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## Deaf Mental Health Care: A Book Review

Gabriel I. Lomas

*Western Connecticut State University*

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**Gabriel I. Lomas, Ph.D.**

*Western Connecticut State University*

*Deaf Mental Health Care. Edited by Neil S. Glickman. Routledge, New York, NY. 2012. ISBN: 978-0-415-89475-3.*

For many years, Dr. Neil Glickman has both trained practitioners and published material with an aim to improve mental health treatment for deaf people. *Deaf Mental Health Care* is the culmination of many years of work by Glickman and his contributors. The book, published by Routledge (2012), begins with a chapter detailing lessons Glickman learned when he was the director of a mental health unit for deaf people at a state hospital in Massachusetts. His years of experience as a clinician in the field allow him to offer readers profound insight into a world that is known by few. The book continues with chapters by recognized experts on various aspects of culturally-affirmative mental health care for deaf people. Glickman and his colleagues prove to be remarkable writers as chapters offer readers in-depth examinations of topics, and make a number of difficult points in an eloquent manner.

Most textbooks on mental health overwhelm readers with research. However, *Deaf Mental Health* is able to strike a comfortable balance between research and practice. Chapters appear to be written with an emphasis on practitioners as consumers of this text. Thus, the work is not only easy to read, it is truly difficult to put down. The book is an essential text for clinicians working the field who interact with deaf clients and patients. Furthermore, it contains enough research that it could be used as a text in university courses on mental health care with deaf people.

The book contains 10 chapters, authored and co-authored by 17 different contributors. Chapter 1: *Lessons Learned from 23 Years of a Deaf Psychiatric Inpatient Unit* (Glickman) explores how a clinician and administrator had to make adaptations to common practices in psychiatric facilities.

Chapter 2: *Deaf/Hearing Cross Cultural Conflicts and the Creation of Culturally Competent Treatment Programs* (Gournaris & Aubrecht) offers readers a thorough explanation of factors that influence linguistic and cultural miscues in deaf-hearing communications. Of particular interest is a discussion

regarding “hearing privilege” which, similar to “white privilege” in race relations, theorizes that hearing people have various unearned advantages and privileges that creates a situation of unequal opportunities for deaf people. While there is significant literature on white privilege in mental health literature, there is a paucity of literature on hearing privilege to date.

Chapter 3: *Sign Language Dysfluency in Some Deaf Persons: Implications for Interpreters and Clinicians Working in Mental Health Settings* (Glickman & Crump) is an exploration of causes of language dysfluency in some deaf individuals and how trained mental health interpreters can collaborate with clinicians to better meet the communication needs of this population. Even clinicians fluent in American Sign Language can learn from innovative ways trained interpreters can be used in the clinical setting.

Chapter 4: *Creating a Culturally Affirmative Continuum of Mental Health Services: The Experience of Three States* (Gournaris, Hamerdinger, & Williams) shares insight into the development and operations of the state mental health programs for deaf people in different states. While there are some common aspects, all three states are unique in how they operate their systems.

Chapter 5: *Creating Culturally and Clinically Competent Deaf Residential Treatment Programs* (Glickman & Hines) explores the world of residential treatment centers ( RTCs) and how RTCs can be developed to better serve the deaf population. This chapter addressed key components that must exist within a clinically and culturally competent deaf RTC including deaf staff and deaf administrators. Furthermore, Glickman and Hines address key points such as the importance of pretreatment as well ideas on building skills among deaf patients.

Chapter 6: *Substance Abuse Treatment and Recovery: Adaptations and Best Practices when Working with Culturally Deaf Persons* (Guthmann & Sternfeld) moves beyond the linguistic needs of culturally Deaf people in substance abuse treatment and recovery. The chapter addresses narrative therapy techniques, uses for technology, active treatment, and adaptations of English-based treatment materials. The chapter is a rare find, as it brings together critical aspects of substance abuse treatment with deaf people in a single, chapter that is easily read in one sitting.

Chapter 7: *Culturally Affirmative Adaptations to Trauma Treatment with Deaf Children in a Residential Setting* (Bishop) addresses a topic that is much

overlooked in this arena. When mental illnesses with deaf youth go untreated or are inappropriately treated, they are likely to worsen as youth grow into adulthood. Early intervention in most areas (education, medicine, mental health) is critical to preventing problems from worsening. However, culturally affirmative, appropriate programs for deaf youth are difficult to find in most parts of the United States. Bishop addresses a number of critical issues including language and learning challenges, sexual abuse, skill deficits, and the lack of affect vocabulary among this population. She underscored the need for rich exposure to language (ASL and sign language) that can only be obtained in deaf programs, not in hearing programs using interpreters.

Chapter 8: *Training of Mental Health Professionals: Yesterday, Today, and Tomorrow* (Brice, Leigh, Sheridan, & Smith) addresses the training of counselors, psychologists, and social workers who work with deaf clients. The authors offer a historic perspective, and then share a number of key current issues with readers. Underscored is a belief that specialized training programs better prepare clinicians to work with deaf people.

Chapter 9: *Deaf People in the Criminal Justice System: Is Culturally Affirmative Response Possible or Desirable?* (O'Rourke, Glickman, & Austen) discusses the issue of deaf people in the justice system. Justice and deaf people are also often overlooked, as dissonance allows people to write-off those who have committed crimes. However, O'Rourke, Glickman, and Austen offer readers ideas on why deaf people are overrepresented in the justice system. They address problems with the system including how we handle challenging behaviors, as well as how treatment and incarceration might be different for deaf people.

Finally, Chapter 10: *Deaf Mental Health Research: Where We've Been and Where We Hope to Go* (Glickman & Pollard) addresses the current status of mental health research related to deaf people. The authors also offer readers various dimensions of mental health with deaf people that need more exploration.

For readers who are familiar with Glickman's work, *Deaf Mental Health Care* offers a number of new contributions. For example, the book includes critical issues such as mental health interpreting, treatment of deaf youth, the development of state programs, as well as a view on research on deaf mental health. Thus, it is likely the first text that brings together most essential topics in deaf mental health treatment into one, up-to-date text.