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EDITORIAL: STOP THE INSANITY

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Albert Einstein is quoted as saying, “Insanity is doing the same thing over and over again and expecting different results.” If we use Einstein’s definition of insanity, many systems that deaf people encounter would be “insane.” Certainly, methods in deaf education would fall into that category. History shows us that deaf people have experienced little significant change in systems they encounter.

In 1999, Congress passed the Early Hearing Detection and Intervention Act and provided funding to assist states in screening the hearing of most newborn infants resulting in earlier identification of congenital hearing loss (Early Hearing Detection and Intervention Act, 1999). As of April 2005, thirty states and two United States territories have taken advantage of funds offered by the Centers for Disease Control to screen, evaluate, and provide intervention services, as needed, for newborns (Center for Disease Control, 2005). Early diagnosis serves to facilitate early intervention. The National Institute on Deafness and other Communication Disorders (2006) reminded the general public that the vital early childhood task of language acquisition, whether spoken or signed, can be better facilitated when hearing loss is identified early. Still, although deafness is being identified earlier, parents go through the same old systems. They see doctors and audiologists, few of whom are knowledgeable about the Deaf community. Stories written by deaf people long ago are easily rewritten today.

An editorial by Moores (2007) examined educational practices and assessment. In his commentary, Moores pointed out that many practices in education may seem logical “but many do not meet the research-based or scientifically validated requirements promulgated by No Child Left Behind” (p. 461). Breakthroughs in pedagogy and deafness appear to be few.

However, psychology and deafness has seen significant growth. In 2006, Dr. McCay Vernon received the Award for Distinguished Senior Career Contributions to Psychology in the Public Interest (Norman, 2006). His early contributions inspired significant reform in assessment of deaf people. Dr. Jeff Braden and a variety of others continue their research in fair and equitable

assessment of deaf people. Dr. Neil Glickman has authored a variety of noteworthy publications on psychotherapy and deafness. Certainly, these and other related publications represent advances in mental health and deafness. Yet, one phone call to an advocate or a visit with a deaf person in need of help reminds me that injustice and inequality in psychology and deafness are a daily occurrence.

This issue of JADARA contains three articles. The first, by Kendall, Gutman, and Rosenheck, examines mental health programs serving deaf adults across the United States. Clearly, in-patient psychiatric facilities that are culturally affirmative for Deaf people are relatively new phenomena. Such facilities represent a move away from the “insanity” that clouds mental health and deafness. The second article, by Mascia and Mascia, addresses the need for audiologists to work with vocational rehabilitation counselors. There is no doubt that cooperation between these two fields is long past due. Finally, the third article is by the Martin Seligman Student Research in Psychology and Deafness award winner, Jessica Rogers. Rogers, a master’s degree candidate in counseling at Gallaudet University, responded to a previous publication by MJ Bienvenu (2001) titled, “Can Deaf people survive deafness?” Her passion about advocacy and change in the field of counseling and deafness is apparent in her writing.

It seems that each publication that contributes to the field of deafness, whether a dissertation, a journal article, or a book, is a step towards stopping the insanity in our field. The American Psychological Association has a committee on disabilities, with several members focused on deafness issues. However, few other professional organizations have followed suit. Position statements on best practices for working with deaf people are often difficult to find. Thankfully, the National Association of the Deaf (NAD) has a position statement for mental health. Although the position statement is available to the general public, it is not found in the pages of journals outside of deafness. Thus, many practitioners outside of our field are often unaware of their ethical and legal obligations when working with deaf consumers. Looking at the past, it is clear that the status of mental health and deafness is much different in 2008 than it was in 1968. Thanks to the hard work of many in our field, systemic change has occurred in some geographic areas. Working cooperatively, we can improve deaf services, whether educational or psychological. With time and focused efforts I believe we can reduce the insanity that has been ever present in our field.

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