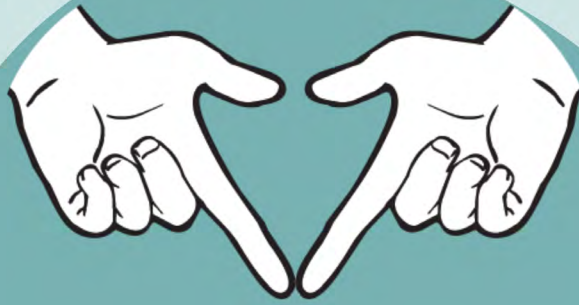


'TOUCH MY HEART' PROJECT



「輕觸我心」聾人精神健康計劃

A GUIDE TO SERVING DEAF AND HARD-OF-HEARING
PEOPLE FOR MENTAL HEALTH PRACTITIONERS

《聾人及弱聽人士精神健康服務：專業人士指引》

Acknowledgements

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We are grateful to the support of the donors, without which the project would not have been possible.

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「Touch My Heart Project - 輕觸我心」聾人精神健康計劃是一個由滙豐環球私人銀行及Asian Charity Services在2020年合作主辦，「心『腦』歷程·從『心』開始」的贊助項目。本指引是這個由語橋社會資源有限公司所呈獻的聾人精神健康計劃的一部份。承蒙滙豐環球私人銀行的客戶、BPEA EQT和顧積善堂慈善基金的支持，這個兩年計劃在2021到2023年間，為香港建立了嶄新的「手語雙語精神健康服務的模式」。

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Use of Terminologies in this guide

This guide adopts the following terminologies:

1. The term "deaf and hard-of-hearing (DHH) people" refers to persons with varying degrees of hearing loss regardless of their language preference and cultural background. It covers different clusters of the DHH population in Hong Kong, including those who (a) indicate a preference for speech, and spoken language in general, as the sole means of communication, (b) accept some signing additional to speech, and (c) adhere to sign language as the primary mode of communication, and (d) prefer to be perceived as bilingual in sign language and spoken language.
2. At various places in the report, the term "Deaf (D)" refers to hearing loss persons who not only subscribe to sign language but also a culture shared by members of the Deaf Community of Hong Kong.
3. The term "hard-of-hearing (HH) people" refers to a majority of DHH people with lesser degrees of hearing loss and who adopt speech as the primary mode of communication. Occasionally, some accept themselves to be characterised as "hearing impaired", and some may learn sign language during adulthood for more effective communication.

用詞定義

本指引採用以下用詞：

1. 「聾人或弱聽人士」指有不同程度聽力損失的人，不論他們的語言偏好或文化背景如何。這涵蓋了香港裏不同群體的聾人或弱聽人口，包括（a）偏好選用口語作唯一溝通方式的人士，（b）使用口語但有時附以手語的人士，（c）只使用手語作為主要溝通方式的人士，以及（d）偏好被視為手語和口語雙語使用者的人士。
2. 在英語版指引裏，有些地方會使用「Deaf (D)」，這個用詞專指部份有聽力損失的人士，他們不但認同手語，更支持香港聾人群體所共享的文化。
3. 「弱聽人士」專指大部份聽力損失程度較輕的聾人或弱聽人士，使用口語作為主要溝通方式。偶爾，他們有部份會接受被歸類為「聽障人士」，也有部份會在成年後學習手語以達致更有效的溝通。

CONTENTS

Introduction - P.6

簡介

1. What is the "Touch My Heart (TMH)" project? - P.8

1. 甚麼是「輕觸我心(TMh)」計劃?

1.1 Positive feedback from DHH clients, Clinical psychologists and Sign interpreters P.10

1.1 來自聾人或弱聽服務使用者、臨床心理學家和手語傳譯員的正面評價

2. Rationale behind developing this guide - P.12

2. 發展本指引的原因

2.1 Characteristics of the DHH population P.12

2.1 聾人或弱聽人士的特徵

2.2 Deafness in childhood and its impact on children's psychological development P.16

2.2 童年時的耳聾及其對兒童心理發展的影響

2.3 Deafness in adulthood and its impact on adults' socio-psychological development P.18

2.3 成年後的耳聾及其對社會、心理發展的影響

3. Current problems of mental health services for DHH people - P.22

3. 聾人或弱聽人士的精神健康服務的現存問題

3.1 Language barrier P.22

3.1 語言障礙

3.2 Inadequate tools reflecting cultural-linguistic adaptations P.22

3.2 已因應聾人語言和文化而調整的工具不足

3.3 Differences in the manifestation of symptoms P.24

3.3 症狀表現的差異

3.4 Difficulty in developing trust and privacy concerns P.24

3.4 難以建立信任及私隱憂慮

3.5 Socioeconomic limitations P.26

3.5 社會和經濟方面的限制

3.6 Difficulty in referral and arranging consultations P.26

3.6 轉介服務和安排會談的困難

3.7 Lack of awareness about the needs of the DHH population P.28

3.7 缺乏對聾人群體的需要意識

3.8 Unfriendly Social environment P.28

3.8 不友好的社會環境

4. Interim Conclusion - P.30

4. 中期總結

5. Development of mental health-related programmes for DHH people - P.32

5. 為聾人或弱聽人士發展的精神健康項目

5.1 How to address DHH people? P.32

5.1 如何稱呼聾人或弱聽人士?

5.2 General recommendations P.34

5.2 一般建議

5.3 Public education and group intervention P.50

5.3 精神健康公眾教育與小組介入

5.4 Individual therapy P.54

5.4 個別心理治療

6. Situation of mental health sign interpretations in Hong Kong - P.94

6. 香港精神健康手語傳譯情況

6.1 Current situation and challenges P.94

6.1 現時情況及挑戰

6.2 Ways to improve sign interpretation services in the mental health setting P.96

6.2 改善精神健康傳譯服務的方法

7. Concluding remarks - P.104

7. 總結

7.1 Vision for the future P.104

7.1 展望未來

7.2 Bridging the service gaps P.106

7.2 連接服務斷層

7.3 Attitude in therapy P.108

7.3 治療時的態度

7.4 Attending to social factors that contribute to the mental health of DHH people P.108

7.4 留意影響聾人或弱聽人士精神健康的社會因素

8. Acknowledgement - P.110

8. 鳴謝

9. Bibliography - P.116

9. 參考資料

10. Appendices - P.118

10. 附錄

Appendix A – An illustration about therapeutic relationships (in written Chinese) P.118

附錄一：治療關係圖解

Appendix B - Sample of communication background information attached to a referral letter (in written Chinese) P.119

附錄二：溝通背景資料表格樣本(可附在轉介信上)

Appendix C - List of video demonstration (in Cantonese with traditional Chinese subtitles) P.119

附錄三：示範影片列表

INTRODUCTION

According to the Hong Kong Mental Morbidity Survey 2010–2013, approximately 13% of the population experiences common mental disorders. DHH people are no exception, who constantly experience adverse situations owing to the general public's lack of awareness of their communication needs that differ from mainstream hearing society's. Indeed, the ratio of mental illnesses among DHH people is two to three times higher than that among hearing people. Moreover, family members of DHH people display a higher level of stress and anxiety owing to the associated social stigma and additional caretaking responsibilities.

However, mainstream professional training in Hong Kong, including mental health, seldom touches upon specific issues relating to DHH people. At the same time, the system of offering sign interpretation services is far from mature in Hong Kong, resulting in additional difficulties faced by therapists and professionals supporting the mental health needs of DHH people. Indeed, based on a survey with 196 DHH people conducted by the SLCO Community Resources (SLCO-CR) in August 2020, 56% (N=110) of the respondents were unwilling to seek public mental health services. Their primary concerns include privacy leakage, communication breakdown, insufficient mental health interpreting training of sign interpreters, and therapists' limited understanding of DHH people (see Section 6.1 for more details).

Some DHH service users revealed the unfavourable practices they had experienced previously, such as facing severe communication barriers when the therapy sessions were conducted only in speech supplemented with handwritten or text messages. Some DHH people, especially those with a signing background, felt that sharing personal experiences through text messages was hard. Neither could they divulge their feelings comfortably and naturally, nor could they obtain instant feedback and suggestions from the therapist. These practices reduce the quality of DHH people's therapeutic experience compared to hearing clients.

Relative to the existing monolingual approach, some DHH respondents prefer a sign bilingual approach to psychological services. According to them, support of sign interpretation or, better still, direct sign language communication with the therapists or psychologists will boost the effectiveness of the therapy tremendously. Indeed, many DHH service users failed to receive mental health services, promotion or educational activities due to communication barriers and information inaccessibility.

簡介

根據《2010 - 2013 年香港精神健康調查》，約有 13% 16-75歲的人口患有常見精神疾病，聾人或弱聽人士也不例外。他們的溝通需要別於主流健聽社會，公眾對此缺乏認識，因此聾人或弱聽人士經常面對各種逆境。事實上，受精神健康困擾的聾人或弱聽人士人數比健聽人士高出兩至三倍。而聾人或弱聽人士的家庭成員，因著照顧聾人或弱聽人士的責任，和社會對聾人或弱聽人士的污名化，都呈現較高水平的壓力和焦慮。

然而，在現時香港的主流專業培訓中，包括精神健康領域，甚少涉及有關聾人或弱聽人士的議題。此外，香港手語傳譯服務提供的系統尚未成熟，治療師和專業人士在支援聾人或弱聽人士的精神健康需要時，往往會面對額外的困難。根據語橋社於 2020 年 8 月對 196 位聾人或弱聽人士進行的調查結果，56% (N=110) 的受訪者不願意接受公共精神健康服務。受訪者主要的憂慮是擔心私隱洩漏、溝通不良、手語傳譯服務培訓不足、治療師對聾人或弱聽人士理解有限等（詳情請見第 6.1 節）。

部分聾人或弱聽服務使用者透露了一些他們不大如意的經歷，例如在治療時僅使用口語溝通、或輔以手寫文字或文字訊息，讓他們面對嚴重的溝通障礙。尤其是有手語背景的聾人或弱聽人士，他們覺得純以文字分享個人經歷非常困難，一方面難以通過文字完整且自然地分享自己的感受，另一方面，也難以獲得治療師的即時回應和建議。這些情況令聾人或弱聽人士所接受的治療質素，沒有健聽人所接受的好。

相較現時的單語方式，有些聾人或弱聽受訪者更傾向以雙語，即同時運用手語和口語的方式，接受精神健康服務。他們認為，不論是透過加入手語傳譯服務，或更理想地，直接與治療師或心理學家以手語溝通，都可以大大提高治療的有效度。事實上，很多聾人或弱聽服務使用者基於溝通障礙和獲取資訊的困難，未能得到精神健康服務，也較難接收到精神健康的宣傳或教育活動的相關資訊。

1. WHAT IS THE "TOUCH MY HEART (TMH)" PROJECT?

To provide more accessible and deaf-friendly services, the "Touch My Heart" project was launched by the SLCO-CR in January 2021. This innovative mental health project lasted two years, aiming to explore ways to benefit DHH people's mental well-being in Hong Kong.

Specifically, ways of organising direct services to DHH people and their families, including individual therapy and group intervention, were designed and implemented to achieve optimal results. Before the service, all frontline service providers were trained in the knowledge, skills, and attitudes needed when providing mental health services for DHH people. For example, clinical psychologists and instructors for workshops or group interventions were invited to receive training in deaf awareness to understand the communication needs and culture of DHH people. They were also exposed to some basic sign language in cases where their clients came from the signing sub-community.

One vital aspect of the project was to enrich the professional practices by developing a "Sign Bilingual Mental Health Service Model" in collaboration with the clinical psychologists of StoryTaler, to echo the requirement of information accessibility in therapy. This model emphasises the importance of an accessible environment to support the therapy of DHH people whose primary mode of communication is sign language. Hopefully, this model removes communication barriers and fills the gaps in mental services for DHH people.

A 60-hour mental health sign interpretation training programme was also developed for the first time in Hong Kong and offered to 13 sign interpreters. The training programme also was followed by a sign interpretation practicum for the trained sign interpreters to use the interpretation skills in individual psychotherapy sessions supervised by sign interpreters who had received training in mental health sign interpretation overseas. This training aimed to strengthen their knowledge and skills regarding sign language use in different mental health services settings, ethics and boundaries, interpersonal skills, interpretation skills, self-care and self-awareness, to better cooperate with mental health practitioners professionally.

The project involved Deaf adults with special education or sign interpretation training in project administration, promotion through different channels, setting up therapy venues and facilities, etc., and development of the sign bilingual service model, including the training for psychologists, translation of screening tests, sign interpretation, and conducting of public talks as well as many other professional activities. Their contribution from the perspective of DHH people is invaluable throughout the whole process of project development, with insights into how to set up deaf-friendly practices, whether through signed or spoken language.

1. 甚麼是「輕觸我心 (TMH)」計劃？

為了提供更為通達，以及聾人友善的服務，語橋社於 2021 年 1 月推出「Touch My Heart Project - 輕觸我心」計劃。這項全新的精神健康計劃為期兩年，目標是探索可以讓香港聾人或弱聽人士身心健康得益的方法。

此計劃特別為聾人或弱聽人士及其家庭成員提供的直接服務，包括個別治療和小組介入。這些方法經過專門設計及推行，以達至最佳效果。在開展服務前，所有前線服務提供者都會接受相關培訓，從而具備為聾人或弱聽人士提供精神健康服務時所需的知識、技能和態度。例如，臨床心理學家和工作坊或小組介入的導師受邀接受有關聾意識的培訓，以了解聾人或弱聽人士的溝通需要和文化。他們也接觸了基本手語，以服務一些使用手語的小群體。

此計劃其中一個重要範疇，是與「說書人 (StoryTaler)」的臨床心理學家合作發展出「手語雙語精神健康服務模式」，以豐富當中的專業實務，在治療中達致資訊通達的要求。無論聾人或弱聽人士主要是使用口語還是手語溝通，這服務模式強調無障礙環境的重要性，以支援他們的治療。但願這個模式能為聾人或弱聽人士，在精神健康服務裏消除溝通障礙和填補服務空隙。

香港首個 60 小時的精神健康手語傳譯培訓課程也在「輕觸我心」發展出來，為 13 名手語傳譯員提供了培訓，以及讓他們在實習中支援個別心理治療。實習由在外國接受過專業精神健康傳譯培訓的傳譯員作督導。培訓旨在加強他們的相關知識和技能，包括不同精神健康服務場景中的語言使用、道德與界線、人際交往能力、傳譯技巧，當中也涵蓋自我照顧和自我意識，以促進他們與精神健康服務提供者的專業合作。

受過聾人教育和手語傳譯培訓的成年聾人，參與了計劃中的行政工作，包括不同渠道的宣傳設計，與及治療場地及設施的建立等等。他們也參與了發展手語雙語服務模式的工作，包括臨床心理學家的培訓、翻譯心理篩查量表、進行手語傳譯、以及舉辦公開講座和其他專業活動。他們以聾人或弱聽人士的角度，對整個計劃的發展給予寶貴的建議，不論是透過手語還是口語，建立聾人友善的服務方法。

1.1 POSITIVE FEEDBACK FROM DHH CLIENTS, CLINICAL PSYCHOLOGISTS AND SIGN INTERPRETERS

The clinical psychologists of the project think the project serves as a model for other mental health service providers who are looking to improve their cultural competence and provide more inclusive care to clients from diverse backgrounds, beginning with the DHH community. They point out that mental health service providers might be unsure of themselves when meeting a service user with a different language, culture and upbringing from their own, and while many of them did not have the experience of serving the DHH population, the project and the guide help ease their burden and stress.

Regarding the impact of the project and the guide could have on the community, the project clinical psychologists recognise the project for addressing a significant service gap in the healthcare system. It also respects DHH individuals' right to gain access to equal quality service as hearing individuals do by providing culturally and linguistically sensitive care. This hopefully promotes greater awareness and understanding towards mental health, which in return reduces stigma around mental health and related services within the DHH population.

Sign interpreter is another important party of the project. Serving as the bridge between clinical psychologist and DHH service users, the project sign interpreters agrees that the project fosters mental health service providers' understanding of the psychological and communicative needs of DHH population and the work of sign interpreters. Meanwhile, it is also observed that sign interpreters without mental health interpretation training may not be aware of the delicate art of interpretation needed particularly in the psychotherapy environment. The project, in particular the interpreter training programme, deepens sign interpreters' understanding of necessary skills needed in supporting a therapy session. Being the first local mental health interpretation training, it is fruitful for any sign interpreter who wants to pursue a career in concerned field.

1.1 來自聾人或弱聽服務使用者、臨床心理學家和手語傳譯員的正面評價

「輕觸我心」的臨床心理學家認為，計劃可作為模板，讓希望增進自身文化勝任力（cultural competence），和希望為不同背景的服務使用者提供更共融的服務的精神健康服務提供者，可從聾人或弱聽群體開始。他們指出精神健康服務提供者，在跟和自己有著不同語言、文化及教育的服務使用者會面時，或會對自己沒有信心，而許多服務提供者沒有服務聾人或弱聽人口的經驗，「輕觸我心」和本指引有助減輕他們的負擔和壓力。

關於「輕觸我心」和本指引對於社群的影響，「輕觸我心」的臨床心理學家，認可計劃處理了醫療系統裏重大的服務斷層。計劃也尊重聾人或弱聽人士獲得與健聽人士同等質素的服務的權利，提供具有文化和語言敏感度的照顧。希望這能宣揚更多精神健康的意識和理解，從而減少在聾人或弱聽人口裏，環繞著精神健康和相關服務的污名。

手語傳譯員是計劃裏另一個重要的部份。作為臨床心理學家和聾人或弱聽服務使用者的橋樑，「輕觸我心」的手語傳譯員同意，計劃促進精神健康服務提供者，認識聾人或弱聽人口的心理和溝通需要，以及手語傳譯員的工作。同時，沒有受過精神健康傳譯培訓的手語傳譯員，可能不會意識到心理治療環境裏獨有的、需小心處理的傳譯藝術。「輕觸我心」，尤其是傳譯員培訓計劃，加深手語傳譯對於支援治療過程必要技巧的理解。對於任何一位希望在相關領域發展事業的傳譯員，參與這次本地首個精神健康傳譯培訓，都是豐富的。

2. RATIONALE BEHIND DEVELOPING THIS GUIDE

This guide documents the practical skills and knowledge accumulated while implementing clinical psychological services (individual and group therapy) to DHH people and their family members. It serves as a reference for mental health service providers to raise their awareness about the needs of DHH people for more relevant and effective services.

The guide summarises the experience of frontline practices and accommodations which DHH people appreciate, alongside relevant research findings in Psychology, Sign Linguistics and Deaf Studies, Sign Interpretation, Audiology, ... etc., for enhancement of the professional capacity of service providers.



THEY ARE ALL DHH PEOPLE

2.1 CHARACTERISTICS OF THE DHH POPULATION

It is estimated in the Special Topics Report No. 63 in 2021 that about 246,000 DHH people in Hong Kong have different degrees of hearing loss, ranging from mild to profound levels in medical terms. Among them, 47,900 people reported that they had a lot of difficulty in hearing (44,300 people) or could not hear at all (3,600 people). This population adopts a wide range of communication modes, including sign languages (e.g. Hong Kong Sign Language, Chinese Sign Language, Taiwan Sign Language, and American Sign Language), spoken languages (e.g. Cantonese, English, and Mandarin), speechreading, written/text messages, and gesture. A DHH person's choice of mode of communication is usually determined by their hearing status, family composition, educational background, and identity.

Some DHH people are born with hearing loss, which is called congenital hearing loss. Some people acquire hearing loss after birth for different reasons, such as exposure to loud noise, ear infections, ototoxic medicines, and ageing. Generally, developing speech and language is more challenging for people with congenital hearing loss than those with acquired hearing loss. With the development of neonatal hearing screening, most children were screened for hearing loss a few days after birth. Once children are diagnosed with different degrees of deafness, they are prescribed hearing aids. Some children with more severe deafness undergo cochlear or auditory brainstem implantation surgery. No matter which type of hearing device, one should not assume that hearing technology can bring normal hearing back to DHH people.

2. 發展本指引的原因

本指引記錄了為聾人或弱聽人士及其家人提供精神健康服務時累積的實際技巧及知識（個別與小組治療），可供精神健康服務提供者參考，以提高業界對聾人或弱聽人士需要的意識，從而提供更合適而有效的服務。為此，本

指引總結了聾人或弱聽人士欣賞的前線服務經驗和調適，輔以臨床心理學、手語語言學、聾人研究、手語傳譯、聽力學等相關研究資料，以提升服務提供者的服務能力。



他/她們都是聾人或弱聽人士

2.1 聾人或弱聽人士的特徵

據香港統計處 2021年《第 63 號專題報告書- 殘疾人士及長期病患者》，全港有 246,200 名聾人或弱聽人士，當中有 47,900 人認為自己有很大聽覺困難（44,300人）或完全聽不到（3,600人）。從醫療角度，他們的聽力損失程度從輕度到深度不等。他們使用各種不同的溝通方式，包括手語（例如香港手語、中國手語、台灣手語和美國手語）、口語（例如粵語、英語和普通話）、讀唇、書寫 / 文字訊息和動作等。聾人或弱聽人士的溝通方式通常取決於其聽力狀況、家庭構成、教育背景和身份。

部份聾人或弱聽人士出生時已有聽力損失，被稱為先天性聽力損失。有些人因為不同原因，後天才有聽力損失，例如很大的噪音、耳朵受感染、耳毒性藥物及老化。一般而言，相對於後天聽力損失人士，有先天性聽力損失的人較難發展言語及語言。因應新生嬰兒聽力普查的發展，大部份兒童在出生後幾日內便接受測驗，檢查他們有沒有聽力損失。一旦兒童被診斷有不同程度的耳聾，他們會驗配助聽器。而有些聽力損失比較嚴重的兒童，在連串聽力學及醫學檢查後，則會接受人工耳蝸或腦幹植入手術。無論是哪種助聽儀器，我們都不應假設聽覺科技可將聾人或弱聽人士變回正常聽力。聾人或弱聽人士仍會在口語溝通中遇到困難，尤其當說話環境裏充滿噪音。讀唇、文字和動作都有助提升他們的語言理解。

DHH people may still experience difficulties in oral communication, especially when the speaking environment is noisy. Speechreading, written language, or gesture help enhance language comprehension.

