

REMOTE COUNSELLING SERVICES FOR DEAF PEOPLE IN FINLAND

David Barber, Finnish Deaf Association

I will talk about the "Handle" (Ripa) Sign Language Family Therapy Project.

In 2000-2002 the social- and rehabilitation department of the FAD implemented the first project, funded by the Slot Machine Association RAY. The project provided therapy in Sign Language as pilot work, and developed methods for therapy with Sign Language users. During the first stage of the project connections were established with actors working with the Deaf, as well as actors providing financial bonds and contracts of purchase. The conclusion of the first project was, that the need for therapy was great, and that therapy provided in Sign Language was very important for the Deaf.

The FAD applied for a continuation of the project, and was granted funding for 2003-2005 by the RAY for the project: Nationwide Therapy Services for the Deaf. The working name used was still Ripa, since it had become familiar to customers and partners. The project began within the social- and habilitation department, and moved in 2004, due to the organizational change of the FAD, to the Welfare Unit.

The project was named a steering group, consisting of the project employees and other employees of the FAD. The tasks of the steering group were to plan the activities of the project and to monitor and evaluate the implementation. The steering group met 21 times during the project.

The monitoring group of the project included experts in the field and persons representing the cooperation networks. The monitoring group supported and guided the project with its expertise. The monitoring group met a total of 8 times during the project.

PROJECT PLAN 2003-2005

The aim of the project was to develop the availability of therapy services in Sign Language to cover the whole country.

The goals were to:

1. Network the therapy services in SL to cover the whole country, in accordance with the experiences and model created during the previous RIPA-project.
2. To expand the existing service-network, familiarize the new employees with the methods, networks and practices of therapy, to

deepen cooperation with operators providing mental health- and therapy services, and to train new therapists providing therapy in Sign Language.

3. To support the parenthood of families and to promote a living environment which develops the child, and to network with operators in the field of children and youth.
4. To expand the distance interpreting provided via videophones.
5. To develop models for therapy based on visual thinking, suitable for Sign Language users or persons nearly lacking language. To provide material for therapy in Sign Language
6. To ensure therapy services through legislation.

The target group was Sign Language users (Deaf, deafened, severely hard of hearing) and their families.

IMPLEMENTATION AND RESULTS

The therapy services in Sign Language: individual- couple- and family therapy, were in the beginning offered by two psychotherapists in the Province of Eastern Finland and Jyväskylä as well as the Province of Southern Finland.

The positions of family therapists were made permanent in the FAD January 1st 2003. The project was expanded with one project employee November 1st 2003, responsible for Varsinais-Suomi (Southwest Finland), Satakunta and Pirkanmaa.

During 2003 the amount therapy services provided by the project were at their peak. Both customers and persons responsible for financial bonds had grasped the service. The operation had established itself: the weekly operation consisted of four days providing therapy and one other, and the facilities were also established.

The next graph shows different types of therapy over the years 2000 to 2005:

Individual therapy 569 times (incl. distance therapy via videophone 14 times)

Couples therapy 58 times

Family therapy 63 times

The total number of appointments 690

New customers during the year: 57 persons (in addition 23 old customers from the previous year)

The total number of customers receiving therapy services was 874, of which 24 via videophone (persons in couples- and family therapy included)

During the beginning of 2004 three persons were employed, two psychotherapists and one project employee. The situation changed Aug. 15. 2004, as one of the psychotherapists left her place of employment with the FAD and began working as an independent entrepreneur.

The change clearly had an effect on the numbers of therapy sessions, since only one psychotherapist was working under the financial bond system, of which Kela granted most. The project employee was still studying to become a therapist and could not produce therapy services within the financial bond system. She had a few customers through contracts of purchase with the basic municipalities and health care services.

In 2004:

Individual therapy: 324 times

Couples therapy: 26 times

Family therapy: 117 times

In total: 467 times

New customers: 56, customers from the previous year continuing: 12

Total number of customers in the area covered: 627 persons

In 2005:

Individual therapy: 246 times (of which 21 via videophone)

