



Higher National Unit specification: general information

Unit title: Counselling: Deaf People

Unit code: H0HL 35

Superclass: PM

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Unit purpose

This specialist Unit recognises that counsellors require particular knowledge and skills to meet the needs of D/deaf, deafened and deafblind people who seek counselling. This Unit is designed to raise awareness in candidates who are preparing to be counsellors and who want to be better equipped to meet the needs of deaf people who request a counselling service. The Unit may be of particular interest to those candidates who are experienced counsellors who seek to practice more effectively with deaf clients and who may undertake the Unit as a CPD activity. It may also appeal to candidates who have experience in using British Sign Language (BSL) and who wish to counsel D/deaf, deafened and deafblind people. The unit content is underpinned by the British Association of Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling.

On completion of the Unit the candidate should be able to:

- 1 Investigate issues affecting D/deaf, deafened and deafblind people relevant to the counselling context
- 2 Explain appropriate measures to be taken when counselling D/deaf, deafened and deafblind people

Recommended prior knowledge and skills

Candidates should have knowledge, understanding and practical experience of counselling. This could be demonstrated by possession of the HNC Counselling or equivalent. It would be beneficial if candidates have experience using British Sign Language.

General information (cont)

Credit points and level

1 Higher National Unit credit at SCQF level 8: (8 SCQF credit points at SCQF level 8*)

**SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes of this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

This Unit could also be offered as a stand-alone Unit for counsellors as a CPD activity.

The term 'deaf' in the Unit title is used to include people on the full spectrum of deafness; Deaf, deaf, deafened and deaf blind.

Higher National Unit specification: statement of standards

Unit title: Counselling: Deaf People

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The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Investigate issues affecting D/deaf, deafened and deafblind people relevant to the counselling context

Knowledge and/or Skills

- ◆ Key characteristics of D/deaf, deafened and deafblind people which impact the counselling process.
- ◆ Mental health issues affecting D/deaf, deafened and deafblind people.
- ◆ Language, lifestyle, communication and cultural differences which impact the counselling process.
- ◆ Implications of stigmatised living.
- ◆ Barriers to accessing counselling services.

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ explain four key characteristics of D/deaf, deafened and deafblind people which impact the counselling process
- ◆ analyse the key points of one report concerning the mental health of D/deaf, deafened and deafblind people
- ◆ describe language, lifestyle, communication and cultural differences which impact the counselling process (two differences for each category)
- ◆ explain two implications of stigmatised living
- ◆ describe four barriers to accessing counselling services

Higher National Unit specification: statement of standards (cont)

Unit title: Counselling: Deaf People

Outcome 2

Explain appropriate measures to be taken when counselling D/deaf, deafened and deafblind people.

Knowledge and/or Skills

- ◆ Theories relating to counselling D/deaf, deafened and deafblind people.
- ◆ Appropriate assessment measures.
- ◆ When and how to work with interpreters.
- ◆ Communicating directly with D/deaf, deafened and deafblind people.
- ◆ Relevant equipment and technology used in the counselling context.
- ◆ Relevant legislation.

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ effectively plan appropriate counselling sessions with D/deaf, deafened and deafblind people using exemplar case studies

Higher National Unit specification: support notes

Unit title: Counselling: Deaf People

This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this Unit

This Unit recognises the marginalised experiences of D/deaf, deafened and deafblind people in society and their need for effective counselling interventions. It is widely recognised (Scottish Council On Deafness) that D/deaf, deafened and deafblind people in Scotland, in common with other countries, have a higher incidence of mental ill health and have difficulties accessing appropriate services including counselling. The Scottish Council on Deafness counselling project identified a lack of understanding amongst the health profession of the counselling needs of deaf and deafblind people and also discovered reluctance amongst the deaf and deafblind communities to seek support.

The term 'deaf' in the Unit title is used to include people on the full spectrum of deafness; Deaf, deaf, deafened and deaf blind. Although the term 'sensory impairment' is in common usage, this Unit acknowledges that many people with sensory needs do not see themselves as being impaired within a medical model. Moreover, many individuals do not wish to be characterised or defined by others in terms of impairment.

