Accessibility and consumer knowledge of services for deaf adolescents

Gillian Reynolds

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ACCESSIBILITY AND CONSUMER KNOWLEDGE OF SERVICES FOR DEAF ADOLESCENTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Gillian Reynolds
June 2001
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Approved by:

Mr. George Taylor, Faculty Supervisor Social Work

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M.S.W. Research Coordinator
ABSTRACT

An important health agenda in the United States is improving access to health services. The percentage of deaf and hard of hearing people who need mental health services and crisis intervention is similar to that of the general population. An exploratory study was conducted to understand the process by which clients attempt to seek help, to gain an understanding of their knowledge of resources in the community, to gather information on client's experience with mental health services, and to collect insight not afforded by the questionnaire of deaf adolescents and their care providers in the Greater Los Angeles area. Both deaf high school adolescents and their care providers were asked to indicate their attitudes, beliefs, opinions, and knowledge relating to the mental health system in Los Angeles County. Overall, adolescents and their care providers believed that the school system met most of their mental health needs. However, the participants believed that the main problems to accessing mental health services were communication barriers and geographical barriers, as well as lack of knowledge about how to access needed services.
ACKNOWLEDGMENTS

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CHAPTER ONE
INTRODUCTION AND PROBLEM FOCUS

The percentage of deaf and hard of hearing people who need mental health crisis services is similar to the percentage of the general population needing such services. Yet, coordinated mental health services for deaf and hard of hearing individuals are virtually nonexistent. People who are deaf and hard of hearing, like everyone else, find themselves, from time to time, in need of mental health services.

Related to the issue of service delivery is the level of knowledge and awareness of resources among consumers. The deaf community can be likened to other minority groups that have low participation in mainstream society. Often these groups, due to language, cultural, and educational barriers, are not aware of the services and support systems available in their community.

The purpose of this study is to obtain information from deaf adolescents and their care providers regarding their experiences of social and emotional issues or problems, what methods are used to obtain assistance with
any problems or issues when necessary, and knowledge of mental health services in the Los Greater Angeles area.

Adopting a critical perspective, not only should the results of this study add to the growing body of work supporting the great need for such services and outreach efforts, but it is intended that this research spur social action and stimulate the creation of new and innovative solutions.
According to Goulder (1977) and Trybus (1987), 40,000 deaf Americans suffer from serious psychopathology; this figure rises to approximately 2 million when the hard of hearing are included.

Although there is no strong evidence that the rate of mental health needs of the deaf and hard of hearing differ greatly from the general population, it has been estimated that as few as 2% to 15% are actually able to access resources (McEntee 1993). Warner (1987) found that mental health services were the most requested, but least available, services mentioned in a survey of community centers for deaf people.

Despite legislation aimed at broadening accessibility to services for the disabled, the situation has not markedly improved over the past several decades.

Legislation

Nearly three decades ago, the Joint Commission on the Mental Health of Children concluded that there is not a single community in this country which provides an acceptable standard of services for its mentally ill
minors. Since then, many states have acknowledged the need to develop a system of care for such children, yet few adequate solutions have been implemented. Parents and other decision-makers often face two unsatisfactory choices, coping as well as they can by themselves or turning the child over to someone else (Zeizula and Harris 1998). The unfortunate reality is that the conclusions the Joint Commission reached are still largely valid today.

Community Mental Health Services

In 1963, Congress established the community mental health center system. The goal of the program was to make services more accessible to those who need them in the community. Community mental health centers were planned to provide short-term inpatient care, outpatient care, partial hospitalization, emergency services, and community consultation and education (West). These provisions are mandated by the Bronzan-McCorquodale Act of the California Welfare and Institution Code and should be enforced by the state. The act provides a means for participation by local governments in the determination of the needs for and the allocation of mental health resources under the
jurisdiction of the state, which then provides means according to community needs (West, 1998).

American with Disabilities Act

In 1973, section 504 of the Rehabilitation Act was enacted by the Federal Government, which states:

"No handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance."

In regard to the mandate, public schools are to provide children with handicaps a "free appropriate public education with emphasizes special education and related services to meet their needs. Among the related services that may be provided are "psychological services" and "medical and counseling services."

The American Disabilities Act in 1990 expanded and more clearly defined the scope of the rights of people with disabilities to receive equal treatment, including access to mental health services. However, this mandate frequently fails to achieve its goal of providing children and adolescents with access to treatment services, because of
variations in interpretation and a general tendency by the courts to interpret its mandates narrowly Pollard (1995). In spite of access improvement, Los Angeles County has only one well-known mental health service, located in Santa Monica, specializing in providing services for those who are deaf or hard of hearing.

Mainstreaming

Prior to the 1960s, almost 80% percent of deaf children attended residential school; in contrast, only about 30% currently attend residential schools (Ziezula and Harris 1998). Author Gleen (1998) contend that since being mainstreamed, deaf and hard of hearing pupils have suffered because all of their needs cannot be fully met in public schools, especially in the area of meeting deaf and hard of hearing children and youths social and emotional needs.

Assembly Bill 3632

To assist with providing mental health services to those who are labeled special needs and being mainstreamed, in 1984, the California Government Code (commonly known as AB 3623, Interagency Responsibilities for Providing to Handicapped Children) made county departments of mental
health responsible for providing mental health services and California Children Services (CCS) responsible for proving necessary medical services. One of the provisions of the law is that mental health services must be paid for by the local mental health department for any pupil who requires additional services when the school district cannot fully meet the pupil’s needs in obtaining an appropriate education (McCay and Daigle-King, 1999). In other words, if the child’s psychological needs prevent the student from benefiting from an appropriate education, and then the district must seek outside assistance.

Deaf Communication

According to Stedt and Rosenberg (1987), the deaf can be grouped according to their use of sign language. The first and largest group is “signers,” because they rely on sign language. The second group is called “speakers” because of good oral skills and represents a small minority of the total deaf population. The main form of communication in the United States is American Sign Language (ASL). Its use is restricted to North America and should be regarded as a language in its own right. Some deaf people use a manual communication system called Signed
English, of which there are several varieties. This should be considered totally different from ASL in that it is a way of manually rendering English into a signed form. Pidgin Signed English is yet another form of communication that incorporates ASL and Signed English. Signers use one or all of these systems, and some are able to switch back and forth. It is only the more educated who are able to use Signed English fluently. Average deaf people use ASL or Pidgin Signed English (Stedt and Rosenberg, 1987).

A minority of deaf people can speak and lip-read well enough to communicate with the hearing population. This ability is related to the age of onset of hearing loss and the type of and degree of hearing loss. The average deaf person has very poor speech and cannot fluently communicate with normal hearing people. Generally, deaf people are poor lip-readers and usually they are unable to follow a spoken conversation. Because lip-reading is partially dependent on anticipating what words are coming next (a language skill in itself), research has found that hearing people can lip-read better than the deaf (Stedt and Rosenberg, 1987).
Deaf Culture

Several writers (Pollard 1995; Freedman 1994 and Gerber 1980) have noted deafness to be more of an ethnic minority experience than a physical disability experience. Thus, deaf culture may determine the effectiveness of mental health services in meeting the needs of deaf people (Wax 1990). It would be useful to describe some of the characteristics of the deaf community. Deaf people tend to congregate with other deaf people in social situations. Membership in the deaf community requires more than simply possessing less than normal hearing. Harris (1987) and Stedt and Rosenberg (1998) state that there are three requirements needed: a sense of identification and belonging with the “deaf world,” shared experiences that arise due to hearing impairment, and participation in deaf community activities. Deaf people are best understood in terms of minority group dynamics; they are pulled together by a common bond the use of some form of sign language. This causes strong group identification among deaf people, and it is not uncommon for the deaf to be wary of people who are outside their group (Stedt and Rosenberg 1987). Harris, VanZandt and Rees (1997) discuss the importance of deaf attitude, support of deaf social and political
organizations, and language in the deaf community. The deaf attitude refers to the importance of participating in deaf clubs, church, sports, and group activities. This also includes prejudice against hearing persons and the pressure to marry only other deaf people.

