

Ethical Issues for Hearing Professionals Working with Deaf Individuals

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Abstract

This paper addresses the issue of working in an environment that often is closely related to the relatively small deaf cultural community, and the difficulties of maintaining a professional atmosphere in such situations. Ethical issues of confidentiality, objectivity, and freedom of choice are discussed in depth. The paper should be helpful to professionals entering the field of deafness who are in positions where these ethical issues may be challenged.

Introduction

As a profession grows and changes, so do many of its practices and standards. Professionals who work with deaf and hard-of-hearing individuals have grown from being a relatively small group of service providers to a full complement of specialists in a wide range of human service areas. Simply communicating with consumers is no longer sufficient. It is essential that educators, counselors, social workers, psychologists and other professionals understand and accept the social and cultural considerations that consumers who are deaf bring into the therapeutic setting. This profession has gone through a number of transitions in the ten years since the "Deaf President Now" (DPN) movement at Gallaudet University and passage of the Americans with Disabilities Act (ADA). Prior to these events, hearing people tended to hold the majority of leadership and administrative positions while fewer deaf people held such leadership positions. The DPN movement and passage of the ADA caused a major change and hearing professionals are confronted with an ever-growing challenge to their presence in the workplace. Few articles have addressed these issues from the perspective of the hearing professional.

This article will examine a number of ethical considerations from the point of view of a hearing person working with deaf and hard-of-hearing individuals. This paper is based on a survey that was mailed to over 200 hearing members of ADARA, with 45 individuals completing the survey. ADARA is one of the largest professional organizations in the United States for professionals who work with deaf and hard-of-hearing individuals in the areas of education, counseling, rehabilitation, and mental health. The survey asked a number of questions related to ethical challenges faced by hearing professionals

who work with deaf and hard-of-hearing individuals. The survey is included as Appendix I. Responses from the survey are included in this paper in the following categories: dual relationships, confidentiality, competency, the role of the hearing professional, employment, and boundary issues.

Ethics Overview

Most human services professions have ethical guidelines or standards that focus on various areas of professionalism including training, competence, duties, research, community outreach, and moral and legal standards. What do we consider our ethical responsibilities to be when working with deaf and hard-of-hearing individuals? Is there a different ethical code for those of us who work with deaf people? Why is it important to study ethics in the provision of services to individuals who are deaf?

Service providers face daily ethical dilemmas that involve confidentiality, dual roles, boundary issues, questions related to self-disclosure in addition to behavioral and attitudinal conflicts. Professionals need to be knowledgeable about their professional code of ethics and agency guidelines, appropriate uses of supervision, and peer support. Client vulnerability and a high degree of societal responsibility contribute to opportunities for an imbalance of power in our relationships with clients. The more complex a work environment, such as a mental health agency, the more likely that we will face complex ethical questions and decisions.

Historical Perspective

As other cultural minorities in this country began to fight for their civil rights and American Sign Language (ASL) was identified as a language instead of "broken English", deaf people were able to gain political strength and support for their cause. An example of the political strength of the deaf community was the appointment of Dr. I. King Jordan in 1988 as the first deaf person to hold the position of President of Gallaudet University. For deaf people all over the United States, Jordan's hiring provided reassurance that hearing loss does not prevent one from achieving their goals. In fact, DPN became one of the precursors to the eventual passage of the ADA, the landmark civil rights and employment law that affects all disabled Americans.

For hearing people working with deaf and hard-of-hearing individuals, it became a difficult time to be an administrator, therapist or other professional in programs focused on service delivery for deaf and hard-of-hearing individuals. As deaf people became empowered, there

were those who felt hearing people should not be working in the field at all and only deaf people should be in positions of power, regardless of experience or expertise in an area of specialization. Many hearing people, even those who supported DPN, were portrayed as being part of the oppressor group who should leave the field. Similar to other oppressed groups, the initial stages of this civil rights movement were supported by some extremists. As with any activist movement, there is an evolutionary process that occurs and this does not mean that all those involved are extremists.

