Ability to impart to the client the realities of the occupational world and of his place in it Familiarity with theories of vocational development as they apply to the deaf
(2) Sex Counseling . . . . .	Knowledge of sex research literature on the deaf Knowledge of 'sex education' provided the deaf Awareness of behavioral patterns of the deaf in the sex area Knowledge of resources for genetic counseling

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<b>Function</b>	<b>Special Knowledge, Competencies</b>
(3) Addiction . . . . .	<p>Knowledge of popular drugs in current use, their effects and treatment resources</p> <p>Familiarity with the drug situation among deaf, including alcoholism</p> <p>Commitment to guard confidentiality</p>
(4) Legal . . . . . Counseling	<p>Knowledge of effective legal resources available to the deaf (lawyers who sign, interpreters who handle legal terms, etc.)</p> <p>Knowledge of basic rights of deaf people and special legal rights of the deaf (right to an interpreter, to drive, etc.)</p>
(5) Parent/Family . . . . . Counseling	<p>Knowledge of potential impact of deafness on husband/wife relations, siblings, relatives, home community</p> <p>Knowledge of family patterns among the deaf, principal problems</p> <p>Knowledge of instructional and educational resources available for deaf children of all ages</p> <p>Knowledge of orientative and 'adjustment' literature designed for parents of deaf children</p>
(6) Crisis . . . . . Intervention	<p>Ability to use good judgment and make quick decisions</p> <p>Knowledge of all community resources available to deaf population</p> <p>Willingness to be available whenever needed</p> <p>Ability to develop a crisis system program for the deaf in a particular area and inform involved agencies and professionals</p>
(7) Service . . . . . Referral	<p>Ability to give deaf client clear understanding of reason for and nature of referral services</p>

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<b>Function</b>	<b>Special Knowledge, Competencies</b>
(8) Pharmacological . . . . . Therapy	Extensive knowledge of service facilities Ability to perform follow-up on both services and client cooperation Knowledge of use of psycho-chemotherapy Knowledge of behavior results of chemotherapy both normal and abnormal; and ability to detect latter Skill in communicating to client the purpose of medication and importance of proper usage Sufficient knowledge to work intelligently with treating physician as well as with deaf client in pharmacological therapy
b. Placement . . . . .	(As in 'service referral' above)
3. Follow-up	
a. Evaluation of treatment . . . . .	Perception of the need for periodic case review: what was the problem? what was done? where is the deaf client now? what more needs to be done? Ability to respect identity of client as an individual, and not a dependent Ability to develop and maintain records for review
4. Special Areas of Concern	
a. Advocacy . . . . .	Knowledge and ability to interpret not only needs but also abilities and talents of the deaf to the general public; seek opportunities to do so
b. Outreach . . . . .	Acquiring knowledge of and sensitivity to the needs and events in the deaf community by getting out of the office and mingling with the community

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Function	Special Knowledge, Competencies
c. Public Education . . . . .	Ability to service public education needs of the deaf community as well as the hearing and professional public Ability to perform public education/advocacy services in behalf of the deaf by involvement in relevant legislative, social, community and political activities.
d. Research . . . . .	Working knowledge of research techniques in order to keep up with research on a continuing basis in both psychology and in the area of deafness Ability to maintain records usable to researchers

### Conference Summary of Special Competencies, Knowledge, Skills

Most of the special competencies required in psychological practice with a deaf clientele have been spelled out in the preceding comprehensive summary. The following is a composite digest of special competencies reported by all the groups. In regard to the competencies listed, a quote from the report of Group 5 seems particularly appropriate: “. . . there was general agreement that we, as professionals, must set up *high criteria* for competence in our field. Reality may fall short—that’s life. State or federal standards (for certification or employment) will differ from what we do because they describe *minimum* standards. But we want to improve the field, so we have to aim high.”