These cultural differences can lead to misunderstanding between hearing and the deaf and have implications for mental health. Differences in communication etiquette can affect diagnosis (Harris, VanZandt, and Rees 1997). For instance, the deaf may seem intrusive or overly personal when asking questions. They try to find and develop a connection by asking typical questions such as "Are you deaf?" "What is your first and last name?" "Which deaf school did you attend?" and "Where are you from?" Other points of difference involve non-manual behaviors, such as eye contact and physical proximity, attention-seeking maneuvers, greeting and parting rituals, and concepts of privacy and confidentiality. Among the deaf, conversations are so animated and affect-laden that they may be misinterpreted as tics or involuntary movements, abnormalities of eye contact, or difficulty maintaining boundaries. Among mainstreamed hearing impaired, Sullivan (1993) notes three
major characteristics: apparent inconsistency of behavior, continual difficulty functioning on a par with their normal hearing counterparts, and lack of a prominent characteristic that immediately and consistently identifies them as being hearing impaired.

Child Abuse and Los Angeles County

In 1994, Los Angeles County responded to the need for deaf families in the child abuse and neglect system by creating a Deaf Unit for the county's Department of Children and Family services. As of 1991 the Los Angeles County Department of Children's Services could identify only 36 abused deaf children on its caseloads and 4 more in Adoptions. Three years later, after the establishment of the Deaf Unit, the Department had close to 200 deaf children or adults on its caseloads. By, 1996, at least 200 cases involving deaf individuals were being served by the Deaf Unit and another 60 by other workers. The Deaf Unit receives between 10-20 new cases per month. In the article, a children's social worker in the Deaf Unit, stated that she has observed that drug and alcohol abuse is the primary cause of child abuse among the deaf. In 1994, two courtrooms within the Edward D. Edelman Children's Court in
Los Angeles County were developed to handle all deaf cases in the child abuse and neglect system. (The GLAD New 1997).

Deficiencies in Mental Health Care for the Deaf

The most profound problem with delivery of mental health services to the deaf has to do with communication barriers. Many studies have found that professionals are practicing with little knowledge of deafness, little preparation for their work and frequently without the ability to communicate effectively.

The general public seems to have the misconception that hearing-impaired people necessarily have physical or emotional problems in addition to the hearing impairment itself. Findings by Diskert (1988), who compared specialized programs with general ones, found that most practitioners tended to evaluate deaf patients as less ill than their hearing counterparts, yet recommended more supervision and more medication for the deaf patients. The results suggest that efforts should be directed at ensuring that mental health professionals more accurately evaluate the psychosocial functioning and needs of deaf people.
Communication Barriers

Communication and cultural barriers to mental health services for the deaf are compounded by social factors as well. Spear (1993) found that deaf patients who travel long distances to see sign-fluent therapists are often not permitted to pay on a sliding scale because this is usually reserved for patients who live in the immediate catchment area. However, inequities are mostly noted in inpatient settings. The deaf tended to receive less psychotherapy and more behavior modification. In the Pollard (1994) study of the deaf in Rochester County New York, the deaf had higher rates of unemployed, and less access to commercial health insurance; they were also less able to pay. More individuals were treated where access was greater, not necessarily where spectrum of services is greatest. The deaf had less access to fundamental clinic services (assessment and therapy), but more access to case management and continuing treatment services. It is reasoned that this was found because the former is more demanding communicatively.
Deaf Adolescents and Mental Health

There is evidence that the combination of adolescence and deafness has implications for psychological development (Stedt and Rosenberg 1987). The dynamic interaction of deafness and adolescence results in a unique set of problems that typically require a unique set of strategies and a out of the ordinary assortment of skills from the service provider (Freedman 1994). The paramount problem that a counselor encounters is how to communicate and relate to the deaf client. Counselors often overlook issues particular to deaf children. Deaf adolescents may have less positive perceptions of themselves than do comparable groups of hearing peers (Freeman 1994). Further, the authors stated that social maturity of deaf adolescents is often affected by impoverished language skills; therefore, significant others and those who work with this population may scale down their expectations for age-appropriate social achievements. It has also been observed that deaf adolescents tend to communicate very little about the past and future, which leads to more anxiety, as they are not easily placated by the possibility of future changes in their current situation. They may also
experience isolation, alienation, and limited social interactions, most notably among the mainstreamed. Also, those raised in hearing families have less opportunity to overhear adult conversations, thus isolating them to learning experiences explicitly presented to them (Charlson et al. 1992).

These deficiencies have tended to negatively affect the deaf's attitude about mental health. Dickert (1988) noted that persons from the deaf community have been hesitant to enter the public mental health system for fear of being misdiagnosed or improperly treated. According to a study on the need and acceptance of counseling services of deaf college students, Chough (1978) found that although 73% of the students regarded their mental health as not good, only 61% indicated a willingness to seek professional counseling. Factors correlated with this willingness were previous counseling experience, being female, and planning a behavioral science major. In their study of the knowledge, attitudes, and beliefs about mental illness and providers for deaf adults, Steinberg et al; McEntrée (1993 and McCay (1999) found that mental health institutions and practitioners are viewed as authoritarian, restrictive, and prejudiced. McCay and Diagle-King (1999)
also reported that deaf patience perceived themselves as powerless and feared being mistakenly committed.

Regarding knowledge of mental health resources, Steinberet 1998; and Pollard 1995) found that about half of their sample could not locate accessible mental health services. Participants stated that they would seek referrals from a deaf service agency, friend, doctor, school for the deaf, or phone book.

Professional Workings with the Deaf Population

Levin (1981) stated that relatively few psychologists and psychiatrists are trained to work with the deaf and hard of hearing population. This, in turn, creates difficulties with diagnosis and problems with delivery of services. In a survey of 178 psychological service providers to the deaf, it was found that that a majority of the providers had no in-depth knowledge of deafness or deaf people and they were unable to communicated with their clients (Levin, 1974). Only 39% percent of the psychologists and psychiatrists surveyed had formal training in deafness and mental health. Half of the group stated that they had no signing ability, and 40% percent rated their signing skills as poor. Almost 100% percent of
the psychologists and psychiatrists who worked with deaf people on a part-time basis stated that they spent the majority of their time testing and not providing therapy.

Marie Curtis conducted the first national survey of school counselors who served the deaf, and this survey was published in the American Annals of the Deaf in 1976. In her study, Curtis surveyed 233 residential programs serving school-age children, primarily to determine what counseling services actually existed for children in the educational system. She received a response of 148; 96% of those who responded, a majority, overwhelmingly believed that counseling was necessary for deaf students.

As a follow-up, and an expansion of Curtis’s study Zieziula, and Harris’s article [National Survey of School Counselors Working with Deaf and Hard of Hearing Children: Two decades Later], the authors discussed their findings from 327 questionnaires mailed out to directors of counseling services in educational programs serving deaf children in all 50 states. The general purpose of the study was to assess whether counselors had improved in their ability to work with deaf children and if the counselors had adequate supervision and to identify the problems and issues with which they most often had to deal. The authors
note that in comparison to Curtis' 1975-1976 study, from the counselors' perspective, the counselors believed that they had better skills for working with deaf children than two years ago, that the counselors could communicate effectively, and that they were knowledgeable about deafness. Although, their findings also reported an improvement in one aspect of counseling services to deaf children since Curtis' study, some data in their study remained the same. The authors found that their study mirrored similar problems and issues brought to counselors by deaf students. The problems of deaf children in order of frequency were peer relations, decision making, self-esteem, social relationships, aggressive behavior, academic problems, parent/child relationship, general communication, interaction with hearing individuals, barriers to community activities, problems with sexuality, dating issues, sexual abuse, suicide, and withdrawal.

In 1984, Katherine Briccetti, a school psychologist with the Oakland Unified School District in California, conducted a survey of counseling services in programs for deaf students. She found that while there were a greater number of school psychologists working with the hearing impaired, most believed their services were not adequately
meeting the needs of most hearing-impaired students. Further most school counseling services ranked themselves as poor or fair and said that an expansion of these services was necessary.

Pollard (1995) reported that the symptoms or precipitating incidents for the deaf receiving inpatient or outpatient services are often issues related to impulsive acts of violence or self-destruction, that is, fighting, hitting a family member, destroying property, making a suicidal gesture, etc. This, in large part, is a result of the frustration a deaf person experiences when unable to communicate feelings and problems adequately.

It is reasonable to conclude after an extensive review of the literature that the deaf population still experiences great barriers in accessing services that are necessary. Researchers on this population have usually been limited by convenient or biased samples, such as residential school population, cases referred for psychiatric or psychological evaluations, and studies based on the opinions of professionals working in the field of deafness, rather than empirical data. Parents, especially fathers, are rarely studied.
Zieziula and Harris (1998) proposed that it would be beneficial to move from the perception of counselors and professionals and gather data regarding the perceptions of deaf and children and their care providers, in an attempt to identify the issues for which deaf children and their care providers seek counseling.

