



*Gabriel I. Lomas, Ph.D., RPT-S*  
*Assistant Professor of Counseling*  
*Department of Education and Educational Psychology*  
*Western Connecticut State University*  
*181 White Street*  
*Danbury, CT 06810*  
*203-837-8512 (phone)*  
*203-837-8413 (fax)*

#### **COMMON PROBLEMS:**

1. CPS has no protocol with regard to responding to a family with deaf parents or a deaf child. The office of Deaf and Hard of Hearing Services (separate from CPS) has Regional Specialists in Deafness who cover the entire state. These specialists frequently offer training to employees at CPS. However, the system is too large and underfunded/understaffed to manage deafness issues with any consistency.

#### **How I addressed the problem:**

Regarding the lack of protocol within CPS: I can't say I was very successful here. Here is what didn't work: I tried to coordinate a meeting of administration in the agency to address the problem. They didn't see it as significant enough, so they resisted addressing it. Two of my friends and colleagues were the largest providers of psychological services in the region for the agency. Thus, they knew the administration at the state level personally. I was able to use those resources to get phone numbers and email contacts with the higher-ups in the agency. However, I was unable to sway them. Here is what worked, though on a limited basis: I was able to convince the agency to send out an email blast to all of their caseworkers in the greater Houston area to inform them that culturally-affirmative psychological services were available to deaf clients through my contract. Initially, I saw an upsurge in referrals from my area and from across the state. However, the impact was short-lived, probably due to the high turnover in the agency. Also, whenever I was invited to attend a meeting or provide services at one of their offices, I accepted that opportunity. When I could get inside the agency, I was able to network with the caseworkers. While some of them were jaded, I found a number of them to have kind hearts and good intentions. Also, their supervisors were usually people who had been caseworkers in the system for at least five or more years. If they were there that long, they were likely trying to make a career of it. I tried to make friends with them as they frequently "staffed" cases with caseworkers. They could direct their staff to my office for appropriate services. Finally, these offices were set up much like a typical office, with secretarial staff, bulletin boards, eating areas, and such. I was able to get permission to post information on bulletin boards to remind people that services for deaf people were available. One more thing, although secretaries are low-ranking, they often do a lot of the busy work and they hear everything in the building. I became friendly with one of the secretaries who used to look up lots of information for me with regard to cases across the state. For example,

I'm seeing a deaf child in therapy but the caseworker quits and services are severed. I can't seem to locate the new caseworker. The secretary is able to look up the child's name and help me locate the caseworker or supervisor. If I didn't have that relationship, I might never locate that child. Friendships in the system are essential if you are a service provider.

2. Turnover within the CPS agency is high, resulting in inconsistent services for deaf children. Case managers in the system do a thankless job for a meager salary. Often, caseworkers would tell me, "I didn't realize that psychological services were available in sign language until I met you." Then, I see the child for 2 or 3 months until they quit their job. I try to follow up with the new caseworker, but am unsuccessful. The child either goes without services or goes to a new provider. Often, I will see the child again in a year or two when a new caseworker takes over and learns about my office. I tried to convince the CPS office in Houston to set up a deaf-only cultural unit like the one in Los Angeles, but the administration does not view the deaf population as significant enough to have these resources.

**How I addressed the problem:**

Regarding turnover in the CPS system: I can't control the turnover. However, there were some actions I took (outlined above) that were meant to counter turnover in the system.

3. CPS expected me to provide all of the services. I ran an office-based private practice where we did testing and therapy. They wanted me to do additional work such as providing parenting classes and finding foster care placements. They sometimes called me to provide interpreters or offer emergency shelter for deaf kids. The agency didn't understand the limits of my training and the scope of my practice. I worked with the state office of Deaf and Hard of Hearing Services on this issue. They sent out e-blasts and developed a tri-fold pamphlet for deaf adults, trying to convince more of them to become foster parents. Our efforts increased the number of culturally-appropriate foster homes. However, the requirements to become approved are significant and many deaf people were unwilling or unable to meet the requirements. Thus, the problem is persistent.

