

HEALTHCARE AND DEAF PEOPLE

*ISSUES WHEN WORKING WITH
PEOPLE WHO ARE DEAF*

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OBJECTIVES

- WILL FOCUS ON DEAF PEOPLE PRIMARILY IN THIS SESSION
 - HARD OF HEARING PEOPLE HAVE SIMILAR ISSUES BUT THERE ARE SIGNIFICANT DIFFERENCES
 - THAT'S ANOTHER WORKSHOP!
- WILL BE INTERESTED IN
 - REDUCING ISOLATION
 - ENSURING UNDERSTANDING AND THUS COMPLIANCE

QUICK OVERVIEW

- THERE ARE **383,935 ALABAMIANS** WITH A HEARING LOSS GREAT ENOUGH TO IMPACT THEIR LIVES
- AT LEAST **8,036** OF THESE ARE DEAF

CLINICAL IMPLICATIONS:

- ✓ SMALL POPULATION
- ✓ LACK OF EXPOSURE TO INFORMATION
- ✓ BIG CHALLENGES FOR PROVIDERS

QUICK OVERVIEW

- WE NEED TO BE SENSITIVE ABOUT TERMS WE USE WITH OUR CONSUMERS WHO HAVE HEARING LOSS.
 - DEAF
 - HARD OF HEARING
- DON'T USE
 - DEAF AND DUMB.
 - DEAF – MUTE.
 - HEARING IMPAIRED

QUICK OVERVIEW

- DEAF PEOPLE ARE LIKELY TO HAVE HAD NEGATIVE EXPERIENCES WITH SOCIAL SERVICES IN GENERAL
 - EDUCATION
 - FAMILY SERVICES
 - HEALTH CARE
- POOR EXPERIENCES + LOW EXPECTATIONS = POOR OUTCOMES



"WHAT DO WE DO WRONG?"

- OFTEN DEAF CONSUMERS WHO COME FOR TREATMENT FIND THAT THE SERVICES REPLICATE THE TRAUMA THEY EXPERIENCE GROWING UP
 - CLINICIANS DO NOT SIGN - OR EVEN RECOGNIZE THAT THERE IS SOMETHING "DIFFERENT" HAPPENING
 - SOMETIMES THE FOCUS IS ON THE DEAFNESS INSTEAD OF THE ILLNESS
 - "LANGUAGE DIFFERENCE IS INTERPRETED AS COGNITIVE DYSFUNCTION"

THE EXPERIENCE OF SECLUSION AND RESTRAINT

JANICE [A.] AWOKE WITH A START TO FIND A PSYCHIATRIC NURSE SHAKING HER BED. OTHER PATIENTS WERE ROUTINELY WAKENED BY KNOCKS ON THEIR DOOR, BUT JANICE IS DEAF AND COULD NOT HEAR THE KNOCKS. JANICE WAS THE ONLY DEAF PATIENT ON THE UNIT AT THAT TIME, AND THE UNIT WAS NOT EQUIPPED WITH FLASHING ALARMS OR OTHER ADAPTIVE DEVICES MORE COMMONLY USED IN SPECIALIZED UNITS FOR DEAF PATIENTS.

EMBARRASSED THAT THE MALE AIDE HAD WALKED INTO HER ROOM, UNINVITED, WHILE SHE WAS IN BED AND PARTIALLY UNCLOTHED, JANICE TRIED TO YELL AT HIM TO LEAVE. SHE DOES NOT HAVE INTELLIGIBLE SPEECH, HOWEVER, AND HER UTTERANCES WERE INTERPRETED AS SIGNALS OF AGGRESSION. THE AIDE GRABBED HER ARM AND, AS JANICE STRUGGLED TO GET AWAY FROM HIM, THE AIDE CALLED FOR HELP. UNABLE TO QUIET JANICE, STAFF ADMINISTERED ATIVAN AND THE EPISODE WAS ATTRIBUTED TO JANICE'S "IMPULSIVITY."

UNDERSTANDING THE IMPACT OF HEARING LOSS

- IT DOES NOT TAKE A GREAT LOSS TO CONFOUND COMMUNICATION
 - IT'S MORE THAN 'NOT LOUD ENOUGH'
- ALWAYS ASSUME COMMUNICATION FAILURE IS IMMINENT!