Couples therapy: 8 times

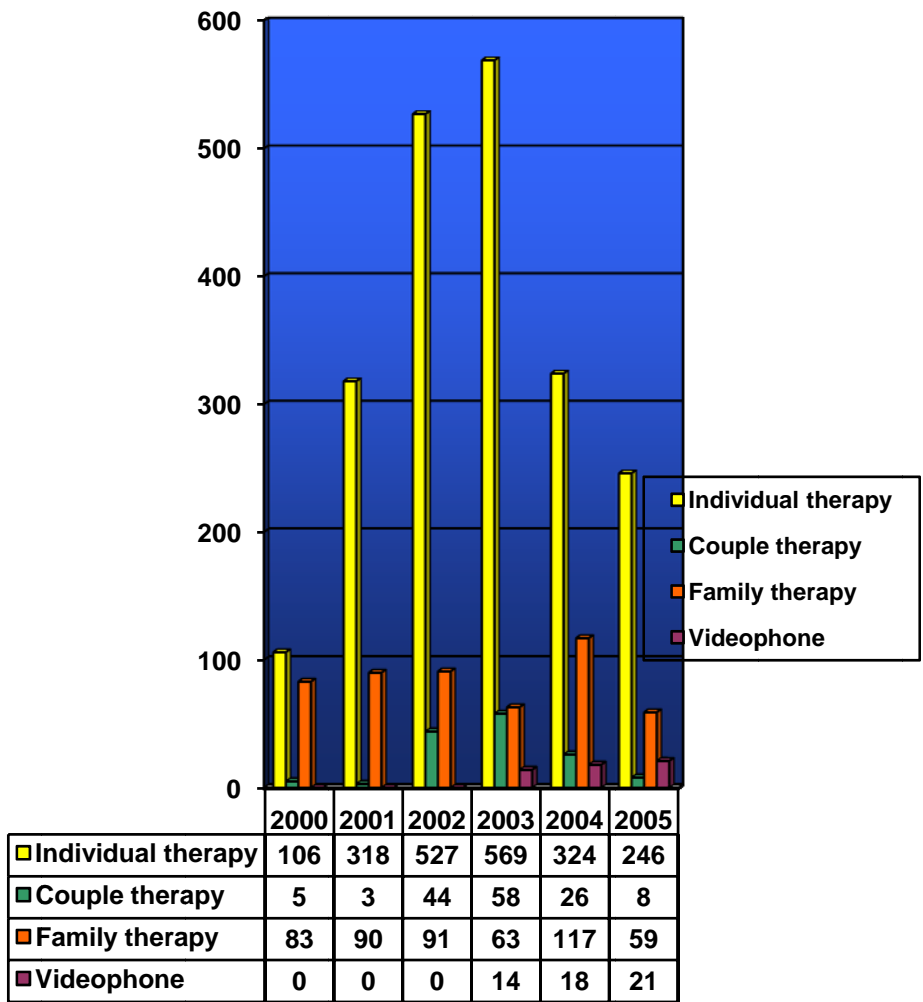
Family therapy: 59 times

In total: 313 times

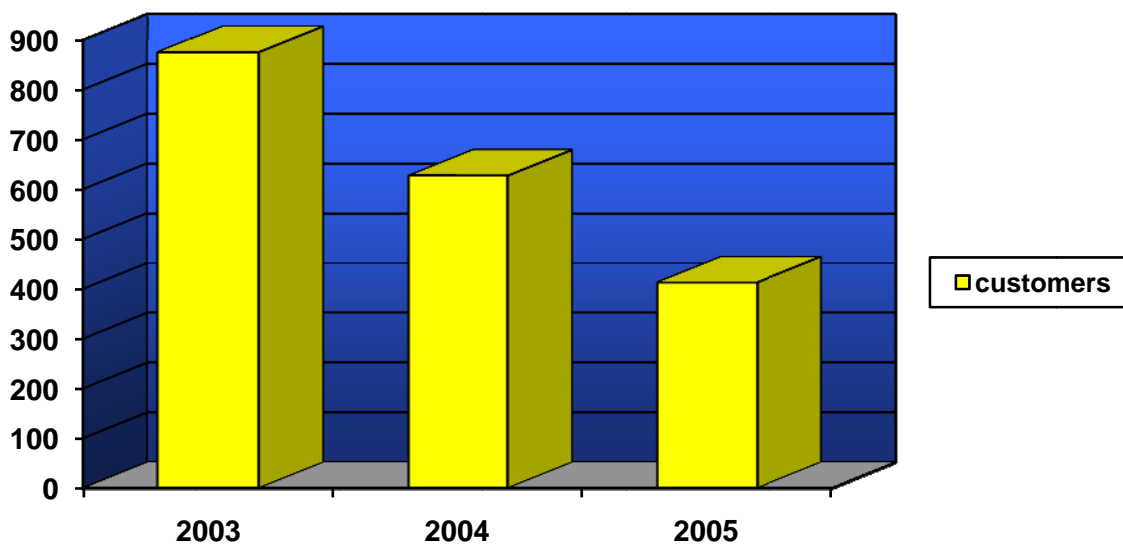
New customers: 38, continuing from the previous year: 8 customers

Total number of customers in the area covered: 413.

