Mikes_F2018_7741_AnnotatedBibliography for Cultural Immersion

Gill, I. J., & Fox, J. E. (2012). A qualitative meta-synthesis on the experience of psychotherapy
    for deaf and hard-of-hearing people. *Mental Health, Religion & Culture, 15*(6), 637-651.
The purpose of this meta-synthesis is to examine qualitative literature to highlight factors that
impact the therapeutic relationship between a therapist and a sign language user. This literature
review helps identify differences in the therapeutic process, which may be affecting the
therapeutic outcome directly. The literature in the first half of the article argues that most
significant changes within a client occur due to extra-therapeutic techniques that are not directly
controlled by the therapist, such as social support. However, the therapeutic relationship
correlates highly with positive outcomes in therapy. These suggestions are based solely on
clients who were able to hear and have not yet been applied to populations who are deaf, evenly
though research conducted into mental health services with deaf individuals has increased in
recent years. The 10 articles that were included in this literature review were all from 1998-2008
which is a little outdated. I would like to see another meta-synthesis conducted with more recent
articles. The method of searching for articles followed strict inclusion criteria: published after
relevant Disability Act, qualitative empirical studies and information relevant to therapeutic
process, participants of any age, race, religion, nationality, culture, or gender, and could include
three types of participants: health professional who has served a sign language user, a person
who uses sign language as their first language, and sign language interpreters. A cross study
display was used for comparative appraisal and the findings were synthesized. The synthesis of
the ten reports highlighted seven areas that challenge the formation of a therapeutic relationship
between counselor and a client who is deaf: service issues, communication with workers,
communication between therapist and client, lack of knowledge, how the client perceives the
therapist's feelings, the use of an interpreter, and the role of family and friends. One implication
of this information is the clients' perspectives, who thought the ideal option would be to have a
therapist who could use sign language. Clients often thought their clinicians felt uncomfortable
and had unethical and negative views towards people who were deaf. The counselors' attitude
towards deafness may be the most significant factor of building a therapeutic relationship. I
thought that this meta-analysis was poorly constructed. At the beginning of the search, there
were 1,803 articles that had potential to be reviewed. After many specific exclusions only ten
were used in the final study. If I had to do this differently I would have tried to find a more
inclusive way in order for my sample size to be larger and easier to generalize. Having said this,
it has proven difficult to find information about counseling and the D/deaf culture in the
literature myself.

Hardy, J. (2010). The development of a sense of identity in deaf adolescents in mainstream
    schools. *Educational and Child Psychology, 27*(2), 58-67.
This study investigated the research question 'What awareness and ideas do adolescents (age 13
to 16) with severe and profound hearing loss, attending mainstream schools, have about their
developing deaf identity?' (p. 60). Some literature in the first half of the article found that deaf
pupils were more likely to be rejected by their hearing peers and to show behavioral problems,
low self-esteem and feelings of social isolation. Other studies that focused on inclusive
educational environments did not find the same results. Research demonstrated that a social
skills training program in improving the social and emotional interactions of deaf students in
inclusive settings within mainstream schools was an effective intervention. The research was

relevant to the study but most of the sources dated early 2000s. The sample in the current study included 11 deaf students in local authority comprehensive schools with resourced provisions for the hearing impaired. Semi-structured interviews were conducted, videotaped, and fully transcribed. The study took an ideographic approach to explore the individuality of each student. The study found many contradictions in the participants answers during the interview. The emergent variable within this research was group alignment. The participants identified themselves within three groups: deaf aligned, hearing aligned, or the 'bridge between two worlds', which effected students interview responses. Implications of this research show dynamic factors within the development will influence changes in group alignment over time. Ease or difficulties with communication, together with students' previous experiences of friendship, all influence choices regarding group alignment and identification. I was curious how they found these specific participants in the study but liked that it was individualized and more like a case study for each student. The results of this study also aligned with one of the other studies I read, which is comforting that the results are promising.

Kunnen, E. S. (2014). Identity development in deaf adolescents. *Journal of Deaf Studies and Deaf Education, 19*(4), 496-507.