The following definitions are offered for guidance.

People who are Deaf (capital D)

These are people whose preferred or only language is British Sign Language (BSL) or other sign language if they come from another country. Typically they will have been born deaf or become deaf early in life. People with this level of deafness are often described as being profoundly deaf, however it is more accurate to use the term 'culturally deaf' as Deaf BSL users see themselves as part of a linguistic and cultural minority known as the Deaf Community.

People who are deaf (lower case d)

These are people who have a significant hearing loss from birth or early childhood, who do not identify with the Deaf Community, do not use or have a limited knowledge of BSL and use lip reading and their residual hearing to communicate. They are sometimes referred to as 'oral deaf'.

People who are deafened

People who are born hearing and become severely or profoundly deaf after learning to speak are often described as deafened. People who have had full hearing and become deaf may be described as having Acquired Profound Hearing Loss (APHL). This hearing loss may be due to illness or disease or there may not be an identified reason for the hearing loss. Deafened people may rely on lip reading to follow a conversation or need to have things written down for them.

Higher National Unit specification: statement of standards (cont)

Unit title: Counselling: Deaf People

People who are deafblind

Deafblindness is sometimes called dual sensory impairment. This is because deafblind people will have some degree of both deafness and blindness.

A person can be born deafblind (congenital deafblindness) or lose their hearing and their sight in later life.

A person born deaf who later loses their sight will most likely be a sign language user. Other deafblind people may be born blind and lose their hearing in later life. These people will most likely use a spoken language and may also use Braille for written documents. It is important to remember that many deafblind people may not be totally deaf and totally blind.

Counsellors should always find out what the deafblind person's cultural identity is and what form of communication support is needed to ensure the professional can communicate directly with the deafblind person.

Key characteristics of D/deaf, deafened and deafblind people which impact the counselling process include linguistic preferences and cultural identities. The majority of Deaf people for example, do not come from Deaf families and therefore use a different language to that of their parents, ie BSL. They may well have limited communication with family members and so find their identity in the Deaf Community. This can be especially true of Deaf sign language users from minority ethnic groups who may have no knowledge of the language used at home and limited understanding of their community and culture. A Deaf person who is gay or lesbian, black or disabled in the Deaf community may face particular challenges. The history of Deaf people is one of oppression by hearing people, especially in education, where the use of sign language was discouraged and banned in schools even in recent years. The legacy of this is that some Deaf people find it difficult to trust hearing professionals and it may take time for trust to build in the counselling relationship.

Deaf people who do not use sign language (lower case 'd') sometimes describe themselves as not being in the 'Deaf world' or the 'hearing world' and issues such as 'passing' are relevant to this group.

Deafened people are dealing with loss and theories relating to loss grief and bereavement are helpful in understanding some experiences. However, deafened people are also dealing with what has been described as 'acquired oppression' as they move from being the dominant majority, ie 'hearing person' to being viewed as 'disabled', so theories about the politics of disablement are valid.

Deafblind people are a particularly diverse group and may often not come together with others directly but rather through the medium of technology or deafblind communicators/interpreters. People who have been deaf from an early age or birth and then lose their sight will often use sign language and therefore continue to use this in some way, eg 'hands on signing'. Others will use the manual alphabet on the hand.

Higher National Unit specification: support notes (cont)

Unit title: Counselling: Deaf People

The mental health of D/deaf, deafened and deafblind people warrants further research. There are currently no reliable statistics on the incidence of mental health associated with sensory loss. However, while deaf people may have the same range of mental health problems as hearing people, the incidence amongst deaf people is estimated to be about four times greater than in the general population. (SCOD)

It must be recognised that deafness may present special challenges in the diagnosis and treatment of mental health problems.

Deaf people with mental health problems may find their problem unrecognised, undiagnosed and thus untreated, due to poor communication between themselves and professionals.

Barriers to accessing counselling services include for example; attitudes of health professionals, lack of knowledge and skills of counsellors, funding for interpreters and technology and deaf peoples' lack of awareness about counselling as a service.