Hiring Culturally and Linguistically Appropriate Staff: The Challenge

Many programs followed Gallaudet's lead and sought to hire appropriate deaf or hearing staff. Even those agencies that already employed large numbers of deaf individuals felt a strong need to assure they not only had para-professional and professional staff who were deaf but managers and directors as well. In some cases, deaf people who did not necessarily have required credentials were hired because they were deaf and knew sign language. Newly developing programs took the implied mandate to heart and actively sought deaf staff to work at all levels of their new programs. In Neil Glickman and Michael Harvey's book (1996), Culturally Affirmative Psychotherapy with deaf Persons, Chapter One includes a description of a mental health unit for deaf people established in Boston where the staff felt the hiring of culturally deaf employees was crucial to the success of the program. The chapter describes how they learned the hard way that staff without clinical training, whatever their cultural competence, can also seriously hurt a struggling mental health program. For the first fourteen months, staff were kicked, punched, scratched, bitten, spat at and otherwise abused by patients. The administrators discovered the therapeutic benefit of a signing environment was not enough. They realized the need for expertise in behavior management was at least as crucial as expertise in working with deaf and hard-of-hearing individuals. A tension developed between the viewpoints of some hearing mental health professionals, who held the administrative power, and some of the deaf staff, a large block of whom were paraprofessionals working as nursing assistants. Since licensing and accreditation agents were required to look at the staff credentials, the culturally deaf paraprofessional staff without mental health credentials were further marginalized.

The dilemma faced by all programs serving a minority community is how to achieve credibility, while staffing with culturally appropriate personnel who have positive relationships with community leaders. Clinically untrained staff and minority members with non-

psychological perspectives can impede the development of clinical services. The problem isn't that all deaf people are unqualified. There just aren't enough deaf professionals with the credentials needed to fill all positions serving deaf and hard-of-hearing individuals. Another issue may be that administrators unfamiliar with deafness may be poor judges of a deaf person's credentials and qualifications. They may pass over qualified deaf applicants or hire poorly qualified applicants, setting them up for future problems.

Case Study of a Hearing Administrator Setting up a Culturally Sensitive Deaf Program

A new specialized chemical dependency program for deaf and hard-of-hearing individuals also experienced hiring dilemmas. Its philosophy was to provide: 1) Twenty-four hour communication accessibility; 2) Employ recovering patients as staff members; 3) Maintain a staff fluent in ASL and sensitive to deaf culture; 4) Minimize isolation.

Because this program was created one year after the deaf President Now movement at Gallaudet University, there was extreme pressure, nationally, to hire deaf people with administrative experience. Due to the pioneering nature of the program, there were few qualified individuals to be found. In spite of an intensive national search, no qualified deaf individual was found to fill the Director's position. The board chose a hearing person to be the director, but was concerned about the attempt to hire a deaf director. This was the beginning of an extremely difficult time for the program. In spite of the innovative and excellent services offered, the staff became divided and focused on the fact that a hearing director was hired. Since the director was not deaf, that person did not have the full support of all members of the advisory board or the deaf community. Because of the feelings of inadequacy, and the lack of patients being referred to this new program, the focus became one of deaf versus hearing staff. Initially, there was a lack of trust exhibited between these two groups of people. The hearing director became the target that bound them together. The one thing they could both agree upon was that a deaf person should have been hired. The ethical issue of making a choice between two important considerations for this fledgling program arose. Which was more important, to have an appropriately qualified individual who was able to get a much needed program up and running, or to have a less qualified person in this important leadership position who was deaf?

Major issues encountered were the resentment caused by a hearing person taking away an employment opportunity that could have

been held by a deaf person, and a lack of trust by staff due to the perceived oppression by hearing people. The program was in a hospital setting and there were expectations that it would be financially self-sufficient. This focus changed the emphasis of the program from one whose main priority was cultural sensitivity to revenue generation. As the program lost money, a change in design was required and staff were laid off. This change created another issue to be blamed on the fact there was a hearing director. The program did continue to exist and when the financial stresses were removed, trust within the program developed and the deaf and hearing focus was greatly reduced.

Considerations for Hearing Administrators

Any administrator, but especially a hearing one, needs to develop other supportive linkages with individuals in similar positions, maintain positive contact with the deaf community and continue his/her own professional development. In terms of ethical considerations, the hearing administrator must be vigilant when hiring to always ask: "Did I utilize resources for recruitment that are accessible to the deaf community. Have I really done culturally sensitive recruiting?", "How long would it take for a deaf individual who has applied but who does not meet minimum qualifications to gain the skills for the position?", "If I hired the person who did not meet the minimum qualifications with the idea of training him/her how would this impact the consumers?" By asking such questions the individual can feel secure when responding to members of the deaf community that their decisions were ethically based.