Research Focus

To address the matter of mental health for deaf and hard of hearing individuals residing in Los Angeles County, the goals of the survey were to gather information on the types of social, emotional issues deaf adolescents and their families experience, to understand the process by which adolescents and their families attempt to seek help, and to gauge their knowledge of resources in the community, based on resources the researcher located for this study.

The present study attempts to overcome the occurrence of researchers mostly studying professionals working with the deaf by surveying deaf adolescents and their care providers, directly, in regard to their attitudes, beliefs, opinions, and knowledge of community social services, with a primary focus in accessing mental health services for deaf adolescents.
CHAPTER THREE

METHODOLOGY

Instrument

Suggestions and recommendations of a preliminary instrument were complied from a cross section of deaf and hearing youths, their care providers, social workers, psychiatrists, psychologists, mental health professionals, and interpreters. See appendix C and D for a sample of the adolescent and parent/guardian survey.

The preliminary instrument was presented to all high schools listed in appendix B, including California School for the Deaf, Riverside, (CSDR) the residential school serving deaf children from San Jose to San Diego.

All high schools in appendix B and CSDR were provided a sample of the survey that was to be distributed. Most schools insisted that the survey could not be distributed if it was not offered in both English and Spanish.

The survey was translated into informal Spanish for the adolescents and formal Spanish for the parents(s) or guardian(s). The survey was doubled-sided, English on one side and Spanish on the other side.
Procedure

Face-to-face contact was made with the following schools that granted access to their deaf adolescent students and parent(s) or guardian(s) for distribution of the surveys.

1. California School for the Deaf, Riverside, (CSDR) was provided with 90 parent/guardian surveys and 90 adolescent surveys.

2. Marlron School for the Deaf, Los Angeles was provided with 155 parent/guardian surveys and 155 adolescent surveys.

3. Manhattan Beach High School, Manhattan Beach, was provided with 45 parent/guardian surveys and 45 adolescent surveys.

4. S.E.L.C.O High School, Downey, was provided with 45 parent/guardian surveys and 45 adolescent surveys.

5. Wilson High School, Los Angeles, was provided with 41 parent/guardian surveys and 41 adolescent surveys.

6. Fairfax High School, Los Angeles, was provided with 45 parent/guardian surveys and 45 adolescent surveys.
Collection of Surveys

1. California School for the Deaf, Riverside, (CSRD) returned 13 parent/guardian surveys and 9 adolescent surveys.

2. Marlton School for the Deaf, Los Angeles, had internal problems and did not participate.

3. Mira Cosa, High School Manhattan Beach, did not choose to complete the surveys due to last minute legal and confidentiality concerns brought forward from a parent group.

4. S.E.L.C.O, Downey, is also of the same school district same as #3. Therefore, the school district cited the same issues as Manhattan Beach for not participating.

5. At Wilson High, Los Angeles, attempts to collect the surveys were unsuccessful.

6. Fairfax High School, Los Angeles, returned 2 parent/guardian surveys, and 3 adolescent surveys.
CHAPTER FOUR

FINDINGS AND RESULTS

Presentation of Findings

Statistical analysis was not practical; however, each survey was analyzed for themes. Several themes emerged and will be discussed, along with the focus groups thoughts and opinions. However, regretfully, and surprisingly, the surveys only yielded 13 care provider responses and 9 adolescent responses. Due to the fact that the researcher was only interested in adolescents and their parent(s) or guardian(s) who reside in Los Angeles County, only 4 parent/guardian surveys and 3 adolescent surveys from CSDR were usable.

Phase II Methods

In completing the original project, the researcher ran into numerous unforeseeable problems. Access to deaf adolescents and their care providers was more of a challenge than would have been expected. School bureaucracies, mandates, and internal conflicts became issues. It appeared that staff closely related to the deaf students wanted to participate in the study; however, the authority to give access to the students came from the
district office administrators or superintendents. For the most part, privacy of their students and care providers were cited as the reason for not allowing access. The data collection was also a problem in that too many people were involved in distributing and making sure the survey got back to the researcher. Several of the schools had recommended mailing the surveys, but this method was too costly. School officials also stated that they in the past, found that elementary school students follow through on taking items home to their care providers, however, adolescents are not as reliable.

To complete this original research it became necessary to obtain information from method other than surveying. One of the aims of this project was to obtain information about accessing community mental health services; therefore, it was necessary to organize a focus group.

Recruitment of the Focus Group

A convenient sample of 10 deaf and hard of hearing adolescents and their care providers was recruited from Florence Avenue Four Square Church, Santa Fe Springs, the week before the focus group was to assemble. A flyer was handed out at the church after Sunday service with contact
information if participants residing in the Los Angeles area were interested.

The investigation focused on accessibility and knowledge of services for deaf and hard of hearing adolescents and their families.

Because there is no standardized instrument that comprehensively measures social, environmental, and psychological barriers, the researcher used themes and frequency of topics.

The information gathering team of four individuals was carefully selected with regard to cultural and deaf community needs: A hearing Latino male, due to the large Latino population attending Los Angeles schools, a deaf female who, if possible, could translate for those individuals who were not so sophisticated and communicated more with home signs, body language, and facial expression, the researcher, who is hearing and signs fluently, and a hearing Caucasian male, also fluent in sign language, to record the participants responses. Prior to the assembling of the focus group, the team members completed a mock focus group in an effort to achieve cohesiveness. The researcher acted as the moderator. The main subheadings of the
original survey (see appendices C and D) were used as a format for the discussion with the focus group.

Focus Group Characteristics

The adolescent participants consisted of 6 girls and 4 boys. There were 8 Caucasian families and 2 Latino families. No African-American or Asian families participated in the focus group. Only 12% of the parents or guardians was profoundly deaf, 5% percent were hard of hearing, and 78% were hearing. The adolescents consisted of 19% with a severe hearing loss (can only communicate through sign language) and 81% hard of hearing.

Step 1

For developmental reasons, privacy, and openness, the adolescents spent 1 hour without their care providers to discuss a comprehensive range of social, environmental, and psychological issues, along with identification of barriers in accessing mental health services for the deaf.

Step 2

The care providers spent 1 hour with the moderator and the team to discuss a comprehensive range of social, environmental, and psychological issues, along with
identification of barriers in accessing mental health services for the deaf.

Step 3

Both adolescents and care providers were combined and spent 1 hour with the moderator and the team to discuss their views on barriers to obtaining services for the deaf.

Separated Group

Question 1: We want to know how aware you are of available counseling and referral services that provide services to deaf people.

Adolescent: Overall, the adolescents knew of GLAD. They did not know of any of the counseling services. They stated that they would not have thought of contacting Gallaudet for information or help and that they only know Gallaudet as a school for academic studies.

Care providers: The care providers knew of St. John Counseling services and GLAD, but only one care provider had heard of Five Acres Counseling.

Question 2: We want to know the types of problems or issues that deaf teenagers and their families may have experienced or are experiencing.
Adolescents: The majority of the adolescents stated that they sometimes suffer from stress, anxiety, low self-esteem, depression, and loneliness/isolation.

Care providers: The care providers listed the same response as their teenagers; however, several hearing parents stated that they frequently feel overwhelmed. The care providers stated that they were not surprised that their teenager felt loneliness/isolation.

Question 3. We want to know when you have a problem that affects or other family members, what is done to cope with the problem.

Adolescent: The majority of the adolescents stated that they would not ask a therapist or ask someone who works with deaf people for help.

Care providers: The care providers stated that they would seek counseling if needed, but they would not travel a long distance to get the service.

Question 4: We want to know your opinion and hear about your experiences regarding services for deaf and hard of hearing teenagers and their families.

Adolescents: The majority of the adolescents stated that they had not sought counseling services and that they do not think they would seek services if needed. Care
providers: The care providers stated if they needed help with issues related to their deaf teenagers, they would first ask the school for help. Both the adolescents and their care providers stated that students at school mostly receive testing from their school counselors.

**Question 5:** We want to know how much you know about the Americans with Disabilities Act (ADA), The National Association of the Deaf (NAD), and the Los Angeles Greater Counsel on Deafness (GLAD).

Adolescents: The adolescents knew very little about the ADA, the NAD, or GLAD.

Care providers: The care providers knew of the ADA, NAD, and GLAD, but stated that they believe the ADA and the NAD is not available to them and that they would not know how to access help from either organization in regard to getting with accessibility issues.

**Question 6:** We want to know your opinion and experiences with counseling services through the school.

Adolescents: The adolescents stated that if they ever had to see a counselor at school, they would have to miss class.
Care providers: Most of the care providers stated they believed that their teenagers could obtain counseling at school, but their teenager would have to miss class.

