

LIBRARY RESOURCES

MEDICAL-MENTAL HEALTH

M-1 1 Children and Youth with a Hearing Loss: promoting Mental Health Health Canada

In keeping with its mandate to promote and improve the overall health and health care of all Canadians, the Health Services Directorate develops and facilitates national consensus and action in collaboration with provincial governments and national professionals and voluntary health organizations. Following such collaboration, Health Canada produced two important works in the area of hearing impairment. The first, Childhood Hearing Impairment, focused on childhood hearing impairment with special emphasis on diagnosis and early intervention, while the second, Acquired Hearing Impairment in the Adult, addressed acquired hearing loss in adults. At its meeting in December, 1988, the Canadian Joint Committee on Hearing Impairment discussed the unmet needs of the school-age hearing impaired population and recommended that Health Canada once again bring together an interdisciplinary working group to examine the needs of deaf and hard of hearing children and youth.

The Working Group was composed of members from the following disciplines: family medicine, psychiatry, psychology, and school counseling, education of the deaf and hard of hearing, audiology, speech-language pathology and community health nursing. The purpose of the group was to create an interdisciplinary overview of our current ability to meet the needs of hearing impaired children and youth. By building on such Health and Welfare publications as Foundations for the Future, Mental Health for Canadians and Children of Canada, Children of the World, the group hoped to identify areas in which services for children who have a hearing loss fall behind those that are available for hearing children. The particular strength of this group was its broad base of expertise which cut across many disciplines.

A major problem identified by the group in the early stages of its deliberations was that individual service agencies focused on particular problems representing only a fraction of the child's needs rather than addressing the whole person. A child with a hearing loss can only be understood as a complex individual with many interconnected needs; therefore, a primary goal was to create a document in which the child was seen as a person who lived in a family and within a community. This was accomplished by integrating all the information from each specialty within a framework which focused on the child, not the hearing loss.

While readers will find specific information to help them provide services for a child in a particular setting, they will find information embedded in discussions about the child's general needs as an individual. This means that we think of the child as a child first, whose needs are similar to those of a child who does not have a hearing loss. All children need unconditional love of parents, friends, a safe home environment, and to be respected and involved in the community. In addition to these requirements, children with a hearing loss also need an efficient way to communicate and a language system that allows them consistent access to people, to events and to information. Much of what follows is concerned with creating an environment which promotes successful communication and builds self-esteem.

Services as they now exist primarily concentrate on the disability, whereas this document focuses on the child. Deaf and hard of hearing adults quite rightly point out that they are people first, and they should be treated like people, rather than as a problem needing to be fixed. Because we see the most promising way to meet such a goal is through teamwork, the report focuses on providing a broad overview and on "The Team" rather than on individual specialties. While there is a detailed information for various professionals, the material found in this work contains a great deal of general information which will be useful to anyone involved with children who have a hearing loss.

This document is not a statement of federal government policy, but rather it constitutes a part of the information base from which policies, programs and strategies may be developed. It is hoped that the report will be a valuable guide to health professionals, mental health counsellors, social services workers, educators and agencies which serve children with a hearing loss. Much of the report focuses on the mental health needs of these children and youth. Society today places a great demands on young people and their families. It is hoped that a greater understanding and appreciation of the issues and the services surrounding children with a hearing loss will lead to the enhancement of self-esteem, the reduction of inequities, increased prevention of health and mental health problems, and the establishment of coping strategies central to overcoming challenges that face these children.

M-2 Mental Health Services For Deaf People 1992 Edition

Edited by Barbra A. Willigan Susan J. King

The provision of appropriate mental health services to deaf individuals has always posed a challenge to the mental health and deafness field. Problems encountered have included frequent difficulties in identifying service providers who are not only professionally trained in the mental health fields, but who are also knowledgeable regarding the unique cultural-and language-related considerations of deafness. The inability of service providers to understand and appreciate the mental health needs and the cultural uniqueness of deaf individuals has often resulted in service unavailability and/or inaccessibility. In some cases, although services have been provided, these have proved unacceptable for a variety of reasons, including often serious misdiagnoses and/ or

inappropriate or superficial treatments.