**How I addressed the problem:**

Regarding the agency expecting me to provide all of the services: I really liked to function as a resource. When I was able, I was happy to help caseworkers or deaf clients locate the specific services they needed. For example, when I got calls to help find foster placement for a deaf child, I would normally turn that away and tell the caseworker I don't provide that service. However, I realize that the caseworker would end up placing the child in a group home or foster placement that doesn't meet the child's needs. Instead, I tried to network with local agencies that serve deaf people (VR offices, interpreting agencies, independent living agencies) and get to know who was out there. I was able to locate two or three appropriate placements (for example, an interpreter who was approved to foster) for deaf children. While I could not provide foster services, I was able to connect caseworkers with the foster parents who knew sign language. The placement didn't always work out, but with my assistance, at least there was a chance that the child might be placed in a deaf-friendly setting.

**MOST VALUABLE RESOURCES**

1. Probably my colleagues, both within and outside of deafness, were the most valuable resources. I often turned to others in a “peer supervision” manner to share stressors about problems with child abuse and deafness. They gave me much encouragement and emotional support. One of my colleagues who shared space with me knew nothing about deafness. However, he was such a positive influence on me that I feel an understanding of deafness is not as important as an understanding of my experience. Of course, this applies only for Resources. Clinicians providing the direct service should have an understanding of deafness.
2. Developing a theoretical and practical foundation in the field. Harold, I shared with you a report titled “A Call to Action...”. That report offers readers an in-depth foundation for the history of CA as it relates to individuals with disabilities. It helped me understand the depth of the problem. However, the reading alone was not an adequate resource. Also, learning about deafness-specific counseling treatments (such as the work of Neil Glickman) are quite valuable. Many of the deaf children I’ve worked with have had additional disabilities. However, most of the deaf adults I’ve worked with had additional disabilities and today’s psychotherapies are not designed for this population. Working in the field with experienced others (such as my colleague above) and learning about family forensics helped me to understand various aspects of working with clients who are involuntarily involved with psychological services due to court order. This population is also very different from working with individuals who are self-referred for insight-based therapy. How can one develop a theoretical and practical foundation in the field? I believe by reading appropriate literature and working under the mentorship of experienced others.
3. The state VR System’s office of Deaf and Hard of Hearing Services. I don’t know how other states fund deaf-related programs. However, Texas has consistent funding of the VR system and an office of DHHS that works closely with VR. Thus, the resources there are knowledgeable on deafness and are consistent faces. Being a state agency, they are able to contact other state agency leaders (such as individuals in CPS) and make suggestions or offer solutions. For example, I was able to get reimbursement increased to a level that’s closer to fair due to advocacy from the DHHS office. Without their advocacy, I would not have been able to pay the therapists

Additional Resources:

Doug Dittfurth, M.A.  
Outreach Development Specialist  
Office of Deaf and Hard of Hearing Services  
Division of Assistive and Rehabilitative Services  
Voice: 512-407-3273  
IP: 161.137.23.211  
VP: 512-961-5238  
Email: [doug.dirrfurth@dars.state.tx.us](mailto:doug.dirrfurth@dars.state.tx.us)

Doug is knee-deep in the deafness field at the state and national levels. He’s the vice-president of ADARA as well. He was instrumental in helping me to become a provider and was able to assist with inter-agency communication. He’s a great resource for brainstorming and loves to help when he can.

#### URLs:

Here is the URL for the TX Office of Deaf and HOH services: <http://www.dars.state.tx.us/dhhs/>  
The person identified above (Doug Dittfurth) really knows just about everyone in the state that serves the field of deafness. He's my resource from that office.

I believe the Los Angeles culturally deaf unit for CPS doesn't have their own URL. Here is a URL that identifies deaf services:

[http://www.lacdcfs.org/services\\_program/main.htm#Deaf%20Services%20Unit](http://www.lacdcfs.org/services_program/main.htm#Deaf%20Services%20Unit)

Here is the URL for an article about the LA program:

<http://ici.umn.edu/products/impact/191/prof11.html>

#### Areas of topical expertise:

I apologize if I was too vague. I really feel I have a solid handle on this topic. However, I think my strengths would be as follows:

1. Assessment and Treatment: I have a lot of experience with culturally-affirmative assessment of deaf people in forensic settings. I also have a significant amount of experience with treatment
2. Research: I currently have a number of projects in the oven. However, this topic is meaningful for me and I'd love for it to be my next project. If the group has some specific research questions, I might be able to conduct research to further our agenda. Additionally, I am interested in joining others who might want to collaborate on research.