Question 7: We want to know if you had ever been in counseling and needed an interpreter, who did the interpreting.

Adolescents: Only one teenager stated that he had ever needed mental health counseling and the counseling was obtained from St. John and that St. John provided a therapist who signed.

Care providers: One care provider stated that she also did the signing for her family and friends if they needed counseling. This person stated that playing both roles is hard because when she had to interpret for her son, she believed that that took away from her son's privacy.

Overall, the care providers stated that a professional interpreter is rarely used because they are too costly.

Question 8: We want to know about your activities in the community and the resources you think you need in maintaining emotional balance.

Adolescents: The adolescents stated that they interacted with other deaf or hard of hearing people outside of school; however, they stated that they believe that this
was because they were involved in church activities. They emphasized that many of their peers at school seldom participate with other adolescents because the students live too far apart and that those students' parents do not worry about their adolescent's social life. Several adolescents stated that many students seek to attend CSDR for high school, but often their parents or their local school districts would not allow them to attend the residential school. Overall, the adolescents stated that more activities after school are needed, life skills and leadership training would be useful, and that transportation to get to deaf functions is a challenge because they activities are so far away. An example given was that California School for the Deaf, Riverside, hosts many sporting events and dances; however, it is a distance away, and often the activities are all-day affairs. The adolescents stated that that they thought parent networking, life skills training, and deaf self-help agencies would be helpful to them.

Care providers: The care providers stated that transportation to deaf activities is needed the most. Several hearing families with deaf teenagers stated "giving up an entire day to go to CSDR is not their idea of fun."
The care providers cited life skills, transportation, and after-school activities as their preferred choices for the teenager.

Combined Group

Question 1:

What are the most frequent barriers you believe deaf people experience in gaining access to mental health services?

In ranking order, the focus group stated that frequent barriers to mental health services are, communication issues, lack of available mental health services, geographical location of mental health, and a lack of trust in the help of mental health professionals because they are mostly hearing and do not understand deaf culture.

One parent stated:

"Me and my son had to go all the way to St. John's Counseling Services in Santa Monica, when my son needing extensive counseling. I did not want my son to miss too much school, so I would usually schedule the appointment for about 3:00 p.m., but this meant we came back in traffic. The drive home usually took about 2 hours. Several times it rained, and it took almost 3 hours to get home. After two months, I told
the therapist that I needed individual therapy just to deal with the drive!"

Question 2:

How effective are agencies that are in place to help the deaf community access services?

The care providers stated that they believe GLAD, because of funding issues and frequent power struggles within the organization, is not an effective agency. Several care providers stated that GLAD is good in getting deaf people jobs; however, they refer everyone to St. John Counseling Services and they have no experience in assisting adolescents nor do they have knowledge of deaf adolescent and their needs but, most of all their offer services that are limited.

Although mainstreaming was not a formatted question, many care providers referred to mainstreaming. Therefore, the researcher believes it is necessary include some of the statements made regarding mainstreaming.

Overall, the care providers stated that mainstreaming is considered to be a form of social engineering and that residential placement means much more to deaf people than simply a place to acquire an education. The group agreed
that for deaf people the residential school was where their children socialized, where they learned sign language, where they bonded with a diversified group of deaf students and staff, where they were able to interact freely with peers, and, foremost where most of their mental health needs were handled. However, since mainstreaming, deaf people do not get together and socialize as much as they did in the past. Furthermore, the care providers stated that mainstreaming most benefits the mental retarded population, and what the government does not understand is that disabled people are not all the same, each disability has different needs, and for the most part, deaf people’s barriers are linguistic.
Deaf and hard of hearing people are a low incident population; nonetheless, they deserve, as does anyone in our multicultural society, quality mental health services sensitive to the specifics of their culture.

Research such as this can help social workers become more effective in their encounters with deaf individuals. The importance of research such as this is that it increases awareness.

Social workers have an obligation to advocate for all people for whom they provide services. Empowering underserved and underrepresented groups is one of social works mandates. Lobbying local agencies, local, state, and the federal government, on increasing service accessibility for deaf people is an area, which we, as social workers must, actively participate. The majority of literature of this population is published in journal for the deaf. Social workers should actively do research on the population they serve and aim to have such articles
published in journals other than journals written by the deaf or for the deaf.

The major purpose of the study was to explore issues and problems of deaf adolescents and their families, the types of problems they encounter, their knowledge community services, and how effective are community and state agencies in meeting their needs.

This study's limitations should be acknowledged. Qualitative research does not have as a goal truth statements, but rather description of patterns. Due to the fact that the original data collection was not sufficient, it became necessary to conduct a focus group. The intent of the focus group was to report the view of participants, not to generalize to larger groups. Salient concepts related to the issues were selected. One can draw conclusion that citizens who are deaf residing in the Greater Los Angeles area do not have adequate access to their mental health needs. Information garnered from the focus group should be treated as everyday knowledge, rather than as a final, generalizable piece of evidence.

People are valuable sources of information about themselves and much can be learned for direct extended conversations with individuals whose thoughts and opinions
are critical to understanding a topic. Their descriptions of concerns, frustration and specific incidents provided valuable data that are not available in the literatures.

This study was exploratory, and much more research is needed in the sociological or social component of the culture. Although this research was limited, the knowledge gained from the study, provided in-depth information that could not have be achieved form surveying. It is reasonable to state that accessibility and knowledge of resources for the deaf remain one of the major problems that this population encounters.

One can draw the conclusion that citizens who are deaf, residing in the Greater Los Angeles area do not have adequate access to services for their mental health needs.

Although both the residential school, CSDR and the focus group stated that they experience problems with social emotional issues, very few stated that such issues were chronic and that they were in need of mental health services that were not available primarily due to communication barriers and geographic location. The participants at CSDR, and the focus group members were not aware of any of the private practitioners on page two of the survey (see appendices C or D). This leads one to
conclude that more outreach efforts could benefit the deaf community.

The members of the focus group believed that at this time, GLAD often fails to do what it was put in place to do. Furthermore, the members of the group are of the impression that GLAD has, for many years, suffered from internal, funding, and political problems. The National Association of the Deaf (NAD) [established in 1880, the largest constituency organization safeguarding the accessibility and civil rights of approximately 28 million deaf and hard of hearing Americans in education, employment, health care and telecommunication], according to the focus group, is inaccessible. Surveys from CSDR also indicated that they were not aware of NAD. This grass-roots advocacy and empowerment agency provides certification of American Sign Language, teachers and interpreters, deafness-related information and publications, legal assistance, policy development and research, public awareness, and youth leadership developments with affiliations in all 50 states, yet many care providers and no adolescents are aware of this service.

Whereas community mental health services are available for most Americans, the deaf population remains neglected
in having community-based mental health services. Counseling training programs who training individuals to work with deaf exist. In fact there are ten such training programs in the United States. However, of the 10 programs identified as training centers in deafness counseling, traditionally most of the graduates of these programs have been limited to the rehabilitation setting and often are not trained to work with those who are deaf and hard of hearing and in need of mental health services (Wyatt, 1993).

This topic was generated from the researcher being placed in the Deaf Unit of Los Angeles County Children and Family Services (child protective services) and although neglect and abuse was only discussed briefly this in paper, perhaps, the greatest lesion to be gained from this study is that the greatest users of mental health services in Los Angeles County are children and adolescent who are supervised by the state. Little or no information is documented in regard to these individuals and their care provider's mental health needs of the general population or special groups.
Although some progress is being made, mental health agencies have been notoriously slow to coordinate their work with certain populations.
APPENDIX A:

MAP OF SCHOOLS AND COUNSELING SERVICES

FOR THE DEAF IN LOS ANGELES COUNTY
APPENDIX B:

ADDRESSES OF DEAF HIGH SCHOOLS
ADDRESSES OF DEAF HIGH SCHOOLS

Alhambra City High School
15 W. Alhambra Road
Alhambra, CA 91801

Birmingham High School
17000 Hayes Street,
Los Angeles, CA 91405

Burbank High School
902 N. Third Street,
Burbank, CA 91052

Fairfax High School
7850 Melrose Avenue,
Los Angeles, CA 90046

Lakewood High School
Briercrest Avenue
Lakewood, CA 90810

Marlton Charter School
4000, Santo Tomas Drive,
Los Angeles, CA 90008

Mira Costa High School
701, S. Peck Avenue,
Manhattan Beach, CA 90266

S.E.L.C.O High School
11044 Brookshire Avenue,
Downey, CA 90241

South Hills High School
645 S Barranca Avenue,
West Covina, CA 91991

Wilson High School
4500 Multnomah Avenue,
Los Angeles, CA 92641

California School for the Deaf, Riverside
3044, Horace Street,
Riverside, CA 92506
APPENDIX C:

ADOLESCENT SURVEY
ADOLESCENT QUESTIONNAIRE

SECTION ONE

Are you: Deaf □ Hard of Hearing □

Is your mother/stepmother: Deaf □ Hard of Hearing □ Hearing □

Is your father/stepfather: Deaf □ Hard of Hearing □ Hearing □

List other members of your household who are Deaf or Hard of Hearing if any: __________________________________________

Please state your Age: __________ Your sex: Male □ Female □

Do you have any other disabilities? Yes □ No □ (If "Yes", please specify):______________________________________________________________

How do you communicate at home? (Check □ all the boxes that apply):

☐ American Sign Language (ASL, Pidgin, total communication)
☐ Signed English
☐ Home signs/finger spelling
☐ Oral/reading
☐ Written

Please check □ the box that indicates your parent(s) or other family member(s) signing ability:

Only complete for parent(s) or guardian(s) who lives with you or whom you see regularly

Mother/stepmother Father/stepfather Other (Please specify): __________________________________________

☐ □ □ Fluent (signs excellently)
☐ □ □ Intermediate (signs well)
☐ □ □ Beginner (signs poorly)
☐ □ □ Does not sign

If you sign and your parent(s) do not, do you know why? (Check □ all the boxes that apply):

Mother/stepmother Father/stepfather
☐ □ □ No sign classes in your area
☐ □ □ No sign classes in the evening
☐ □ □ My parent(s) or guardian(s) do not have time to take sign language classes
☐ □ □ My parent(s) or guardian(s) do not need to sign
☐ □ □ My parent(s) or guardian(s) do not want to learn to use sign language
☐ □ □ Sign language is too hard for my parent(s)/guardian(s) to learn
☐ □ □ I do not know why my parent(s) or guardian(s) do not know sign language
☐ □ □ Other reason (Please specify): __________________________________________

Does your family have a TTY/TDD (teletypewriter)? Yes □ No □

Do you use a TTY/TDD at home? Yes □ No □

Does your family use the California Relay Service (CRS)? Yes □ No □

Do you use the California Relay Service at home (CRS)? Yes □ No □

Do you know CRS services, including a TTY/TDD, are available free of charge from the phone company and the cost is paid by a state tax on phone services? Yes □ No □

Do you use Closed Caption when watching television? Yes □ No □
In this section, we want to know how aware are you of available counseling and referral services that provide services to Deaf people.

Have you heard of these counseling or referral agencies that offer services to Deaf people? (Check ✓ all services and agencies of which you are aware know):

- St. John's Deaf & Hard of Hearing Program
  1339 Twentieth Street,
  Santa Monica, CA 90404

- Los Angeles Department of Mental Health
  Vermont Avenue, 3rd Floor,
  Los Angeles, CA 90020

- Five Acres
  760 W. Mountain View Street,
  Altadena, CA 91001

- Tri-City Mental Health Services
  2008 N. Garey Avenue,
  Pomona, CA 91767

- Kelly Cothran
  43723 N. Twentieth Street W. # 201,
  Lancaster, CA 93536

- California School for the Deaf
  3044 Horace Street,
  Riverside, CA 92305

- Charter Behavioral Health System
  Of Southern California/Charter Oak
  1161 E. Covina Boulevard,
  Covina, CA 91724

- GLAD Headquarters
  2222 Lavrena Avenue,
  Los Angeles, CA 90041

- Inland County GLAD
  4960 Arington Avenue, Suite C,
  Riverside, CA 92504

- Inland County GLAD
  1490 North D Street,
  San Bernardino, CA 92505

- Access 24 Hours Referral Line
  Greater Los Angeles County
  Department of Mental Health

- Merrill Lish Counseling and Hearing Center
  13033 Ventura Boulevard, Suite D & R,
  Studio City, CA 91387

- Jon Bladenship, Ph.D.
  24317 Pennsylvania Avenue, Suite 201,
  Lomita, CA 90717

- Dr. Debra Krois
  2130, E. 4th Street, Suite 107
  Santa Ana, CA 92705

- Dr. Daniel Kramon
  3731 Ventura Boulevard, Suite C
  Sherman Oak, CA 91423

- Michael Curd, Marriage and Family Therapist
  5120 La Palma,
  Anahiem Hills, CA 92718

- Journey Counseling Program
  704 N. Glassell,
  Orange, CA 92867

- Sandra Zoe Ph.D. &
  Milan Korach, Ph.D.
  3424 Carson Street Suite 580,
  Torrance, CA 90503

- Tri-City GLAD
  614, E. Main Street,
  Ventura, CA 93001

- Orange County GLAD
  7700 Orangethorpe Avenue,
  Buena Park, CA 90621

- Gallaudet Research Institute
  800 Florida Avenue
  Washington D.C. 20002

- Pacific Clinics Referral and Counseling
  Signing Therapist at Telegraph Road Site
  Santa Fe Springs CA 90670
In this section, we want to know the types of problems and/or issues Deaf teenagers and their families may have experienced or are experiencing. Please place the number by 1, 2, 3, or 4 by each question that applies to you, or other family member(s).

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Mother</th>
<th>Father</th>
<th>Other siblings</th>
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</thead>
<tbody>
<tr>
<td>Stress or anxiety</td>
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<tr>
<td>Depression (sadness)</td>
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<tr>
<td>Aggressive/hostile/augmentative</td>
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<tr>
<td>Eating disorders</td>
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<tr>
<td>Communication problems</td>
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<tr>
<td>Parent/child problems</td>
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<tr>
<td>Attention Deficit Disorder/ADHD</td>
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<td>Suicidal thoughts/attempt</td>
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<tr>
<td>Alcohol/drug abuse</td>
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<tr>
<td>Loneliness/isolation</td>
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<tr>
<td>Physical abuse</td>
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<tr>
<td>Sexual abuse</td>
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<td>Low self-esteem</td>
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<tr>
<td>Truancy (often misses school)</td>
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<tr>
<td>Delinquency (gang, stealing)</td>
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<tr>
<td>Learning disability</td>
<td></td>
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<tr>
<td>Impulsive or acts without thinking</td>
<td></td>
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<tr>
<td>Dating or sexuality problems</td>
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<tr>
<td>Phobia</td>
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<tr>
<td>Schizophrenia</td>
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<tr>
<td>Other (Please specify):</td>
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<td></td>
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</tbody>
</table>

When you have a problem that affects you or other family member(s) what is done you do to cope with the problem? (Check all the boxes that apply):

- [ ] Ask someone who works with Deaf people for help
- [ ] Ask friend for advice or help
- [ ] Ask my teenager's school for advice or help
- [ ] Do nothing about the problem
- [ ] Read books about the problem
- [ ] Other (Please specify):__________________

- [ ] Got help from a support group
- [ ] Ask relatives for advice or help
- [ ] Ask my church for advice or help
- [ ] Believe/hope the problem will go away over time
- [ ] Seek professional therapy
SECTION FOUR

In this section, we want to know your opinion and experiences regarding services for Deaf teenagers and their families.

If any family member(s) have sought professional help that involved your Deaf teenager, who told you about the service? (Check ✓ all the boxes that apply):

- Self ✓ Department of Mental Health
- Friend/Relative ✓ Greater Los Angeles Council of Deafness (GLAD)
- Yellow pages ✓ St. John's Deaf Counseling Services
- School ✓ Five Acres Counseling Services
- Church ✓ California School for the Deaf, Riverside
- Internet ✓ Gallaudet Research Institute (GRI) Referral Service
- Stranger ✓ Other (Please specify)

If you have used any of the following services or agencies, check ✓ all the boxes that apply, then rate the service or agency by placing the number 1, 2, 3, 4 or 5 by the items that you have checked.

USE THIS RATING SCALE FOR THE NEXT SET OF QUESTIONS AND THE LAST SET OF QUESTIONS

1 = Very poor 2 = Poor 3 = Okay 4 = Good 5 = Excellent

☐ School psychologist/counselor ☐ Greater Los Angeles Council of Deafness (GLAD)
☐ Private psychologist ☐ Five Acres Counseling Services
☐ Private psychiatrist ☐ St. John's Deaf Counseling Services
☐ Social Worker, including LCSW ☐ Department of Mental Health
☐ Marriage and Family Therapist (MFT) ☐ California School for the Deaf, Riverside
☐ Support groups ☐ Other (Please specify):

If your Deaf teenager has ever been in counseling and needed an interpreter, who did the interpreting?