The mental health and deafness field remains a constant state of flux. Service providers here today may be gone tomorrow. There is always the pressing need to update the identification and location of appropriate service providers for referral and for more timely treatment. The developers of this volume believe that a national directory of mental health professionals who serve deaf clients represents a significant step towards improved accessibility and accountability in this special field.

This 1992 edition of a Directory of Mental Health Services for Deaf People follows and updates previous attempts to compile comprehensive listings of mental health service providers to deaf individuals. The first Directory of Mental Health Programs and Resources for Hearing Impaired Persons was published in 1981 by the Gallaudet Research Institute, Gallaudet University (with NIMH funding for a study of mental health service delivery). Next came the second and third directories: Directory of Mental Health Services for Deaf Persons (1987 and 1989), published by the Mental Health Section of the American Deafness Rehabilitation Association (ADARA). The task compiling the previous three directories, each undertaken by an individual agency, proved so overwhelming that attempts to produce subsequent editions containing even more comprehensive listings initially appeared daunting.

M-3 Intervening with Deaf Women who are Victims of Spousal Violence

Line Langlais

Marthe Larochelle Denise Lemieux Nicole Racine

In the spring of 1992, two resource persons from La Jonction pour Elle held a series of five Spousal violence awareness sessions (15 hours) with a group of four Deaf women from the Quebec region and a psychologist from the Institut des sourds de Charlesbourg. These meetings led to the following findings:

- *Spousal violence is also present in the Deaf community
- *because of their deafness, Deaf women who are victims of Spousal violence are doubly isolated and deprived
- *few or no intervenors in either public or community organizations have the twin expertise required (in deafness and in Spousal violence) to work adequately with such women
- *the language intervention methods normally used in dealing with Spousal violence are not adapted to the culture and methods of communication of Deaf women (too many abstractions, insufficient visual aids, unknown words, etc.)
- *shelters for women victims of violence are virtually inaccessible to Deaf women because of the lack of necessary equipment (tty's/tdd's, decoders, light indicators etc.) And staff trained in deafness issues.

M-4 Expanded Mental Health Care for The Deaf Rehabilitation and Prevention

U.S. Department of Health, Education, Welfare

The project described in the current report which ran from 1966 to 1969 demonstrates the feasibility of adding preventive and rehabilitative services to a mental health program for the deaf so as increased the effectiveness of the entire program.

In providing psychiatric services for the deaf in New York State, the Department of Mental Hygiene, represented by the New York State Psychiatric Institute and Rockland State Hospital, had by 1966 established comprehensive inpatient and outpatient units for treatment. Under the expanded organization represented by this new project, rehabilitation services for inpatients begin when the patient enters the hospital. Social worker and the rehabilitation counselor work with family and community agencies to pave the way for social and vocational acceptance of the deaf patient. Halfway house facilities are tested while the patient is still in the hospital and are used after discharged as a bridge to the community. Close liaison with state vocational rehabilitation counselors ensures smooth transfer to employment status. Similar facilities are available to clinic patients.

On the preventive level, consulting services at school for the deaf are supplemented by group therapy for students, group counseling for parents, and discussions with teachers and cottage personnel.

The program's success is measured not only by the number of patients rehabilitated who otherwise would have become chronic hospital inmates, but also by the degree of community cooperation elicited and the increasing awareness of mental health needs of the deaf throughout the country.

M-5 Counseling with Deaf People

Edited by Allen E. Sussman and Larry G. Stewart
Deafness Research & Training Center

M-6 Children and Youth with a Hearing Loss: Promoting Mental Health

Health Canada

This handbook contains excerpts from the book Children and Youth with A Hearing Loss: Promoting Mental Health,(Health Canada, 1994). Both documents were prepared by interdisciplinary group of professionals working with Deaf and Hard of Hearing

children and youth across Canada. Special thanks are extended to members Cheryl Gibson and John Anderson for their work in compiling this summary.