In the case of the program noted above, deaf employees felt they should be in leadership roles. They thought they could better identify with the clients regardless of their ability and qualifications. The program learned that it is important to challenge and inspire staff by helping them recognize that there are numerous unique and exciting features of any program. The staff in this program needed to know this was the only chemical dependency program in the nation serving deaf and hard of hearing chemically dependent people. If the program wasn't available, the clients of this program would have no other options. Staff took great pride in the inspiration they brought to clients who successfully completed the program. That in itself was a powerful tool. The issue of a hearing versus a deaf administrator may be broader than just leadership in the deaf community and may be similar in other cultural, religious or ethnic minorities. Some examples that illustrate this concept are white males in leadership positions at Howard University, or a Norwegian leading a Hispanic group. When a group is embarking on a

civil rights movement and feels oppressed, there is no perfect administrative solution; however, awareness of cultural diversity and sensitivity are crucial.

At a conference recently, Betty Miller, one of the deaf speakers, made a statement that brought the hearing and deaf issue back to reality. Dr. Miller asked the audience the following question. If you were a deaf person who had cancer, and went to a doctor would you refuse to see the physician if they were hearing? Of course not, you want to see the most qualified person, regardless of hearing status. We need to turn our attention toward an individual's uniqueness and skills which permit that person to make a contribution to the field as a team player, whether deaf or hearing.

Hopefully, these examples will help to understand that we may be moving full circle from having a need to hire deaf individuals in spite of qualifications, to hiring the most qualified person regardless of their ability to hear. It is important to recognize the major constituencies, and develop networks and allies while at the same time managing the conflict that arises. This process of changing a negative deaf and hearing climate to a positive one takes time. Some of these issues may be avoided if individuals implement the strategies suggested. Open, honest and accessible communication needs to be used by all staff when problems arise.

Dual Relationship and Boundary Issues

A frequent topic in the literature on ethics for human service providers is dual relationships and professional boundaries. Herlihy and Corey (1992) define a dual relationship as "a professional assuming two roles simultaneously or sequentially with a person seeking help" (p.3). Professional boundaries can be described as the line that defines where the professional ends and the client begins. Boundaries are fluid, they dictate interactions with clients and put limits on a professional's power. Boundaries can become especially complicated when a deaf or hearing person who is actively involved in the deaf community is working in the profession. That person may be a therapist, social worker, vocational counselor, teacher, substance abuse counselor, administrator, or other professional. In a survey of hearing professionals working in deaf service organizations (see Appendix 1), many respondents indicated there were issues they faced related to boundaries and dual relationships. Conflict was evidenced on several fronts.

Survey respondents often felt an obligation to interpret for consumers or deaf friends when no interpreter was available and the need for an interpreter was crucial. Individuals stated they did their best to

define their role and their limitations, if any; to assure all individuals involved understood why they were choosing to accept the role of interpreter; and to educate those who were unfamiliar with working with deaf individuals about the legal and preferred method of acquiring interpreting services. There were clear indications that individuals who responded to the survey felt there were times when it would be unethical to choose not to interpret. Many respondents work in positions that may be a combination of any of the following roles: administrator, counselor/therapist, interpreter, and friend or colleague. Some felt they were able to define and clarify their roles categorically and their constituents were able to understand when an individual was working in one role versus another. One respondent indicated, "as a hearing professional working with deaf people, one is often required to wear several different hats i.e. administrator, counselor, interpreter. All have different roles, functions and responsibilities - keeping these hats straight is very challenging." Some individuals indicated that not only are they put in a position of crossing roles by uninformed hearing community members but also by individuals from the deaf community. One person stated, "Because people in the deaf community have asked me, at various times, to be an interpreter in personal situations, a counselor, someone who helps hearing members of their families, at times, it is very difficult to block out information you know about an individual, such as abuse issues, substance abuse problems, etc. " Another stated, "Ethical challenges confront us all but as a hearing person within the deaf community I think one of the difficult challenges I have faced is when a deaf person sees me at a social gathering and begins to talk to me about their problems or the results of their tests, etc. The deaf person begins talking openly about what is normally considered confidential in my office."

Professionals working in the field indicated a need to categorize their lives and actively avoid allowing the different arenas of their lives to overlap. One individual stated, "I work at being friendly and supportive but [I do] not [get] involved with most of the deaf community social activities. This helps me with dual relationship issues, but I know it may be viewed negatively by some deaf people." Hearing people often feel discomfort when attempting to maintain a professional boundary which is meant to provide their clients with privacy and respect. Often their attempts to respect the deaf community are misinterpreted as being aloof, as perceiving themselves as better than the deaf community member(s) or as only working with the deaf community as a means to fulfill their own needs whether financial or professional. The perceptions of some deaf community members do not necessarily match

the true intent of the hearing professional. Some respondents indicated they would only choose to socialize with those deaf individuals who understand their role, although they did not indicate how they were able to discern who did and did not understand their role.