It is estimated that approximately 3000 local DHH people use Hong Kong Sign Language (HKSL) in daily communication, while other DHH people may prefer spoken languages. This also implies that deafness does not necessarily mean an inability to speak, as the speech organs and articulators of DHH people are no different from hearing people. DHH people who prefer sign language as the primary mode of communication generally form a minority group in society who display a “Deaf culture” with a different set of values and cultural norms.

HKSL has an independent grammar distinct from Cantonese or written Chinese. This language is commonly used in the Deaf Community of Hong Kong, with lexical variation among different sub-groups. Many DHH people who primarily use sign language for communication consider themselves “different” from the hearing majority. They seldom perceive their hearing loss as an impairment or a deficit; instead, their difference is in using a different language – sign language. On the other hand, using sign language for communication also means they need sign interpretation when communicating with a non-signer. Unfortunately, there are insufficient sign interpreters in Hong Kong. As a result, it is not uncommon to find them experiencing communication barriers and difficulties in life, such as seeking medical attention and receiving education and training.

大約有 3,000 名有較大聽覺困難的本地聾人或弱聽人士會在日常生活使用香港手語交流，而其他聾人或弱聽人士可能更偏好使用口語。這也意味著，耳聾並不一定代表沒有口語能力，因為聾人或弱聽人士的發音器官與健聽人士無異。傾向主要使用手語溝通的聾人或弱聽人士，在社會裏組成一個少數群體，呈現出一套不同的價值觀和文化規範，被稱為「聾人文化」。

香港手語有著獨立的語法，與廣東話或書面中文都不同。這語言普遍在本地的聾人群體間使用，並在不同的聾人小群體中有不同的詞彙變體。主要使用手語的聾人或弱聽人士，很多認為自己與健聽這個大多數群體不同，他們傾向使用視覺方式溝通，甚少將自己的聽力損失視為障礙或缺陷，他們的不同只是使用不同的語言——手語。另外，他們使用手語溝通，代表他們在與非手語使用者溝通時，需要手語傳譯。不幸地，香港並沒有足夠的手語傳譯員，所以聾人或弱聽人士在生活裏遇到溝通障礙和困難並不罕見，例如在尋求醫療服務時，以及接受教育和訓練時。

2.2 DEAFNESS IN CHILDHOOD AND ITS IMPACT ON CHILDREN'S PSYCHOLOGICAL DEVELOPMENT

Over 90% of the DHH population are born of hearing parents, who may not be able to perceive their special needs readily, causing miscommunication and even familial estrangement. Hearing loss also implies a potential risk of inaccessible input for language development, and language deprivation during early childhood may negatively impact their social-psychosocial development and mental health. Consequently, DHH children generally experience miscommunication and even negligence. This is reflected by the rate of child abuse, which is higher among families with DHH and hearing members than among those with hearing members alone.

Clinical intervention with speech training mainly tunes them to using spoken language in communication without alternatives, such as exposing them to sign language, although their spoken language competency varies greatly. Nowadays, the government's inclusive education policy means that most DHH children receive education in mainstream schools through spoken language. Sign language support is not part of the policy, even if needed. This situation has resulted in DHH children experiencing difficulty in class participation, knowledge acquisition and peer relation development. In addition, inadequate educational opportunities often lead to their relatively low literacy skills, and their spoken language may not be optimal enough for them to articulate clearly and

effectively. Under these circumstances, DHH students may suffer from low academic achievement, poor social integration, and reduced opportunities for further education and employment. Stigmatisation or even discrimination arising from miscommunication also contributes to social isolation. Additionally, as DHH people sustain long-term stress that originates from society's attempt to "normalise" or "cure" their deafness through clinical intervention for them to integrate themselves into the hearing-dominated society, they can hardly fully develop an adaptive and healthy deaf identity, resulting in identity confusion.

Some DHH children are born into Deaf signing families whose parents adopt HKSL in daily communication. However, some Deaf parents may prefer to let their hearing family members or friends be the primary caregivers for their DHH children to ensure spoken language input for language acquisition. These DHH children enter mainstream or deaf schools under the current dual-track education system for students with special educational needs (SEN). Some Deaf parents seldom communicate with their children or be involved in their education owing to the communication barriers between the school and the parents. Only one deaf school remains in Hong Kong after 2007, and only DHH children with severe deafness are eligible for admission.

2.2 童年時的耳聾及其對兒童心理發展的影響

90% 以上的聾或弱聽兒童由健聽父母所生，而他們的父母可能未能輕易地理解他們的特殊需要，這導致溝通不良，甚至家庭隔閡。聽力損失意味著一個無法有效獲得語言輸入的潛在風險，影響語言發展。而幼兒時期的語言貧乏，對他們的社會心理發展和心理健康都會帶來負面影響。因此，聾童或弱聽兒童一般都會面對溝通不良，甚至被忽略的經歷。這在 Rochester Institute of Technology 2011 年的研究報告中反映，跟健聽兒童相比，兒童虐待在聾童或弱聽兒童的家庭中出現的比率較高。

言語訓練的臨床介入主要引導聾人或弱聽人士使用口語溝通，沒有讓他們接觸手語——使他們個別口語能力的差異非常大。因應現時政府的融合教育政策，大多數聾童或弱聽兒童都在主流學校透過口語接受教育，只是手語支援並非政策的一部份，縱然有這個需要。這個情況令聾人或弱聽學生在參與課堂、學習知識和

與同儕建立關係等均遇到困難。不足的教育機會，令聾童或弱聽兒童讀寫能力相對較低，而他們的口語能力又未能讓他們清晰、準確地表達自己。在這樣的情況下，可能引致聾人或弱聽學生學業成績不佳、難以融入社會，進修及就業機會減少。因溝通不良而產生的污名化，甚至歧視，也會引致社會孤立。此外，社會總是強調要聾人或弱聽人士「變得正常」，或透過臨床介入「治癒」他們的耳聾來進入一個大多數為健聽人士的社會，但這卻令他們長期遭受壓力，也難以完整地發展出健康和具適應性的聾人身份，甚或導致身份有所混淆。

出生於聾人手語家庭的聾童或弱聽兒童，他們的父母以香港手語作日常溝通。然而，一些聾人父母可能傾向把自己的聾人或弱聽子女交由健聽的家庭成員或朋友作為主要照顧者，以確保子女在語言習得階段能有口語輸入，但自己卻甚少與子女溝通，或因為與學校之間的溝通困難，甚少參與子女的教育。

2.3 DEAFNESS IN ADULTHOOD AND ITS IMPACT ON ADULTS' SOCIO-PSYCHOLOGICAL DEVELOPMENT

Deafness can occur after language acquisition for many reasons: ageing, illness, or accidents. This guide does not focus on the needs of people with age-related deafness. In such cases, adjustments of practices such as psycho-social and communicative adaptations to cater for DHH people are essential. Due to misconceptions about sign

language, most DHH people prefer spoken language to sign language. Given the diverse linguistic and educational backgrounds of DHH people, it is not uncommon to find that they vary significantly in speaking and writing abilities and face communication barriers in society.



As DHH adults, they face many challenges:

Family: Spoken language, though not always effective, is the primary mode of communication in the hearing families of DHH people. As they always face severe communication barriers or even isolation, inadequate family support and sometimes suppression would make DHH people more likely to become estranged from their family members when they grow up.

Education and Employment: Besides inadequate speech and language, many DHH people need stronger reading and writing skills to express themselves fully and accurately. According to the 2014 government statistics, only 6.1% of them are promoted to post-secondary education, compared to the 30.8% overall admission rate. Therefore, the need for higher educational opportunities, poor literacy skills and educational achievement are hurdles for DHH people when they try to secure employment with a

fair wage. Most of them only take up low-income jobs. About 47.2% of DHH people are economically inactive, bringing them lots of worries about their financial situation.

Sign Interpretation Support: There are only 56 sign interpreters on the Hong Kong Sign Interpreter List as of April 2023, which the general public and organisations can consult for paid sign interpretation services. While the list only covers a proportion of sign interpreters in Hong Kong, it remains a good reference when estimating the number of local sign interpreters available. However, where 3000 deaf people communicate primarily in sign language, the number of sign interpreters is barely adequate as positions of full-time interpreters are scarce. Therefore, Deaf people's failure to secure sign interpretation services is not uncommon.

2.3 成年後的耳聾及其對社會、心理發展的影響

在習得語言後，可能因為衰老、疾病或意外事故等不同原因，而出現聽力損失。雖然本指引不會集中討論老年聽力損失人士的需要，但對於他們，溝通上的調適至關重要。由於對於手語的誤解，聾人或弱聽人士大多數偏向在生活

中使用口語而非手語。基於多元的語言和教育背景，聾人或弱聽人士的口語及書寫能力存在巨大的個體差異，但同樣地在社會上面臨溝通障礙。



作為聾人或弱聽成年人，他們遇到很多挑戰：

家庭方面：縱然溝通起來並不經常有效，口語仍然是聾人或弱聽人士在健聽家庭裏的主要溝通渠道。由於他們經常面對嚴重溝通障礙，甚或出現孤立的情況，缺乏足夠的家庭支持，甚至有時受到來自家庭的壓迫，聾人或弱聽人士在成長後與家庭成員的關係就更容易變得疏離。

教育和就業：許多聾人或弱聽人士在說話及語言能力發展不足，就更需要加強閱讀或書寫能力來完整、準確地表達自己。根據政府 2014 年的數據，相對於 30.8% 的整體大專錄取百分率，聾人或弱聽人士只有 6.1% 能夠升讀專上教育。因此，除了升讀專上教育的需要，較低教育及讀寫水平也阻礙了他們找到工資合理的

工作，大多數只可以從事低收入工作。聾人或弱聽人士當中更有大約 47.2% 未有從事任何經濟活動，為他們帶來許多財政上的憂慮。

手語傳譯支援：截至 2023 年 4 月，香港手語傳譯員名單共有 56 位手語傳譯員，讓公眾及機構可直接聯絡他們，查詢付費手語傳譯服務。儘管名單只包含一部份香港的手語傳譯員，但它仍然可以作為不錯的參考資料，來估計本地手語傳譯員的數量。不過，與主要使用手語交流的 3,000 名聾人或弱聽人士相比，全職手語傳譯員的數量並不足夠。因此，聾人或弱聽人士無法預約到傳譯服務，仍然是經常發生的情況。

Social isolation: In a hearing-dominated society, spoken language is the norm in the major media, and most information appearing in news and press conferences is without live-captioning. Therefore, DHH people are generally marginalised in society because of their difficulty accessing public information or communicating with hearing people effectively.

Identity confusion: Deafness does not predict the identity of DHH people. Some DHH people experience stress when family members, unaware of their specific needs, try to “normalise” their situation such as adopting speech only in family communication. In some cases, family members are reluctant to learn sign language to support communication. In a society where DHH people are made to believe that they can never be tagged “deaf”, or “a sign language user”, Deaf culture or sign language becomes a social stigma. Instead, they are encouraged to live as a hearing person does, although they know they are not the same as them. Therefore, it is sometimes tricky, if not contradictory, for them to “fix” their identities or find a sense of belonging to any community. Nonetheless, a few manage to destigmatise sign language and start exploring a Deaf identity during adulthood.

社會孤立: 在這個健聽人士為主的社會中，口語是主流媒體默認使用的語言。大多數資訊在新聞和記者招待會舉行時都沒有配備即時字幕。聾人或弱聽人士因為難以獲取公共資訊，也難以有效地和健聽人士溝通，容易被社會邊緣化。

身份混淆: 耳聾並不能代表聾人或弱聽人士的身份。有些聾人或弱聽人士因為家人沒意識到他們的特別需要，為了讓他們「變得正常」，單一使用口語在家庭溝通，為他們帶來不少壓力。也有些家人對學習手語來協助溝通感到抗拒。社會氣氛令聾人或弱聽人士建立一種永遠不應被標籤為「聾」和「手語使用者」的觀念，聾人文化或手語對他們來說都變成了禁忌。他們總被鼓勵要像健聽人士一樣地生活，儘管他們知道自己實際上與健聽人士並不一樣。因此，確定自己的身份，或建立對某個聾人群體的歸屬感，對他們來說都顯得困難、甚或矛盾。儘管如此，仍然有少部份聾人或弱聽人士不接受手語被污名化，並開始在成年後探索聾人身份。

3. CURRENT PROBLEMS OF MENTAL HEALTH SERVICES FOR DHH PEOPLE

3.1 LANGUAGE BARRIER

Depending on DHH people's hearing levels, functional benefits of hearing devices and experience in undergoing speech therapy, spoken language may still be inaccessible or only partially accessible to them. In addition, effective communication and therapeutic rapport are challenging to establish if DHH people are requested to use a less preferred mode of communication or language during therapy.

Low literacy levels in written language adversely affect communication during therapy, which may deter DHH people from seeking and exploring mental health-related services, as they anticipate problems in comprehending information, reading and filling in self-assessment screening materials, or even making an appointment.

Sign language is accessible to some DHH people who are familiar with it. However, few mental health professionals in Hong Kong are trained in serving or counselling DHH people directly using HKSL. Under those circumstances, one solution is to seek sign interpretation support. However, the number of sign interpreters available is limited, and they come from diverse training backgrounds. Therefore, some DHH people are concerned about whether the interpreter can accurately relay their thoughts, feelings, and experiences to the therapist.

3.2 INADEQUATE TOOLS REFLECTING CULTURAL-LINGUISTIC ADAPTATIONS

Current screening and assessment tools commonly used by mental health service providers are developed based on the culture of the hearing community; thus, they are not adapted to satisfy the unique needs or

culture of the DHH community. For example, assessment tools in written language may not be fully understood by DHH people with low literacy skills, and a sign language version of these tools is unavailable.

3. 聾人或弱聽人士的精神健康服務的現存問題

3.1 語言障礙

聾人或弱聽人士的語言障礙程度視乎聾人或弱聽人士的聽力狀況，以及從助聽儀器或言語治療所得的幫助。口語可能對他們而言並不通達，或只是部份通達。在治療中若要求他們使用不合適的溝通模式或語言，會很難與他們建立有效的溝通和互信的治療關係。

他們較低的讀寫能力，不僅負面地影響治療裏的溝通，也令聾人或弱聽人士難以尋找和嘗試精神健康的相關服務，因為他們在理解資訊、閱讀和填寫心理篩查量表，甚至預約服務時，都會遇到不同問題。

手語對於懂得手語的聾人或弱聽人士來說是通達的。但在香港，極少精神健康服務提供者曾接受相關訓練，以香港手語直接服務或輔導聾人或弱聽人士。在這情況下，其中一個解決方法是尋求手語傳譯服務，但手語傳譯員人手有限，他們接受的培訓差異也很大。因此，有些聾人或弱聽人士擔心傳譯員能否向治療師準確地傳達他們的想法、感受和經歷。

3.2 已因應聾人語言和文化而調整的工具不足

目前精神健康服務提供者常用的篩查和評估工具，是建立在健聽群體的文化基礎上，並不符合聾人或弱聽群體的特殊需要和文化。例如，

部份聾人或弱聽人士可能難以完全理解評估工具中的書面語，但這些評估工具又尚未有手語版本。

3.3 DIFFERENCES IN THE MANIFESTATION OF SYMPTOMS

Numerous studies have suggested differences in the manifestation of mental disorder symptoms between the DHH and hearing populations. Lack of such awareness will lead to misinterpretation or over-diagnosis of psychiatric illness in DHH people. For example, many pre-lingually DHH people

are reported to see non-existent images, a symptom which highly resembles visual hallucinations in psychotic disorders. Therefore, more research is necessary to discover the mental disorder symptoms of DHH people.

3.4 DIFFICULTY IN DEVELOPING TRUST AND PRIVACY CONCERNS

Since the DHH population in Hong Kong is small, DHH people are concerned about disclosing their mental health issues to the service providers. These privacy concerns further discourage DHH people from seeking professional assistance.

Furthermore, DHH clients may have difficulty comprehending conversations between the mental health service provider and the sign interpreter during the therapy session, so they might feel uncomfortable being gossiped about.

Therefore, mental health professionals should make additional efforts to explain the importance of confidentiality to DHH clients during the initial consultation, alongside other relevant precautions to develop rapport and trust from DHH service users before they feel entirely comfortable opening up and sharing their feelings and experiences with a professional. A sign interpreter with no personal relationship with the DHH client is advisable.

3.3 症狀表現的差異

大量研究提出，聾人或弱聽群體和健聽群體在精神病呈現的各種症狀存在差異。如果欠缺相關的意識，會導致錯誤解讀或過度診斷聾人或弱聽人士的精神疾病。例如，看到不存在的圖像被認為是許多語前聾人共有的普遍現象，但其表現與精神病中的「幻視」非常相似。精神

健康服務提供者之間須要進行更多評估和討論，才能決定這種現象應否被考慮為，某種特定的心理疾病的症狀，還是聾人或弱聽人士的神經多樣性（Neurodiversity）和「文化」的呈現。這些聾人或弱聽人士在精神疾病中呈現的不同症狀，仍然需要更多研究去詳細了解。

3.4 難以建立信任及私隱憂慮

香港的聾人或弱聽群體很小，因此聾人或弱聽人士對於向服務提供者透露自己的精神健康情況仍然有憂慮。這些對個人私隱被侵犯的憂慮進一步阻礙聾人尋求心理輔導的協助。

此外，由於聾人或弱聽服務使用者無法理解精神健康服務提供者與手語傳譯員之間的口語對話的內容，他們也會擔心自己是否被說三道四。

因此，精神健康專業人士在與服務提供者的初次會談時，須多下功夫解釋保密原則和其他相關預防措施，以建立足夠的信任，讓聾人或弱聽服務使用者能夠完全自在地敞開心扉，專業人員表達自己的感受和經驗。所以，手語傳譯員和聾人或弱聽服務使用者之間最好沒有私人關係。

3.5 SOCIOECONOMIC LIMITATIONS

Many DHH people in Hong Kong face discrimination and limited employment opportunities. Hence, many have low-income jobs or face job instability, and such economic constraints make it difficult for them to seek mental health services.

Furthermore, the unaffordable service charge is a significant reason, in addition to communication barriers and other concerns. Therefore, DHH people with financial constraints would need financial support when seeking mental health services.

3.6 DIFFICULTY IN REFERRAL AND ARRANGING CONSULTATIONS

Few organisations in Hong Kong provide mental health services to DHH people. Additionally, DHH people may be concerned about referrals to mental health service providers who can truly understand their experiences, struggles, and needs. It is also

challenging to make time arrangements that match all parties involved (i.e., the DHH service users, therapists, and sign interpreters) when a signing DHH person requests a sign interpreter during the therapy session.



3.5 社會和經濟方面的限制

由於資訊不通達和溝通障礙，許多香港的聾人或弱聽人士都面對歧視和有限的工作機會，以及隨之而來的低收入或就業不穩定的問題。除了溝通障礙和其他憂慮，這種經濟困難使他們

難以尋求精神健康服務，主要因為相關服務費用難以負擔。所以，當經濟拮据的聾人或弱聽人士決定尋求精神健康服務時，他們需要經濟支援。

3.6 轉介服務和安排會談的困難

香港為聾人提供精神健康服務的機構不多。因此，聾人或弱聽人士關注他們能否被轉介至真正了解他們經歷、掙扎和需要的精神健康服務提供者。另外，如果會談時聾人或弱聽人士需

要手語傳譯，要安排三方皆合適的面談時間也不容易（聾人服務使用者、臨床心理學家和手語傳譯員）。



3.7 LACK OF AWARENESS ABOUT THE NEEDS OF THE DHH POPULATION

Since DHH people account for a minority of mental health service seekers, various mental health service professionals might lack the relevant awareness about the specific needs of DHH people, including the hard-of-hearing people who mainly communicate in spoken language or Deaf people who primarily use sign language.

Inadequate knowledge about DHH people also implies that the therapy sessions may not be well-designed to meet their special needs, resulting in discomfort and inconvenience, thus further deterring DHH people from seeking mental health services.

Therefore, mental health service professionals need to appreciate the specific needs of the various groups of DHH people and modify their communication strategies to achieve a DHH-friendly environment during therapy.

3.8 UNFRIENDLY SOCIAL ENVIRONMENT

The mental health issues of DHH people might stem from society's unfriendly environment. For example, society might still hold prejudice against DHH people and label them as "causing trouble and inconvenience". Such labelling effects and social stigma in society might further worsen the mental health of DHH people.

For instance, some clinical psychologists in our programme reflected that some of their DHH clients had previously experienced unpleasant treatment when they sought professional treatment. Unaware of the special needs of DHH people, especially their preferences for a specific mode of communication, the therapists showed embarrassment and sometimes frustration when their DHH clients misunderstood their messages and failed to respond appropriately. Such an atmosphere might deter DHH people from seeking help for fear of being traumatised.