### SUMMARY OF SPECIAL COMPETENCIES

#### I. Communication and Communicative Relations

##### A. With deaf individual

1. Sign language, expressive and receptive
2. Body language and other nonverbal modes
3. Fingerspelling
4. Oral/aural communication modes
5. Use of interpreter, oral or manual
6. History, philosophy, and development of communication methods; outcomes and issues involved
7. Current trends and their rationale

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8. Language and communication processes used by the deaf: mediation; range and character of verbal concept levels; language development, retardations, pathologies; research
  - B. With deaf community
    1. Knowledge of deaf subculture
    2. Knowledge of deaf community needs, issues, activities
    3. Skills and abilities to participate in deaf community affairs
  - C. With multidisciplinary team members
    1. Knowledge of the practices of the various disciplines, the implication of their findings, their technical vocabularies
    2. Ability to report psychological findings and recommendations to team members in comprehensible terms
    3. Knowledge and ability for effective collaboration in team communications
  - D. With parents
    1. An understanding in depth of the impact of deafness on hearing parents
    2. Sufficient sensitivity to effect non-traumatic counseling
    3. Ability to guide deaf parents of hearing children in rearing practices and mental health insights
    4. Knowledge of educational and other referral resources
    5. Knowledge of special educational practices with the deaf
  - E. With interpreters
    1. An understanding of the techniques and practices of good interpreting
    2. Knowledge of resources for securing certified interpreters
    3. Ability to orient interpreter as to the special requirements, responsibilities, and cautions for interpreting in a psychological setting, particularly in the matter of confidentiality
  - F. With general and professional public
    1. Knowledge and ability (in writing or in addressing) to interpret the implications of deafness, and the assets and problems of deaf individuals
    2. Knowledge of public information and public relations outlets and techniques
    3. Knowledge and ability to serve as advocate for the deaf in community actions and issues (legislative, mental health, education, etc.)
- II. Knowledge of the Deaf including**
- A. The deaf in history: an historical perspective of attitudes
  - B. Defining the deaf: problems and current terminology
  - C. Language and communication aspects of deafness
  - D. Educational history and practices

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- E. Psycho-social aspects of deafness
  - F. Psychopathological aspects of deafness
  - G. Range of variation in the deaf population—heterogeneity
  - H. Vocational picture and occupational conditions
  - I. The deaf professional
  - J. Educational and rehabilitation programs for the deaf
  - K. Subcultural structure of the deaf community
  - L. Major organizations of and for the deaf
  - M. Research, workshop proceedings, literature related to the deaf
- III. Psychoeducational Considerations including**
- A. Strategies of educational intervention
  - B. Educational practices and philosophies
  - C. Early childhood educational approaches, including parent programs
  - D. Administration and organization of schools, programs, services
  - E. Post secondary opportunities
  - F. Career and vocational planning, training, placement
  - G. Learning disabilities and remedial techniques
  - H. Educational achievement picture
  - I. Educational referral resources
- IV. Specialized Techniques of Psychological Evaluation including**
- A. Knowledge of 'deaf' as above
  - B. Communicative competence as above
  - C. Knowledge of theory of test construction and standardization and significance in testing the deaf
  - D. Skill in employing special strategies, modifications, adaptations, and communications as required for evaluating different types and ages among deaf clientele
  - E. Ability to detect and interpret varying behavior and response patterns
  - F. Ability to apply history data in establishing the base of operations to be used with a given client
  - G. Clinical wisdom and judgment in depth
- V. Knowledge of Treatment Techniques including**
- A. Therapy: individual, group, and family
  - B. Knowledge of intervention techniques that are more active and body-oriented than verbal such as behavior modification, play therapy, role playing, etc.
  - C. Knowledge of techniques of crisis intervention
  - D. Knowledge of appropriate referral resources, agency and professional, and their operations and practices

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- E. Ability to organize inservice training and counseling services for involved individuals and groups such as parents, child care workers, teachers, other psychologists, paraprofessionals, etc.
- F. Skills in interpreting and communicating treatment rationale to recipient and other involved figures
- G. Ability to intervene and/or support services provided by other professionals, and to generate needed services
- H. Knowledge of educational and rehabilitation techniques used with the deaf
- I. Familiarity with the range and types of problems most apt to require treatment