The organizational change in 2004 also affected the operation of the Ripa-project. In the beginning it was difficult to perceive the position of the operation in the new organization, which caused some confusion in the employees. The trainings and team-meetings of the new organization also took time from the actual therapy work.



Total number of Customers



The financial support came to some extent from the therapists, we also received funding from the national health insurance institution. There are

family counselling units, and other bodies which also agreed to pay for the therapy. In Finland the system is such if a person feels he/she needs therapy the person needs to go to a doctor for referral, and also for a financial bond. Then the person can go on with the therapy.

INFORMATION DISSEMINATION AND NETWORKING

Information was constantly disseminated by the Ripa project to the public services of the municipalities as well as producers of mental health services.

One important channel was the web pages of the project, located in conjunction with the FAD homepages.

The project employees held expert presentations or disseminated general information to the Deaf Clubs, educational facilities, courses and seminars.

The Sign Language Family Therapy Project RIPA 2000-2002 final report was published Sept. 29th 2003, in connection with a mental health seminar.

The project was internationally presented for instance by Olavi Lindfors in Austria, at the ESMHD European Congress in 2003, and the Mental Health and Deafness World Congress in South Africa in 2005. Also, Pirjo Leino presented the project at the WFD World Congress in Canada in 2003.

Cooperation was undertaken with psychiatric clinics, mental health clinics, the childcare section of the social services and the child- and family care clinics. Other partners were the student welfare workers at the schools for the Deaf and regional employees of the Deaf, especially the FAD rehabilitation counsellors.

A separate project was also undertaken in conjunction with the project, a survey mapping out the amount of psychiatric symptoms within the Sign Language using adult population and the perceived need for conversational therapy. The project was implemented in cooperation with the FAD and researcher Olavi Lindfors. The results have been published in written form as well as on the Internet: "Psyykkinen oireilu ja psykoterapian tarve viittomakielisellä aikuisväestöllä" (Psychiatric symptoms and the need for psychotherapy of the Sign Language using adult population).

SUPPORTING THE PARENTHOOD OF THE FAMILIES

During the project "voimavara"-courses ('resource-courses') were arranged with the FAD and Kela for Deaf parents and their children, as well as for Deaf and severely hard of hearing children and their parents in cooperation with Kuulonhuoltoliitto and Kela.

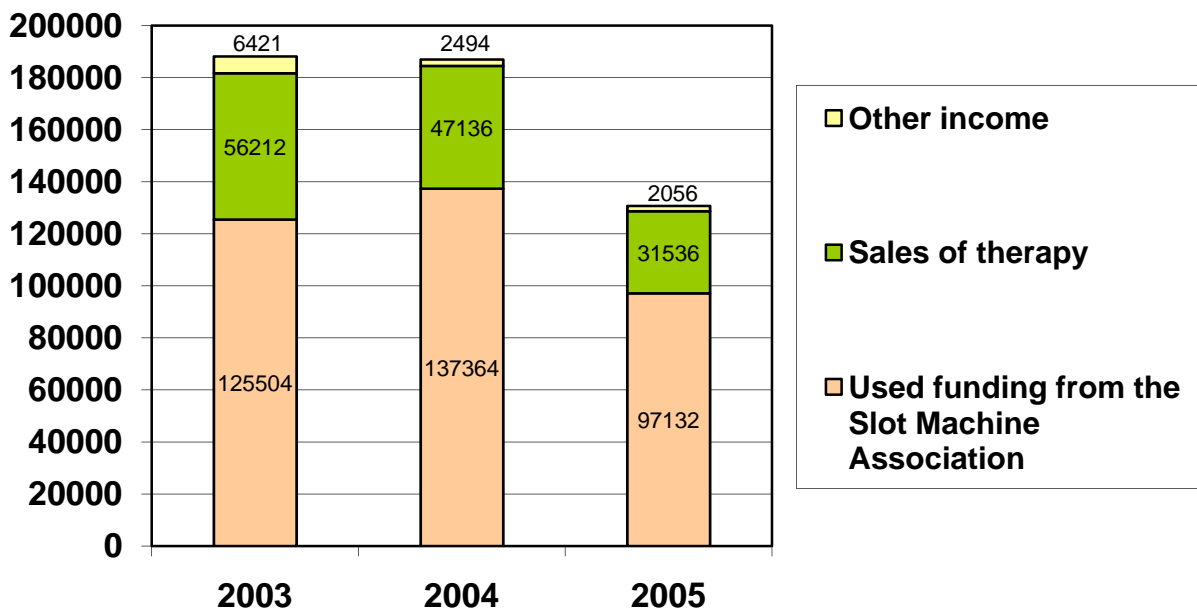
The courses were therapy-oriented; the families had daily therapy sessions with the therapists, as well as a parent-group with presentations relating to parenthood.