3.7 缺乏對聾人群體的需要意識

一般來說，聾人或弱聽服務使用者是尋求精神健康服務者裏的小眾。因此，各種精神健康服務的服務提供者，都可能缺乏相關的意識，包括主要使用口語的弱聽人士的特定需要，和使用手語聾人的文化需要。

由於服務提供者缺乏這方面的知識，治療的設計可能無法滿足聾人或弱聽服務使用者的特別需求，導致他們的不適和不便，進一步阻礙聾人尋求精神健康服務的動機。

因此，精神健康服務提供者需要清楚不同群體的聾人或弱聽人士的需要，調整溝通策略，建立對聾人或弱聽人士而言友善的治療環境。

3.8 不友好的社會環境

事實上，聾人或弱聽人士的精神健康問題可能源於社會一些不友好的環境。整體而言，社會有時仍會對他們抱持偏見，標籤他們，認為他們造成干擾和不便。在不友好的社會中，這些標籤效應和社會污名化使聾人或弱聽人士的精神健康惡化。

例如，在「輕觸我心」服務些臨床心理學家曾反映，一些聾人或弱聽服務使用者曾在尋求專業服務時經歷不客氣的對待。有些治療師可能不熟悉聾人文化，尤其是聾人或弱聽人士的溝通方法。這種不熟悉可能讓輔導員在聾人服務使用者誤解他們的意思時，表露出尷尬。這種環境令使用手語的聾人不敢求助，害怕在過程在再受精神創傷。

4. INTERIM CONCLUSION

As said, the small size of the DHH population with different clusters or sub-communities also means close-knit relationships among DHH people. This creates privacy concerns when they openly express their personal life and struggles. Given the long-standing social isolation and negative experiences when interacting with the hearing community, DHH people are more hesitant to divulge their emotions and feelings to strangers. Therefore, confidentiality is an essential concern of DHH clients. Significant efforts should be made to protect confidentiality and privacy, especially when a third party, such as a sign interpreter, is recruited to support communication during therapy.

Owing to the necessity of sign interpretation in psychotherapy for some signing DHH clients, additional arrangements should be made to modify the therapy room, including seating arrangements, matching

of sign interpreters, cooperation between sign interpreters and therapists, modality and procedures of therapies, and tools for exercises. The details of these arrangements are illustrated in Section 5 of the guide.

Last but not least, it is worth reiterating that the DHH community is heterogeneous and diverse in hearing level, linguistic abilities, education level, and socioeconomic status. Therefore, extra efforts are needed to help DHH people feel sufficiently secure when they disclose their issues during therapy. Moreover, additional attention should be paid to obtaining information on their social, language/communication backgrounds and special needs through various means, such as pre-therapy questionnaires about their language use and modes of communication, to prepare for the therapy sessions.

4. 中期總結

如上所述，由於聾人或弱聽人口很少，當中有不同的小群體，而成員之間關係非常密切。每當需要談論個人問題和掙扎時，這種密切關係也會造成他們對自己私隱外泄的憂慮。此外，基於長久存在的社會孤立，以及與健聽群體互動時的負面經歷，聾人或弱聽人群體在向陌生健聽人士表達他們的情緒和感受時會有所保留。因此，保密是聾人或弱聽人服務使用者尤其需要關注之處。在精神健康治療期間，輔導人員應著力強調私隱和保密，尤其是當第三者，例如手語傳譯員在治療室支援溝通的時候。

在心理治療中，手語傳譯員對使用手語的聾人或弱聽人士來說，是不可或缺的。因此，當手語傳譯員參與時，在面談室的設置、座位安

排、手語傳譯員的配對、手語傳譯員與治療師的合作、治療的方式和程序、練習的工具等均需要額外安排。安排的詳情會在第 5 章的指引中說明。

最後，值得重申的是，聾人或弱聽群體裏有各式各樣的人，他們的個別差異很大，例如不同的聽力程度、語言能力、教育水平和社經地位等。所以，服務時須格外着力讓聾人或弱聽人士在透露自己的私隱時有足夠的安全感。服務提供者應額外留意，在他們開始接受治療服務前使用不同方法掌握他們的個人特質和需要，例如填寫問卷得知他們的語言習慣和溝通方式，以此作出切合他們個人需要的安排。

5. DEVELOPMENT OF MENTAL HEALTH-RELATED PROGRAMMES FOR DHH PEOPLE

5.1 HOW TO ADDRESS DHH PEOPLE?

The following terms are commonly used to describe DHH people in Hong Kong. These terms demonstrate different understandings and perspectives.

Deaf-mute people (聾啞人士): This is not an accurate terminology for DHH people as they do not necessarily have speech impairments (definition of “muteness/ mutism” in medical terms); spoken language can be the primary mode of communication for some DHH people.

People with hearing impairment (聽障人士): The general public may take it as a polite form of address, but some DHH people consider it offensive, especially members of the Deaf community who believe that this term focuses only on their impairment while ignoring the crucial values they cherish, such as their unique culture.

Hard-of-hearing people (弱聽人士): This term is used to refer to DHH people with less severe hearing loss. Generally, they grow up in mainstream schools and use spoken language primarily in daily communication. However, some of them may pick up signing to facilitate communication.

Deaf people (聾人): In Cantonese or Chinese culture, “deaf people” refers to people who cannot hear completely; therefore, some hard-of-hearing people with residual hearing might find this term inappropriate when characterising them. Conversely, DHH people who appreciate the socio-cultural meaning of being “Deaf” condone being addressed as such since it underscores their preference for sign language and Deaf culture. Therefore, they feel respected when people use this term to characterise them. In this light, the term “Deaf people” can refer to DHH persons with different degrees of hearing loss so long as they think they are different from other groups in adopting sign language and Deaf cultural modes of living.

It is an excellent practice to ask a DHH person about their language preference in advance and be aware of the meanings behind the different terms of address because different DHH persons have different orientations and preferences depending on their backgrounds and experiences.

5. 為聾人或弱聽人士發展的精神健康項目

5.1 如何稱呼聾人或弱聽人士？

以下是本港常見用於稱呼聾人或弱聽人士的語彙。這些不同的稱呼體現了對社群不同的理解和觀點。

聾啞人士：對於聾人或弱聽人士來說，這並不準確，因為他們不一定有語言障礙（即醫療用語中「啞/緘默症」的定義）。再者，部份聾人或弱聽人士能夠並主要使用口語溝通。

聽障人士：公眾可能認為這是禮貌的稱呼，但有些聾人或弱聽人士覺得這個稱呼有冒犯性，尤其是對聾人群體（Deaf）來說。他們認為這個稱呼只聚焦於他們的缺陷，而忽略了他們所珍惜的重要價值，比如他們獨特的文化。

弱聽人士：多指有著較輕聽力損失的聾人或弱聽人士。他們普遍在主流學校成長，並主要使用口語。但也有部份弱聽人士會學習手語以促進溝通。

聾人：在廣東話或華人文化裏，「聾人」通常指完全聽不見的人，所以一些有剩餘聽力的弱聽人士可能認為以這個詞語將他們歸類並不恰當。相反，那些欣賞「聾人文化」在社會文化意義上的聾人或弱聽人士會樂於被稱為「聾人」，因為這強調了他們對手語和聾文化的偏好。因此，當人們用這個詞稱呼他們時，他們會感到被尊重。在此情況下，「聾人」可指有著不同程度聽力損失的人——只要他們認為自己的獨特性源於使用手語和過著「聾人文化」的生活方式。

在為聾人或弱聽人士提供治療時，最好的做法是提前詢問其語言偏好，並了解每個稱呼背後的意義，因為每位聾人或弱聽人士因著其背景和經歷的不同，會有不同的取向和偏好。

5.2 GENERAL RECOMMENDATIONS

This section provides recommendations applicable to general situations, including public education, group interventions and individual therapy. For specific recommendations for public education and group interventions, please refer to Section 5.3; for individual therapy, please refer to Section 5.4.

5.2.1 PREPARATION OF TRAINING CONTENTS AND PRESENTATION SKILLS

Prepare suitable content with Deaf

awareness: Abstract and complex concepts that are tough to be understood quickly can be explained with examples related to DHH service users' daily life.

Other practical techniques should also be adopted in group settings or in class. For instance, it is better to avoid in-class materials or exercises requiring or alluding to hearing ability or to modify the grounding exercises by replacing guidance through sounds with other sensations.

In addition, activities organised could take reference of Deaf culture and their language. For example, some sign language vocabulary may be used to illustrate facial expressions or biological reactions when the instructor elaborates on emotions. For instance, "HAPPY" in HKSL comes with a smile and a sense of light-heartedness. If the instructor is unfamiliar with Deaf culture, consulting a Deaf person for suggestions at the planning stage is recommended.

Ensure that messages are delivered clearly :

The diverse literacy and education levels of DHH people may affect their comprehension of new information. Therefore, providing sufficient information and clear instructions during therapy and group intervention, and avoiding skipping background knowledge of some basic concepts are essential points to remember. In addition, notes and take-home

exercises can further strengthen DHH service users' understanding.

Make less assumptions: Individual differences between DHH people are enormous, assumptions should always be avoided. Instead, therapists and instructors should try to understand DHH people's unique situations and experiences. In group interventions, instructors can ask DHH participants if other participants share similar experiences or feelings to help them see that similarities and differences in life experiences exist among DHH people.

Have a suitable mindset: DHH service users are no different from hearing clients or participants in their intention to participate in psychotherapy or activities related to mental health. They have the same goals and capacity to take care of their own wellbeing or to learn and acquire skills that they think are helpful to them. Therefore, instead of considering them as beneficiaries, we should understand that they are people who wish to learn and know more about themselves.

5.2 一般建議

本節提供適用於普遍情況的建議，包括公眾教育、小組介入和個別治療。有關公眾教育和小組介入的具體建議，請參閱第 5.3 節；有關個別治療的具體建議，請參閱第 5.4 節。

5.2.1 培訓內容的準備和演講技巧

帶有聾意識地準備合適內容：將抽象和複雜的概念轉化為與聾人或弱聽服務使用者日常生活相關的例子，以便他們更快速和容易地理解。

在小組或活動裏還應採用其他實用技巧。例如，應盡量避免使用需要聽力或暗示聽力能力的課堂材料或練習，或在安頓（Grounding）練習中以其他感官指示代替聲音提示。

此外，活動設計應參考聾人文化及服務使用者的語言。例如，當導師在解釋情緒時，可加入一些的手語詞彙以描繪相關的表情或生理反應。例如，香港手語中的「開心」伴隨微笑，以及輕鬆愉快的感覺。如果導師不熟悉聾人文化，建議在設計階段諮詢聾人的意見。

確保信息傳達清晰：聾人或弱聽人士的讀寫能力和教育水平各不相同，這可能會影響他們對新資訊的理解。所以，治療師和導師應提供充足的資訊和清晰的指示，避免略過某些基本概念的背景知識。此外，提供筆記和課後練習有助加強聾人或弱聽服務使用者的理解。

減少前設：聾人或弱聽人士之間的個體差異很大，因此治療師應避免過早地作出假設。相反，治療師和導師應嘗試理解他們的獨特情況和經歷。在小組裏，導師可詢問其他聾人或弱聽參加者是否有類似的經歷或感受，讓他們看到聾人和弱聽人士之間在生活經歷上的異同。

抱有適當的心態：聾人或弱聽服務使用者與健聽人一樣，有參與治療或精神健康相關的活動的意願。他們有相同的目標和能力去照顧自己的身心健康和學習對他們有幫助的技能。所以，與其把他們視為「受益者」，我們更應理解他們為希望學習和了解自己更多的人。

Be more interactive: Interactions can help engage participants regardless of whether they are hearing or DHH people. These activities may include playing warm-up games, expressing thoughts and feelings in writing or drawing, reserving time for sharing, or incorporating questions into activities such as answering multiple-choice questions with gestures.

During group intervention, instructors who do not know sign language can try **remembering the participants' name** (i.e., a unique sign used as the name of a DHH person). They can invite them to join activities or answer questions by signing the DHH participants' names. In individual therapy, therapists can also use name signs when they greet their DHH clients. These direct signed interactions do not require much sign language knowledge but convey friendliness and hospitality.

Reserve more time if sign interpretation is needed: Sign interpretation takes time. Therefore, additional time should be reserved so the interpreter can clarify the major concepts to DHH service users more readily in the service.

Create an inclusive and safe atmosphere:

As the DHH community is quite small, DHH people may feel unsafe and uncomfortable opening up their personal experiences and inner feelings for fear that their secrets will be spread around. Therefore, confidentiality must be emphasised during the first session to reassure DHH service users that whatever is discussed in the therapy or group interventions will not be leaked to a third party. Ground rules should also be set so that all participants in a group bear a sense of accountability and feel respected. Only in a safe and respectful atmosphere will DHH participants be more willing to share their personal experiences and feelings with the group instructor or other participants.

提升互動性: 無論服務使用者是健聽還是聾人或弱聽人士，提升治療或活動的互動性有助他們參與。這些活動可以包括熱身遊戲、用寫字或繪畫方式表達想法、預留分享時間，或將問題納入活動之中（例如讓他們用動作回答多項選擇題）。

在小組介入中，不懂手語的導師可以嘗試**記住參加者的手語名**（即一個用作聾人或弱聽人士名字的獨特手語打法）。導師可通過打出服務使用者的手語名，邀請他們參與活動或回答問題。在個別治療裏，治療師也可在與聾人或弱聽服務使用者打招呼時，使用他們的手語名。這些直接的手語互動不需要太多的手語知識，但能表現出友善和親切。

如需要手語傳譯，應預留更多時間: 手語傳譯需要時間。因此，在服務裏應預留額外的時間，以便傳譯員為聾人或弱聽服務使用者釐清重要概念。

創造包容和安全的氛圍: 由於聾人群體人數較小，聾人或弱聽人士可能會因為擔心自己的秘密會在群體中被散播而感到不安全或不適，並因此不敢分享個人經歷或內在感受。因此在第一節活動時，導師須強調保密原則，向聾人或弱聽服務使用者保證在治療或小組分享的內容不會被洩露予第三方。另外，導師應與所有參加者一起制定基本規則，讓所有人肩負起相關責任，以及感受到尊重。只有在一個安全和彼此尊重的氛圍中，聾人或弱聽參加者才會更願意向小組導師或其他參加者分享個人經歷和感受。

5.2.2 GENERAL STRATEGIES IN SERVICES

Make behavioural observation: Therapists and instructors should take reference the client's and participant's body gestures, facial expressions and behaviours to understand their current emotional state. If the DHH participant uses sign language and sign interpreters are present, the sign interpreters may provide information about the signs of the DHH participant (e.g. the speed while they sign, and whether it is relatively fast or slow compared to their usual signing speed) which gives clues to understanding the DHH participant's emotional state. This is the same as when facing hearing participants, the instructor will observe their speech rate to draw conclusion on their mental state. If the instructor is not familiar with the DHH communities and sign language, it is difficult for them to observe the true meanings behind every single movement of the DHH

participant, which could actually be a natural grammatical part of the sign language instead of a reflection of the client's or participant's emotions. It is recommended that the instructor and the sign interpreters communicate among themselves during breaks and after the (group) interventions to share and clarify their observations.

Include concise guiding questions: To avoid misunderstanding, many DHH clients tend to share their life stories with much elaboration with the therapist or instructor. Sometimes, some of the contents may not appear the most relevant to the topic of interest or what the therapist or instructor needs to know. Therefore, polite interruption followed by clear and direct guiding questions for refocus are essential, especially when a DHH client shares a very long or over-detailed life experience.

5.2.2 服務時的一般策略

觀察行為：治療師和導師應透過觀察服務使用者的身體手勢、面部表情和行為，了解他們目前的情緒狀態。如果聾人或弱聽服務使用者使用手語，而且有手語傳譯員在場，手語傳譯員可以為治療師或導師提供關於服務使用者手語表達的資訊（例如其手語速度，是否與他/她平時的手語速度相比較快或慢），以提供線索讓治療師或導師理解他們的情緒狀態。這就像是面對健聽服務使用者時一樣，治療師或導師會觀察他/她們的語速，以了解他們的心理狀態。如果治療師或導師不熟悉聾人或弱聽群體和手語，他/她們難以觀察到該服務使用者的手語裏每個獨立動作的意思——到底該動作是手語的

自然語法部份，或情緒的反映。治療師或導師與手語傳譯員應在小息、或該節服務完結後，分享及釐清他/她們的觀察。

善用簡潔的引導問題：為避免引起誤解，許多聾人或弱聽服務使用者傾向非常詳細地與治療師和導師分享自己的生活故事。有時，這些故事的部分內容可能與討論的主題不太相關，或並非治療師或導師需要知道的事情。因此，當參加者分享的生活經驗過份長篇和仔細時，治療師或導師可以禮貌地打斷，並提出明確直接的引導問題以重新聚焦主題。

5.2.3 VISUAL, LANGUAGE AND TECHNOLOGICAL SUPPORT

Every DHH client and participant has the right to specific communication support. Therefore, it is crucial to identify a DHH client's most comfortable mode of communication before the therapy begins.

For DHH clients using sign language, simultaneous sign interpretation should be arranged. For hard-of-hearing clients who do not know sign language, using other

strategies to support their communication is helpful, including writing, drawing, visual clues, captioning service or frequency-modulated (FM) systems. FM systems are wireless assistive technology that receives sounds closer to the source and transmits them directly to an individual's hearing devices, such as hearing aids and cochlear implants, to enhance sound or speech quality.

Visual clues

Visual clues are useful for DHH people in general.



Speechreading: The instructor should face the deaf and hard-of-hearing clients directly and keep the mouth area clear of hand motions or other objects. A transparent mask is better for speechreading whenever a face mask is required.

Live-captioning: The screen for live captions should be placed next to or closer to the instructor's head so that DHH clients can read the lips and live captions more comfortably. Owing to technological limitations, the accuracy of live captions still has room for improvement; therefore, it is not advisable to rely entirely on live captions in conveying messages. Clarifications are required when live captions are displayed with significant errors.

5.2.3 視覺、語言與技術支援

每個聾人或弱聽服務使用者都有權使用特定的溝通支援，在治療或小組前，治療師及手語傳譯員應辨別出聾人或弱聽服務使用者覺得最舒適的溝通方式。

對於使用手語的聾人或弱聽服務使用者，應安排即時手語傳譯。對於不懂手語的聾人或弱聽

服務使用者，尋找其他策略支援他們的溝通則會更有幫助，包括書寫、畫圖、不同的視覺提示、字幕服務或無線調頻系統（俗稱FM機）。無線調頻系統是無線的輔助科技，在較近聲音來源的地方接收聲音，再直接傳送到個人的助聽儀器裏，例如助聽器和人工耳蝸，以確保聲音和語音的質素。

視覺提示

視覺提示一般對聾人或弱聽人士十分有用。



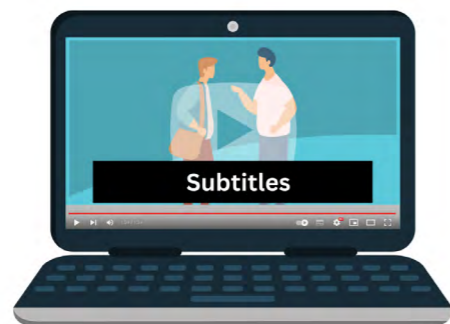
讀唇：治療師或導師應正面面向聾人或弱聽服務使用者，並避免以手部動作或其他物件遮掩嘴部。如須佩戴口罩，透明視窗口罩對需要讀唇的聾人或弱聽人士而言更好。

即時字幕：即時字幕的螢幕應放置在治療師或導師頭部旁邊或附近，以便聾人或弱聽人士同步讀唇和看即時字幕的文字。由於技術限制，即時字幕的準確性仍有待提升，因此，不應完全依賴即時字幕來傳達信息。如果字幕出現重大的錯誤，須向參加者釐清。



PowerPoint slides and whiteboard: Signing DHH clients may prefer slides with only keywords and pictures when sign interpretation is available simultaneously. It is because they need to handle information from the slides and the sign interpretation simultaneously. Hard-of-hearing clients who rely on spoken language prefer slides with full and detailed text in case they miss important information from the instructor. Key points not on the PowerPoint slides can be written directly on a whiteboard to facilitate understanding. When the participants involve both hard-of-hearing and signing Deaf clients, it is recommended that a relatively detailed PowerPoint with brightly highlighted keywords are used.

It is worth noting that when displaying the PowerPoint slides, adequate time should be given for the DHH clients to read the words and pictures. The instructor/therapist may resume talking after confirming with the DHH clients that they have finished reading the slides, so they can direct their eye gaze to the instructor/therapist or, sometimes, the sign interpreter again.



Videos: Subtitles should be available in all videos played to DHH clients.



Seating arrangement: A U-shaped seating arrangement is recommended so everyone can see each other. (Refer to Figure 1 of Session 6.2 Individual therapy)



PowerPoint 投影片和白板: 當現場有即時手語傳譯，使用手語的聾人或弱聽參加者會偏向閱讀較簡潔的投影片（例如只包含關鍵字和圖片），以便他們同時從手語傳譯員和投影片中獲取資訊。相反，對於依靠口語汲取資訊的弱聽人士，他們更喜歡列有完整和詳細文字的投影片，以免遺漏導師講解的重點。如果部份重點內容並沒有顯示於投影片上，導師可以即時在白板上寫上，以便參加者理解。當參加者既有弱聽人士又有使用手語的聾人時，使用的投影片則應相對詳細，並突出關鍵詞。

值得注意的是，在展示投影片時，應首先給予聾人或弱聽服務使用者足夠時間來閱讀文字和圖片。在確認參加者已閱讀完投影片，並看著導師或治療師，或手語傳譯員和即時字幕後，才開始說話講解。



影片: 所有向聾人或弱聽人士播放的影片都需要加上字幕。



座位安排: 建議使用U型座位安排，讓小組中的每個人都清楚地看到對方。（參考圖一：6.2 個別治療）

Sign interpretation

See also section 6 for a more elaborate description.

