ADARA UPDATE

Professionals Networking for Excellence in Service Delivery with Individuals who are Deaf or Hard of Hearing

New Board, New Beginnings

Welcoming the 2021-2023 ADARA Board Members!

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ADARA

2021, Issue 3

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Editorial Policy: ADARA Update strives to be a conduit for the voice of its members to express their ideas, opinions and share information beneficial to the membership. The views expressed by individual writers and columnists may not reflect that of ADARA as an organization or its Board of Directors.

For more information, or to submit an article/column to this newsletter, or information on how to place an advertisement, please contact Jamie Chapin at newsletter@adara.org.

Jamie Chapin

Editor’s Notes: *Jamie Chapin*

In this newsletter, you may acknowledge that transitions are happening. ADARA’s current new president writes his first column sharing his gratitude for the past board members and welcomes our new current board members. He also shares about as we move forward with re-opening after the pandemic and what it may look like for various platforms as it has been recognized remote work has its perks. Dr. Guthmann shares updates with the Minnesota’s Substance Use Disorder program on page 7. Review and learn about Kent Schafer’s study that he conducted on evaluating psychometric properties of a communication assessment on page 10.

Keep your eyes peeled for additional information coming up for the 2022 ADARA conference!

If you or your organization are providing innovative services and want to be featured, please submit an article to newsletter@adara.org. Thank you!

PRESIDENT'S COLUMN

Stephen Roldan

The Westward Tide

Greetings!

First, I would like to take a moment to thank Dr. Damara Paris and all the past board members for their leadership during the past two years. Frankly, none of us saw any of this coming, and their steady hand in leadership is greatly appreciated. We will always be grateful for the past board members and presidents who have selflessly served this dynamic organization. We salute you, and to the newest board members, we say welcome aboard and thank you for your willingness to serve.

During the past year, I spoke with numerous colleagues about the changes and challenges they have faced, and one common seemed to shine through: regardless of the industry, Deaf and Hard of Hearing professionals had quietly emerged as leaders in the transformation of remote services. Such a remarkable adaptation should come as no surprise to all of you. Many of us were already familiar with using video conference technology platforms as it integrates our clients and us with access to the hearing world.

I found it most interesting that for years we counselors could never perform their duties from home. Yet, that's exactly what happened. Ironically, the hearing world sought out the Deaf world's expertise to learn best practices with video platforms and the technologies needed to make working remotely a success. During the past year, many of us have helped establish best practices and policies for implementing remote offices.

Despite the initial concerns about the remote approach, several professionals reported that using remote platforms increased access for many clients and

consumers. Remote intake meetings, psychological evaluations, job clubs, one-on-one meetings, and other services became the new standard during the pandemic. One client told me, "I felt much more comfortable in my own surroundings at home than I would be in a stale office." With this in mind, as we move forward with the re-opening, it will likely bring a continuation of hybrid services to give us and those we serve more flexibility.

I believe this is also true with ADARA; we will continue to evolve as an organization and adapt as we always have. After all, great organizations know how to be dynamic when times call for it. As evidence of ADARA's dynamism, take for example, last spring. We held a very successful virtual conference. I think this is indicative of potential options for us in the future.

However, I also believe that many of us value in-person conferences and meetings. There's just something about speaking in person with people without the "Brady Bunch" view that we've become accustomed to with Zoom. Furthermore, businesses have changed and adapted to new circumstances and reshaped the vocational world. Now, more than ever, we need each other. We need collaboration and opportunities to share how we are moving forward as professionals serving our clients.

This coming spring 2022, we have the opportunity to return to meeting in person in Albuquerque (Yes! This coming spring!). I hope that we will see many of you there. We ask for your help in making this a memorable conference by providing ideas for topics and presenters. In the coming months, you will see more information for those interested in attending, presenting, and volunteering for our first in-person conference since 2019, when we last gathered in Baltimore with the Association of Medical Professionals with Hearing Losses (AMPHL).

I look forward to the local cuisine, spectacular vistas, and mountain ranges of New Mexico, and of course…visiting in person with all of you!

Onward!