D/deaf, deafened and deafblind people may seek counselling for all the same reasons anyone might; bereavement, substance misuse, partnership breakdown, sexual identity confusion. Some of these issues may be exacerbated by lack of provision for deaf people with particular issues, for example appropriate reading materials, group meetings and helplines. The implications of stigmatised living may include for example discrimination in many areas of life, underemployment and possible low self esteem.

Guidance on the delivery of this Unit

This Unit is a specialised Unit and would benefit from input from experts in the field, especially D/deaf, deafened and deafblind people, counsellors working with deaf people, interpreters and deafblind communicators.

Recommended resources;

Culturally Affirmative Psychotherapy with Deaf Persons

Author: N S Glickman & M A Harvey

ISBN: 0805814892

Psychotherapy with Deaf Clients from Diverse Groups

Author: Irene W. Leigh

ISBN: 1563680831

Deafness And Wellbeing (3rd European Congress)

Author: Paris 1994 (Deafness & Wellbeing)

ISBN: 0000002194

Higher National Unit specification: support notes (cont)

Unit title: Counselling: Deaf People

Constructing Deafness

Author: Susan Gregory & Gillian Hartley

ISBN: 0826461255

www.forestbooks.com

www.linkdp.org

www.deafblind.org.uk

www.signstation.org

www.nciua.org.uk

Guidance on the assessment of this Unit

Assessment for Outcome 1 will be in the form of a portfolio developed in open-book conditions.

Exemplar case studies are recommended for the assessment of Outcome 2.

Assessment Guidelines

Outcome 1

It is recommended that assessment for this Outcome will be in the form of a portfolio developed in open-book conditions.

The folio could be in 4 sections as set out below and will contain the research, analysis and reports stated in the Evidence Requirements for Outcome 1.

- 1 Deaf people
- 2 deaf people
- 3 deafened people
- 4 deafblind people

The folio can be written, oral or signed.

Outcome 2

It is recommended that this assessment will be in the form of a written, oral or signed presentation explaining appropriate measures to be taken when counselling D/deaf, deafened and deafblind people, using four appropriate exemplar case studies.

The presentation could be assessed by the use of an observation checklist and the use of supplementary questioning where necessary. All Evidence Requirements must be covered.

Online and Distance Learning

This Unit is not suitable for open learning.

Higher National Unit specification: support notes (cont)

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Opportunities for developing Core Skills

There are opportunities to develop the Core Skill(s) of *Working with Others* and *Communication* at SCQF level 6 in this Unit, although there is no automatic certification of Core Skills or Core Skills components.

Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website www.sqa.org.uk/assessmentarrangements

History of changes to Unit

Version	Description of change	Date

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General information for candidates

Unit title: Counselling: Deaf People

This is a specialised Unit which recognises that counsellors need particular knowledge and skills to meet the needs of D/deaf, deafened and deafblind people who seek counselling. This Unit is designed to raise your awareness if you are preparing to be a counsellor and you want to be better equipped to meet the needs of deaf people who request a counselling service.

The Unit may be of particular interest to you if you are an experienced counsellor who seeks to practice more effectively with deaf clients and who may undertake the Unit as a CPD activity. It may also appeal to you if you have experience in using British Sign Language (BSL) and wish to counsel D/deaf, deafened and deafblind people

On completion of the Unit you should be able to:

- 1 Investigate issues affecting D/deaf, deafened and deafblind people relevant to the counselling context
- 2 Explain appropriate measures to be taken when counselling D/deaf, deafened and deafblind people

Assessment for Outcome 1 will be in the form of a portfolio developed in open-book conditions. Your portfolio could be in four sections, ie Deaf people, deaf people, deafened people and deafblind people and will contain the evidence outlined in the evidence guidelines for Outcome 1.

The folio can be written, oral or signed.

The assessment for Outcome 2 will be in the form of a written, oral or signed presentation where you will explain the appropriate measures to be taken to address the needs of D/deaf, deafened and deafblind people based on four appropriate exemplar case studies.

There are opportunities to develop the Core Skills of *Communication* and *Working with Others* throughout the Unit.