Before the session: Organisations or group instructors should make an appointment with a sign interpretation service provider. They brief the sign interpreters on the rundown to identify potentially inaccessible components to the DHH clients and make modifications. PowerPoint slides should be sent to the sign interpreter for preparation prior to the session.

Special seating arrangements, positions of PowerPoint slides, live-captioning machine/software, etc., should be confirmed beforehand so that the DHH clients can view everything comfortably in the same direction.

During the session: The sign interpreter translates the spoken content into the designated sign language and vice versa. The instructor/therapist and the signing DHH clients can communicate using their preferred mode(s). Sometimes, the DHH clients may display a "confused" facial expression when reading questions or descriptions. It is the time for the sign interpreter, who is more familiar with the Deaf community, to rephrase the questions or discussions to ease comprehension. The instructor should also pay attention and reach out to them or the sign interpreter when in doubt.

Instructors can speak at an average speech rate during simultaneous sign interpretation. However, if they speak too fast, too slowly, or pause after every sentence, they will burden the interpreter with processing the gist of their speech. Instructors are advised to discuss with interpreters on a suitable speech rate.

The sign interpreter or the instructor can write on a whiteboard the key vocabulary or points that are repeatedly mentioned to facilitate interpretation and illustrate some complex concepts.

Sometimes, more than one person signs simultaneously, or a DHH client signs when the instructor/therapist is still talking. When this happens, the sign interpreter may ask the DHH client or the supporting sign interpreter to stop signing temporarily until they have finished conveying the other person's messages. The therapist should also stop talking until this situation is resolved to avoid many layers of spontaneous communication, thus overburdening the sign interpreter.

手語傳譯

更多闡述請見第 6 節。

事前預備: 機構、治療師或導師應提早預約手語傳譯服務，並向手語傳譯服務的提供者簡介課堂流程，並了解聾人或弱聽人士參加者會否有困難參與當中任何部分，以作出調整。投影片應盡早發送給負責的手語傳譯員，方便他們在活動前準備。

座位、投影片、即時字幕機/軟件等安排及位置須預早確認，讓聾人或弱聽服務使用者可舒適地向同一方向觀看所有內容。

活動期間: 手語傳譯員會將口語內容傳譯成指定的手語，反之亦然，以便導師或治療師與使用手語的聾人或弱聽服務使用者可以跨越語言障礙，使用各自偏好的方法互相溝通。有時聾人或弱聽參加者在閱讀問題或描述時，會露出「困惑」的表情，較熟悉聾人群體的手語傳譯員可以建議導師重新組織問題，使用聾人更容易理解的方式表達。導師亦應特別留意這個情況，並在有疑問時主動詢問參加者或手語傳譯員。

當有即時手語傳譯時，導師可使用正常語速說話。但是，語速太快或太慢，或刻意作出過度頻繁的停頓，均會為傳譯員帶來負擔，使其難以處理話語中的重點。導師可與傳譯員商討最合適的語速。

手語傳譯員、治療師或導師可以在白板上寫下反覆出現的詞語和要點，以協助傳譯，和說明複雜的概念。

有時，現場或會有不止一個人同時打手語，或者有聾人或弱聽人士在導師或治療師還在說話時使用手語。當這個情況發生，手語傳譯員可能會要求該參加者或手語傳譯員暫停打手語，直到他們傳達完其他人的信息為止。治療師也應該停止講話，直到所有對話內容傳譯完畢，以避免出現手語或口語重疊的情況，減輕手語傳譯員的負擔。

Online therapy

Similar to the hearing community, special measures should be taken to adapt programmes better to suit different delivery modes. For example, online and face-to-face modes have specific delivery requirements.

Make good use of technology: An online videoconferencing platform should enable DHH clients to see the instructor, PowerPoint slides, live-captioning screen, and the sign interpreter (if applicable) simultaneously. At the same time, the instructor/therapist needs to know how to manage and control every participant's accounts under normal circumstances, especially in an emergency. Assigning at least one staff member to provide technical support to the participants throughout the session is helpful.

Different ways of sharing experiences and thoughts can be considered, such as sharing directly with everyone, separating participants into groups using the breakout rooms function in video conferences, typing words in the chat room, or typing words anonymously through other online platforms so the whole group can read the messages together.

Addressing the challenges of online interactions: Interactions between the group instructor, DHH clients and other participants in an online setting are much more complex than those in a face-to-face setting. It is because visual and tactile methods are limited to signal DHH clients in face-to-face groups, such as patting their shoulders and turning the light on and off. Even if the instructor or the sign interpreter uses their name sign, those who do not keep

their eyes on the screen will miss the signal and fail to respond instantly.

In this project, some DHH people reported that it was difficult for them to ask questions online. Therefore, it is essential to make adjustments so that online interactions are smooth and effective. For instance, the instructor can invite the DHH clients to keep their eyes open during the relaxation practice. In addition, activities requiring DHH clients to pay attention to multiple boards or visual cues may be eliminated or adjusted so that they can easily focus on one thing on the screen most of the time.

At the same time, online settings also have advantages. Sometimes, DHH clients find it more comfortable to share their experiences and thoughts online since they can communicate anonymously without showing their faces.

Remind the participants to find a suitable and safe environment: Reminding DHH clients to join online activities in an appropriate setting is essential. Due to environmental distractions, it is difficult for them to stay focused during group activities if they accidentally go online in public areas. This arrangement may also compromise their privacy and that of other participants, particularly in therapeutic group intervention. Organisations may support DHH clients by offering them a private place when they join group therapy online.

線上模式

與健聽群體相似，導師須採取特別措施使活動在不同模式中均能進行，儘管線上和面對面模式有不同的要求。

充分利用科技：線上視訊會議平台應使參加者能夠同時看到導師、投影片、即時字幕螢幕和手語傳譯員（如適用）。與此同時，導師或治療師在正常情況下，尤其是在緊急狀況時，須要知道如何管理和控制每個參加者的帳戶。在活動期間，指派至少一名工作人員在活動期間為參加者提供技術支援也有會幫助。

同時，可考慮不同分享經驗或想法的方式，例如直接與大家分享、在視訊會議中使用分組討論室功能讓參加者分組討論、在聊天室打字，或者在其他線上平台匿名打字，然後全組一起閱讀這些匿名訊息等。

應對線上互動的挑戰：不論是導師與聾人或弱聽參加者之間，還是參加者之間的線上互動，都比面對面的互動複雜得多。線上互動時難以使用視覺或觸覺方法獲得聾人或弱聽參加者的注意，例如輕拍他們的肩膀，以及打開和關上燈光等信號，都無法使用。即使導師或手語傳譯員打出他們的手語名，那些沒有注視螢幕的

人，還是會錯過這些信號，並因此無法即時做出回應。

從此計劃的觀察所見，個別聾人或弱聽人士認為很難在線上提問。為了讓線上交流變得可行，適當的調整和安排是必須的。例如，導師可以邀請參加者在放鬆練習中張開眼睛進行。此外，導師應首選那些參加者可容易地專注於螢幕上單一事物上的活動，避免選取需要參加者同時注意多個版面或多種視覺提示的活動。

不過，線上模式也有可取之處。有聾人或弱聽人參加者覺得在網上分享他們的經驗和想法更舒服，因為他們可在匿名、不露面的情況下與導師和其他參加者溝通。

提醒服務使用者和參加者尋找合適和安全的環境：導師應提醒聾人或弱聽服務使用者尋找合適的地方參加線上活動。如果他們沒有意識到這一點，他們底不小心在公眾地方參加了線上活動。這除了令他們可能因為周圍的干擾而難以專注於內容外，也可能損害他們自身和其他參加者的隱私，尤其在小組治療中。主辦方可考慮為參加者提供場地參與線上治療小組。

Communication Support: a recap

Mental health service providers should proactively provide communication support for DHH clients. Service providers are encouraged to contact the following organisations/groups for more details when needed:

1. Windowed masks	<p>Suitable for: DHH clients who prefer communication through lip reading</p> <p>Existing products: There are different types of windowed masks in the market. Key considerations for the masks are: size of the transparent window, breathability, and window fogging problem. Some types of windowed masks can be purchased online. (More details)</p>
2. Live captioning software / website	<p>Suitable for: DHH clients who prefer communication with captioning support</p> <p>Existing software: There is some free software available for both online and face-to-face communication settings:</p> <ul style="list-style-type: none"> • Web Captioner (More details) • Group Transcribe (More details) • Apple Siri (More details) <p>Some key points to note:</p> <ul style="list-style-type: none"> • No live-captioning technology can generate captions with 100% accuracy currently. Service providers should be cautious about any garbled, delayed, or missing captions that might cause confusion. • The screen showing captions can be placed at a level and distance close to the therapist's head so that when the client is reading the captions, he/she can see the therapist's facial expressions and read their lips more easily.
3. Sign Interpretation	<p>Suitable for: DHH clients who prefer using sign language as their means of communication</p> <p>Existing services:</p> <ul style="list-style-type: none"> • Service available in Hospitals of Hospital Authority (HA) (free of charge for HA Hospitals) (More details) • Service provided by subvented non-governmental organisation (free of charge for concerned associations' deaf members), e.g. The Hong Kong Society for the Deaf (More details) • Service provided by other non-governmental organisation (free of charge or charged), e.g. SLCO Community Resources Limited (More details) • Service provided by interpreters on the Hong Kong Sign Interpreter List recognized by the HKCSS (free of charge or charged) (More details) <p>More details will be explained in Section 6 - Situation of sign interpreters in Hong Kong.</p>

溝通支援：摘要

精神健康服務提供者應主動向聾人或弱聽服務使用者提供溝通支援。服務提供者可以在有需要時，聯絡以下機構/群體以獲取更多詳情：

1. 透明窗口罩	<p>適合： 偏好使用讀唇溝通的聾人或弱聽服務使用者</p> <p>現有產品： 市場上有不同種類的透明窗口罩，主要考慮的地方是：透明窗的尺寸、透氣度和窗口防起霧程度。部份種類的透明窗口罩可在網上購買。 (更多詳情)</p>
2. 即時字幕軟件 / 網站	<p>適合： 偏好溝通時使用即時字幕的聾人或弱聽服務使用者</p> <p>現有軟件： 有些免費軟件適用於網上或面對面的溝通，例如：</p> <ul style="list-style-type: none"> • Web Captioner (更多詳情) • Group Transcribe (更多詳情) • Apple Siri (更多詳情) <p>須注意的重點：</p> <ul style="list-style-type: none"> • 現時沒有任何即時字幕科技能產生 100% 準確的字幕。服務提供者須注意任何會造成混淆的亂碼、延遲或字幕遺漏。 • 展示即時字幕的螢幕可近距離放在治療師的頭部水平，讓服務使用者在閱讀字幕時，能夠輕鬆地看到治療師的面部表情及讀唇。
3. 手語傳譯	<p>適合： 偏好使用手語溝通的聾人或弱聽服務使用者</p> <p>現有服務：</p> <ul style="list-style-type: none"> • 適用於醫院管理局（醫管局）的傳譯服務（醫管局轄下醫院免費） (更多詳情) • 政府資助的非政府機構提供的服務（有關機構的聾人或弱聽會員免費），例如聾人福利促進會 (更多詳情) • 其他非政府機構提供的服務（免費或收費），例如語橋社資 (更多詳情) • 香港社會服務聯會（社聯）認證名單下的手語傳譯員所提供的服務（免費或收費） (更多詳情) <p>更多詳情會在「第 6 部份 – 香港精神健康手語傳譯情況」解釋。</p>


5.3 PUBLIC EDUCATION AND GROUP INTERVENTION

Public education in mental health programmes for DHH people can be developed according to five essential aspects: understanding and accepting ourselves, personal growth, social connection, physical well-being, and society and environment.


5.3.1 FRAMEWORK FOR ORGANISING PUBLIC EDUCATION FOR DHH PEOPLE

In this project, we consulted some existing mental health frameworks in the market when we organised public education for DHH people. We identified five critical aspects relevant to their mental health issues and used them to establish the current service framework.


The five aspects are as follows:




1. Understanding and accepting ourselves:
To understand and achieve self-acceptance of all attributes, including one's deafness, positive or negative. To set appropriate expectations to increase one's mental health resilience.




2. Personal growth:
Learning and improving oneself with different skills, knowledge, and personal qualities, and broadening one's horizons through pursuing different interests. Such personal development potentially enables one to reach their full potential while developing the appropriate mindset and continuing growth.



3. Social connection:
Connecting with family members and friends, with or without hearing loss, regularly, and building and maintaining intimate and healthy relationships with people. This includes learning how to care for others, feel cared for, and be connected to social groups or communities.
support. Taking part in promoting the Deaf culture in society will reduce common misconceptions and facilitate inclusion.



4. Physical well-being:
Physical and mental well-being are inextricably related. Performing physical activities can lead to better physical health and increase production of chemicals in the body which enhances happiness.



5. Society and environment:
To understand and integrate ourselves into the DHH community and, provide mutual support. Taking part in promoting the Deaf culture in society will reduce common misconceptions and facilitate inclusion.


5.3 精神健康公眾教育與小組介入

聾人或弱聽人士精神健康公眾教育項目可從五個重要方面發展：認識與接納自我、個人成長、社會連結、生理健康、社會與環境。


5.3.1 為聾人或弱聽人士舉辦公眾教育活動的服務框架

在計劃裏，舉辦公眾教育活動的過程中，我們參考了一些現有的精神健康框架，歸納出影響聾人或弱聽人士精神健康的五個重要方面，由此建立了服務框架。


這五個方面包括：




1. 認識與接納自己：認識及接納自己所有的特質，不論是自己的聽力、還是其他正面或負面的特質，並為自己設立適當的期望，以提高我們的心理彈性。




2. 個人成長：學習和提高自身技能、知識和個人質素，透過涉獵不同興趣拓寬眼界。這樣的個人發展使人能夠充分發揮潛力，同時發展出合適的思維方式和持續的個人成長。



3. 社會連結：定期聯繫家人和朋友（不論他們的聽力情況如何），以建立親密和健康的關係。這包括學習如何關心他人、感受他人的關心，以及感受與團體或群體的連結。



4. 生理健康：生理健康與精神健康密不可分。運動能使身體健康，並促進人體內化學物質的分泌，從而增強幸福感。



5. 社會與環境：了解並融入聾人或弱聽群體和健聽群體，相互支持。對於偏好使用手語的聾人或弱聽人，可參與推廣聾人文化的活動，減少社會上常見的誤解，從而在多元社會促進共融。

5.3.2 DYNAMICS AMONG THE DHH PARTICIPANTS



Group discussions may be planned, and instructors must arrange or suggest accessible communication methods to facilitate discussions among different participants.

For groups with hard-of-hearing people who prefer to express their thoughts in spoken language but may not be able to perceive verbal but cannot listen to replies clearly, it is important for them to see the lips of other participants to obtain information. If they are required to wear a mask, windowed transparent masks should be prepared for everyone during the session.

For groups with both signing Deaf and hard-of-hearing people, communicating in both spoken language and sign language between and among participants could be quite taxing. If smaller group discussions are necessary, at least one sign interpreter should be present to support the group. It is natural that signing Deaf people and hard-of-hearing people may prefer forming their own groups and communicating using one mode among themselves. If the aim of the activity is to initiate discussions between hard-of-hearing people and signing Deaf people, proper explanations for the arrangement of communication support are preferred.

5.3.2 參加者之間的交流



導師可以在公眾教育活動安排小組討論環節，惟必須為參加者提供或建議可行的溝通方法以促進不同參加者之間的討論。

在弱聽人士的組別，他們偏好使用口語表達自己的想法，但未必能聽清別人的口語回覆。他們須看到別人的嘴唇以獲取資訊。如果要求他們戴口罩，則應為小組中的每個人準備透明口罩。

在有聾人和弱聽人士參與的小組，參加者的溝通包括手語和口語兩種語言，在安排溝通支援方面會較為費勁。如須要進行分組討論，每組至少應有一名手語傳譯員。從過往觀察中發現，使用手語的聾人傾向自己組成小組並以手語溝通；使用口語的弱聽人士則傾向組成另一組別並以口語溝通。如果活動的目的是鼓勵使用手語的聾人和使用口語的弱聽人士多作交流，就需要清楚地解釋溝通支援安排。

5.4 INDIVIDUAL THERAPY

Some Preliminaries

Since a great majority of the Hong Kong population is hearing and unaware of the DHH population's specific needs, DHH people may experience social isolation, negligence, or even discrimination. In addition, they may feel inferior in society due to low educational achievement and unfavourable socialisation. In a therapeutic setting, a DHH client will likely be the only DHH person in a room surrounded by a hearing therapist and a sign interpreter. This situation may induce a feeling of marginalisation by the DHH client, a sense of "minority". Therefore, the therapist should be cognisant of their tone of voice and attitude towards deafness and sign language to avoid antagonising their DHH client.

Additionally, the principle of client autonomy should always be respected. It is vital to inform the DHH client that such a principle is upheld during therapy. Keeping person-centred values will avoid re-traumatising a DHH client who may have previously been discriminated against.

A therapist is, by default, sensitive to the needs of their clients; thus, creating a deaf-friendly atmosphere is crucial so the DHH client is more willing to relate their thoughts to them. For example, past experiences interacting with the hearing world may have promoted some DHH clients to nod their heads in agreement even if they do not understand the conversations. Under these circumstances, the therapist is advised to tell the DHH client that concepts in psychotherapy are complex, and it is natural and common if one needs assistance understanding them fully. It is the therapist's responsibility to explain to the DHH client the complex concepts. This facilitates trust-building and a better therapeutic relationship.

As mentioned in Section 5.1, addressing DHH clients appropriately based on their backgrounds is crucial. Every DHH client has a preference regarding how people address them or what identity they assume themselves. Directly asking them about their sense of identity and communication preferences in the registration form is necessary. It is more appropriate to follow their choices (See Section 5.1 How to address DHH people?)

5.4 個別心理治療

簡介

由於香港大部分人口均為健聽人士，而大多數人未有意識到聾人或弱聽人士的特別需要，聾人或弱聽人士可能會因此經歷社會孤立，遭受到壓迫、忽視，甚至歧視。加上他們的學業水平普遍較低就和社交情況不佳，他們可能在社會上感到低人一等。在治療環境中，聾人服務使用者很可能是房間裏唯一的聾人，面對著的是健聽的臨床心理學家和手語傳譯員。這種情況令聾人或弱聽服務使用者感到被邊緣化、感覺自己是「少數」。治療師應該注意他們的語氣和態度，避免與服務使用者激起對立。

此外，服務使用者的自主性應受到重視，而聾人或弱聽服務使用者應獲告知治療過程會堅守這個原則。維護以人為本的價值觀可以避免讓曾受歧視的服務使用者再次受到創傷。

治療師本身應對服務使用者的需要比較敏銳。所以，創造一個安全和尊重的氛圍非常重要，這樣聾人或弱聽服務使用者會更願意表達他們的想法。例如，過去與健聽人互動的經歷可能使部份聾人或弱聽服務使用者即使未能完全理解對話亦慣性點頭和應。在這些情況下，建議治療師預先告訴服務使用者：心理治療的概念很複雜，如果服務使用者需要協助以理解這樣概念，是很常見和自然的，而為聾人或弱聽服務使用者清楚解釋這些概念是治療師的責任。這有助建立信任和促進治療關係。

正如第 5.1 節所說，根據聾人或弱聽服務使用者的背景合宜地稱呼他們是很重要的。每位聾人或弱聽人士喜歡的稱呼或認定的身份都有不同。直接在登記表格詢問他們的身份認同，和喜歡的溝通方式是必需的。他們的意願需要被尊重。（詳見第 5.1 節「如何稱呼聾人或弱聽人士？」）

The following parts summarise the individual therapy service model of this project -

5.4.1 BEFORE THE PSYCHOTHERAPY SESSION

Determining the mode(s) of communication

For DHH clients who prefer spoken language, their application form must include information about their language preference and whether they need other forms of communication support and visual cues, such as speechreading, captioning service, FM system, etc. The therapist will prepare the support accordingly before the session begins. In every session, the DHH client completes a psychological screening test in written language, and the therapy is conducted in spoken language together with the requested communication support. The therapist can adjust the therapy delivery flexibly by bringing in more resources to support communication, such as more drawings and written messages during the session.

Through this project, we also aim at devising a sign bilingual mental health service model to provide psychological services to DHH people who use sign language in daily communication, and to identify ways to provide more appropriate psychological services to DHH people.

For DHH clients who prefer using sign language, a sign interpreter - client matching process will take place after receiving the application form from a DHH client requesting sign interpretation services. To facilitate the matching process, a form will be sent to the DHH client to ask for their backgrounds, like the school of graduation, where they learnt sign language, and especially their preferred mode of

communication. An interpretation service coordinator usually does the matching exercise, who possesses professional training in sign interpretation and years of experience working with DHH people.

After the initial matching exercise, a pre-session is arranged between the DHH client and the sign interpreter to determine if they know each other and for them to assess communication effectiveness between themselves. Matching a sign interpreter that a DHH client has yet to encounter is recommended to minimise the impact of the dual relationship. If they know each other, the DHH client and the sign interpreter will be asked if they are comfortable with the arrangement, and either party can request a new match if needed.

Typically, a DHH client is matched with a hearing sign interpreter. However, there are cases in which an additional Deaf sign interpreter may be arranged to support the interpretation when: (1) the DHH client does not use the mainstream variety of HKSL, which is readily understood by the majority of hearing sign interpreters, or (2) the DHH client's signing is significantly discrete or challenging to process for some reason (e.g., poor signing skills due to delayed sign language acquisition, mental illnesses/mental health challenges).

(For the general sign language interpretation services in Hong Kong, please refer to Session 5.2.3.)