The aim of the joint activities of the parents was to strengthen the interaction between the parents and provide stimulus for every-day situations.

The joint activities of the families were art-, rhythm-, adventure- and storytelling workshops.

FUNDING OF THE PROJECT

The RAY funding covered most of the costs of the project. The sales income from the sale of services was less than anticipated. Because the



customers were dispersed all around the country, the production costs of the services were considerably higher than in a situation where the customers are in the same city as the therapist.

THOUGHTS ON THE RESULTS OF THE PROJECT

The aim of the project: to produce nationwide therapy services, was not achieved. There were no applicants to fill the vacancies for Sign Language

using therapists, so the positions were not filled. The educational scheme for new Sign Language using therapists was not realized either, due to the small number of applicants. Especially possibilities of the Deaf Sign Language Users to participate in the training were limited, due to the lack of basic training and working experience.

It was, however, possible to obtain therapy services in Sign Language in nine places, mainly in the central and southern parts of the country.

The option of distance therapy via videophone increased the geographical scope somewhat. It allows for therapy services in areas where no Sign Language using therapist can be found. The experiences were found to be good, and it is one of the possible models of operation worth developing in the future. Distance therapy cannot fully replace personal therapy. It also requires cooperation with the customer and the support network in his or her municipality or area.

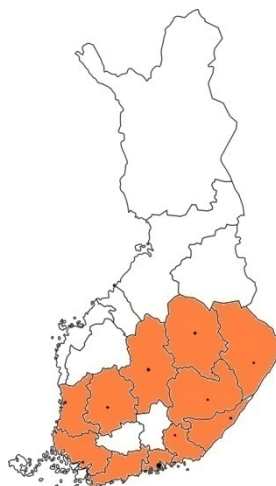
The Ripa-project has created a base for arranging nationwide therapy services in Sign Language and for meeting the needs of the customers. The need for therapy has become more visible as the project has progressed. Via dissemination of information, different actors have become more aware of the services provided by a Sign Language using therapist, where one has been available. The attitude of the customers toward therapy has changed, and the threshold for entering therapy has lowered. Today more and more Deaf persons seek out therapy themselves and find it a normal source of help in supporting their lives and deliberating their problems.

Regardless, one of the remaining problems is, that many Deaf persons need a long time to ponder, and a lot of support, in order to seek out therapy. Often the need for therapy is not considered necessary as a preventing measure, which often could help in avoiding larger and more difficult problems.

AVAILABILITY OF THERAPY SERVICES IN FINLAND

The map below shows places with available therapy services in SL Helsinki, Kouvola, Lappeenranta, Turku, Pori, Tampere, Jyväskylä, Kuopio and Joensuu. There are no services in the northwest and north of the country.

- Helsinki
- Kouvola
- Lappeenranta
- Turku
- Pori
- Tampere
- Jyväskylä



- Kuopio
- Joensuu

SUGGESTIONS FOR DEVELOPMENT

Therapy services in Sign Language in the future

The project arranged a brainstorming session in the late winter of 2005, on the subject "what comes after Ripa". The vision is to coordinate the cooperation of the organizations, as well as other actors and service providers in the field, to network the field in the best interests of the customer.

The conclusions of the brainstorming session was, that the RAY and the Ministry of Social Affairs and Health should be proposed the establishing of a resource-centre of welfare services for the Deaf in our country.

The target group for the services would be Deaf persons of all ages, their families, the Finland-Swedish Deaf, Deaf-blind and Deaf immigrants. The centre would also coordinate the research- and development activities in the field.

The accessibility of therapy services for the Deaf should be ensured to be equal to that of the hearing, with no financial bonds required in situations where cooperation with a doctor is not required and the customer is not in need of medical care.

By developing the legislation, the situation should be achieved, where access to therapy services in the mother tongue is not dependent on the funding readiness of the municipality of the customer. Sign Language users should have the possibility for therapy for instance in relation to relationship problems, family problems and so forth, in their own language, just as the hearing do.