Stephen Roldan
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Your 2021-2023 ADARA Board Members

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Stephen Roldan

President-Elect

Makoto Ikegami

Vice President

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Secretary

Irene W. Leigh

Treasurer

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Members At Large

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Laura Fink

Minnesota Substance Use Disorder Program for DHH: An Update

Written by: Dr. Deb Guthmann

In *Shrinking Opportunities: Are Mental Health and Rehabilitation Training Programs in Jeopardy?* (ADARA Update, April 2021) written by Alison Aubrecht, MA, NCC, LPCC, she cited Jeremy Olson's Star Tribune article on the closure of the Minnesota Substance Use Disorder Program for DHH individuals in December 2019. We want to take this opportunity to share updated information since some people may think the program is no longer serve DHH clients with substance abuse or addiction.

Although the Star Tribune article indicated that the MN Program closed in 2019, the program underwent some major changes from December 2019 to February 2020 through the advocacy of the Deaf Community in Minnesota. By February 2020, the hospital officials agreed to the program changing from being a specialized program for DHH with direct, fluent signing staff to a program using interpreters for group sessions and providing deaf staff on evenings and weekends. One of the deaf counselors who used to work at the MN Program now works as an Admission Counselor in the general substance abuse program at the hospital and can work with the DHH clients on a 1:1 basis.

With COVID happening throughout 2020, many treatment programs were impacted because initially, they could not accept **any** clients (hearing or deaf) into residential programs and then had to stay below a specific percent when serving clients. The MN Program for DHH was no different, and the program is continuing to work hard to get referrals and rebuild the program. In 2020, there were four Deaf clients admitted into the program, as compared to 75 served on an annual basis several years ago.

Since opening in 1989, the MN Program had accepted clients from around the United States and Canada. Many clients who receive treatment in Minnesota have some private or public funding for their insurance coverage. Medicaid is a state-run plan, and if a client from out of state wants to receive treatment, the state officials must authorize the program. Because there are so few treatment programs serving DHH individuals, some states would authorize individuals to attend the MN Program. Clients who had Medicare, a federally funded program, also used this funding for treatment. The MN Program had subsidized the co-pay for Medicare for several years but realized that the money was being

used to offset the cost of primarily DHH clients from out of state who were entering the treatment program. Once the MN Program stopped providing this support, many DHH clients from out of state were unable to enter treatment, and although Medicare could be used to cover the cost of treatment, most clients were not able to afford the 20% co-pay that Medicare requires. Once these individuals were no longer able to use Medicare funding, there was a significant decline in enrollment, with the program serving only 16 clients in 2019.

In the Winter of 2019/2020, members of the Deaf community in Minnesota and nationally came together to keep the MN Program open at M Fairview Health. Hundreds of letters of support were written from around the United States and shared with Fairview administrators. Members of the local deaf community met with legislators and hospital administrators to express their concerns and seek alternate funding sources. Former clients of the MN Program got involved and expressed their concern about M Fairview Health wanting to close the program, arguing that its unique approach to therapy and communication is more appropriate when serving this population.
Closure of the MN Program was part of a broader plan by M Fairview Health to rein in costs and address a multimillion-dollar budget deficit. Because of community pressure, what initially began as Fairview Hospital wanting to close the DHH program, ended up with a plan to have "enhanced services" for DHH clients when in treatment at Fairview. Since February 2020, DHH clients continue to have access to inpatient substance abuse treatment, with support from interpreters, a Deaf Counselor on a 1:1 basis, and the presence of deaf staff during the evening and on the weekends.

On April 20, 2021, The Minnesota Commission for Deaf, DeafBlind, and Hard of Hearing presented the Citizen Award to a group of concerned advocates who fought against the closure of the Minnesota Substance Use Disorder Program for DHH individuals. The advocates met with their legislators and the hospital staff. They also protested peacefully, including reaching out to the media and doing everything they could to save the program. While the program is no longer available as a specialized program, they could convince the hospital to guarantee 30 hours a week of interpreting services and retain some of the staff. To view the award ceremony, go to: https://lobbydaymn.com/citizen-advocate-award/.

One positive thing that has happened since COVID began is that there are much more online 12 Step and Al-Anon meetings in ASL and a much stronger recovering Deaf Community. There are now many Recovery meetings happening daily, and participants can attend more than one a day online every day of the week. If you are interested in more online 12 Step meetings or other online resources and advocacy needs, feel free to contact Deb Guthmann at dguthmann@aol.com.

We continue to have many challenges because we do not focus on improving treatment options nationally. We continue to have few residential programs providing a quality level of service with fluent signing staff who are knowledgeable about addiction treatment. There continue to be very few certified addiction counselors on a national basis who are fluent in ASL. We need to work together nationally if we are ever going to have more accessible treatment options for DHH individuals. If you are interested in working together on how to get additional services out there for DHH, I would love to hear from you.