以下整合此計劃的個別心理治療模型：

5.4.1 心理治療前

決定溝通方法

對於偏好使用口語的聾人或弱聽服務使用者，申請表上必需容許他們填寫他們語言選擇的資訊，以及任何所須的溝通支援和視覺提示（例如讀唇、字幕服務、無線調頻系統等）。治療師會按照要求，在治療前預備相應的支援。在每節服務前，聾人或弱聽服務使用者會以書面語完成心理篩查量表，隨後治療會以主要以口語進行，輔以所需的溝通支援。治療師可以彈性調整治療方式、或以額外方式促進溝通，例如在治療裏使用繪畫和文字溝通等。

我們也積極在透過計劃建立「手語雙語精神健康服務模式」，致力為使用手語的聾人或弱聽人士提供適切的心理服務。

對於偏好使用手語的聾人或弱聽服務使用者，在收到該服務使用者的個別心理治療及手語傳譯服務申請後，我們會開始為服務使用者和手語傳譯員進行配對。為促進配對流程，聾人或弱聽服務使用者會獲發一張表格，詢問其語言背景（例如他們畢業於哪所學校、在哪裏學習手語），尤其是他們偏好的溝通方式。隨後的配對通常由傳譯服務統籌負責，傳譯服務統籌應為接受過專業手語傳譯培訓之人士，並有多年與聾人或弱聽人士一起工作的經驗。

其後，服務使用者和手語傳譯員會在治療前初步會面，以確認他們當中是否牽涉「雙重關係」，以及評估兩方的溝通是否有效。為服務使用者配對過往沒有遇過的手語傳譯員，可將雙重關係的影響減到最低。如果他們彼此認識，服務使用者和手語傳譯員將被詢問會否對這種安排感到不適，如有需要，他們雙方都可以要求更改安排。

一般而言，聾人或弱聽服務使用者會配對一位健聽的手語傳譯員。然而在某些情況下，服務使用者有可能獲配對多一位聾人手語傳譯員來支援傳譯過程，情況如：（1）聾人或弱聽服務使用者並非使用主流風格的香港手語，而其手語並非大多數健聽手語傳譯員能容易理解的，或（2）聾人或弱聽服務使用者的手語由於某些原因而明顯不連貫或雜亂無章（例如，在幼年時經歷語言剝奪導致整體語言能力不佳，或受心理疾病或心理健康挑戰影響）。

（關於香港可用的一般手語傳譯服務，請參閱第 5.2.3 節。）

The flowchart in Figure 1 summarises the **sign bilingual mental health service model** designed to cater to the communication needs of DHH people.

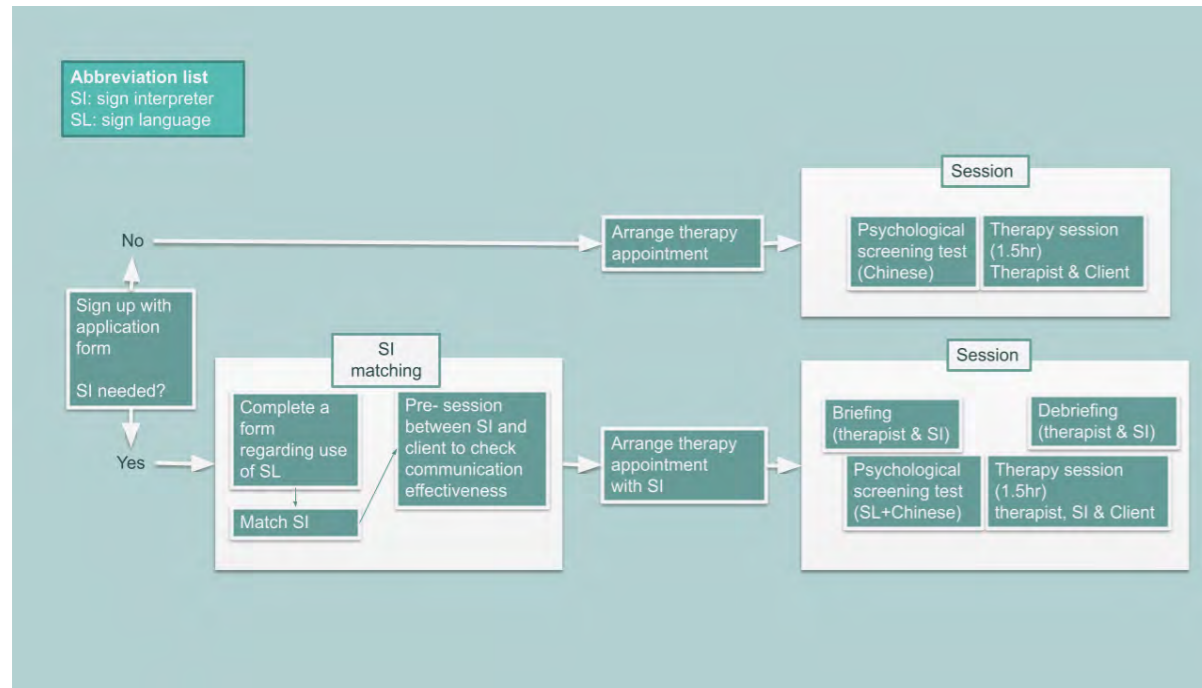


Figure 1. Operational flowchart of the Sign Bilingual Model

圖一的流程圖總結了**手語雙語精神健康服務模式**。模式為切合聾人或弱聽人士的溝通需要而設計。

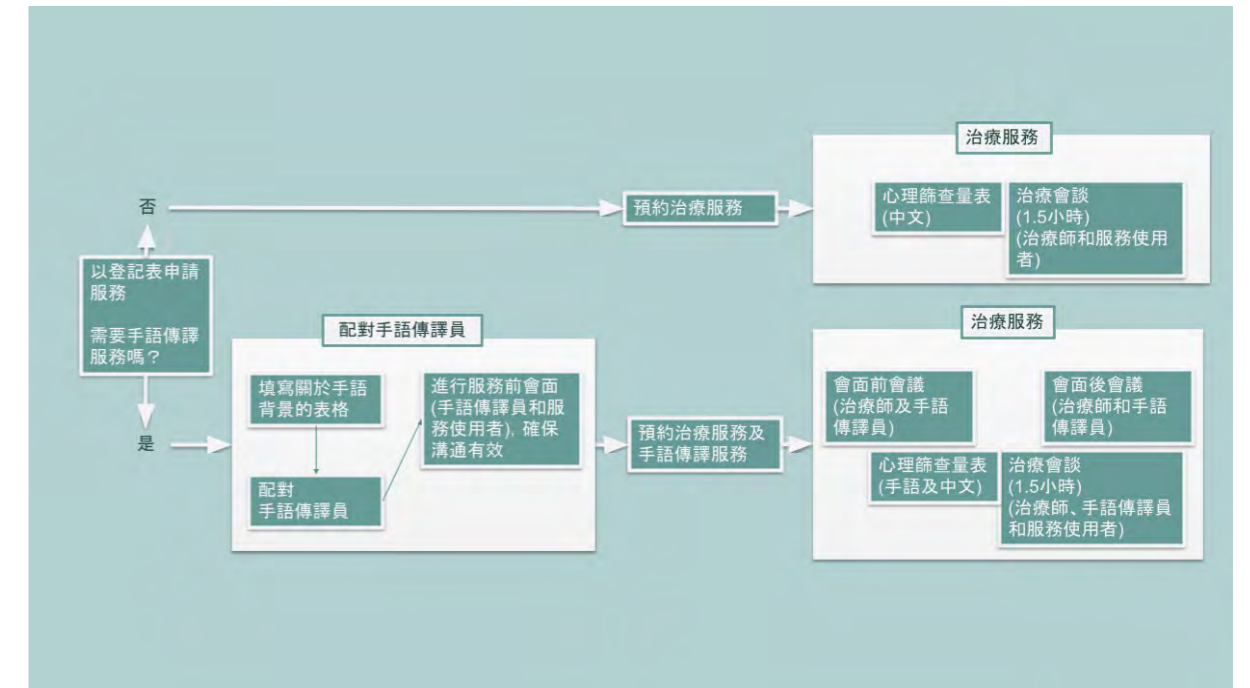


圖 1. 手語雙語模式的運作流程圖

Setting: seating plan

When the therapist serves a DHH client who prefers spoken language, the therapist should sit face to face with the client to facilitate speechreading. If live captioning service is required, a laptop screen with functioning captioning software will be placed on a table next to the therapist. It is recommended to display the laptop closer to the therapist's face so that the client can see both the captions and the therapist's lips and facial expressions simultaneously. (As shown in Figure 2)

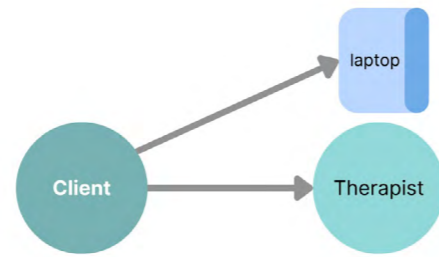


Figure 2 Suggested seating plan with one client, interpreter, and therapist

There are two recommended seating arrangements for a therapy room when sign interpretation is involved. The seating arrangement can vary according to the environment or setting of the room as long as rapport building, sight lines, and ease of accessing the table or whiteboard are catered for.

If there is one interpreter (usually a hearing interpreter), the DHH client, the therapist, and the interpreter can sit in a triangular arrangement (as shown in Figure 3). The proximity between the DHH client and the therapist will boost rapport building. At the same time, the DHH client can comfortably watch the sign interpretation while glancing at the therapist's responses.

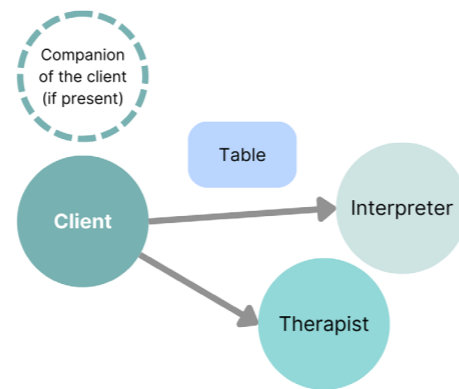


Figure 3 Suggested seating plan with one client, one interpreter, and one therapist

Adjustments are required if two interpreters are involved (Figure 4). One sign interpreter (SI-1) will play the major role, and the other one (SI-2) is supporting. The DHH client will mainly watch the sign interpretation of SI-1, who can be either Deaf or hearing, depending on the communication needs and professional judgement of the sign interpretation team. SI-1 will sit next to the therapist, and SI-2 will be positioned appropriately for better interpretation support during the session.

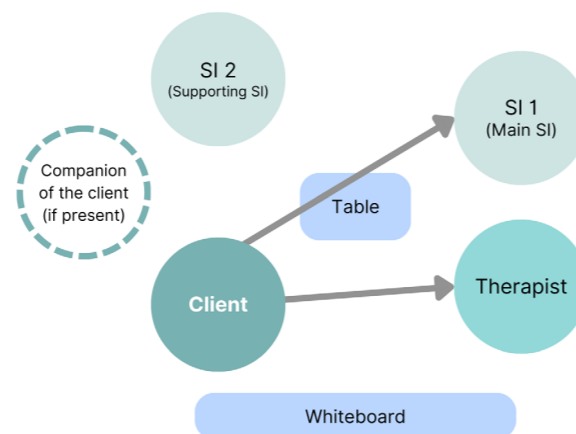


Figure 4 Suggested seating plan with two interpreters, one client, and one therapist

Sometimes, the DHH client's companions may be invited to join the therapy for collateral information. Again, the seating arrangement will be adjusted according to the client's communication needs.

設置：座位安排

當治療師服務偏好使用口語的聾人或弱聽服務使用者時，治療師應與服務使用者面對面坐，以便讀唇。如果需要即時字幕，運作即時字幕的電腦螢幕應置於治療師旁邊的桌子上。電腦可以放置在較接近治療師的面部的地方，讓服務使用者在看著即時字幕的同時，也能看到治療師的嘴唇和表情。（如圖 2 所示）

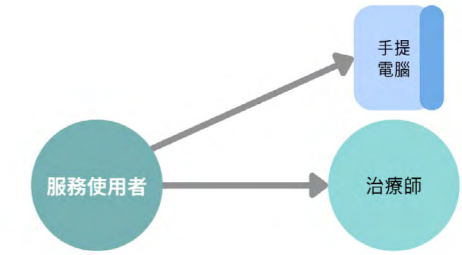


圖 2. 建議的座位安排：一名服務使用者和一名治療師

當有手語傳譯時，治療室裏有兩種推薦的座位安排。座位安排可以因應房間的環境或設置而改動，只要有助建立互信關係、方便視線交流、以及讓服務使用者易於接近桌子或白板等即可。

如果只有一名手語傳譯員（通常是健聽手語傳譯員），服務使用者、治療師和手語傳譯員可以呈三角排列坐下（如圖 3 所示）。服務使用者和治療師互相靠近，有助雙方建立關係。同時，服務使用者可以在舒適地看手語傳譯的同時留意治療師的反應。

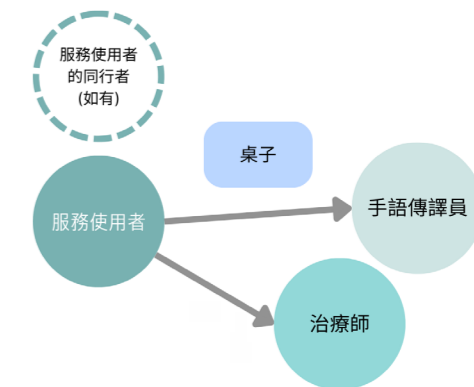


圖 3. 建議的座位安排：一名傳譯員、服務使用者和治療師

如果涉及兩名手語傳譯員，則需要調整座位安排（圖 4）。現場將會有一名主要手語傳譯員（SI 1）和一名輔助手語傳譯員（SI 2）——可能是一組聾人和健聽的手語傳譯員。服務使用者會集中留意主要手語傳譯員的手語，而主要手語傳譯員可以是聾的，也可以是健聽的，這取決於服務使用者的溝通需求，和手語傳譯團隊的專業判斷。主要手語傳譯員將會坐在治療師旁邊，輔助手語傳譯員則坐在有利提供更好傳譯支援的位置。

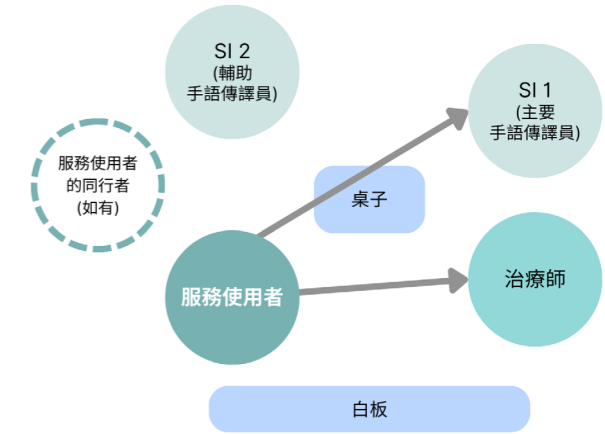


圖 4. 建議的座位安排：兩名傳譯員、服務使用者和治療師

有時，服務使用者的同行者可能會獲邀請加入治療，以提供額外資訊。座位安排會因應在場人士的溝通需要而作出調整。

5.4.2 DURING THE PSYCHOTHERAPY SESSION

Filling in psychometric questionnaires

At the beginning of the therapy, a DHH client usually undergoes psychological screening. In the "Touch My Hearth" project, the HKSL version of the psychological screening tests – Patient Health Questionnaire-9 ([PHQ-9](#)) and Generalised Anxiety Disorder-7 ([GAD-7](#)) – have been developed following internationally defined procedures. A DHH client may choose to complete the screening using the sign language translations on a computer to facilitate understanding and safeguard the accuracy of the results. The cut-offs of the Chinese version of the questionnaires are adopted as a reference.

The results of the screening tests are plotted on a graph.

During the session wherein the therapist delivers the contents, accommodations are necessary, especially modifications of therapeutic skills. The therapist is encouraged to try other skills or therapeutic styles to address individual DHH clients' specific needs effectively. The following recommendations are suggestive, and the therapist should be flexible enough to adopt the best appropriate strategies.

Scan to watch the video:



[Demonstration video 1: Recording mental health screening results](#)

Scan to watch the video:



[Demonstration video 2: Psychotherapy session](#)

5.4.2 心理治療時

調查問卷

在治療之前，服務使用者一般需要完成心理篩查量表。在「輕觸我心」計劃，香港手語版本的心理篩查量表，包括抑鬱症狀篩查量表 ([PHQ-9](#)) 和焦慮症狀篩查量表 ([GAD-7](#))，是按照國際既定的程序翻譯的。服務使用者可以通過電腦完成有手語翻譯的篩查，以方便他們理解並保障結果的準確性。採用中文版問卷的分數分界綫 (cut-off) 作參考。

篩查的結果可繪製在圖表上，記錄服務使用者的狀態，以供治療師的參考。

在治療師傳達內容的治療時，調適是必須的，尤其是治療技巧上。我們鼓勵治療師嘗試其他技巧或治療風格，務求有效地配合個別服務使用者的需要。以下整合的調適為一些建議，治療師應保留足夠彈性並採用最佳而合適的策略。

示範影片:



[示範片段 \(一\) : 心理健康評估紀錄](#)

示範影片:



[示範片段 \(二\) : 會面過程](#)

5.4.2.1. Initial Phase - Intake

During the first few sessions, background information about the DHH client will be sought, and it is also the time for the therapist to build trust and rapport with the client. Several critical elements of the therapy session will be explained during the intake sessions. Insufficient explanations leading to misunderstandings may affect therapeutic outcomes and relationship building.

Confidentiality

Confidentiality creates a safe space for a DHH client to express thoughts and feelings genuinely. This is especially true for clients who belong to a small DHH community. Hence, during the first few and even following session(s), confidentiality should be emphasised and explained to DHH clients. Be prepared that it may take 15-45 min to explain this confidentiality issue to DHH clients, subject to their level of concern. Therefore, assuring them with the following principles of practice and explanations is necessary:

- Contents of sharings and discussions during therapy are not disclosed to third parties.
- The storage location(s) of the hard copies and e-copies files of client information in the office and the list of personnel who can access the files.
- A DHH client will decide if family members can join the therapy.
- The locations of the CCTV in the room and if they are operating or not (i.e. stopped/blocked, whichever is applicable).
- The therapeutic relationship between the interpreter, the therapist, and the client. Under normal circumstances, neither the interpreter nor the therapist takes the initiative to greet or contact the DHH client outside the therapy room (an illustration explaining the therapeutic relationships is included in Appendix A).

Scan to watch the video:



Nurturing a positive relationship and building trust

The therapist may explicitly explain to the DHH client the aim of any specific therapy session and the roles of different parties. It is essential to clarify how therapy involves communication between the therapist and the DHH client while the interpreter only supports the communication. The interpreter will not comment on discussions or share their personal experiences or information during the therapy.

It is common to see a DHH client chatting with the Deaf or hearing sign interpreter unintentionally during the session because they might be well-acquainted with each other. If this happens, the therapist can remind the DHH client that communication should go only between the therapist and the client instead of between the sign interpreter and the DHH client.

5.4.2.1 首次會談 (Intake)

在最初幾節會談期間，治療師會取得聾人或弱聽人士服務使用者的背景資料，並初步與服務使用者建立信任與關係。在這段期間，有幾個關於治療的關鍵要素須要解釋，如果解釋不足或出現誤解可能會影響治療結果和關係建立。

保密原則

保密原則為聾人或弱聽服務使用者創造安全的空間，讓他們可以真實地表達自己，特別是對於生活在小群體中的服務使用者而言。因此，治療室的保密原則必須向服務使用者詳細而明確地解釋，而這可能需時 15-45 分鐘，具體時間取決於聾人或弱聽服務使用者對保密原則的關注程度。以下是實踐和解釋的原則：

- 確保不會向第三方透露治療期間的分享和討論
- 指出包含服務使用者資訊的存放位置，包括紙本和電子文件，以及相應可存取的人員名單
- 聾人或弱聽服務使用者可以選擇是否要他們的家人陪同去治療室
- 指出房間內閉路電視的位置，並讓服務使用者知道閉路電視是在運行還是停止/受到阻擋（如適用）
- 釐清手語傳譯員、治療師和服務使用者之間的治療關係，即手語傳譯員和治療師均不會主動在治療室外與服務使用者打招呼或聯絡（治療關係圖解請見附件一）

示範影片：



培養正面關係和建立信任

治療師可以明確解釋治療的目的，和治療中各方的角色，釐清治療如何涉及治療師和服務使用者之間的溝通，而手語傳譯員只是支援這個溝通。手語傳譯員不會提供任何評論，亦不會分享任何個人經歷或資料。

聾人或弱聽服務使用者，很常在治療時，無意中與聾人或健聽的手語傳譯員聊天，因為他們可能認識對方。如果這個情況發生，治療師可提醒聾人或弱聽服務使用者，治療期間應專注於治療師和服務使用者兩人之間的溝通，而非與手語傳譯員的私人溝通。

Rights of clients

DHH clients may not be aware of their rights in therapy, especially for disadvantaged groups often marginalised in society and lacking access to much information that appears to be "common sense" to the general population. Therapists may empower DHH clients by emphasising that they have the right to voice their preferences if they feel uncomfortable with the therapy and interpretation processes, including but not limited to discussing the contents or questions asked, taking a break, or terminating the session.

Expectation Management

DHH clients may hold different expectations of therapy due to their prior knowledge and/or experience with psychotherapy; therefore, the therapist may manage their expectations by explicitly stating what should be expected at different stages of the therapy (e.g. the first few sessions may mainly focus on exploring and understanding the client's struggles and related demographics to support the therapeutic processes that follow).