Children and Youth with A Hearing Loss: Promoting Mental Health is a resource book which provides information for mental health professionals, health professionals, educators, and organizations serving the mental health needs of Deaf and Hard of Hearing children and youth and their families.

Many of the topics which are discussed in Children and Youth with A Hearing Loss: Promoting Mental Health are summarized very briefly in this brochure. Please refer to the book for a more through treatment of any of these subjects.

M-7 Behavior Disorders of Children & Adolescents Assessment, Etiology, And Intervention

Marilyn T. Erickson

The purpose of this book is to introduce undergraduate and beginning graduate students to the developmental and behavior problems of children and adolescents, as well as to the clinical methods for assessing and treating these problems. The primary goal is to present an overview that relates past and present trends to future directions; thus the book contains a variety of theoretical and clinical approaches to children's psychological problems. Another goal is to discuss the methods used to obtain information about children's development and behavior problems and also the difficulties of evaluating and interpreting this information. The final goal is to familiarize students with major types of children's psychological problems as related to their assessment, etiology, and treatment.

The first half if the book contains general information about assessment methods, theories and research on etiology, and approaches to treatment. The second half contains comparable specific information that has been obtained about children and adolescents with specific types of behavior problems. The student should be aware that the population of children and adolescents with behavior disorders may be subdivided in a variety of ways; the diagnostic system used in this book is based primarily on the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders.

For this third edition, several of my current and formal doctoral students agreed to join me in revising and updating the book. I am especially appreciative of their significant timely contributions: chapters 2 and 3- Thresa Parr, M.S., Clinical Psychology Intern, University of North Carolina School of Medicine; and Barry Rand, M.S., Clinical Psychology Intern Hall Institute, University of South Carolina School of Medicine; chapters 6 and 7- Lyn Vinnick, Ph.D., Assistant Professor of Clinical Psychology in Psychiatry, Columbia University College of Medicine; chapter 8 Beth Wildman, Ph.D., Associate Professor, Psychology Department, Kent State University; chapter

9-Andrew Bondy, Ph.D., Director Delaware Autism Program & President, Pyramid Educational Consultants; chapter 10- Sharon Carmanico, Ph.D., Staff Psychologist, Virginia Learning Centers; chapter 11- Cassandra Stanton, M.S., Clinical Child Psychology doctoral student, Virginia Commonwealth University; chapter 13-Joni Mckeeman, Ph.D., Clinical Assistant Professor; Pediatrics Department, University of North Carolina School of Medicine; chapter 14-Anthony Spirito, Ph.D., Associate Professor, Psychiatry Department, Brown University School of Medicine; and Emily Smith Rappold, Ph.D., Coordinator of training, Mental Health Center, Gallaudet University.

Most books require an extended period of devotion by the author, and this is one is no exception, having been written in parallel with many other activities of academic life. In a larger perspective, however, an author's work is the result of a much longer history of contact with the research literature and interactions with specific individuals. I am particularly indebted to Lewis Lipsitt, Judy Rosenblith, Harrie Chamberlin, and the late John Hill for their lasting influence as mentors and colleagues.

M-8 Intentional Interviewing and Counseling Facilitating Client Development in Multicultural Society

Allen E. Ivey

This practical book shows beginning counselors and therapists how to conduct effective interviewing using Allen Ivey's original micro skills approach. Following the discrete, easy-to-master steps in this book, you'll learn:

- *How to listen, influence, and structure an effective interviewing session
- *How to conduct a full interview using only listening skills
- *How to adapt micro skills and interviewing plans to meet the needs of multicultural clients
- *How to analyze your own natural style of helping and assess its impact on your clients
- *How to conduct an interview that facilitates client development-and how to measure that development
- *And much more!

We are her advocates because we are two of the people who know her best and we want the best for her. The long range goal is for Cara to become her own advocate.

People who are Deaf blind have been important contributors to Canadian Society. It will be a better community that provides integration and inclusion for all. Cara's community

is certainly richer because she and her Intervenors are involved.