UNDERSTANDING THE IMPACT OF HEARING LOSS

- THREE QUESTIONS WE MUST ASK
 1. CLIENT'S PREFERRED COMMUNICATION MODE
 2. SEVERITY
 3. AGE OF ONSET
- ANOTHER IMPORTANT FACTOR: ETIOLOGY
 - SYNDROMIC CAUSES OF DEAFNESS CAN HAVE MULTIPLE PHYSICAL/MEDICAL IMPLICATIONS

TAKEN TOGETHER THESE CAN GIVE YOU IMPORTANT CLUES AS PATIENT'S ACCESS TO 'GENERAL KNOWLEDGE'

CLINICAL ISSUES AND DEAF PEOPLE

- SOME THINGS TO WATCH FOR
 1. CONFLICTS DUE WORLD VIEW DIFFERENCES
 - HOUSE COCHLEAR IMPLANT EPISODE
 2. DISCOMFORT AND FEAR DUE TO LACK OF INFORMATION
 3. "GO ALONG TO GET ALONG"

GREATEST CHALLENGES

- *THREE CHALLENGES THAT WE CAN TALK ABOUT TODAY*
 1. *WORLD VIEW DIFFERENCES*
 2. *FUND OF INFORMATION DEFICITS*
 3. *LINGUISTIC CHALLENGES*

WORLD VIEW DIFFERENCES

- *A "DIFFERENT CENTER"*
- *WHAT'S "NORMAL?"*
 - *CLINICIANS OFTEN INTERPRET BEHAVIOR BASED ON WHAT'S NORMAL FOR HEARING PEOPLE*
 - *HYPERVIGILANCE OR SURVIVAL SKILLS*
 - *AFFECT IS DIFFERENT*

✓ *CLINICAL IMPLICATION:
BE SURE YOU ARE BASING
YOUR APPROACH ON WHAT IS
NORMATIVE FOR YOUR DEAF
CLIENT.*

FUND OF INFORMATION DEFICITS

"I didn't know Hurricane Charley had changed direction. It was supposed to go to Tampa, but it changed direction to Punta Gorda," said Richard Schuler, 44. He and his wife, both deaf, rode out the storm in their Pine Island home before heading out into flooded streets to try and get to a shelter. "We were very scared. We couldn't understand the local TV news and we didn't see any closed captioning. We didn't know what was going on."

From Fort Myers News-Press, 11/25/04

- *NO SO "COMMON KNOWLEDGE"*
 - *INCIDENTAL LEARNING DOES NOT OCCUR READILY*
 - *INFORMATION "LEARNED" MAY NOT BE ACCURATE*
- *TECHNICAL INFORMATION MAY BE FOREIGN OR INCOMPREHENSIBLE*

✓ *CLINICAL IMPLICATION:
NEVER ASSUME YOU CLIENT
KNOWS "COMMON
KNOWLEDGE."*

LINGUISTIC CHALLENGES

ABOUT 49.1% OF LIMITED ENGLISH PROFICIENT PATIENT ADVERSE EVENTS INVOLVED SOME PHYSICAL HARM WHEREAS ONLY 29.5% OF ADVERSE EVENTS FOR PATIENTS WHO SPEAK ENGLISH RESULTED IN PHYSICAL HARM.

(LANGUAGE PROFICIENCY AND ADVERSE EVENTS IN US HOSPITALS: A PILOT STUDY. INTERNATIONAL JOURNAL FOR QUALITY IN HEALTH CARE)

- TWO BROAD CLASSES –
 1. ENGLISH BASED COMMUNICATIONS
 2. SIGN BASED COMMUNICATIONS
- ✓ WHICH IS YOUR CLIENT MORE COMFORTABLE WITH? WHY?
 - TRAP #1: MANY DEAF PEOPLE HAVE LEARNED TO 'GO ALONG' WITH AUTHORITY FIGURES.
 - TRAP #2: JUST BECAUSE YOU UNDERSTAND YOUR CLIENT DOESN'T MEAN YOUR CLIENT UNDERSTANDS YOU!

LINGUISTIC CHALLENGES



- COMMUNICATION IS MORE THAN JUST THE CONTENT, IT IS CULTURE-BOUND
 - WHAT YOU SAY IN ENGLISH – EVEN IF INTERPRETED "CORRECTLY," MAY NOT HAVE THE SAME CONNOTATIONS IN DEAF CULTURE
 - MANY CONCEPTS ARE NOT INTERPRETABLE

✓ CLINICAL IMPLICATION: DON'T ASSUME COMMUNICATION IS HAPPENING

MANY "PRE-VOCATIONALLY" DEAF PEOPLE WILL STRUGGLE WITH ENGLISH.