Hearing professionals in the survey indicated they were challenged when a deaf individual shares a problem with a friend and the fact that they are seeing a professional. It often is the case, in such instances, that the friend may say something to the professional such as, "Oh, I know you are seeing Joe and he said ...". What Joe told his friend may or may not be true or could be misinterpreted or confused in some way. These professionals question if they should acknowledge "Yes, I am seeing Joe." They wonder, Do I attempt to provide an accurate interpretation of the facts? Most felt that they could not engage in this conversation, but still felt the challenge and the risk that misinformation would be spread by their silence. Because the deaf community is so small, it is important to clarify roles.

In the survey, the results from professionals around the country indicated that they were frequently forbidden to socialize with clients. In one respondent's words, "At my agency (and generally, most human service jobs) it is strictly forbidden to socialize with our clients outside of work. But this has made for some awkward situations when involved in the deaf community....which is part of my job." This conflict arises when, for example, a client invites the hearing counselor to a social function such as their wedding. Several people indicated that if they had terminated with the client, they might attend. In other situations, this conflict cannot be avoided, such as when a hearing therapist attends a wedding of a colleague, and discovers a deaf client is also attending the same event.

An individual may have been well trained in the field, received education on deaf culture and interacted with deaf peers while in college or graduate school, actively participating in deaf community activities and develop fluent sign skills. But when the individual moves from college to professional practice and tries to remain a part of the deaf community, they are likely to find that because of the close nature of the community, to remain active in it will likely violate the ethical standards set by the work environment.

Often the experiences of individuals represented conflicting perspectives, even though the individual feelings are not always congruent. One respondent felt that the boundaries in the deaf community encircle the hearing community and in order to gain respect and credibility, the hearing person must be visible in the deaf community. There was also the sense of conflict concerning which role

the hearing person is playing when socializing in the deaf community. Difficulties arise when there are expectations from deaf colleagues about acting as interpreters, process information, and enter into a discussion all at the same time. Is the hearing individual able to participate on an equal basis or are they always “on” or functioning “in” a professional capacity even during social events? While perspectives may seem conflicting, some individuals acknowledged there is not always a black and white answer. It was clear that sometimes socializing in the deaf community is important, and how one socializes is critical. According to several respondents, an individual who works within the deaf community but chooses not to socialize with that population, is losing out on a lot of wonderful insight as well as missing out on some valuable friendships. All respondents believe people should be allowed to choose their own social contacts regardless of hearing status. “I would think that deaf people get tired of having hearing people around infiltrating their clubs. Although this may sound a bit arrogant, I believe that each person has the right to live in his/her own culture, use the language they choose and pick his/her own friends, although some things have to be politically correct.” Others looked at the issue, not from their own perspective but from the perspective of the deaf individual.

Some professionals prefer not to socialize within the deaf community due to confidentiality issues and trust issues. One must do what one feels comfortable doing, and socializing to some degree helps validate one’s credibility. As one respondent said, “One of the best ways to learn about deaf people is to socialize, attend sports tournaments, deaf get togethers etc. Yet, very often because of one’s profession, (counselor, interpreter, etc.) being in a social situation can compromise that person’s professionalism, especially in the eyes of deaf people.” Another example is when a professional is asked, outside of work, if they know a certain individual (who happens to be a client). Or they are asked how they know a certain deaf person. Avoiding the answering may actually reveal more information than intended. There are ways to be involved in the community that create fewer conflicts, such as attending plays instead of parties, and belonging to professional organizations.

Although often perceived in only negative terms, dual relationships are not inherently problematic or unethical. In small communities, for example, some form of dual relationship may often be the rule rather than the exception. Refusing to provide counseling to individuals with whom one has another relationship would, in these instances, prevent people in need from receiving assistance, giving rise to other ethical concerns. The issue of avoidance is included in the

consideration of the ethical nature of a given activity and may be a mitigating factor in some situations (Hass & Malouf, 1989). This issue is especially true within the deaf community.