2022 ADARA CONFERENCE

MARCH 13 - 17, 2022

Hotel Albuquerque at Old Town
800 Rio Grande Blvd NW
Albuquerque, NM 87104

More information at www.adara.org

Evaluating Psychometric Properties of a Communication Assessment

Written by: Kent Schafer, MA, MSE, NCSP

Few validated measures assess deaf individuals' abilities and communication that do not elevate phonocentrism. After recognizing that current language assessments were not effective in assisting providers with a general awareness of effective communication for the deaf mental health population, Williams and Crump (2019) collaborated to improve on Greg Long's work (Long & Alvares, 1995) designed to match communication skills required for successful employment and the abilities of a deaf worker. At that time, vocational evaluators used the Peabody Picture Vocabulary Test (PPVT) as the primary communication assessment (Abraham & Stoker, 1998, as cited in Long & Alvares, 1995). Using the PPVT is highly suspect when identifying a communication gap (Carrigan & Coppola, 2020). Measuring an individual's receptive (hearing) vocabulary for verbal aptitude is ineffective for deaf individuals who have wide variability in communication modalities (Henner et al., 2018). However, there is a lack of information regarding its reliability and validity to support the interpretation and use of the Communication Skills Assessment (CSA) as a consultative measure. My research intended to fill the gap by developing psychometric properties for the CSA.

My study used secondary analysis of existing data collected from participants who have currently been identified and assessed inside the Alabama Department of Mental Health from 2012 – 2020. After obtaining Institutional Review Board permission, I disseminated the de-identified data released by the Office of Deaf Services. The following variables were collected: date of birth, age of onset for hearing loss, etiology, and 78 variables associated with the CSA. After reviewing all datasets, all of the cases that had implausible values, obvious data entry errors, and multiple missing values were excluded from the final sample. A total of 99 individual assessments met the inclusion criteria of having enough measurable data.

A combination of analysis techniques were used based on Classical Test Theory (CTT) and Item Response Theory (IRT). In both types of analyses (CTT and IRT), the psychometric properties of the CSA overall and within subgroups of test-takers who have different etiologies of hearing loss were examined. Additionally, a DIF analysis revealed statistically significant interactions between domains and etiology subgroups.

The rating scale did not order as expected when considering the CSA from a psychometric perspective using Item Response Theory. For all domains except reading, at least one rating scale category was disordered. As a result, it became necessary to combine these categories by creating adjacent rating scale categories. The threshold location was reached when adjustments were made. A possible reason for this recoding is that the sample came from the Alabama Department of Mental Health, to which reliability could become questionable when diagnosable mental illness and language intersect (Black & Glickman, 2006).

My study set out to see if the CSA tested what it intended to test and what impact the CSA has on future assessments. Although not a definitive answer, my findings suggest a step in the right direction that there is a promise with the CSA. The reliability of separation statistics was quite high for all facets, indicating elements within each facet had distinct locations on the logit scale. The CSA demonstrates reliability but still invites the question of predictive validity. Due to the heterogeneous nature of my study's sample with mental illness and communication patterns, validity is harder to assess. If future research becomes available from other states, convergent and concurrent validity would be worth exploring when comparing to the current psychometric results in my study. Based on my findings, the CSA demonstrates fairness in their assessment through internal review from six test raters. In addition, fairness also means that participants understand what is expected of them on the assessment. To this end, 99 individuals were able to complete the assessment, which demonstrates some instructional reliability in the testing process. Further research may want to examine demographic variables for both the testee and tester.

A limitation is related to the inclusion/exclusion criteria in selecting the sample of participants. With the CSA, I broke down a small population sample into even smaller population samples. To date, quality control often excludes deaf individuals in samples. Objective inclusion and exclusion criteria may be worth developing within this sample of deaf individuals. Selecting a sample or basing eligibility criteria apart from mental illness may warrant further consideration. There may be a need to develop some systematic methodology to study the criteria and how it impacts the outcome of psychometric testing. Given the significant heterogeneity of the D/HH population, Williams and Crump may wish to pursue strengthening the psychometric measures in their appendix by creating a norming sample and increasing their representative sample within the etiology subgroups for future research. Hopefully, the results from my study can inform the improvement of the CSA and demonstrate techniques for improving other related instruments. If another psychometric property becomes available, convergent and concurrent validity can be explored.