☐ Other family member(s) ☐ Other family member(s)
☐ Friend ☐ GLAD Interpreting Service/Life Signs
☐ The counselor you saw ☐ Other (Please specify):

Listed below are 3 agencies that help Deaf people get the services they need. Answer the question, and then rate the agency by placing the number 1, 2, 3, 4, or 5 by the question. (Use rating scale above)

Do you know anything about the American Disabilities Act (ADA)? Yes ☐ No ☐

If "Yes", rate how well you think the ADA is helping Deaf people access the services they need?

Do you know anything about the National Association of the Deaf (NAD)? Yes ☐ No ☐

If "Yes", rate how well you think the NAD is helping Deaf people access the services they need?

Do you know anything about the Greater Los Angeles Council of Deafness (GLAD)? Yes ☐ No ☐

If "Yes", rate how well you think GLAD is helping Deaf people access the services they need?
In this section, we want to know your opinion of counseling services.

Please read the following statements. Decide whether you, "strongly agree," "agree," "somewhat agree," "neutral," "somewhat disagree," "disagree," or "strongly disagree." Circle the response that applies to you.

(Neutral means you have no feelings about the statement/sentence)

<table>
<thead>
<tr>
<th>When I see a counselor at school, I miss class.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My school provides all the counseling I need.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Counseling services with people who can sign are important to me.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>My parent(s) / guardian(s) know about counseling services for Deaf people.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>I would rather use counseling services that are operated by the Deaf or Hard of Hearing.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>It is hard for my parent(s) / guardian(s) to find counseling services close to home.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>My parent(s) / guardian(s) are stressed by the responsibility of caring for a Deaf teenager.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>My parent(s) / guardian(s) feel overwhelmed by the responsibility of caring for a Deaf teenager.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>My parent(s) / guardian(s) can access enough information or services to deal with my emotional needs.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>It is hard for my parent(s) / guardian(s) to find counseling services with people who can sign.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>It is easy for my parent(s) / guardian(s) to find counseling services with professionals who can communicate in sign language.</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Somewhat Agree</td>
<td>Neutral</td>
<td>Somewhat Disagree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>
SECTION SIX

In this section, we are trying to find out more about the kinds of people who make up the Deaf community.

Is your household a: (Check the one box that applies):

- □ Two parent household
- □ Single parent household
- □ Foster home
- □ You live with relative(s)
- □ Group home
- □ Other (Please specify): __________

Which of the following categories best describe your racial or ethnic identification? (Check all boxes that apply):

- □ Caucasian (White)
- □ African-American (Black)
- □ Asian/Pacific Islander
- □ Latino/Latina
- □ Native American
- □ Other (Please specify): __________

Which of the following categories best describes your parent(s) racial or ethnic identification?

Your Mother: (Check all the boxes that apply):

- □ Caucasian (White)
- □ African-American (Black)
- □ Asian/Pacific Islander
- □ Latino/Latina
- □ Native American
- □ Other (Please specify): __________

Your Father: (Check all the boxes that apply):

- □ Caucasian (White)
- □ African-American (Black)
- □ Asian/Pacific Islander
- □ Latino/Latina
- □ Native American
- □ Other (Please specify): __________

What language is most often used in your household? (Please rank 1, 2, 3):

- English
- Spanish
- American Sign Language (ASL, Pidgin, Total Communication)
- Other (Please specify): __________

Which of the following categories best describes your parent(s) yearly total income? (Check only one box):

- □ Under $15,000
- □ $15,000 - $35,000
- □ $35,000 - $50,000
- □ $50,000 and above
- □ I do not know

What is your mother's occupation? (What does your mother do for a living?): __________

What is your father's occupation? (What does your father do for a living?): __________

<table>
<thead>
<tr>
<th>MOTHER</th>
<th>FATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
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<tr>
<td>3</td>
<td>3</td>
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<td>4</td>
<td>4</td>
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<td>5</td>
<td>5</td>
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<tr>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

In what city/town do you live in? (This information will help us know how far away you live from the resources you need.)
SECTION SEVEN

In this section, we want to know about your activity in the community, and the resources you think you need.

Do you interact or spend time with Deaf people or hearing people who sign outside of school? Yes ☐ No ☐

✔ If "Yes," please check ✓ all the boxes that apply and circle how often:

☐ Peers/Friends: Daily Weekly Monthly Once in a while Never

☐ Close family: Daily Weekly Monthly Once in a while Never

☐ Organized sports: Daily Weekly Monthly Once in a while Never

☐ Other activities Daily Weekly Monthly Once in a while Never

Choose up to three (3) resources you think would be most helpful, but are not currently available to you:

☐ Counseling outside of school

☐ Deaf leadership training

☐ Deaf self help agencies

☐ Drug awareness

☐ Deaf social events

☐ Sexuality awareness

☐ Parent networking

☐ Life skills training

☐ Drama classes

☐ Peer mentoring

☐ Homework help/tutoring

☐ After school activities

☐ Transportation to get to activities

☐ Group Counseling

☐ Other

Have you ever met with your school psychologist or counselor for help you with a problem? Yes ☐ No ☐

✔ If "Yes," how helpful was the school psychologist or counselor in solving your problem?

☐ Very helpful ☐ Helpful ☐ Not helpful

✔ If more services were needed, did the psychologist or counselor know about services outside of school? Yes ☐ No ☐
As part of this study, we are trying to make a list of Deaf support services of which you are aware that would be of assistance to you and your family. Please list any and all sources that you know. If you do not know the address of the resource, list the name of the resource and the city. We will try to locate the address.

Please do not list any of the agencies that we have already listed.

Your thoughts about services for the deaf are very important. Please add any comments you may have in the space below.

By completing this survey you are helping yourself and other families of the Deaf community.

THANK YOU FOR YOUR TIME AND COOPERATION!!!
APPENDIX D:

PARENT GUARDIAN SURVEY
SECTION ONE

Who is filling out this form: Mother ☐ Father ☐ Guardian ☐

Are you: Deaf ☐ Hard of Hearing ☐ Hearing ☐

Is your spouse: Deaf ☐ Hard of Hearing ☐ Hearing ☐ No spouse ☐

Is your teenager: Deaf ☐ Hard of Hearing ☐

List other member(s) of your household who are Deaf or Hard of Hearing if any:

How old is your Deaf teenager: ______ Is your teenager: Male ☐ Female ☐

Does your teenager have any other disabilities: Yes ☐ No ☐

If "Yes", please specify:

How is your teenager communicated with at home? (Check ☑ all the boxes that apply):

You ☐ Spouse ☐ Other (Please specify): ☐

☐ American Sign Language (ASL, Pidgin, Total Communication)
☐ Signed English
☐ Home signs/finger spelling
☐ Oral/Lip-read
☐ Written

Please check ☑ the box that indicates the level of signing for you, your spouse, and/or other family member(s): You ☐ Spouse ☐ Other (Please specify): ☐

☐ Fluent (signs excellently)
☐ Intermediate (signs well)
☐ Beginner (signs poorly)
☐ Does not sign

If your Deaf teenager uses sign language and you or your spouse do not, please indicate why: (Check ☑ all the boxes that apply):

You ☐ Spouse ☐

☐ No sign language classes in your area
☐ No sign language classes in the evening
☐ No available time to take sign language classes
☐ Do not need to sign
☐ Do not want to learn sign language
☐ Sign language is too hard to learn
☐ Other reason (Please specify):

Does your family have a TTY/TDD (teletypewriter)? Yes ☐ No ☐

Does your Deaf teenager use a TTY/TDD at home? Yes ☐ No ☐

Does your family use the California Relay Service at home (CRS)? Yes ☐ No ☐

Does your Deaf teenager use the California Relay Service at home (CRS)? Yes ☐ No ☐

Are you aware CRS services, including a TTY/TDD, are available free of charge from the phone company and the cost is paid for by a state tax on phone services? Yes ☐ No ☐

Does your Deaf teenager use Closed Caption when watching television? Yes ☐ No ☐
In this section, we want to know how aware you are of available counseling and referral services that provide services to Deaf people.