Confidentiality

Confidentiality in professional relationships refers to the principle that information divulged by patients or clients, with few legal exceptions, may not be disclosed to a third party in a way that can be identified with the patient or client without their express permission. However, maintaining complete confidentiality may be impossible in some situations. Both the needs of the client and the appropriate needs of others must be met. If information about a client must be shared, the question of how much to share will arise. Thus, sound judgment and knowledge of legal limitations in determining what information will be shared, not only with the patient but also with colleagues, must be used. There are situations where a person calls to refer a client and the caller is recognized after a few sentences. Practices on the phone need to be changed. When discussing clinical issues without a release of information, the name of a client shouldn't be shared on the phone. When a call is made on a TTY, a person may attempt to get information from you by sharing very confidential information and indicating they are one of your clients, that they may identify by name. You may not always know if people on the TTY are who they say they are. One suggestion is to use a password or get permission to call home or work to verify the caller's identity.

The issue of confidentiality was a subject brought up by most of the participants in the survey. Some people felt that because the deaf community is small, the problem is compounded, as it is for residents of a small town. Confidentiality is always a problem since professionals want to share and discuss information. This appears to be more problematic within the deaf community because supervisors are often not aware of the unique needs of deaf people, so service providers tend to discuss issues with colleagues instead. Even if names are not used, the community is small and there is likelihood that the person who is being discussed can be identified.

One of the participants in the survey who is hearing and married to a deaf professional reported that clients in the community frequently asked him if he and his wife shared information with each other. "I continually tell clients that no information discussed with them is shared with my wife." Another challenge for deaf and hearing couples occurs when a hearing person marries a deaf person who is very well known in the community. Sometimes deaf people feel that the hearing spouse

succeeds only because of the position of the deaf spouse. There is frequently a conflict between the professional role, and the social role that occurs within the deaf community.

Another problem is how to deal with social situations, such as when clients and colleagues attend the same function. Sometimes hearing people want to talk about common clients and deaf clients want to discuss their own cases. This dilemma is one that involves both confidentiality and the conflict caused by dual relationships. One of the respondents handles this situation by trying to avoid the conversation or gathering itself.

A reputation for excellence in work quality, integrity and confidentiality and not being too loose or familiar at parties is essential. Sometimes even if everything is done appropriately, rumors start, people say things, and problems develop. Unfortunately, some deaf people lack trust in hearing professionals, and this can be a problem. It is crucial that service providers are careful to coordinate appropriately with other needed service entities without unnecessary disclosure of mental health information. It is especially difficult to get appropriate supervision and consultation and protect the client confidentiality when working with well-known deaf families whom supervisors and consultants easily recognize. One respondent addresses this issue by discussing confidentiality issues with new clients and using authorization forms for every outside contact. Individuals wanting information about a client should be encouraged to ask the client directly.

Competency Issues

Being a competent professional means having the knowledge, skills, and abilities necessary to perform a constellation of tasks relevant to that profession. It also means understanding when it is appropriate to provide services and when it would be better to refer a client to someone else for service. Often, there are shortages of qualified human services professionals fluent in sign language. This is especially true in the rural parts of the country. When a qualified professional cannot be found, others are asked to take on duties for which they may not be qualified. It is important to know when to make referrals to other agencies for services one cannot, or should not provide. It is tempting to handle everything alone. Experts know when to ask for help and where to get it.

Respondents to the survey felt it was important to be competent to communicate effectively and understand how hearing loss influences the deaf individual's behavior. Many individuals indicated that if they are asked to do something for which they feel unqualified, they turn the request down. One respondent who is an interpreter indicated that if she

were placed in a situation in which the professional was not competent, she would explain to those involved that they did not have the qualifications to handle the situation. She also explains to those needing interpreter services that they should wait and reschedule the appointment for a time when a qualified person is available.

Several respondents indicated that competency dilemmas can occur in a variety of situations, such as when one is trying to master a new skill or attempting to find a better resource or trying to work with clients to provide information on deafness. Even when one is competent to perform a task, one may not be comfortable doing so, as in an example given by a male respondent who was asked to interpret a sensitive gynecological appointment for a deaf woman, when no qualified female interpreter could be found. It is very important for people to be able to admit their limits, and do what they can to find qualified individuals to respond to the need with help if necessary.

Another competency issue relates to communication. Concerns may arise when a professional is not fluent in ASL or is unable to communicate adequately. A school psychologist who responded to the survey indicated that he sometimes uses a deaf relay interpreter to assist in some sessions to ensure that there is clear communication. Several respondents felt they did not always fully understand their clients. This seemed to be more common when working with lower functioning or minimal language skilled clients. Regular contact with colleagues, community organizations and the forming of statewide and national alliances opens lines of communication and can assist in establishing additional skill and trust.