Finally, consider how the CSA is not designed as an intervention but rather a probe to provide consultative services on deaf individuals' communication skills. Diversity in assessment brings value when critically examining how standardized approaches continue to explore effective communication of deaf individuals. It may be helpful and relevant is doing some criterion-related validity evaluation of the tool. Essentially, do results on the test correlate with other outcomes that we think it should relate to? Do people who do better on the language measure have better academic or employment outcomes, adaptive functioning or do better on a nonverbal cognitive assessment?

Future research should consider building tools to consider the conditions imposed by the long-term impact of language deprivation (Hall, 2017), see the implication of acculturative stress within language (Aldalur, 2020), explore fatigue levels from a concentration or perceptual load

standpoint (Lavie et al., 2009), examine personal biases of the examiner or the examinee or the perceived priority within communication strategies for either the test assessor or the participant, or explore the impact of rater effects on assessment results (Wind, 2018).

Quantitative results will be shared at the 2022 ADARA Conference, March 13-17, in Albuquerque, New Mexico. **Will I see you there?**

References:

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Important Information on Membership Renewal Dues:

For members who have not paid their membership dues prior to July 1st will need to renew as soon as possible to continue receiving the *ADARA Update* newsletter and have access to the newest JADARA issues. Please look for the e-mail notification from ADARA via MemberPlanet.com regarding your July 1st renewal or join today if you are not a member yet. **Please note that if you decide not to renew your ADARA membership, this newsletter will be your last.** Thank you.

https://www.adara.org/membership.html

Write for the ADARA Update

Do you enjoy reading about what is happening in the community? Do you have something interesting to share? The *Update* is looking for *YOU*! Tell us what you have been doing in your community or organization. The ***Update*** publishing schedule is listed below. In order to meet these deadlines, copy, including advertisement, must be in hand by the deadline date.

Submission Deadline	Projected Publication Date
September 15, 2021	October, 2021
December 15, 2021	January, 2022
March 15, 2022	April, 2022

Requirements: Have something interesting to share with our members about service provisions for Deaf individuals. If you are interested in writing, contact: newsletter@adara.org

JADARA

JADARA is a widely read publication which deals with research findings (pragmatic applications), program descriptions and articles on deafness, and the disciplines of rehabilitation, social services, mental health, and other related areas.

Letter from the Editors

Welcome to the Winter/Spring 2021 issue! This comes a year after the pandemic which changed how many of us live day to day. Many of our JADARA readers and contributors continue to commit to fight and work through the COVID19 virus - we thank you for your continued commitment to public health.

Before we begin outlining our plans below, we are standing with our family and friends who are Black, Indigenious People of Color (BIPOC), including Asian Americans and Pacific Islanders (AAPI). We condemn the systemic, racialized violence that harms members of our BIPOC and AAPI community. The recent murders and violence towards these community members deepen wounds from centuries of injustices. The hostile rhetoric about the BIPOC communities throughout the pandemic has put our family and friends at risk of attack and in danger. It is incumbent upon us to stand with our community members and be a part of a much needed change in addressing issues of racism, xenophobia, and violence. Drs. Thew Hackett and Kobek Pezzarossi are committed to spotlighting these issues and in examining our own biases as we work to create a JADARA inclusive of all. This also includes forming a workshop to increase the number of JADARA authors who are BIPOC and AAPI, as well as expanding the Editorial Review Board members.

This Letter from the Editors will cover several topics. First, Dr. Denise Thew Hackett was recently promoted to serve as the Chairperson of the Division of Deaf Studies and Professional Studies while continuing to coordinate the Rehabilitation and Mental Health Counseling program. As a result of this change, Dr. Thew Hackett invited the immediate past JADARA editor, Dr. Caroline Kobek Pezzarossi, to return and serve as a co-Editor-in-Chief. Dr. Kobek Pezzarossi accepted the invitation without hesitation. They will work together on multiple transition plans for 2021 and these plans will be outlined below:

1) Both Drs. Thew Hackett and Kobek Pezzarossi believed, individually and collectively, being an Editor-in-Chief for JADARA has been a rewarding experience, and this role has helped both with their career advancements and to develop a 360-degree understanding of the scientific research and peer-review publication process. We want to extend this opportunity to the next person who shares a similar passion. A new position is being created and will be the Associate Editor. This person is still being identified and will be able to begin as soon as the Summer 2021 months. This Associate Editor will be mentored by both Drs. Thew Hackett and Kobek Pezzarossi for the year and then this person will gain the title “Editor-in-Chief " while both Drs. Thew Hackett and Kobek Pezzarossi will step down in a supportive role. The new Editor-in-Chief will select their Associate Editor to work together for several years, renewable by the ADARA Board members.
To be considered for the JADARA Associate Editor, please submit your curriculum vitae, a cover letter outlining your strengths and how your contribution would benefit JADARA.