Have you heard of these counseling services or agencies that offer services or referrals to Deaf people? (Check □ all counseling or referral agencies of which you are aware):

- St. John's Deaf & Hard of Hearing Program
  1339, Twentieth Street,
  Santa Monica, CA 90404

- Los Angeles Department of Mental Health
  Vermont Avenue, 3rd Floor,
  Los Angeles, CA 90020

- Five Acres
  750 W. Mountain View Street,
  Altadena, CA 91001

- Tri-City Mental Health Services
  2008 N. Garey Avenue,
  Pomona, CA 91707

- Kelly Cotthrans
  43723 N. Twentieth Street W. # 201,
  Lancaster, CA 93536

- California School for the Deaf
  3044 Horace Street,
  Riverside, CA 92305

- Charter Behavioral Health System
  Of Southern California/Charter Oak
  1161 E. Covina Boulevard,
  Covina, CA 91724

- GLAD Headquarters
  2222 Laverna Avenue,
  Los Angeles, CA 90041

- Inland County GLAD
  4960 Arimington Avenue, Suite C,
  Riverside, CA 92504

- Inland County GLAD
  1490 North D Street,
  San Bernardino, CA 92505

- Access 24 Hours Referral Line
  Los Angeles County Mental Health

- Merrill Lish Counseling and Hearing Center
  13031 Ventura Boulevard, Suite D & R,
  Studio City, CA 91337

- Jon Blakenship, Ph.D.
  24317 Pennsylvania Avenue, Suite 201,
  Lomita, CA 90717

- Dr. Debra Krois
  2130, E. 4th Street, Suite 107,
  Santa Ana, CA 92705

- Dr. Daniel Kramen
  3731 Ventura Boulevard, Suite C,
  Sherman Oaks, CA 91423

- Michael Curd, Marriage and Family Therapist
  5120 La Palma,
  Anaheim Hills, CA 92801

- Journey Counseling Program
  704 N. Glasseil Street,
  Orange, CA 92867

- Sandra Zoe Ph.D. &
  Milan Korach, Ph.D.
  3424 Carson Street Suite 180,
  Torrance, CA 90503

- Tri-County GLAD
  614, E. Main Street,
  Ventura, CA 93001

- Orange County GLAD
  7700 Orangeethorp Avenue,
  Buena Park, CA 90621

- Gallaudet Research Institute
  300 Florida Avenue,
  Washington D.C. 20002

- Pacific Clinics Referral and Counseling
  Signing Therapist at Telegaon Road Site,
  Santa Fe Springs, CA 90670
In this section, we want to know the types of problems or issues Deaf teenagers and their families may have experienced or are experiencing. Please place the number 1, 2, 3, or 4 by each question that applies to you, your teenager, or other family member(s).

<table>
<thead>
<tr>
<th>Problem</th>
<th>You</th>
<th>Spouse</th>
<th>Deaf Teenager</th>
<th>Other Siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress or anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression (sadness)</td>
<td></td>
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<tr>
<td>Aggressive/hostile/augmentative</td>
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<tr>
<td>Eating disorders</td>
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<tr>
<td>Communication problems</td>
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<tr>
<td>Parent/child problems</td>
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<tr>
<td>Attention Deficit Disorder/ADHD</td>
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<tr>
<td>Suicidal thoughts/attempts</td>
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<tr>
<td>Alcohol/drug abuse</td>
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<tr>
<td>Loneliness/isolation</td>
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<tr>
<td>Physical abuse</td>
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<tr>
<td>Sexual abuse</td>
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<tr>
<td>Low self-esteem</td>
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<tr>
<td>Truancy (often misses school)</td>
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<tr>
<td>Delinquency (gang, stealing)</td>
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<tr>
<td>Learning disability</td>
<td></td>
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<tr>
<td>Impulsive or acts without thinking</td>
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<tr>
<td>Dating or sexuality problems</td>
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<tr>
<td>Phobia</td>
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<tr>
<td>Schizophrenia</td>
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<tr>
<td>Other (Please specify):</td>
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</tbody>
</table>

If or when your family has a problem that affects your Deaf teenager, what is done to cope with the problem? (Check ✓ all the boxes that apply):

- [ ] Ask someone who works with Deaf people for help
- [ ] Get help from a support group
- [ ] Ask friends for advice or help
- [ ] Ask relatives for advice or help
- [ ] Ask my Deaf teenager's school for advice or help
- [ ] Ask my church for advice or help
- [ ] Do nothing about the problem
- [ ] Believe/nope problem will go away over time
- [ ] Read books about the problem
- [ ] Seek professional therapy
- [ ] Other (Please specify)
SECTION FOUR

In this section, we want to know your opinion and experiences regarding services for Deaf teenagers and their families.

If any family member(s) have sought professional help that involved your Deaf teenager, who told you about the service? (Check \ all the boxes that apply):
- Self
- Friend/Relative
- Yellow pages
- School
- Church
- Internet
- Stranger
- Department of Mental Health
- Greater Los Angeles Council of Deafness (GLAD)
- St. John's Deaf Counseling Services
- Five Acres Counseling Services
- California School for the Deaf, Riverside
- Gallaudet Research Institute (GRI) Referral Service
- Other (Please specify)

If you have used any of the following services or agencies, check \ all the boxes that apply, then rate the service or agency by placing the number 1, 2, 3, 4 or 5 by the items that you have checked.

USE THIS RATING SCALE FOR THE NEXT SET OF QUESTIONS AND THE LAST SET OF QUESTIONS

1 = Very poor 2 = Poor 3 = Okay 4 = Good 5 = Excellent

School psychologist/counselor
Private psychologist
Private psychiatrist
Social Worker, including LCSW
Marriage and Family Therapist (MFT)
Support groups
Greater Los Angeles Council of Deafness (GLAD)
Five Acres Counseling Services
St. John's Deaf Counseling Services
Department of Mental Health
California School for the Deaf, Riverside
Other (Please specify):

If your Deaf teenager has ever been in counseling and needed an interpreter, who did the interpreting?
- Parent(s)
- Friend
- The counselor you saw
- Other family member(s)
- GLAD Interpreting Service/Life Signs
- Other (Please specify):

Listed below are 3 agencies that help Deaf people get the services they need. Answer the question, and then rate the agency by placing the number 1, 2, 3, 4, or 5 by the question. (Use rating scale above)

Do you know anything about the American Disabilities Act (ADA)? Yes \ No
If "Yes", rate now well you think the ADA is helping Deaf people access the services they need?

Do you know anything about the National Association of the Deaf (NAD)? Yes \ No
If "Yes", rate now well you think the NAD is helping Deaf people access the services they need?

Do you know anything about the Greater Los Angeles Council of Deafness (GLAD)? Yes \ No
If "Yes", rate now well you think GLAD is helping Deaf people access the services they need?
SECTION FIVE

In this section, we want to know your opinion of counseling services.

Please read the following statements. Decide whether you, "strongly agree," "agree," "somewhat agree," are "neutral," "somewhat disagree," "disagree," or "strongly disagree." Circle the response that applies to you.

(Neutral means you have no feelings about the statement/sentence)

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neutral</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>When my Deaf teenager sees a counselor at school, he or she misses class.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My teenager's school provides all the counseling he or she needs.</td>
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</tr>
<tr>
<td>Counseling services with people who can sign are important to me.</td>
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</tr>
<tr>
<td>I know about counseling services for Deaf people.</td>
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</tr>
<tr>
<td>I would rather use counseling services that are operated by the Deaf or Hard of Hearing.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>It is hard to find counseling services for Deaf people close to home.</td>
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<tr>
<td>I am stressed by the responsibility of caring for a Deaf teenager.</td>
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</tr>
<tr>
<td>I feel overwhelmed by the responsibility of caring for a Deaf teenager.</td>
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</tr>
<tr>
<td>I can access enough information or services to deal with my Deaf teenager's emotional needs.</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>It is hard to find counseling services with people who can sign.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is easy to find counseling services with professionals that can communicate in sign language.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
SECTION SIX

In this section, we are trying to find out more about the kinds of people who make up the Deaf Community.