Hearing respondents use a variety of methods to communicate with their deaf clients including; ASL, Pidgin Signed English (PSE), total communication and interpreters when necessary. Some of the respondents indicated that they use whatever mode of communication the client understands. One respondent indicated that he tries to use an interpreter when possible and may switch between simultaneous communication and ASL (voice off) depending on the situation and with whom he is trying to establish rapport.

The Role of the Hearing Professional

Respondents to the survey mentioned a number of complex issues that they face on a regular basis. One issue was the difficulty of trying to explain to some deaf people why the professional will not interpret for them. Another problem was trying to help hearing and deaf family members share viewpoints in an objective way. One respondent commented, "Deaf people feel betrayed if I seem to side with the hearing

family members; hearing people feel I am enabling the deaf person if I seem to side with that person.” In some cases, over-identification occurs. For example, one respondent said that when she was consulting with a deaf organization that was evaluating interpreter skills, using an examination that had been developed by deaf authors, the clients were unable to judge the evaluation objectively, but assumed that it was superior just because its authors were deaf. Another respondent felt that it is important to be aware that the deaf community belongs to deaf people, the deaf/blind community belongs to deaf/blind people and hearing people are invited guests. One respondent has tried to bridge the gap between deaf and hearing viewpoints by developing skill in ASL and an understanding of the impact of deafness on an individual’s behavior. Several of the respondents stated that as hearing people, even though they have worked with deaf individuals for many years, they are not deaf and cannot fully understand the life experiences of a deaf person. It is important to have respect for the diversity of the two different cultures.

It is a challenge for many hearing people who work in deaf services, that their efforts are sometimes misconstrued as attempts to take control and make decisions about what is best for the deaf community. One respondent acknowledges that the opinion of a hearing person is not necessarily what is best, and the input of deaf colleagues is valuable. Hearing people should seek out deaf people when faced with an important decision. One respondent stated that some hearing professionals become so involved in the deaf community that they feel they know better than those who are deaf. This is dangerous; it can result in deaf people resenting hearing people. Often because of inaccessible communication, the hearing professional may have more information about a situation than the deaf person and come to think of themselves as the only expert. Deaf professionals often do not receive the information as quickly and as easily as hearing professionals and this puts them at a disadvantage. When the deaf community begins to take charge, the hearing professional is often hurt or disillusioned. The challenge is to have enough deaf professionals in the field and make sure that they have access to information as quickly as hearing professionals.

One person felt that another challenge arises when deaf leaders and professionals are not valued by the deaf community. This can result in sabotaging the efforts of the agency and hurtful betrayal of well-meaning individuals. One respondent felt it was especially important to be able to walk away from the agency at the end of each day and return to his hearing world. Because of the long history of inequality between hearing and deaf people, it is important to be aware of power and control issues. Several other individuals felt the key to working in the field of

deaf services was treating deaf people equally and in the same way that any other friend, acquaintance, colleague or client would be treated.

It was agreed by many of the respondents that hearing people need to attend seminars and meetings, and join organizations such as ADARA to stay current and active in the field. Another critical need expressed in the survey was for hearing people to possess sign fluency. This was seen as more important than all other skills or knowledge. There was a concern expressed by several respondents that although hearing professionals want to encourage and support more deaf people getting involved in this field, the feeling is not mutual. It was felt that some deaf professionals respond negatively to hearing people at professional meetings or workshops, and this may discourage those hearing people from continuing in the field.

It seems that this discrimination can work against people both ways. One respondent commented, "If you are not being discriminated against by deaf people who see you as hearing and nothing else then it is the hearing folks who see you as being too specialized to be employed by a state agency." Some deaf professionals use hearing status as a basis for discrimination. This is just as unfair as when a hearing person discriminates against a deaf person. It is easy to be pulled into the polarization and it is important to step back and realize that the deaf community is extremely diverse, and has its own "pecking order" as do other minority cultures. One person indicated that she had been in a situation in which a deaf person, in front of a group, put down hearing people for wanting to run deaf people's lives and oppress them, and then turned to the hearing person and signed, "Oh, I didn't mean you." Another respondent who was very positive indicated that there are always unique situations encountered in life, no matter the job or company. "Every day is unique in some special way and I continue to learn more about deaf culture which makes my job exciting and fun!"