The purpose of this study is to address the question: how the identity in deaf students in different domains changes over the years, and compare this development with hearing students. Other literature has found that the core variable of identity is group alignment, whether deaf adolescents identify with deaf, hearing, or both groups. The most critical educational experiences turned out to be their social relationships and the language in which they communicated. The most recent research demonstrates that the way in which deaf adolescents identify with different social groups is highly relevant for the formation of their identity. Research studies also base this idea of identity development off of Erikson's theory. Most of the literature cited in this study is current and relevant to provide background knowledge on the topic. For this study, seven students of a school for deaf or hard of hearing students participated. All participants were skilled in sign language, they were in the same class, and all followed higher general secondary education level. The researchers followed these participants for 5 years, administrating different assessment instruments, followed up by questionnaires. The study found that all students except one showed consistent development as expected on the basis of Erikson's theory in almost all domains. Most commitments were classified as either moratorium or achieved, indicating that students were exploring their identity. Participants in this study are "realizing their preferred social group identities and are focusing their social energies in those directions where they experience greater depth and ease in their communication and relationships…" (p. 505). A very important implication of this study is that the sample consisted of students at the highest level of education in the schools for the Deaf in the Netherlands and formed a successful and competent group. It is important for future research to see if these findings hold true for lower levels of education. Not all deaf students have support in their schools, which in combination of challenges offered by being deaf, triggers identity development. This research is based on a sample of Dutch participants, which may not be generalizable so I would like to see the differences in results with a new population. Also, there were many methodological issues mentioned, which makes me question the reliability and validity of the study.

Lomas, G. I., Nichter, M., & Robles-Pina, R. (2011). The role of counselors serving deaf or hard of hearing students in public schools. *American Annals of the Deaf, 156*(3), 305-319.
The purpose of this study was to investigate (a) if there was a difference between how counselors employed by public education programs for d/Deaf and hard of hearing (d/Dhh) students perceived their actual role and how they perceived their ideal role and (b) if there are themes that help to clarify the role and function of those powers. Previous research found that 77% of participants in public school programs for d/Dhh students were receiving individual counseling, but none of the counselors self-reported a proficiency level of communicative ability. There has not been a study on the role of counselors employed by local educational programs for d/Dhh students so it is unknown if traditional models for counseling are effective in meeting the needs of d/Dhh students. Most of the research cited is from more than 10 years prior, so the information needs updated but it is still relevant to the study. The participants in this study consisted of 22 counselors who were working in public schools whose primary job was to counsel students identified as deaf or hard of hearing. A criterion sampling method was used and the counselors had to be serving d/Dhh students and have a working relationship with a program for those students. A questionnaire was sent to 75 programs, but only 22 participants fully completed the survey. Follow up interviews occurred with 6 of the counselors. Respondents perceived their role as exclusive to d/Dhh students. However, these counselors perceive a limited role for themselves as evaluators. Needs assessments for both the students and the counselors are an essential function in school counseling for d/Dhh students. The role and function of the counselor serving this population appear to be more heavily weighted toward direct counseling and guidance. A few important implications of this study are that deafness is a low-incidence disability, and the needs of this population are often overlooked. Of the 75 programs contacted, most coordinators reported that they did not employ a professional school counselor who worked with d/Dhh students. Instead, those students had access to school counseling with general education counselors using interpreters and did not meet the requirements to be in the study. This article suggests that some schools have a separate counselor for d/Deaf students. I love this idea but I think it would be hard to implement that. Some school systems claim they do not have enough money to have just one school counselor for the general population. My question then is, how can we train all counselors to be confident and competent when working with d/Dhh students?

Wright, G. W., & Reese, R. J. (2015). Strengthening cultural sensitivity in mental health counseling for deaf clients. *Journal of Multicultural Counseling and Development, 43*(4), 275-287.
The purpose of this article is to assist counselors who are either currently or in the future providing mental health counseling services to clients who are deaf. It explains how to deliver culturally sensitive services for those clients. This article is a position paper and is made to provide an overview of the Deaf culture for hearing counselors, and to describe the unique needs of clients who are deaf. The literature in the first half of the article suggest that language and communication difficulties, along with lack of social support, are possible reasons for the increased risk of mental health problems in those who are deaf or hard of hearing. The research also suggests that because deaf individuals are a culture minority and are often viewed as disabled, they experience minority stress as well that contributes to a decrease in mental health. Most of the literature being reviewed was more than ten years old, so the information may have been outdated. The main argument in this article is that other literature categorizes deafness as

only a disability, but that categorization is incomplete and for some, an incorrect understanding of the way that many individuals view their deafness. Another argument made is that counselors typically receive less training with regard to physical disabilities and therefore many counselors lack the knowledge and experience to provide counseling services to people who are deaf. The main conclusions in this article is that there are three main categories that need attention when serving clients who are deaf: communication style, sign language interpreters, and values and behaviors. The most meaningful implications given those conclusions are that a counselor must be able to effectively communicate in the client's preferred language. In order for that to occur, an interpreter is necessary if the counselor is not fluent in sign language and it is the responsibility of the organization to supply those accommodations. Another implication is that values and behaviors of clients will differ depending on how the client connects and identifies with Deaf culture so it is important to provide the opportunity for them to tell their story. I thought the article made great points for counselors who have never worked with a deaf client before and was relevant. I would like to find an article that has interviews or surveys with members of the d/Deaf community.