- WRITTEN ENGLISH IS NOT A GOOD WAY TO ENSURE COMPREHENSION
 - CHECK PERSON'S READING LEVEL

FIRST THINGS FIRST

 **WARNING:** 
AN UNQUALIFIED OR UNPREPARED INTERPRETER IS WORSE THAN NO INTERPRETER AT ALL

- YOU HAVE TO HAVE BASIC INFORMATION
 - WHAT DO YOU KNOW ABOUT THE HEARING LOSS?
 - CONSIDER THE 'BIG THREE' QUESTIONS
 - RE-CONSIDER THE SOCIAL HISTORY
 - BE AWARE OF TRAUMA AND RETRAUMATIZATION
- THINK ABOUT COMMUNICATION PROCESSES FIRST, NOT AS AN AFTERTHOUGHT
 - CONSIDER USING AN INTERPRETER UNTIL YOU PROVE ONE IS NOT NEEDED (NOT THE OTHER WAY AROUND!)

WORKING WITH INTERPRETERS

- **IT'S DIFFERENT!**
 - TRIAD RELATIONSHIPS MEAN ISSUES OF ALLIANCES AND TRUST
 - THE CLINICIAN MUST KNOW NOT ONLY CLINICAL WORK BUT ALSO BE AWARE OF AND SENSITIVE TO LINGUISTIC AND CULTURAL THINGS
 - PACING WILL BE DIFFERENT
 - CONSIDER HAVING YOUR INTERPRETER USE CONSECUTIVE INTERPRETING- ACCURACY IS MUCH HIGHER
 - CHECK OUT EVERYTHING – MAKE SURE IT IS UNDERSTOOD

WORKING WITH INTERPRETERS

- TAKE TIME TO DEVELOP PROFESSIONAL RAPPORT WITH INTERPRETER
 - YOUR INTERPRETER HAS TO BE YOUR ALLY!
- USE ONLY QUALIFIED INTERPRETERS
 - AN INTERPRETER WHO IS UNPREPARED AND UNTRAINED CAN CONFOUND THE PROCESS BY CREATING THE ILLUSION THAT COMMUNICATION IS HAPPENING
 - DO NOT USE FAMILY MEMBERS – THEY ARE IN NO POSITION TO BE OBJECTIVE!
 - HAVE A SPECIFIC RELEASE FORM IF PATIENT INSIST ON FAMILY INTERPRETING
- REMOTE INTERPRETING IS A TOOL – NOT A PANACEA
 - BIGGEST ADVANTAGE: AVAILABLE 24/7
 - BIGGEST TRAP: NUANCES EASILY LOST LEADING TO MISUNDERSTANDING

WORKING WITH INTERPRETERS

- **PRE- CONFERENCE**
 1. WHAT IS THE GOAL OF THIS INTERACTION?
 2. WHAT SPECIFICALLY ARE YOU LOOKING TO LEARN?
 3. WHAT THINGS CONCERN THE INTERPRETER?
 4. WHAT FORMAT OF INTERPRETING WILL BE USED?
 - IF IT IS CONSECUTIVE, PRACTICE A BIT TO GET THE PACING AND TIMING DOWN

WORKING WITH INTERPRETERS

- *POST- CONFERENCE*
 1. *WHAT LINGUISTIC AND/OR CULTURAL ISSUES CAME UP?*
 - *THAT YOU SAW?*
 - *THAT THE INTERPRETER SAW?*
 2. *WHAT THINGS SHOULD YOU WATCH FOR NEXT TIME?*

TAKE HOME THOUGHTS

- *FEAR OF THE UNKNOWN AND LACK OF COMMUNICATION ABOUT WHAT IS HAPPENING ARE THE BIGGEST CONCERNS*
- *NEVER ASSUME COMMUNICATION IS HAPPENING*
- *GET ALL THE FACTS*
- *LEARN WHAT IS 'NORMAL' WITH DEAF PEOPLE*
- *COMMUNICATION OVERKILL AT FIRST IS PREFERABLE TO INCREMENTAL INCREASES IN ACCOMMODATION*
- *INTERPRETERS ARE PART OF THE TEAM*
- *UNDERSTAND AND WORK WITH THE LIMITATIONS OF INTERPRETED SERVICES*

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