M-9 Crisis Intervention Strategies

Burl E. Gilliland Richard K. James

This book teaches helping professionals the skills and procedures they need to handle crisis. With the first edition of this comprehensive book, Burl Gilliland and Richard James created a model that gives students and practitioners a systematic way of dealing with people in crisis. Upon this model the authors then built specific strategies for handling a myriad of different crisis situations-in many cases right down to providing the dialogue that the nurse, minister, police officer, counselor, or other practitioner might have with the one person in crisis.

In this third, updated edition, the authors take a look at cutting-edge topics such as the long-term impact of childhood sexual and/ or physical abuse on victims, the impact that substance abuse has on families of the abusers, and the impact codependent relationships have on people.

This practical book uses real case studies to present crisis intervention and therapeutic techniques for a broad range of situations. By “crises,” the authors are not talking strictly about dramatic public situations that require professional intervention; they are referring to the kinds of personal crises that most often compel people to seek help. These authors combine innovative techniques with current research to explain the most contemporary approaches to crisis intervention. The wide use of case studies and dialogues allows readers to experience what the crisis worker experiences.

M-10 Counseling with Deaf people Deafness Research & Training Center

Allen E. Sussman and Larry G. Stewart

M-11 Counseling Parents of Hearing Impaired Children

David Luterman, D.Ed.

Counseling Parents of Hearing Impaired Children is the outgrowth of Dr. David Luterman’s personal experiences in working with therapists, parents, and children, while directing a parent-centered nursery program for hearing impaired children. Dr. Luterman explains how he has been able to help parents face the reality of their child’s deafness

and, in turn, teach them to cope with and manage their child's special needs, as well as their own. The book focuses on how the counselor can help the child and his parents, encompassing the child's psycho social status, the child's relationship with his parents, and the parents' difficulties in accepting their child's handicap. The author recognizes the individual differences and circumstances of every parent-child relationship and therefore does not prescribe any one system, nursery program, or communication mode for all hearing-impaired children. Instead, he helps counselors learn to work with parents in establishing a comfortable and workable program for everyone involved in the therapeutic process.

The book begins by describing the characteristics and identifiable manner in which all parents react upon learning about their child's hearing problem. Parental expectations, the professional's role, and counseling the parent discussed with sensitivity and insight. The book then provides an in-depth investigation into the kinds of programs that can be developed for the parent and the difficulty in establishing some of them. A large section of the book explores relationships between family members of a household in which there is a deaf member, including husband-wife relationships, parent's-grandparents relationships, relationships with siblings and the special relationship between deaf parents and their deaf children. The author also examines the relationship between parents and educators, and the public law 94-142.

Behind every set of headphones there is more than a pair of ears-there is a human being. Counseling Parents of Hearing Impaired Children helps audiologists, speech therapists, and students to reach the most influential and important therapists in deaf children's lives -their parents.

MG-1 Canada Youth & AIDS Study

New Brunswick Report

Queens University at Kingston

This study was undertaken to stimulate the improvement and development of educational and social programs designed to prevent the spread of acquired immunodeficiency syndrome (AIDS) and other sexually transmitted diseases (STDs) among adolescents. The study was funded by the National Health Research and Development Program (NHRDP) of Health and Welfare Canada. It was conducted in collaboration with the

Federal Center for AIDS and members of the Expert Interdisciplinary Advisory Committee on Sexually Transmitted Diseases in Children and Youth.

The study's findings are presented in several documents. The national findings are presented in a report entitled. Canada Youth and AIDS Study. Details about the research design will be contained in the Canada Youth AIDS study: Technical Report which will be available in July 1989. Detailed findings about the street youth will be a separate report, Street Youth and AIDS, which will be available in June 1989. Finally, the New Brunswick findings are presented in this report for distribution to study participants and key individuals and organizations within the province.

The New Brunswick report was prepared by Richard Beazley in collaboration with Alan King and Wendy Warren. It expands the findings that were presented in the Canada Youth and AIDS Study report (A.C.J. King, R.P. Beazley, W.K. Warren, C.A. Hankins, A.S. Robertson and J.L. Radford, 1988).