Use of Language

The therapist may invite the DHH client to use their most comfortable way of expressing themselves, including but not limited to HKSL, spoken languages, written language, drawings, and gestures.

In the project, DHH clients who used sign language revealed they felt more respected when the therapist understood basic sign language. The following video illustrates the fundamental differences in the grammar of HKSL, Cantonese, and English. In addition, some simple sign language expressions commonly used in mental health settings are demonstrated.

Below is the list of words and sentences with signed videos:

Vocabularies	Sentences
Hello	What can I help you?
Good morning	Please wait here.
Good afternoon	Meeting you for the first time.
Good evening	It's been a while.
Sorry	How are you recently?
Thank you	You work really hard!
	I appreciate...
	Wait, I want to say...
	I do not understand.
	Do you feel uncomfortable now?
	Give it a try first, ok?
	See you next time.

Scan to watch the video:



[Demonstration video 12: Hong Kong Sign Language for mental health settings](#)

服務使用者的權利

聾人或弱聽服務使用者可能不知道他們在治療中的權利，尤其是弱勢群體，他們可能經常在社會中被邊緣化。很多對於公眾而言貌似是「常識」資訊，他們無從得知。治療師可以特別提醒服務使用者，假如在治療和傳譯過程感到不舒服，他們有權表達自己的意願，包括但不限於所討論內容或所問的問題、休息一下或終止會談，從而為服務使用者賦予權力。

期望管理

因為事前的不同知識和/或治療經驗，服務使用者可能對治療抱有不同期望，治療師可以清楚解釋在治療的不同階段應該抱有甚麼期待，從而管理他們的期望（例如，前幾次會談可能主要集中在探索和了解服務使用者的掙扎和相關人物，促進往後的治療過程）。

語言的使用

治療師可能會邀請服務使用者使用最舒適的方式來表達自己，包括但不限於香港手語、口語、書面語、繪畫和動作。

在計劃裏，聾人或弱聽服務使用者表示，如果治療師懂得基本手語，他們會覺得受到歡迎和尊重。以下影片會展示香港手語、廣東話和英語之間一些基本的語法差異，以及在精神健康場景下的常用手語。

以下是詞語和句子列表，以及手語影片：

詞語	句子
你好	有甚麼可以幫到你？
早安	請在這邊等等
午安	初次見面
晚安	很久沒見
對不起	你最近過得怎樣？
謝謝	你很努力呢！
	我好欣賞……
	等等，我有事情想說
	我有個地方不明白
	現在有沒有不舒服？
	你先試試，好嗎？
	下次見

示範影片：



[示範片段 \(十二\) : 常用的香港手語](#)

5.4.2.2 Middle Phase

After the intake, the therapy process begins. The following few sections cover the general dos and don'ts and suggestive therapeutic skills during the process.

DON'TS	DOS
<p>DON'T assume that all DHH clients know sign language</p> <ul style="list-style-type: none"> Not everyone has the same level and background of education. People have different choices. They are not obligated to learn the language. People may use different varieties of sign language. 	<p>DO check DHH client's language and communicative needs beforehand and during the session</p> <ul style="list-style-type: none"> If a DHH client prefers to read lips or live captions, prepare windowed masks and set up live-captioning. Keep comprehension checks with the DHH client or the SI at all times during the session. SIs should arrange pre-session interviews, if possible.
<p>DON'T assume that a DHH client's facial expressions usually disclose their emotional states</p> <ul style="list-style-type: none"> A signing DHH client's facial expression may bear different uses. 	<p>DO clarify with DHH clients and SIs</p> <ul style="list-style-type: none"> Facial expressions and bodily gesture are essential components of sign language.
<p>DON'T expect DHH clients to fit into the hearing-dominant culture</p> <ul style="list-style-type: none"> Avoid asking family members or caregivers to speak for the client for the therapist's convenience. Do not expect a DHH client to adopt the therapist's language in the expression of thoughts and feelings. 	<p>DO indicate readiness to learn about a DHH client's unique experiences</p> <ul style="list-style-type: none"> Explore and respect a DHH client's ways of expression (sign language, writing, typing, drawing, etc.). Define feelings and experiences in the DHH client's own words, signs or forms of representation.
<p>DON'T use examples or analogies relating to sounds and hearing</p> <ul style="list-style-type: none"> e.g. "Pay attention to the sound around you" 	<p>DO explore for relatable and applicable analogies collaboratively with DHH clients</p> <ul style="list-style-type: none"> Use examples of other senses, especially visual and tactile.
<p>DON'T assume that the SI is all one needs</p> <ul style="list-style-type: none"> All languages have their own ways of representing ideas and concepts. Translation is never a word-to-word conversion of content. Grammatical differences and ways of expression exist between sign language and spoken language. 	<p>DO use other tools and be creative</p> <ul style="list-style-type: none"> Use drawings, figures, figurines, re-enactment, and different objects for a mental representation (e.g., water bottle to signal containment). Establish life-event timelines in a visual way collaboratively.
<p>DON'T assume that a DHH client nods to show understanding</p> <ul style="list-style-type: none"> It is common for DHH people to guess meanings and nod along even when they do not actually fully understand the conversation. Some possible reasons: not wanting to feel "stupid" or be bothersome. 	<p>DO check the DHH client's comprehension of important concepts</p> <ul style="list-style-type: none"> Explain in the first session that some psychological concepts are abstract and complicated for ANYONE to understand. Consider replacing "Do you understand?" with "Did I explain that clear enough?"

SI=sign interpreter/interpretation

5.4.2.2 中期階段

首次會談過後，治療過程開始。接下來的篇章將詳列應做的事和不應做的事（Dos and Don'ts），以及建議的治療技巧。

不應做的事	應做的事
<p>不要假設所有聾人或弱聽人都懂得手語</p> <ul style="list-style-type: none"> 並非每個人都有相同的教育程度和背景 人們可以有不同的選擇，他們沒有必然義務要學習某種語言 人們可能會使用不同類型或變體的手語 	<p>在會談前和期間，應確認服務使用者獲得最適切的溝通支援</p> <ul style="list-style-type: none"> 如果聾人或弱聽服務使用者偏好讀唇或即時字幕，預備透明窗口罩和設定即時字幕 在會談期間與服務使用者和手語傳譯員持續確認進程 如果可以的話，手語傳譯員和服務使用者應在會談前會面一次
<p>不要假設服務使用者的面部表情代表了他們當前的情緒狀態</p> <ul style="list-style-type: none"> 使用手語的聾人或弱聽人士的表情可能帶有其他意思 	<p>與服務使用者和手語傳譯員釐清</p> <ul style="list-style-type: none"> 面部表情和身體動作是手語的重要組成部分
<p>不應期望服務使用者適應健聽主導的文化</p> <ul style="list-style-type: none"> 避免為了治療師的方便，而讓家人或看護人為服務使用者說話 不要期望服務使用者配合治療師的語言或方式來表達他們的感受 	<p>與服務使用者探索他們的獨特體驗</p> <ul style="list-style-type: none"> 探索並尊重服務使用者的表達方式（手語、書寫、打字、繪畫等） 按照服務使用者自己的話/陳述來定義他們的感受和經驗
<p>不要關於聲音和聽力的例子或類比</p> <ul style="list-style-type: none"> 例如「注意你周圍的聲音」 	<p>一同探索相關且適用的類比</p> <ul style="list-style-type: none"> 使用其他感官的例子，尤其是視覺和觸覺的
<p>不要假設手語傳譯員就是我們所需要的一切</p> <ul style="list-style-type: none"> 所有語言都有自己表達思想和概念的方式 傳譯絕不是內容的逐字轉換 手語和口語在語法和表達上存在差異 	<p>使用其他工具並發揮創意</p> <ul style="list-style-type: none"> 使用圖畫、數字、小人偶、案件重演、和用不同的物體來呈現心理象徵（例如，水瓶 - 代表抑制） 共同協作建立生命歷程時間線，以視覺方式表現順序
<p>不要假設服務使用者點頭便代表理解</p> <ul style="list-style-type: none"> 當聾人或弱聽人士有時沒有完全理解對話時，他們有機會猜測或點頭 可能的原因：不想被認為「愚蠢」，不想麻煩他人 	<p>務必不斷確認，並要求服務使用者覆述重要概念</p> <ul style="list-style-type: none"> 在第一節先指出部份心理學概念是抽象而複雜的，任何人都難以理解 考慮將「你明白嗎？」替換為「我解釋得足夠清楚嗎？」

Useful techniques

Questioning strategies

Previous service experiences suggest that it is not uncommon for DHH clients not to answer questions for multiple reasons.

Possible Reasons	Possible Methods
1. The DHH client misunderstands the messages	The therapist may explore different questioning styles and see which one is more understandable to the specific needs of different groups of DHH clients. The SI may suggest alternative questioning strategies and wordings for better presentation of the therapist's ideas and messages
2. The DHH client fails to understand the message but reacts by saying something.	The therapist can create a safe and respectful environment and let the DHH client know that it is fine to ask for clarification when encountering comprehension problems
3. Meaning was lost during translation:	
a. Inaccurate interpretation	The SI should clarify with the therapist and/or the DHH client if any mismatched answers are noted. The SI may also seek the therapist's advice on the intended meaning of particular questions/wordings for more accurate interpretation.
b. Questions are too long.	The therapist may separate a long sentence into parts, each expressing only one or two main concepts.
c. Questions are too abstract.	The therapist may use other questioning strategies to make the questions more concrete. If abstract concepts are involved, tools and objects can be used for further explanation.
d. Wordings used are not common in the DHH population or do not have an established equivalent in sign language.	The SI can inform the therapist of this situation and come up with another way of expression that better presents the idea to the DHH client. A hearing SI is also encouraged to solicit advice from a Deaf SI/staff in the team, if available.
4. The DHH client tries to explain in his/her own way.	The therapist respects the DHH client's way of explanation and tries to understand what they are trying to express. Assistive tools, such as paper, pens, colour pencils, and dolls, should be available.
5. The responses reflect the DHH client's mental state, such as feeling confused, disorganised, inattentive, etc.	The therapist may further investigate the mental state of the DHH client in different ways, including but not limited to extending behavioural observations, discussing with the SI regarding the norms of emotions and/or language expressions in the DHH population, and reviewing the literature on DHH mental health.

However, differentiating and determining the reasons behind DHH clients not giving adequate responses may be complicated. Although there are no perfect solutions to address this issue, therapists and sign interpreters can use different strategies to avoid above situations.

其他技巧

發問和選詞

從以往的服務經驗來看，聾人或弱聽服務使用者有時不會按照治療師的意圖回答問題，這種情況並不少見，可能出於幾種原因。

可能的原因	可能的解決方法
1. 服務使用者誤會了訊息。	治療師可使用不同的提問方式，看看哪種方式更有助服務使用者理解。 手語傳譯員也可以為治療師建議某些提問方式和措辭，以便更好地向服務使用者展示治療師的想法和訊息。
2. 服務使用者未能理解對話訊息，但嘗試回答點甚麼。	治療師可以創造一個安全且互相尊重的環境，讓服務使用者知道如果他/她理解時遇到困難，可以要求釐清。
3. 意思在傳譯過程中有所遺漏：	
a. 傳譯不準確。	如果注意到任何與問題不脛合的答案，手語傳譯員應向治療師釐清。手語傳譯員可尋求治療師的建議，了解該問題/措辭的意圖及其背後含義，以更準確地傳譯。
b. 問題過長	治療師可以將句子分成幾個部分，每個部分只包含一個或兩個主要概念。
c. 問題過於抽象	治療師可以使用其他提問方式，使問題更具體。如果問題涉及抽象概念，可以借助工具和實物進一步解釋。
d. 使用的措辭在聾人群體中並不常見，或者未有已有的手語翻譯用詞。	手語傳譯員可以將這種情況告知治療師，並討論出另一種表達方式，更好地向服務使用者展示這個想法。也鼓勵健聽手語傳譯員向團隊中的聾人手語傳譯員/工作人員徵求意見（如有）。
4. 服務使用者試圖用他/她的方式解釋。	治療師可尊重服務使用者的解釋方式，並嘗試理解他/她想要表達的意思。治療師應該向服務使用者提供輔助工具，如紙、筆、彩色鉛筆和娃娃。
5. 反映服務使用者的精神狀態，如困惑、雜亂無章、注意力不集中等。	治療師可通過不同方式進一步調查服務使用者的心理狀態，包括但不限於廣泛的行為觀察、根據聾人或弱聽人士的情緒和/或語言表達規範與手語傳譯員討論，以及查閱有關聾人或弱聽人士精神健康的文獻。

然而，服務使用者未有給予充分回應的原因，治療師有可能難以區分和確定。雖然未必有完美的解決方案，但治療師和手語傳譯員可用不同策略來避免和應對以上情況。

The choice of questioning strategies is highly dependent on individual differences, such as the educational background and culture of the DHH clients. Therefore, the therapist are encouraged to ask the DHH clients their backgrounds and communicational needs.

The following are some examples of questions, responses, and wordings collected from our previous services:

Open-ended questions can sometimes be too broad to answer. For example, when the therapist asks, "How do you feel? (你覺得點?)", the DHH client always replies "Ok", just like many hearing clients. As DHH clients usually need more prompting during therapy, follow-up questions to narrow down and explore their recent incidents/encounters, emotions, reflections, etc., in a stepwise manner are helpful. Examples include "How has work been recently? What differences are there compared to the previous week? What has improved? What has gone worse?". If the therapist intends to receive a more specific answer, closed-ended questions can be used.

Close-ended questions are more likely to receive answers that satisfy the intention to inquire, such as true or false questions ("Do you feel angry?") and multiple choice questions ("How does this incident affect you?" A. No impact; B. Minor impact; C. Significant impact.)

Moreover, **open-ended questions** involving abstract ideas, such as time and emotions, can be challenging to answer. For example, when the therapist asks questions with the word "just now (頭先)", the reference to time is too vague for DHH clients to comprehend. Some clients may wonder if it refers to the morning of the day, 10 seconds ago, and so on. In this case, the therapist should specify a timeframe.

Tools can be used to support the explanation of abstract concepts, for instance, a timeline for representing time and a level grading tool for feelings and emotions that guides DHH clients to respond more specifically.

Use of metaphor

Metaphors help explain and talk about emotions and feelings. However, some metaphors are less deaf-friendly, such as those that include sounds or experiences that allude to hearing (for instance, feeling anxious whenever you hear the alarm ring, feeling relaxed when hearing the chirpings of birds and breeze of the wind, feeling suffocated in noisy and chattery environments). Therefore, it is worth noting that the metaphors used in therapy sessions should be deaf-friendly for ease of understanding. Examples could be visually and somatically reliant or in the form of a story so the DHH client finds them more relevant to their daily life experiences.

提問方式的選擇相當取決於服務使用者的教育背景和文化等個體差異。因此，治療師應詢問聾人或弱聽服務使用者的背景和溝通需要。

以下是過往服務中的問題、回應和措辭的一些例子：

開放式問題有時可能過於空泛而難以回答。例如，當治療師問，「你感覺如何？（你覺得點？）時，聾人或弱聽服務使用者總是說「Ok」，如同許多健聽服務使用者一樣。由於聾人或弱聽服務使用者在治療期間通常較為被動，因此十分建議治療師主動追問，以逐步收窄提問範圍的方式，探索服務使用者最近發生的事件/遭遇、情緒、反思等。例子包括「最近工作怎麼樣？與上週相比有何不同？有甚麼改善？有甚麼變得糟糕了？」如果治療師想要得到更具體的答案，可以使用封閉式問題。

封閉式問題更容易得到符合問題意圖的答案，例如是非題（「你感到生氣嗎？」）和多項選擇題（「這件事對你有甚麼影響？」）：A. 沒有影響；B. 輕微影響；C. 重大影響。

此外，涉及時間和情緒等抽象概念的**開放式問題**，也可能難以回答。例如，當治療師用「剛剛（頭先）」這個詞提問時，這個時間的指稱對於聾人或弱聽服務使用者而言，可能太過空泛。以致於有些服務使用者會想知道，「剛剛」是否指的是當天早上、或10秒前等。在這種情況下，治療師應該指明時間範圍。

工具可以用來協助解釋抽象概念，例如，用於表示時間的時間線和用於展示感受和情緒的情緒量表有助服務使用者更具體地回應。

運用比喻

比喻對於解釋及談論情緒和感受很有用。但有些比喻不太方便聾人理解，例如包含聲音、或依靠聽覺經驗的隱喻（例如，聽到警鐘響起時感到焦慮，聽到鳥鳴和風聲時感到放鬆，在嘈雜和喋喋不休的環境感到窒息）。因此，值得注意的是，治療過程中使用的比喻應該是聾人容易理解的。例子可以是關於視覺和觸感的，也可以是以故事形式的，以便聾人或弱聽服務使用者聯想到他們的日常生活經驗。

The following are some metaphors used in previous therapy sessions to elaborate on some concepts:

"Visualising overwhelming emotions": The therapist may invite the DHH client to grab a water-filled bottle tightly or loosely. When the bottle is grasped tightly, the water overflows, symbolising feeling overwhelmed as one tenses up.

"What will happen if we push the anxiety away?": "Mr Scary, an imaginary character, keeps knocking on your door to find you. Why do you think he is finding you? Perhaps he is trying to warn you about dangers. If you cover his mouth and push him away, he may disturb you even more intensely. However, if you listen to him and express your emotions whenever necessary, he might acknowledge you, understand the danger, and leave without knocking on your door". This story illustrates that feeling anxious is necessary for protecting oneself, and pushing emotions away may sometimes backfire."

"Importance of prioritising self-care": "When you are wandering in a desert with your legs hurt, what is most ideal is to sit down and take care of the injury first. Then, stars guide the directions at night to lead you out of the desert."

"How does "Pressure" feel like?": The therapist may invite their DHH client to imagine as if the brain is swollen or to sign "PRESSURE" with movements mimicking the compression of one's heart.

"How does 'Being wrongly accused' feel like?": The therapist may invite their DHH clients to imagine the feeling of a string in the chest pulling the heart backwards.

"Crying is not weak": Using "rain" to refer to the DHH client's grief and presenting "a dam" on a mountain to trap the rain. However, as time passes, the water overflows, or the dam collapses, and the trapped water rushes down to the village below the hill. Tell the DHH client that this phenomenon is normal because the water in the dam cannot evaporate by itself. If water is not diverted and occasionally released, the dam collapses. This implies that setting a space for oneself to release emotions is necessary, and crying is one such method.

"Why can anxiety sometimes be beneficial?": The analogy involves a war scenario, in which a soldier wears too heavy armour and a helmet to protect themselves, as the situation is precarious. However, when the soldier finally enters a village, he cannot verify how safe the place is. In this case, should the soldier take off the armour to sleep as he is very tired? The DHH clients usually understand that it is normal for the soldier to be afraid of removing the protection. This analogy may help the DHH client understand that anxiety is sometimes useful and acceptable. However, one must learn to differentiate between real dangers (when being anxious is meaningful) and "false alarms" (when being anxious becomes an overreaction)

The therapist may then generate follow-up questions related to the metaphors, such as "Then, who do you think is pulling the string?" when the metaphor of "being wrongly accused" is used.

以下是在過去在此計劃的治療經驗中曾使用的一些比喻，用於詳細說明所提到的概念：

形象化「難以承受的情緒」：治療師可能會邀請服務使用者緊緊或輕輕地抓住裝滿水的瓶子。緊握瓶身時，水溢出，象徵難以承受的緊張不堪。

「如果我們把焦慮趕走，會發生甚麼事？」：「阿驚是一個虛構的角色，會一直敲你的門來找你。你覺得他為甚麼要找你？也許他是想警告你注意危險。如果你摀住他的嘴把他推開，他可能會更焦急地打擾你。但是，如果你聽他的話，在必要的時候表達你的情緒，他可能會認為你已經知道有危險，然後不再敲門並離開。」這個故事說明，「焦慮」有其重要功能，而排斥情緒有時會適得其反。

「優先自理的重要性」：當你在沙漠中流浪時雙腿受傷，最理想的做法是先坐下來處理傷患。然後，星星會在晚上為你指引方向，帶你走出沙漠。

「『壓力』的感覺如何？」：治療師可請服務使用者想像大腦發脹的感覺，或者，做出「壓力」的手語，模仿心臟受壓的動作。

「『被冤枉』是甚麼感覺？」：治療師可請服務使用者想像胸口有根繩子將心臟向後拉的感覺。

「哭泣並非軟弱」：用「下雨」來比喻服務使用者的悲痛，而「堤壩」則建於山上蓄積雨水以防止洩水。然而，隨著時間的流逝，水會氾濫，或堤壩坍塌，被困的水會沖向山下的村莊。這種現象是正常的，因為堤壩裏的水不能自行蒸發。如果水沒有被轉移或偶爾被釋放，堤壩就會倒塌。這意味著，為自己設置一個釋放情緒的空間是必要的，而哭泣就是其中一種有效的方法。

「為甚麼焦慮有時是有益的？」：比喻包含了戰爭場景——士兵因為戰況非常危險而穿起很多盔甲和頭盔保護自己。後來，士兵到達了一個村莊，但無法確定它是否絕對安全。在這種情況下，士兵是否應該脫下讓他難以放鬆和入睡的盔甲？服務使用者通常理解，士兵害怕解除用作保護的盔甲是自然的。因此，焦慮有時是有用的，而且是可以接受的。然而，人們需要學會區分實際危險（當焦慮確實有提示和保護作用時）和「錯誤警報」（當焦慮變成反應過度時）。

然後，治療師可提出與比喻相關的後續問題，例如當使用「被冤枉」的隱喻時，可以追問「那麼，你認為誰在後面拉著繩子？」。

Use of tools

Emotion scales: Scaling questions visually helps clients show the intensity of their feelings and emotions.