Employment Issues

There are a number of complex ethical issues that arise when the subject of employment is presented. While all issues cannot be addressed in this paper, some of the most prevalent will be discussed. One dilemma is whether to hire the most qualified person if that person is hearing, or to employ a deaf person who may not be as experienced and qualified. With the passage of the American with Disabilities Act (ADA), and with more businesses hiring deaf individuals, the pool of potential candidates has been reduced in size. Therefore, even if there is a desire to hire a deaf person for a job, there may be no available deaf candidates, yet there is pressure from the deaf community to hire a deaf

person. Hearing people are frequently conflicted about applying for positions within the deaf community and often feel guilty for accepting a position that might have gone to a deaf person.

An example of an employment dilemma faced by a hearing person occurred when a deaf counselor at a community college suddenly died. The position was advertised and both deaf and hearing candidates applied. A hearing person who had been working part-time at the institution in a similar position was hired. This caused friction between the local deaf community, the community college and the deaf staff and students. The deaf community felt that a deaf candidate who was equally qualified should have been hired. However, the decision was made based on the deaf students' and deaf staff's input and preference. The deaf community saw this as taking away a position that should rightfully be held by a deaf person. Several protests and town hall meetings were held, but the administration stood by its decision. As the counselor in this example experienced, a person's competency can be questioned, based on hearing status rather than abilities.

The survey respondents mentioned a number of personal dilemmas concerning deaf and hearing applicants competing for the same job. One person stated that if he knew that deaf people were considering applying for a job that he was also applying for, he would encourage them to do so. The majority of respondents indicated that they would not withdraw their name, but indicated it would depend on whether they had the deaf community's support. One respondent indicated that she would talk to deaf leaders about how her candidacy was being received, and might withdraw if that conversation were negative, and if qualified deaf people were still interested. Another person said, "If someone asked me about hiring a deaf person over a hearing person, I would certainly tell why I feel a deaf person can do the job and the advantages of hiring a deaf person. I do not believe that withdrawing my name would be beneficial to the deaf applicant. If we really are saying that we want equality for all people, we must make sure that the playing field is level but not skewed." Several people indicated that it would depend if there were an equally qualified deaf person and if that was the case, they would encourage the deaf person to apply. If the deaf person applying did not have the skills, the hearing individual would go ahead and apply. The majority of the respondents indicated that if they really wanted the job, they would weigh the issues and if they were qualified, they would apply.

Many of the respondents felt the best qualified person should get the job, regardless of hearing status. Most also indicated that deaf people should be given the opportunity to advance, but only to the level to

which they are qualified (as is the case with hearing people). It was evident that the hearing professionals who completed the survey had thought long and hard about this issue. One individual indicated that if she had the choice of hiring a deaf person or a hearing person, she would review the job description, the applicant's qualifications and the expectations of the job. Then she would probably hire the deaf person because of the pressure from the deaf community. Another person indicated that if two applicants, one deaf and one hearing, were equally qualified, he would hire the person whose personality, communication, interpersonal skill, fluency in A.S.L. and aptitude was better suited for the job. There was a strong feeling among the respondents that if hearing people believe in affirmative action, it is their responsibility to encourage and nurture deaf professionals to fill leadership positions. Some individuals indicated that if the position involved working within the deaf community, then the inclination would be to give it to the deaf candidate because of their first-hand awareness, knowledge of deaf culture, and greater insight. Another respondent stated that although the hiring preference would depend on the clinical expertise of the applicant, a young deaf professional who is eager to learn and has adequate skills would be rated higher than a hearing professional with limited communication skills.

Individuals responding to the survey indicated that there is pressure both from within the agency and outside the agency to hire deaf individuals when they apply for positions. Often, it is hearing employers who exert pressure on hiring committees to hire deaf candidates. The fact that there are pressures was not necessarily viewed as negative. As one respondent expressed, "The pressure is related to expectations in the deaf community and my own feeling that deaf people should get a chance. However, in all honesty, we need to admit that deaf people have been hired by agencies because they were deaf, not always related to their competency." A person employed in a large university indicated that although the university did not recognize that deaf individuals represent a minority culture, she felt a personal commitment to hiring deaf people into the program.

Hearing people who completed the survey said they had a number of questions they try to answer before determining if they will apply for a particular position. These included, Can I do the job, and am I taking work away from a qualified deaf individual? Do I have the skills and background for the job? Do I feel comfortable applying for that position at that agency? Does that agency have a good reputation in the community of professionals and consumers? Can I communicate effectively and understand deaf culture? Many recognized that if a

certain agency is primarily made up of hearing people, hiring a qualified deaf person would change the whole organizational culture and would require the agency to become more communicatively accessible. Other respondents indicated that it is also important to make sure the job applicant is of good moral character, and has a good reputation in the deaf community. The hearing respondents felt there should be a level playing field such that anyone qualified to apply would do so. Many people indicated a reliance on their deaf peers and community for guidance. The responses showed sensitivity to the issues and the need to promote those individuals best suited for the job regardless of their hearing status.