Is your household: (check • the one box that applies):

[ ] Two parent household
[ ] Single parent household
[ ] Foster home
[ ] Live with relatives
[ ] Group home
[ ] Other (Please specify):

Which of the following categories best describes your Deaf teenager's racial or ethnic identification:

(To check • all the boxes that apply):

[ ] Caucasian/White
[ ] African-American/Black
[ ] Asian/Pacific Islander
[ ] Latino/Latina
[ ] Native American
[ ] Other (Please specify):

Which of the following categories best describes you and your spouse's racial or ethnic identification:

Self: (Check • all the boxes that apply):

[ ] Caucasian/White
[ ] African-American/Black
[ ] Asian/Pacific Islander
[ ] Latino/Latina
[ ] Native American
[ ] Other (Please specify):

Spouse: (Check • all the boxes that apply):

[ ] Caucasian/White
[ ] African-American/Black
[ ] Asian/Pacific Islander
[ ] Latino/Latina
[ ] Native American
[ ] Other (Please specify):

What language is most often used in your household? (Please rank 1, 2, 3):

[ ] English
[ ] Spanish
[ ] American Sign Language (ASL, Pidgin, Total Communication)
[ ] Other (Please specify):

Which of the following categories best describes your yearly total income? (Check • only one box):

[ ] Under $15,000
[ ] $15,000 - $25,000
[ ] $25,000 - $35,000
[ ] $35,000 and above
[ ] Do not know

Please state your occupation? (What do you do for a living?):

Please state your spouse's occupation? (What does your spouse do for a living?):

What is the highest level of education you or your spouse have completed? (Only circle one for each person):

YOU

1. Did not complete high school
2. High school diploma
3. Some college
4. Technical training/ Vocational training
5. Four year college degree
6. Graduate degree or Ph.D.
7. I do not know

YOUR SPOUSE

In what city/town do you live? (This information will help us know how far away you live from the resources you need.)
## SECTION SEVEN

In this section, we want to know about your activity in the community, and the resources you think you need.

Do you interact or spend time with Deaf people or hearing people who sign outside of school? Yes □ No □

- If "Yes," please check ✓ all the boxes that apply and circle how often:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Once in a while</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peers/Friends:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close family:</td>
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<tr>
<td>Organized sports:</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other activities</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Choose up to three (3) resources you think would be most helpful, but are not currently available to you:

- Counseling outside of school
- Drug awareness
- Parent networking
- Peer mentoring
- Transportation to get to activities
- Deaf leadership training
- Deaf social events
- Life skills training
- Homework help/tutoring
- Group Counseling
- Deaf self help agencies
- Sexuality awareness
- Drama classes
- After school activities
- Other

Have you ever met with your school psychologist or counselor for help you with a problem?

- Regularly □ Frequently □ Once in a while □ Never

- If "Yes," how helpful was the school psychologist or counselor in solving your problem?

- Very helpful □ Helpful □ Not helpful

- If more services were needed, did the psychologist or counselor know about services outside of school?

- Knew a lot □ Knew something □ Knew very little □ New nothing
SECTION EIGHT

As part of this study, we are trying to make a list of Deaf support services of which you are aware that would be of assistance to you and your family. Please list any and all sources that you know. If you do not know the address of the resource, list the name of the resource and the city. We will try to locate the address.

PLEASE DO NOT LIST ANY OF THE AGENCIES THAT WE HAVE ALREADY LISTED

Your thoughts about services for the deaf are very important. Please add any comments you may have in the space below.

By completing this survey you are helping yourself and other families of the Deaf community.

THANK YOU FOR YOUR TIME AND COOPERATION!!!
APPENDIX E:

ADOLESCENT INFORMED CONSENT
The attached questionnaire is designed to find out the types of issues and problems that you and your Deaf teenager have experienced, your knowledge of services available for the Deaf, and the quality of services of those serving the Deaf. Gillian Reynolds, a Master of Social Work student at California State University, San Bernardino (CSUSB) is conducting the study. The Institutional Review Board of California State University, San Bernardino requires that you give your consent in writing to participate in this study.

Any information you provide will be held in strict confidence by the researchers. Your informed consent will be kept separate from your survey. Your name will not be reported with your responses. All data will be reported in group form and for statistical purposes only. Other than allowing this survey to be conducted, your teenager’s school has no connection with this study. At the conclusion of this study, your teenager’s school principal will be provided a brief summary of the results. The brief summary will be available after July 1, 2000.

Please understand that your participation in this research is totally voluntary, and your are free to stop at any time during this study without penalty. Your experiences and opinions are valuable to us, and your participation is much appreciated. The survey should take approximately 20-35 minutes to complete.

If you have any questions or concerns regarding this survey, you may contact George Taylor, Licensed Clinical Social Worker (LCSW), my advisor for this project. George Taylor can be reached CSUB’s Department of Social Work; (909) 880-7223.

The Institutional Review Board of California State University, San Bernardino, has approved this research. If you have any questions about research participants’ rights, please contact the Institutional Review Board, California State University, San Bernardino; (909) 880-5027.

I have read the above information and understand the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Participant’s signature ___________________________ Date ________
◆ INFORMED CONSENT ◆

The attached questionnaire is designed to find out the types of issues and problems that you as a Deaf teenager have experienced, your knowledge of services available for the Deaf, and the quality of services of those serving the Deaf. Gillian Reynolds, a Master of Social Work student at California State University, San Bernardino (CSUSB) is conducting the study. The Institutional Review Board of California State University, San Bernardino, has approved the study. Both California State University San Bernardino, and The California Education Code EC51513 require your parents to give consent in writing, for you to participate in this or any other study where questions are being asked about you or your family.

Any information you provide will be held in strict confidence by the researchers. Your informed consent will be kept separate from your survey. Your name will not be reported along with your responses. All data will be reported in group form and for statistical purposes only. Other than allowing this survey to be conducted, your school has no connection with this study. At the conclusion of this study, your school principal will be provided a brief summary of the results. The brief summary will be available after July 1, 2000.

Please understand that your participation in this research is totally voluntary, and you are free to stop at any time during this study without penalty. Your experiences and opinions are valuable to us and your participation is much appreciated. The survey should take approximately 20-30 minutes to complete.

If you have any questions or concerns regarding this survey, you may contact George Taylor, Licensed Clinical Social Worker (LCSW), my advisor for this project. George Taylor can be reached at CSUSB's Department of Social Work; (909) 880-7223.

The Institutional Review Board of California State University, San Bernardino, has approved this research. If you have any questions about research participants' rights, please contact the Institutional Review Board, California State University, San Bernardino; (909) 880-5027.

Parent or Guardian: I have read the above information and understand the nature and purpose of this study, and I freely consent to my teenager's participation in this survey.

Signature __________________________ Date_____

Adolescent: I have read the above information and I freely agree to participate in this study.

Signature __________________________ Date_____

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APPENDIX G:
DEBRIEFING STATEMENT
The survey that you have been given is part of a research study being conducted by Gillian Reynolds, a Master of Social Work student at California State University, San Bernardino (CSUSB).

The purpose of this study is to find out more about the issues and problems of Deaf adolescents and their families. We are attempting to find out how much awareness there is about services for deaf people and whether or not those services are meeting the needs of families that have a deaf adolescent(s).

The potential benefit of the survey is to increase awareness of the needs of deaf people, especially deaf adolescents and their care providers. This survey will also help professionals who provide services for deaf people, government officials, schools, and people who write about the deaf community. Hopefully, you will learn and benefit from the information gained from this study.

If you are experiencing or should you experience any distress, professionals at the following services are available to assist you: St. John’s Counseling Center for the deaf: (310) 329-8535 or Five Acres Counseling Services for the Deaf: (626) 944-1430. St. John’s Counseling Center and Five Acres Counseling services have no connection to this survey.

Any questions or concerns that you may have concerning the survey can be directed to George Taylor, Licensed Clinical Social Worker (LCSW), my advisor for this project. George Taylor can be reached at the Department of Social Work, CSUSB: (909) 880-7223.

If you have any questions about research participants’ rights, please contact the Institutional Review Board, California State University, San Bernardino: (909) 880-5027.

THANK YOU FOR YOUR TIME AND COOPERATION
APPENDIX H:
NATIONAL TRAINING PROGRAMS IN DEAFNESS
NATIONAL TRAINING PROGRAMS
IN DEAFNESS

University of Tennessee
Department of Special Education and Rehabilitation
Knoxville, TN 37996
Established 1965

Northern Illinois University
Department of Communication Disorders
DeKalb, IL 60115
Established 1974

University of Pittsburgh
Department of Education
Pittsburgh, PA 15260
Established 1975

San Francisco State University
Deafness and Rehabilitation
School of Education
San Francisco, CA 94132
Established 1987
Research and Training Center on Deafness
Little Rock, AR 72205
Established 1983

New York University
New York, NY 10012
Established 1967

Gallaudet University
Department of Counseling
Washington, D.C. 20002
Established 1971

University of Arizona
Rehabilitation Center
Tucson, AZ 85721
Established 1965

California School Of Professional Psychology
San Diego Research and Training Center
San Diego, CA 92182
Established 1986
Western Oregon State College
Regional Resource Center on Deafness
Monmouth, OR 97361
Established 1974
REFERENCES


The GLAD News (1997). Treating child abuse in the deaf community: Deaf unit in county children's services provides special care. Spring, 16-18