List of persons and organisations mentioned by the DHH client: The therapist may take notes and generate a list of names to facilitate communication when complex interpersonal relationships are involved. This also helps both the sign interpreter and the DHH client to be clear about whom the therapist refers to in the conversations.

Timeline: This includes a line incorporating the DHH client's key life events chronologically. The timeline allows the therapist to point to a specific timeframe to focus the discussion on the issue and avoid confusion regarding past, current, and future incidents.

Ice bag/a can of ice-cold soft drink: This readily available tool helps illustrate emotion regulation and distress tolerance skills. When the DHH client experiences intense emotions (e.g., anger and irritability), the therapist can invite them to put an ice bag/soft drink on their chin to calm the nerve. This method has also been used effectively with hearing clients.

Dolls: Different dolls can represent specific people such that the DHH client can describe the actions through interacting with the dolls. Some clients find it difficult to tell their stories in a first-person narrative. Therefore, representing personal stories with dolls and models from a third-person perspective might help. By externalising and maintaining distance from one's account, clients may view incidents more objectively and gain insights through the process.

Scan to watch the video:



[Demonstration video 9:
Tools - Emotion scales](#)

Scan to watch the video:



[Demonstration video 10:
Tools - Listing names on paper](#)

運用工具

情緒量表: 以視覺形式呈現量度式問句 (Scaling question) 有助聾人或弱聽服務使用者表達他們的感受和情緒的強度。

服務使用者提到的個人和機構名單: 當涉及複雜的人際關係時，治療師可寫下筆記並製作一份名單以促進溝通。這也有助手語傳譯員和聾人或弱聽服務使用者清楚治療師在對話中指的是誰。

時間線: 這是一條包含聾人或弱聽服務使用者生命中關鍵事件的線，按時間排序。時間表讓治療師指出一個特定的時間範圍，以便集中討論在特定問題上，避免混淆過去、現在和未來的事件。

冰袋/一罐冰鎮的飲料: 這是一種現成的工具，有助說明情緒調節和承受痛苦的能力。當聾人或弱聽服務使用者經歷強烈的情緒（例如憤怒和易怒）時，治療師可以邀請他/她將冰袋或飲料放在他/她的臉頰上作舒緩。此技巧對健聽的服務使用者也有效。

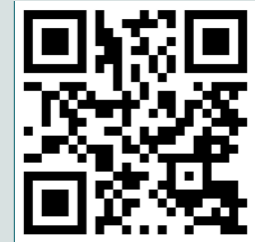
玩偶: 不同的玩偶可以用來代表特定的人，這樣聾人或弱聽服務使用者就可以第三身角度描述玩偶的行為，可能是說話或手語，並與玩偶互動。有些服務使用者發現很難以第一人稱敘述自己的故事。因此，從第三人稱的視角運用玩偶和模型可能會有所幫助。通過外化和與個人故事保持距離，服務使用者可以更客觀地看待事件，並從中獲得見解。

示範影片:



[示範片段 \(九\) :
運用工具 - 量度程度表](#)

示範影片:



[示範片段 \(十\) :
運用工具 - 人物關係圖](#)

Exercises

Relaxation exercises

Similar to therapy sessions with hearing clients, relaxation exercises such as abdominal breathing and muscle relaxation are common. Some exercises may require clients to close their eyes to imagine. However, this may not be applicable to DHH clients because they rely on visual information inputs. Therefore, DHH clients should be instructed to close their eyes for the exercise only after all instructions and procedures have been clearly explained. An alternative to closing one's eyes would be instructing DHH clients to look at a certain point for relaxation. When signing is involved, the therapist and the sign interpreter should adjust their positions to ensure that the signing DHH client can watch the signing at the same time. The therapist may emphasise that it is the DHH client's choice to close their eyes.

If the DHH clients choose to close their eyes, signals should be used to indicate the end of the exercise. In face-to-face sessions, tapping one's shoulder or knee is a common cue for signalling the start and end of exercises. If the session is delivered online, the therapist may recommend that the DHH client sets a vibrating timer as a reminder of the end of the exercise.

The feelings or sensations of hearing clients are sometimes checked during the exercise. However, as DHH clients must close their eyes, it is disturbing to prompt them to answer questions in the middle of the exercise. Therefore, they are encouraged to return to their feelings after the exercise.

Scan to watch the video:



[Demonstration video 11:
Relaxation Exercises](#)

練習

放鬆練習

與健聽服務使用者的治療類似，腹式呼吸和肌肉放鬆等放鬆練習很常見。有些練習可能需要服務使用者閉上眼睛想像。然而，這可能不適用於聾人或弱聽服務使用者，因為他們依靠視覺獲得資訊。因此，只有在清楚地解釋了所有說明和程序之後，才可指示服務使用者閉上眼睛進行練習。除了閉上眼睛，另一種方法是指示他們注視某個點來放鬆視覺，而治療師和手語傳譯員應調整他們的位置，確保聾人或弱聽人士服務使用者可以同時看到手語。治療師可強調，服務使用者也可以選擇閉上眼睛。

如果聾人或弱聽服務使用者選擇閉上眼睛，則應使用信號來表示練習結束。在面對面的會談中，輕拍肩膀或膝蓋，是表示練習開始和結束的常見提示。如果課程以網上形式進行，治療師可能會建議服務使用者自行設置振動計時器，作為練習結束的提醒。

有時，治療師會在練習過程中檢查健聽服務使用者的感受或感覺。然而，由於聾人或弱聽服務使用者可能會閉上眼睛，在練習過程中請他們回答問題會干擾他們，因此治療師可鼓勵他們在練習後表達自己的感受。

示範影片：



[示範片段（十一）：
呼吸放鬆練習技巧](#)

In vivo exposure

Before the in vivo exposure exercise, the therapist must clearly explain the process and safety measures to DHH clients, and if necessary, with the support of a sign interpreter. It is also important to let DHH clients know they have the right to stop or pause during the exercise if they feel discomfort.

When DHH clients directly face a feared stimulus during an in vivo exposure exercise, the therapist must check their state instantly. Under the signing condition, although there is a time lag in sign interpretation, the therapist can still ask the DHH clients questions during the process or use diagrams to facilitate feedback. In addition, the therapist should attune to their DHH clients' non-verbal reactions to their anxiety or worries before conducting the in vivo exposure. The following points should be noted when performing these exercises:

- Inducing panic: During the exercise, the therapist should keep observing the reaction and non-verbal responses of DHH clients, such as deep breathing and facial expressions of fear, and intervene by asking about their feelings whenever appropriate. Some DHH clients also talk proactively about their feelings in sign language when they experience discomfort.
- Anxiety: Before the exercise, the therapist can prepare a diagram or a scale for DHH clients to indicate their anxiety levels and invite them to point to the scale showing the intensity of their feelings. The therapist can plot the level on a whiteboard to form a chart for a follow-up consultation.

實境暴露療法 (In vivo exposure)

在開始實境暴露的練習前，治療師必須在手語傳譯員的幫助下，向聾人或弱聽服務使用者清晰地解釋練習過程及安全措施。此外，服務提供者務必讓聾人或弱聽服務使用者知道，如果他們在練習過程中感到任何難以忍受的不適，他們有權終止或暫停練習。

當聾人或弱聽服務使用者在實境暴露練習中直接面對令其害怕的物體或情況時，治療師應即時檢查他/她的狀態。在使用的手語情況下，雖然手語傳譯會有時間延誤，但治療師仍可在過程中向聾人或弱聽服務使用者提問，或使用圖表快速取得回應。此外，進行練習之前，治療師須先掌握當事人面對焦慮或擔憂時的非口語反應。在進行練習時應留意以下重點：

- 誘發恐慌：在練習過程中，治療師應不斷觀察聾人或弱聽服務使用者的反應以及非口語回應，包括深呼吸或恐懼的表情，並在適當的時候詢問其感受。部分聾人或弱聽服務使用者出現不適時，會主動用手語訴說自己的感受。
- 焦慮：在練習前，治療師可準備一張焦慮程度的圖表或量表，並邀請聾人或弱聽服務使用者，在練習過程中即時指出圖表上的程度，表達當刻所經歷的焦慮。治療師可以將程度記錄在白板上，製成折線圖後再作跟進。

Briefing and debriefing for each session

Pre-session briefings are essential for the therapist and the sign interpreter's smooth and effective collaboration during service delivery to the DHH client. During the briefing session, the therapist and the interpreter may:

- Discuss the points to note during the therapy session, including its procedures and aims, background information of the DHH client, the work style of the therapist, common questions, and seating arrangement.
- Bring up any abstract and complicated terminologies and tools to be used during the therapy session to allow the interpreter sufficient time to identify appropriate signs or make any particular adaptations and modifications in signing beforehand.
- Discuss how to interrupt appropriately and offer clarifications spontaneously and effectively during the therapy session.
- Agree on using some "warning signals" to indicate the sign interpreter's state of being. For example, the interpreter may tap on an armchair to notify the therapist to halt the service because the sign interpreter does not feel comfortable to continue interpreting because of certain technical issues or the interpreter experiences some unsettling emotions.

When signing is involved, the therapist and the interpreter work as a team to adjust the delivery and communication for effective therapy. In the post-session debriefing, the therapist and the interpreter will evaluate their communication effectiveness together and determine if there are uncertainties or areas requiring clarification during the therapy session. These issues are worth discussing because the emotional expressions of their DHH client who use sign language differ from those of hearing people. For example, DHH people's facial expressions or other non-verbal cues may not necessarily reflect their emotions owing to the nature of sign language. In short, the therapist and interpreter may:

- Highlight what has been observed and things that they feel questionable of during the session, and discuss whether they should take note of it for future reference
- Clarify the specific questions asked by the therapist or the client during the session
- Check whether the interpreter has any emotions that need addressing
- Discuss the focus of the next therapy session so that both can prepare well for the next session

Scan to watch the video:



[Demonstration video 3: Pre-session briefing](#)

Scan to watch the video:



[Demonstration video 4: Post-session debriefing](#)

每次會談前後的會議

會談前簡介 (Briefing) 對於治療師和手語傳譯員而言很重要，有助他們順利地合作，並為聾人或弱聽服務使用者提供適切的服務。在簡介會議期間，治療師和手語傳譯員可以：

- 討論治療過程的注意事項，包括治療流程和目的、聾人或弱聽服務使用者的背景資料、治療師的工作風格、常見問題和座位安排。
- 預早提出會談時須用到的抽象、複雜的術語和工具，讓傳譯員事前有充足的時間搜尋合適的手語，或在手語上作出特別的調整和修改。
- 討論如何在治療期間適當地打斷交談，並立即順暢而有效地作出釐清。
- 協議提示信號，例如，當手語傳譯員在治療過程中，因自身的情緒狀態或技術緣故而無法繼續傳譯時，他會敲擊扶手椅通知治療師停止。

當治療過程中包含手語時，治療師和傳譯員須視對方為團隊合作伙伴，共同為達致有效治療目標而調整傳遞內容和溝通的方式。在會談後的會議 (Debriefing) 中，治療師和手語傳譯員會一起評估溝通是否有效，並確定合作過程中是否存在不確定，或需要釐清的地方。這些地方都很值得討論，因為使用手語的聾人或弱聽人士的情緒表達與健聽人有不同，例如由於手語的性質，他們的面部表情或其他非口語提示不一定反映情緒。總而言之，治療師和傳譯員可以：

- 強調會談期間觀察到，或有疑問的地方，並討論他們應否在未來繼續留意這些部份。
- 釐清會談中由治療師或服務使用者提出的具體問題檢查傳譯員是否有任何需要處理的情緒反應。
- 討論下一節治療的重點，讓雙方提前為下一節做好準備。

示範影片：



[示範片段 \(三\)：會面前預備](#)

示範影片：



[示範片段 \(四\)：會面後討論](#)

Expressing empathy when cooperating with sign interpreters

Non-verbal responses: Nonverbal responses such as facial expressions and gestures are essential for connecting with DHH clients because their communication is heavily visual. In cases where the therapy session involves sign interpretation which usually consists of a time lag, DHH client's emotions may not always be in sync with the sign interpretation, thus causing a lack of correspondence in expressing empathy on the part of the therapist. For example, when the interpreter is still interpreting specific depressing issues mentioned by the DHH client, the DHH client may have already transitioned to narrating some light-hearted matters. Under these circumstances, the therapist should pay close attention to the non-verbal responses and mirror the DHH client's emotions as closely as possible.

Verbal responses: Therapists can show their understanding and empathy also through verbal responses, either in speech or written language, between the monologues of the DHH client, similar to how they react to their hearing clients. Although there may be a time delay in sign interpreting verbal responses to the signing DHH client, the sign interpreter will find an appropriate time to transfer the message to them.

Speech rates and pauses when cooperating with sign interpreters

To facilitate interpretation, the therapist may adopt an average or slightly slower speed when explaining complex concepts. The sign interpreter may also remind the therapist about their speech rate using special signals.

However, the therapist does not need to wait for the interpreter to complete the interpretation before proceeding to the following sentence. As mentioned in the previous section of this guide, a lag time of approximately 2-4 seconds is commonly noted in the interpretation. A well-trained sign interpreter interrupts at an appropriate time if they have difficulty catching up with the therapist's speech.

Scan to watch the video:



[Demonstration video 7:
Verbal responses](#)

表達同理心（當與手語傳譯員合作時）

非口語回應：非口語回應，例如面部表情、動作等，有助治療師與聾人或弱聽服務使用者建立直接聯繫，因為他們的溝通非常依靠視覺。在牽涉手語傳譯的個案裏，因傳譯需時，時間延誤通常都存在。因此聾人或弱聽服務使用者的情緒，可能不總是與傳譯的內容同步，導致治療師欠缺了用以對應表達同理心的部份。例如，當傳譯員仍在傳譯服務使用者之前提到的令人沮喪的問題，服務使用者已經過渡到談論一些輕鬆的事情時。在這個情況下，治療師可因應透過觀察服務使用者的非口語表達作出相應的反應，愈緊貼愈好。

口語回應：治療師可以在聾人或弱聽服務使用者的獨白之間，作出口語或文字回應，來表達對他們的理解和同理心，情況與對待健聽服務使用者類似。儘管面對使用手語的聾人或弱聽服務使用者時，傳譯員在傳譯治療師的口語回應上會有時間延誤，但手語傳譯員會找到合適的時間將信息傳遞給服務使用者。

講話速度和停頓（當與手語傳譯員合作時）

為促進傳譯，治療師在解釋複雜概念時，可採用正常或稍慢的速度促進傳譯。手語傳譯員也可在會談前和治療師協議出一個特別信號，用以提醒治療師調整的說話速度。

然而，治療師無須等待手語傳譯員完成傳譯後再說下一句。如本指引上一節所述，傳譯中通常會有大約 2-4 秒的時間延誤。訓練有素的手語傳譯員，在未能跟上治療師的說話時，會在適當的時間打斷治療師。

示範影片：



[示範片段（七）：
回應和翻譯時間差距](#)

Translations between spoken language and sign language

Some words in spoken language may not have a directly correspondent sign in sign language, and vice versa. Therefore, professional exchanges between the therapist and the sign interpreter are highly recommended to ensure that the intended meanings of the questions/words are accurately conveyed. For example, the question word "when (幾時)" in Cantonese is a generic term with several references: date (幾年幾月), time (幾時), occasions (嘅乜嘢情況) and precedent (之前發生乜嘢事/做緊乜嘢嘅時候). However, there is no direct corresponding generic sign in HKSL. In other less formal discourses, the sign interpreter usually interprets it as "what time", "which day", "which date", etc., or even adds elaborations such as "before the start of this semester", "after finishing the work", and so on, to cope with the context of interpretation. However, such a way of doing may not be appropriate in the context of mental health interpretation. The sign interpreter can remind the therapist about word choice during therapy on the spot. Aware of the situation, the therapist can become more explicit or discuss alternate ways of expression with the sign interpreter to better communicate with the DHH client.

Scan to watch the video:



[Demonstration video 6:
Questioning and clarification](#)

口語和手語之間的翻譯

關於措辭，口語中的一些詞可能沒有直接對應的手語，反之亦然。治療師和手語傳譯員進行專業交流是非常建議的，以確保能夠準確傳達問題/措辭的意圖帶出的含義。例如，粵語中的疑問詞「何時（幾時）」被認為是通用用詞，可以指代日期（幾年幾月）、時間（幾時）、場合（嘅邊到）和觸發事件（發生咩事/做緊咩嘅時候）。然而，香港手語中沒有直接對應的通用用詞。在其他話語和傳譯場景中，手語傳譯員通常會基於對對話上文下理的理解，直接將其傳譯為「甚麼時間」、「星期幾」、「哪一天」等，甚至添加特別例子如「本學期開始前」、「完成工作後」等。然而，這樣的處理方式或不適用於精神健康場景。因此，手語傳譯員可以在治療過程中立即提醒治療師此等選詞的限制，治療師意識到這種情況後，可嘗試更明確地發問，或與手語傳譯員討論表達方式，以與聾人或弱聽服務使用者有更佳的溝通。

示範影片：



[示範片段（六）：
問題和翻譯用語](#)

Clarifications on signing DHH's facial expressions or non-verbal responses

DHH people who use sign language also express emotions through facial expressions, signing speed, signing space, and sign variants. These features partly overlap with the grammatical features of sign language. Since most therapists are unfamiliar with sign language, they may need help to distinguish between the representation of emotions revealing psychological states and the facial expressions associated with sign language grammar. If atypical manifestations of facial expressions or special situations are observed, in that case, the therapist can raise such issues during the post-session debriefing and ask for professional advice from the sign interpreter.

If the therapist notices that it takes much longer time for the interpreter to interpret a question or an answer during the therapy session, they are recommended to step in and check with the interpreter to see what is going on, and could provide further assistance such as asking the question in another way or providing examples to make the question more easily understood. The therapist and the interpreter should also discuss the troublesome parts during the debrief session in order to avoid the same situation in future sessions

Scan to watch the video:



[Demonstration video 8: Debriefing - collaboration with SI](#)

Scan to watch the video:



[Demonstration video 6: Questioning and clarification](#)

釐清用手語的聾人或弱聽人士的面部表情和非口語回應

聾人或弱聽人士通過面部表情、手語速度、手語空間和手語變體的選擇來表達情感。這些元素與部分手語的語法特徵重疊。由於治療師不熟悉手語，他們很難區分情緒表達和手語語法。如果觀察到非典型的表情或特殊情況，治療師可以在會談後的會議中提問，並向手語傳譯員尋求專業建議。

如果治療師注意到問題或回應的傳譯比預期中長，建議在會談期間介入，與傳譯員確認發生了甚麼事，並提供進一步的協助，例如以另一個方式問問題，或提供例子令問題更易理解。治療師和傳譯員也應該在會談後會議時，討論棘手的部分，避免未來再發生一樣的情況。

示範影片:



[示範片段 \(八\) : 會面後 - 與手語傳譯的協作 \(觀察情緒\)](#)

示範影片:



[示範片段 \(六\) : 問題和翻譯用語](#)

Useful techniques when serving DHH clients who use spoken language

The experiences of serving DHH clients who use spoken language may be like serving hearing clients, as the therapy is conducted in spoken language. However, the concern for effective communication in the DHH context does require careful planning and adoption of therapeutic skills and visual cues to suit their needs.

Non-verbal responses for expressing empathy

DHH clients who prefer spoken language are also sensitive to the benefits of visual cues. Although the communication between the DHH client and the therapist relies on spoken language, instant responses to the DHH client's non-verbal responses, including facial expressions and gestures, boost empathy for the DHH clients.

Speech rates and volume

Even though signing is not involved in the therapy, therapists may adopt a slightly slower speed and louder voice throughout the conversation so that the DHH client can have enough time to process speechreading and for their hearing device to perceive the sound more readily. It is necessary to understand that not all DHH clients may choose to use a hearing device due to various reasons (e.g. some may find it painful while using the device, some may find it unhelpful as the background noise may be accentuated, some may choose not to use it as they are not ready to come out as a DHH person in public, and some may not use it due to financial reasons). While it is sometimes helpful to explore the pros and cons of using a hearing device with the DHH client, the therapist needs to respect the choice of the DHH client.

Some DHH clients may find live-captioning services helpful. If a live-captioning service is in use, a slower speed and louder voice may facilitate generating more accurate captions, though they will not be 100% accurate.

Sometimes, the DHH client may fail to perceive the therapist's speech adequately even though the voice level is quite loud. In that case, the therapist can set up an FM system to amplify the voice or identify additional visual ways to support communication.

It is not advisable to yell or use an excessively loud voice during therapy as the DHH client may perceive it as disrespectful. It is also not a healthy and sustainable method for the therapist to adopt. (See more details about live-captioning services and FM systems in Section 5.2.3 Visual, language and technological support.)

Clarifications

Although some DHH client is used to communicating in spoken language, constantly perceiving speech as adequately as possible remains challenging. Therefore, the therapist can stop and clarify with the DHH client when noticing mismatches in the conversation. The therapist should also check the accuracy of the live captions, if available, and clarify as soon as significant errors occur.