### **VI. Other Areas of Knowledge**

- A. Familiarity with field literature and research
- B. Knowledge of psychologically related literature and advances
- C. Familiarity with outreach techniques
- D. Familiarity with research methodology
- E. Exposure to means of self-evaluation and further professional growth
- F. Familiarity with methods and means of program evaluation and improvement
- G. Familiarity with measurement of hearing, and ability to read and interpret audiograms and understand the principles and practices of amplification
- H. Ability to organize and conduct programs of inservice training, workshops, seminars, etc.

One of the work groups came up with a digest of "minimum standard" competencies required for effective psychological practice with a deaf clientele. These included:

1. Ability to use the full range of communicative modes, both receptive and expressive, used by deaf persons
2. Knowledge of the implications of the various degrees and types of hearing loss and their amplification possibilities
3. Knowledge of the deaf culture, the deaf community, and deaf persons
4. Knowledge of the full range of potentials and abilities of hearing impaired persons
5. Knowledge of the language, thinking patterns, and concepts to be found among the deaf
6. Knowledge of psychological techniques and psychometrics appropriate for a given hearing-impaired client
7. Skills in interpersonal relations in working with hearing impaired persons, their families, and other professionals

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8. Knowledge of the learning patterns, exceptionalities and educational practices common among the hearing impaired
9. Knowledge of individual differences among the hearing impaired
10. Realistic time-line in work with the hearing impaired

### Points of Special Emphasis

*Communication:* It was the consensus of all work groups that the key competency for work with a deaf clientele lay in the area of communication and in the ability to establish effective communicative relations with every type of deaf client of whatever communicative persuasion. There was much discussion as to the elements that go into the making of communicative competency, particularly with "low-verbal" and marginal deaf clients who pose the major communicative problems. It was emphasized that it was the service provider's responsibility to follow such a client's communicative lead whether expressed in signs, pantomime, gestures, body language, facial expression or any combination of these. It was further stressed that communication with such a client needs to take place not only in his own mode of communication but also in his own language patterns, idioms, and concepts. As expressed by one group, to establish effective communicative relations with marginal deaf clients, it is necessary that the practitioner be able to "think deaf" and "talk deaf".

*The Interpreter:* It was recognized that the day is still distant when deaf people will have fully qualified, totally communicating psychologists. Therefore, considerable discussion involved the use of interpreters. The relation of psychologist to interpreter was likened by one group to that of surgeon to nurse, both working in tandem to achieve a common goal. It was stressed that it is the responsibility of psychologists to familiarize themselves with sources providing interpreters who are doubly certified in both oral and manual communications. The recommendation was made that psychologists have at their disposal the names of a pool of interpreters with whom they feel comfortable in work relations and from which the selection of an interpreter acceptable to the client can be made. Further, psychologists should be prepared to provide essential orientation to the interpreter regarding work and behavior in a psychological setting. On his part, the psychologist should develop the insight and skills necessary to work productively with interpreters.

*Litigation Issue:* One of the groups brought up an important point bearing on worker competence. This was the matter of litigation and malpractice. To quote from group discussion:

"The right to equal educational opportunities, the growing sophistication of parents, and other movements have made litigation a part of the life of the psychologist and of his employing agency. When litigation occurs, and malpractice is charged, the certified psychologist is in a considerably better position to argue the charge than is a nonpsychologist psychological

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service provider or an uncertified psychological practitioner. The employing agency also benefits. The best protection against malpractice is competency, and competency comes from excellent training programs.”

*The Basics of Competency:* Finally, it was the consensus of all work groups that psychologists working with deaf persons must first meet the requirements and qualification standards of their own professional organizations. To these are added the exceptional requirements which make practice with the deaf a specialty in its own right.