Please send this to thewd@wou.edu and caroline.kobek.pezzarossi@gallaudet.edu with the subject line stating “JADARA Associate Editor”.

2) We are looking for reviewers to join the JADARA Editorial Review Board with expertise in various areas in counseling, policy, vocational rehabilitation, public health, medical/health, integrated practice, various statistical backgrounds, just to name a few. Please also consider nominating yourself or others you feel would be a good fit for this position.

To be considered for the JADARA Editorial Review Board, please submit your curriculum vitae, a cover letter outlining your strengths and how your contribution would benefit JADARA. Please send this to thewd@wou.edu and caroline.kobek.pezzarossi@gallaudet.edu with the subject line stating “JADARA Editorial Review Board.”

3) As many of you know, ADARA has a strong partnership with the Association of Medical Professionals with Hearing Losses (AMPHL) and we continue to support collaboration across disciplines as well as represent different viewpoints from a wide variety of audiences. JADARA and AMPHL both have the same goal which is to provide information and to create a connection between all persons who are deaf, Deaf, Hard-of-Hearing, DeafBlind, and DeafDisabled, as well as with all service providers of people who are deaf, Deaf, Hard-of-Hearing, DeafBlind, and DeafDisabled.

As always, please reach out to Drs. Thew Hackett and Kobek Pezzarossi with your thoughts, ideas, and perspectives. We love mail from our readers!

Current Issue: Volume 54, Number 2 (2021)
Follow this link to gain access to JADARA!

Articles:

Healthcare Altruism and Dysconscious Healthism in the Delivery of Integrated Healthcare Services to Individuals who are Deaf, Hard of Hearing, and DeafBlind

Jaime A.B. Wilson and Michael John Gournaris

Abstract

Healthcare altruism and *dysconscious healthism* are terms proposed to recognize the barriers to healthcare access faced by not only individuals with hearing loss but also all minority populations. The implications of an integrated healthcare model to provide services to individuals who are d/Deaf, hard of hearing, or DeafBlind (D/HH/DB) are explored. Unique insights are then offered regarding existing barriers to healthcare access and the next steps.

Becoming Psychologists: Barriers and Bridges Encountered by Deaf and Hard of Hearing Students in Education and Training Settings

Deborah Schooler, Lori A. Day, Sheila Maynard, Ryanne Rosier, Ashley Pabon, Cara A. Miller, and Kathryn Wagner

Abstract

Culturally competent mental health providers are needed to serve deaf and hard of hearing populations. This study used a mixed-methods approach to investigate deaf and hard of hearing students' experiences of bias, affirmation, and program climate at a bilingual (ASL/written English) university. Results emphasized the importance of access to signed classroom communication and mentoring opportunities with deaf faculty. Participants also described extensive peer conflict, often centering on D/deaf identities, language use, and/or race. Participants also reported experiencing discrimination when seeking internships and externships and wished to see faculty actively engaged in resisting biases experienced during their training.

For previous JADARA issues, please go to

www.repository.wcsu.edu/jadara

JADARA has a Facebook page! Follow us!

www.facebook.com/ADARAJournal

ADARA is proud to dedicate *The Dr. Irene W. Leigh Digital JADARA Library* to recognize and appreciate Dr. Leigh's 25+ years of contributions and services to the JADARA Editorial Board.

ADARA is also grateful to Dr. Leigh for her donation of more than 50 years of JADARA issues going back to the late 1960s to ADARA to make this Digital JADARA Library possible. Over 300 articles on Vocational Rehabilitation, Behavioral Health, and other arenas were scanned and uploaded on the JADARA website for public use. ADARA owes Dr. Leigh deep gratitude for her extraordinary contributions to the organization.

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ADARA Linkedin
(https://www.linkedin.com/company/adara-excellence-in-service-delivery-to-individuals-who-are-deaf-or-hard-of-hearing)