Conclusion

Solutions to complications arising from the ethical problems encountered by hearing individuals when working in the deaf community are neither simple nor obvious. However, ethical problems must be discussed, and solutions must be sought, because the primary goal is to achieve positive outcomes for the deaf population. If deaf individuals consider only the hearing status of the provider and not the skills offered, quality of service is sacrificed. Deaf and hearing professionals must work together toward the common goal of providing excellent services, and to improve the quality of life for the deaf community. Working together creates opportunities for professionals to learn from each other and enhance their competence in providing services to individuals who are deaf.

Clearly, there is still a significant need for qualified deaf persons in leadership positions. Support and encouragement should be provided for deaf individuals to continue their professional development as they strive to fill these roles. With the passage of A.D.A., there are more opportunities in the business sector for deaf professionals. Current leaders within the deaf community may find themselves mentoring their colleagues in order to assure that there will be enough qualified deaf professionals. Deaf and hearing professionals should also make themselves available to professional training programs to ensure that the students are exposed to various perspectives of the community in order to gain a positive attitude and a better understanding of the complexity of the issues.

Hearing professionals need to consider their role within the field and be aware of the dynamics between deaf and hearing people. A balance can be achieved that allows hearing professionals to work alongside deaf people in contributing to the field, in a manner that is respectful of the deaf community and the deaf professionals. This

balance is crucial to providing quality services to deaf people who need them.

References

- Gannon, J. R. (1989). *The Week The World Heard Gallaudet*. Gallaudet University Press, Washington, DC.
- Glickman, N. S. and Harvey, M.A. (1996). *Culturally Affirmative Psychotherapy with Deaf Persons*. Lawrence Erlbaum Associates, Inc., Mahway, New Jersey.
- Hass, L. & Malouf, J.(1989). *Keeping up the Good Work: A Practitioner's Guide to Mental Health Ethics*. Sarasota, FL: Professional Resource Exchange.
- Herlihy, B., & Corey, G. (1992). *Dual Relationships in Counseling*. Alexandria, VA: American Association for Counseling and Development.
- Lane, H. (1984). *When the Mind Hears*. New York: Random House.
- Solomon, R.S. (1984). *Ethics: A Brief Introduction*. New York: McGraw Hill.

Appendix I

1. What ethical challenges have you faced working as a hearing person within the deaf community?
2. What ethical challenges have you overcome working as a hearing person within the deaf community? How?
3. What ethical challenges have you been unable to overcome?
4. What helps you interact appropriately with deaf and hearing professionals in the field?
5. As a hearing professional, what barriers are there to working in this field?
6. If a job was available working within the deaf and hard-of-hearing community that was a promotion for you, would you apply? Why or why not?
7. If a job was available working within the deaf and hard-of-hearing community that was a promotion for you, but you know that the other applicants are deaf, would you apply? Why or why not?
8. If a deaf and hearing person who were both equally qualified, applied for a position in your agency, whom would you hire? What criteria would you use to make this decision?
9. When hiring individuals for vacant positions, do you feel any internal or external pressure to hire a deaf individual?
10. When applying for a position within our field, what ethical issues do you consider i.e. as a clinician, administrator, etc.
11. If a hearing person decides not to socialize with deaf people - how does that appear?
12. Have you ever been in a dual role situation i.e. interpreting for a client, social situations, etc. How do you handle them?
13. Have you been in situations where you have been asked to provide services that you are unqualified for but know that if you don't provide them the individual might not get what they need? How have you handled this kind of situation?
14. Confidentiality is an important clinical issue for any clinician. Are there any confidentiality issues that arise as a hearing clinician in a therapeutic situation with a deaf client?
15. How do you as a hearing therapist deal with communication issues when you are providing therapy to a hearing family with a deaf member? Do you use a communication mode that the client understands or the family understands?
16. As a hearing professional working with deaf colleagues, are there any unique situations that you have encountered?

17. Can you provide any case examples that you have experienced as a hearing professional working in the deaf community?
18. How have you handled transference/counter transference situations as a hearing clinician working with deaf clients?

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