Without the dedicated efforts of the Canada Youth and AIDS Study's New Brunswick Coordinator, Dr. Barry Miller, and the cooperation of many institutions, organizations, parents and youth, it would be impossible to collect data on these especially sensitive topics within the very tight time constraints under which we worked. The research team is grateful for their efforts.

MG-2 AIDS/HIV Education Developing Policies and School-Community Partnerships

Canadian Association of School Administrators

The material contained in this publication is offered as a resource to educational leaders in Canada. The Federal Center for AIDS and the Canadian Association of School Administrators do not necessarily agree with all the advice contained herein. However, the information is viewed as worthy of consideration by educators as they continue their efforts to prevent the spread of the disease.

MG-3 Federal/ Provincial/ Territorial Working Group on Confidentiality in Relation To HIV Seropositivity November 1988
Health and Welfare Canada

Questions surrounding HIV testing and reporting highlight the need for a balance between two competing objectives: protecting the public from an incurable disease and protecting the rights of the individuals who are being tested.

This discussion document outlines basic guiding principles which would enable sound public health measures while ensuring that the rights of the individual are protected.

These principles are intended to apply to all individuals who are tested for HIV infection, and not only those who are found to be HIV positive or those who have developed clinical AIDS.

This paper does not attempt to address the seroprevalence research component of HIV testing but focuses on testing of individuals.

MG-4 First Aid The Vital Link
The Canadian Red Cross

This manual is a reference for the Red Cross First Aid courses, Standard and Emergency First Aid, and should not be considered a substitute for an up-to-date first aid training course.

MG-5 Health Care Related to Abuse, Assault, Neglect and Family Violence Guidelines

Health and Welfare Canada

The guidelines that follow on "Health Care Related to Abuse, Assault, Neglect and Family Violence, 1989" are one of a series of publications produced under the direction of the Subcommittee on Institutional Program Guidelines. Publications in this series provide a consistent definition of requirements for planning and administering a wide range of special services and programs in health institutions.

In general, guidelines are based on information, knowledge, experience, research and expert opinion from health professionals and organizations throughout Canada.

Additional material is often obtained from national and international health organizations, and from other experts knowledgeable in the subject. In this way many Canadians from across the country can contribute to the guidelines, and a consensus on the suggested approach can be achieved.

MG-6 Deaf Patients Special Needs Special Responses

Written and Developed by Lorraine DiPietro

Deafness is a fact of life for an estimated 1,800,000 Americans. Because of their deafness, these Americans are unable to hear and / or understand spoken sounds. While these statements are simple enough on the surface, they convey two important realities for you as a health professional: 1) the incidence of deafness is high enough that you will probably provide nursing care for several deaf patients during your nursing career; 2) because deaf patients cannot hear you speak, you will have to adapt your usual communication modes.

MG-7 THE INTELIGENT PATIENT GUIDE TO BREAST CANCER

Ivo Olivotto MD

karen Gelmon MD

Urve Kuusk MD

MG-8 QUESTIONS TO ASK ABOUT BREAST CANCER

What you need to know

Canadian Cancer Society

MG-9 NUTRITION AND BREAST CANCER

What you need to know

Canadian Cancer Society

MG-10 QUESTIONS AND ANSWERS ON BREAST CANCER

A guide for women and their physicians

2nd edition

Based on The Canadian Clinical Practice Guidelines for the Care and Treatment of Breast
Cancer
Health Canada

MG-11 HEALTH RENEWAL

Report from the Premier's Health Quality Council
New/Nouveau Brunswick
Canada
January 2002

**MG-12 A HEALTH CARE NEEDS ASSESSMENT OF THE HEARING
IMPAIRED POPULATION OF ALBERTA**

Shelly Carver and Michael Rodda
(Assisted by Sara yarwood)
Western Canadian Center of Specialization in Deafness
Department of Educational Psychology
University of Alberta December, 1988

MG-13 CPS Compendium of Pharmaceuticals and Specialties

Thirty-First Edition
Canadian Pharmaceutical Association 1996