服務使用口語的聾人或弱聽服務使用者的實用技巧

由於治療以口語進行，服務使用口語的聾人或弱聽服務使用者的體驗，和服務健聽服務使用者相似。但如要與聾人或弱聽使用者達致有效溝通，即需要更仔細地計劃流程、運用治療技巧及視覺提示以配合其溝通需要。

使用非口語回應表達同理心

選擇使用口語的聾人或弱聽服務使用者同樣能受益於視覺提示。縱然服務使用者和治療師依靠口語溝通，但即時回應服務使用者的非口語表達，如面部表情和手勢動作，能提高對服務使用者表達的同理心。

語速和聲量

即使治療過程不涉及手語，治療師仍可使用較慢的語速及較大的聲量，與聾人或弱聽服務使用者對話，讓他們有足夠時間理解讀唇所得的內容，及提升助聽儀器接收語音訊號的清晰度。服務提供者必須理解並不是所有聾人或弱聽服務使用者都會配戴助聽儀器，原因包括配戴所帶來的不適、因環境噪音被一併放大影響助聽效果、不想在公眾場合顯示自己的聽力需要，以及經濟困難等。雖然有時與聾人或弱聽服務使用者探討使用助聽儀器的利弊或有助溝通，但治療師仍須尊重其選擇。

有些聾人或弱聽服務使用者或覺得即時字幕服務有幫助。使用即時字幕服務時，較慢的語速和較大的聲量能有效提升語音辨識的效果，生成更準確的字幕，但須留意其內容並不會百分百準確。

有時候，縱使治療師已提高至頗大的聲量，聾人或弱聽服務使用者可能仍未能充份接收到治療師的說話內容。這時候，治療師可設置無線調頻系統去擴大音量，或找出其他視覺方式去支援溝通。

我們並不鼓勵在治療過程中叫喊或使用過大的聲量說話，因聾人或弱聽服務使用者或會覺得不被尊重。使用過大的聲量說話對治療師來說也不是健康和可持續的方法。（有關即時字幕服務及 FM 調頻系統，請參閱 5.2.3 視覺、語言與技術支援）

適時釐清內容

雖然部份聾人或弱聽服務使用者習慣以口語溝通，但長時間透過有限度的語音感知去理解對話內容仍是充滿挑戰性的。如治療師發現和服務使用者的對話出現內容不對應的情況，應暫停對話並先和服務使用者釐清內容。如有提供即時字幕，治療師亦應留意其準確度，並在出現嚴重錯誤時立刻作出糾正。

5.4.2.3 Termination phase

The termination procedure is similar to that for hearing clients. However, when discussing therapy termination with a DHH client, the therapist should ensure that it is a collaborative and mutual decision to end the session instead of being perceived by the DHH client as a blunt decision by the therapist.

Some DHH clients may require a referral to other suitable services. After receiving consent for disclosure from the client, the therapist may mention the following points in the referral letter, in addition to the client's psychological diagnosis or need for sign interpretation to support further mental health services:

- Hearing identity, i.e. Hard-of-Hearing / Deaf / Hearing
- Degree of hearing loss
- Use of hearing device (e.g, What is/are used? Which ear is used?)
- Communication support the DHH client prefers
- Basic demographics, including education and family backgrounds

For a full-form sample of the communication needs and background of a DHH client, please refer to Appendix B.

5.4.2.3 終止階段

終止程序與普遍終止與健聽服務使用者的治療程序類似。然而，在與聾人或弱聽服務使用者討論終止治療時，治療師應確保這是一個共同決定，而不是聾人或弱聽服務使用者接受治療師單方面下的決定。

有些聾人或弱聽服務使用者可能需要轉介到其他合適的服務。在取得服務使用者同意後，除了在轉介信中提及有關服務使用者的心理診斷或對手語傳譯的需要外，治療師也可提及以下幾點以支援接下來的精神健康服務：

- 服務使用者的聽力身份，即：弱聽 / 聾 / 健聽
- 聽力損失程度
- 助聽儀器的運用（例如，用的儀器是甚麼？哪邊耳朵在用？）
- 服務使用者偏好的溝通支援
- 基本資料，包括教育和家庭背景

有關記錄聾人或弱聽服務使用者的溝通需求和背景的完整表格樣本，請參閱附件二。

6. SITUATION OF MENTAL HEALTH SIGN INTERPRETATIONS IN HONG KONG

In this section, we will briefly discuss the adoption of sign interpretation in a mental health setting, to prepare service providers for a better understanding if a DHH client requests for this service to support the therapy.

6.1 CURRENT SITUATION AND CHALLENGES

DHH people can receive mental health services in both public or private sectors, but the provision of sign language interpretation services in Hong Kong is not guaranteed by law.

According to the Hospital Authority, healthcare staff may fill in a service request form to arrange interpreters through the service contractor or part-time court interpreters to provide interpretation services on-site or through video communication when necessary. Moreover, mental health interpretation is never included in the medical sign interpretation training contracted by the Hospital Authority. Hence, most interpreters may have limited basic knowledge of psychotherapy, which is important for interpretation and collaboration with mental health professionals.

Owing to uncertainties in interpretation quality and interpreter availability, many DHH people have to ask their family members, friends, or colleagues to help interpret healthcare services, including psychotherapy. Despite these ad-hoc “interpreters” know the DHH clients well, their signing ability or training received might not be good enough to interpret or translate at medical and psychotherapy settings. Research has also documented the possible risks and negative consequences of having a family member serve as interpreters, including the risk of omitting information for personal reasons, lack of interpreting and professional training of the family member, impartiality during interpretation, and experiencing vicarious trauma.

6. 香港精神健康手語傳譯情況

在這一節，我們會簡略討論精神健康場景中的手語傳譯服務情況，以加深服務提供者對相關安排的認識，將來便能更有效地支援需要手語傳譯服務的聾人或弱聽服務使用者。

6.1 現時情況及挑戰

在香港，雖然聾人或弱聽人士可使用公營及私營的精神健康服務，但他們在這些場所和服務中使用手語傳譯服務的權利卻沒有獲任何本地法律保證。

根據醫管局資料顯示，醫護人員有需要時可填寫服務申請表，透過服務承辦商或兼職法庭傳譯員，安排現場或視像手語傳譯服務。但是，現時醫管局承辦的醫療手語傳譯培訓，當中並不包括精神健康傳譯的專業培訓。因此，大部份傳譯員對於與心理治療有關的基本知識有限，惟這些知識對於此類傳譯工作，以及如何與精神健康專業人士協作而言十分重要。

另外，由於傳譯質素和傳譯人手的不確定性，很多聾人或弱聽人士在使用醫療服務（包括心理治療）時，都會找親友或同事幫忙傳譯。雖然這些臨時「傳譯員」對該位聾人或弱聽服務使用者的認識較深，但是他們的手語能力或曾接受的培訓並不一定足以應付醫療或心理治療場景的傳譯或翻譯工作。有研究曾經指出，由聾人或弱聽人士的家 人為其傳譯或會出現一些風險及負面影響，例如家人 因私人理由而省略部份資料、家人缺乏傳譯或專業培訓、在傳譯過程中帶有偏見、經歷替代性創傷等。

6.2 WAYS TO IMPROVE SIGN INTERPRETATION SERVICES IN THE MENTAL HEALTH SETTING

Sign interpreters who are familiar with the DHH community and sign language, can facilitate therapists' understanding of the DHH clients to ensure more effective psychotherapy.

The following points summarize ways to improve the accessibility and quality of service as a reference for sign interpreters and therapists:

ARRANGING SIGN INTERPRETATION SERVICES BY PROFESSIONAL INTERPRETERS THROUGH THE MENTAL HEALTH SERVICE PROVIDERS

Mental health service providers are responsible for arranging sign interpreters for the DHH clients who request such services, to ensure accessible and effective psychotherapy. Service provider should not assume that the DHH client will come along with an interpreter.

Some DHH client may bring along with their hearing family members or friends to take up the sign interpretation duties if interpretation service is not being arranged by the service provider. However, as previously mentioned, this dual relationship

between an interpreter and a DHH client should be avoided in a mental health setting to maintain professionalism and boundaries. To minimise possible harm, it is preferred that the service provider arrange an independent, trained and professional sign interpreter for service provision. In case of any party experiencing difficulties in communication or interpretation during the therapy process, clarification, coordination and/or replacement of interpreter should be arranged as soon as possible.

6.2 改善精神健康傳譯服務的方法

熟悉聾人或弱聽群體和手語的手語傳譯員能協助治療師理解聾人或弱聽服務使用者，從而確保更有效的心理治療。

以下整合數個有助提升服務通達性與質素的方法，給手語傳譯員和治療師參考：

由精神健康服務提供者安排專業手語傳譯員提供服務

精神健康服務提供者有責任為聾人或弱聽服務使用者安排手語傳譯員，以確保心理治療是通達而且有效。服務提供者不應假設聾人或弱聽服務使用者會帶同手語傳譯員出席。

有些聾人或弱聽服務使用者或會因為未獲服務提供者安排手語傳譯服務而帶同健聽親友前來傳譯。但是，正如上文所說，為確保傳譯工作

的專業性和界線，應避免在精神健康場景下造成「雙重關係 (Dual relationship)」。為避免上述問題或其他同類情況，服務提供者宜安排獨立、已受訓的專業手語傳譯員提供服務。另外，如果在治療過程中有任何一方發現溝通或傳譯上出現困難，應盡早澄清、協調及／或安排更換傳譯員。

GAINING KNOWLEDGE ABOUT MENTAL HEALTH AND PSYCHOTHERAPY OF SIGN INTERPRETERS

Sign interpreters should enrich their knowledge in mental health and psychotherapy. Knowledge includes the language used in these settings such as specific vocabularies, jargons and discourse, and common conditions, procedures, and treatments. In view of the need of sign interpretation support, the project developed

and provided Hong Kong's first-ever mental health sign language interpretation training, aiming to enhance trainees' skills in mental health interpretation through lectures, observations, experiential learning and practicum. The training consisted of the following areas:

	Unit	Content
Phase I Theoretical module	(1) Mental health interpretation	<ul style="list-style-type: none"> Mental health discourse analysis Translation and interpretation skills Role-play training
	(2) Mental health theories and services	<ul style="list-style-type: none"> Common mental illnesses Basic psychotherapy theory and skills Mental health models
	(3) Integration and consolidation	<ul style="list-style-type: none"> Common assessments in psychotherapy Process of individual and group psychotherapy
Phase II Supervised training	Practicum and supervision	Provide sign language interpretation support in individual psychotherapy services under the supervision of professional sign interpreter and/or clinical psychologist
	Self-directed learning	<ul style="list-style-type: none"> Reading of book chapters Attending talks and seminars

Interpreters who engage in mental health interpretation should also be active in learning new information such as basic knowledge in new research findings when mental illnesses are still under intensive

research. If a sign interpreter is always willing to keep themselves updated on important mental health information, their performance will surely be trustworthy and helpful.

增加手語傳譯員的精神健康及心理治療知識

手語傳譯員需要加強自身對精神健康和心理治療概念的認識。這些知識包括這類場景中的語言運用（例如專有名詞、術語和語境）、常見狀況、普遍程序及治療方式等。有見及此，此

計劃開辦了本港首個手語傳譯專題培訓（精神健康傳譯），透過面授課程、觀察、體驗學習及實習，提升學員的精神健康傳譯能力。訓練涵蓋以下範疇：

	單元	內容
第一階段—理論學習	(一) 精神健康傳譯	<ul style="list-style-type: none"> 精神健康語篇分析 翻譯及傳譯技巧 角色扮演練習
	(二) 精神健康理論及服務	<ul style="list-style-type: none"> 認識常見精神病 心理治療基礎理論及技巧 精神健康模式
	(三) 整合及鞏固學習	<ul style="list-style-type: none"> 心理治療常用評估 個別或小組心理治療過程
第二階段—督導培訓	實習及督導	在專業手語傳譯及/或臨床心理學家督導下，為個別心理治療服務提供手語傳譯支援
	自我導向學習	<ul style="list-style-type: none"> 篇章閱讀 參與研討會

此外，投身精神健康傳譯的傳譯員需要主動學習新的資訊，尤其當關於心理疾病的研究仍在不斷進行時，傳譯員要對新的研究結果有基本

認識。如果手語傳譯員願意恆常吸收重要的精神健康資訊，他們的表現定必更為可靠，能為服務使用者提供最大幫助。

IMPROVING META-LINGUISTIC AND INTERPRETATION SKILLS OF SIGN INTERPRETERS FOR MENTAL HEALTH SETTINGS

Interpretation techniques used in mental health settings may be quite different from those used in the discourses. For example, metaphors are commonly used in psychotherapy and mastering the skills to convey metaphors and their metaphoric meanings is essential.

As therapists are not familiar with the DHH community or sign language, sign interpreters should assist in observing both the linguistic and extra-linguistic features in the therapeutic process. It is normal for a sign language user to have overt facial expressions because non-manual expressions are an essential part of signing grammar. DHH clients might not really be angry when they are frowning, if they are signing; instead, it might be part of the linguistic feature of a particular lexical sign or a sentential grammatical feature. At the same time, a subtle degree change of widened eyes could be a signal of different tones of emotions, be the signer in anger, in doubt or in tease. Therefore, sign interpreters should inform therapists of these subtle features, facilitating the therapists' understanding of their clients.

Another example includes the turn-taking management skills, such as the timing of asking for clarification and managing conversations before and after clarification.

Based on the familiarity between the parties taking part in a conversation, interpreters sometimes further elaborate on questions

and answers in other settings without clarifications to ensure that both parties understand each other. However, this practice may bring concerns in mental health settings. Therapists may ask questions in a certain way, and the instant linguistic or non-linguistic responses of clients are valuable for their assessment and diagnosis. An interpreter deliberately changing the question type or providing personal elaboration on the therapist's questions may affect the professional judgement and diagnostic accuracy of the therapist.

Therefore, whenever possible and appropriate, interpreters should clarify with the therapist and suggest more understandable ways to present the questions or concepts during the session immediately for the therapist to make final clinical decision, or during the post-session debriefing if otherwise.

Interpreters should also enrich their knowledge in the variations within Hong Kong Sign Language. Like Cantonese users, sign language users also have their own preference in language use due to their age, gender, education level and socio-economic status. Therefore, sign interpreters should interact as far as possible with different DHH people of different backgrounds in daily life. When deemed appropriate, interpreters may ask DHH clients about the type of vocabulary variation that they could most comfortably use and understand.

改善精神健康場景下手語傳譯員的元語言 (META-LINGUISTIC) 和傳譯技巧

精神健康場景下的傳譯技巧與其他場景不同，例如心理治療裡很常運用比喻，所以掌握傳遞比喻及其寓意的技巧對手語傳譯員而言十分重要。

因大部份治療師未必熟悉聾人或弱聽群體和手語，因此在治療過程中，手語傳譯員應協助觀察服務使用者的語言及非語言特徵。手語使用者有明顯的面部表情是很正常的，因為此「非手控特徵 (non-manual expressions)」是手語語法的重要部份——例如聾人或弱聽服務使用者皺眉時不一定是生氣，反而可能是特定手語詞語的語言特徵，或句子的語法特徵。同時，睜大眼睛時隱約的角度改變，亦可以反映不同情緒，例如憤怒、懷疑或譏諷。所以，手語傳譯員應該提示治療師這些隱微的特徵，以助治療師更理解服務使用者。

另一種技巧是話語交替管理技巧 (turn-taking management skills)，例如掌握與對話雙方釐清對話內容的理想時機、以及在釐清前後對對話的管理。

在其他傳譯場景中，傳譯員有時會因應對對話雙方的認識，而在不特別澄清的情況下自

行調整傳譯方式和提問字句，以促進雙方互相理解。但這個做法在精神健康場景中或有隱憂——有時治療師刻意以特定方式發問，而服務使用者即時的語言或非語言回應對治療師進行評估及診斷來說相當重要。傳譯員若自行改變發問方式或解讀治療師的提問，可能會影響治療師的專業判斷和診斷準確度。

因此，假如情況許可，傳譯員應在治療進行期間即時向治療師釐清文句意思，有需要時可提議聾人或弱聽服務使用者更容易理解的表達方法，給治療師參考並作最終決定；如果情況不許可，則可在該節治療完結後向治療師提出。

傳譯員亦需要擴闊自身對於香港手語變體的認識。與廣東話使用者的情況相若，手語使用者的語言使用習慣會因其年歲、性別、教育水平、社經地位等而有所不同。因此，傳譯員應在日常生活中盡量與來自不同背景的聾人或弱聽人交流。有需要時，傳譯員亦可詢問聾人或弱聽服務使用者，哪種手語詞彙變體是他們最能舒服地使用和理解的。

ESTABLISHING A CODE OF PROFESSIONAL CONDUCT FOR SIGN INTERPRETERS

Trust is an important factor in psychotherapy, and confidentiality is one of its bases. A generally acknowledged set of code of professional conduct for all sign interpreters can be developed and implemented so that DHH people can be more

confident in using mental health services without worrying that their privacy will be divulged. The therapist should also explain to the client the relevant code of professional conduct within the therapy process.

IMPROVING COLLABORATION BETWEEN SIGN INTERPRETERS AND THERAPISTS

The in-session collaboration between sign interpreters and therapists is so dynamic and fluid that pre-session preparation and post-session debriefing are highly recommended. Commonly used terms, concepts, procedures, session goals, and treatment plans should be discussed and reviewed.

Furthermore, therapists and sign interpreters should discuss ways to facilitate rapport building between the former and DHH clients.

Since the interpreter is undoubtedly the middleman between the therapist and the DHH client during the therapy process, some therapists or clients may find it challenging to directly build a trusting therapeutic relationship with one another. The three parties are advised to try ways to enhance the building of the relationship such as adjusting the seating arrangement and arranging the therapist to learn basic sign language.

BEING MINDFUL OF ONE'S OWN WELL-BEING AS SERVICE PROVIDERS

Serving clients with a language or cultural background different from their own could be a stressful experience, due to frequent feelings of uncertainty, insecurity, and doubt in the process. Service providers, including both therapists and sign interpreters, should be mindful of their own well-being, voice their needs, resolve problems, and support one another as a team, if deemed appropriate. One should also seek supervision and peer support when facing challenges.

Moreover, sign interpreters should pay extra attention to emotional responses when

relaying personal stories of DHH clients related to trauma, oppression, a sense of hopelessness, helplessness, and so on. Interpreters must be self-aware and acquire self-care skills to regulate or soothe their physical and emotional selves to minimise the chances of vicarious traumatising. If interpreters feel too overwhelmed upon the provision of service, they should voice their concern and needs to the therapist and discuss possible solutions, such as work rearrangements, if needed. Interpreters may also consider seeking help from other therapists for personal issues.

建立手語傳譯員的專業守則

「信任」是心理治療裡十分重要的一環，而「保密」是信任的根基之一。透過建立並切實執行一套獲廣泛認可的手語傳譯員專業守則、及建立相應監管制度，能加強聾人或弱聽人士

使用精神健康服務時的信心，亦不用擔心自己的私隱會被洩露。治療過程中治療師亦應仔細向服務使用者解釋相關專業守則。

改善手語傳譯員和治療師之間的合作

手語傳譯員和治療師的合作是流動並充滿變數的，因此雙方應在每節前後安排準備及檢討會議，以檢視常用字眼、概念、程序、每節目標和治療計劃等。

另外，治療師和手語傳譯員宜就如何促進治療師和聾人或弱聽服務使用者的治療關係多作討

論。在治療過程中，傳譯員毫無疑問是雙方的中間人，但這或令治療師與服務使用者難以直接與對方建立信任關係。因此，三方應嘗試透過不同方法促進關係的建立，例如調整座位安排、安排治療師學習基本手語等。

作為服務提供者，應留意自己的身心健康

為與自身語言或文化背景不同的服務使用者提供服務是一件壓力甚大的事，因為過程中時常會經歷不確定、不安及疑惑的感覺。服務提供者（包括治療師和手語傳譯員）都需要留意自己的身心健康，並在合適的情況下提出自己的需要，與團隊合作解決問題並互相支持。面對挑戰時也應該尋求指導和同儕支援。

另外，手語傳譯員在傳達聾人或弱聽服務使用者與創傷、壓迫、無望感、無助感等有關的個

人故事時，需要格外留意自己的情緒反應。傳譯員必須提高對自己身心狀態的察覺，並掌握自我照顧技巧以調節和安撫自己的身心反應，將經歷替代性創傷的機會減到最低。如果傳譯員在提供服務的過程中覺得難以承受，應及早向治療師提出自己的憂慮和需要，並在需要時討論有關工作安排（如重新安排工作）。傳譯員亦可考慮尋求其他治療師協助疏導個人情緒。

7. CONCLUDING REMARKS

7.1 VISION FOR THE FUTURE

It is hoped that the **Touch My Heart** project serves as a forerunner in providing evidence-based mental health services to DHH people to stimulate relevant professionals and organisations to further develop and conduct research on related topics. It is envisioned

that the converging efforts from different professionals in the future will enable further improvements in mental health services addressing DHH people, ensuring their equal access to effective psychological therapies.

OVERSEAS EXPERIENCES AND GOOD PRACTICES OF SIGN INTERPRETATION

Substantial international and domestic legislation, such as the Human Rights Act and The United Nations Convention of the Rights of the Child, supports equitable access to health and legal services. Some countries have developed well-established mental health services for DHH people; therefore, foreign experience can serve as a reference for further development of mental health services for DHH people in Hong Kong.

Example from the United Kingdom

The United Kingdom government has officially recognised British Sign Language (BSL) as a local language. The Guidance for Commissioners of Primary Care Mental Health Services for Deaf People edited by the Joint Commissioning Panel for Mental Health and SignHealth in 2017 provides very comprehensive practising guidelines for mental health professionals. Note that there are also National Centres for Mental Health and Deafness for the assessment, treatment, and management of complex psychiatric, behavioural, and psychological problems in DHH adults.

In the United Kingdom, the National Health Service (England) published a document listing the principles for providing interpreting and translation services in

the medical setting. This document covers various areas that ensure safe and high-quality interpretation services in the overall healthcare spectrum, including in mental health settings.

The first is the accessibility to services. This ensures that language and communication incompatibility do not prevent DHH people from receiving mental health services of the same quality as hearing people. Several measures have been adopted to achieve this goal. For instance, DHH people are not liable to pay extra fees for interpreting services. Whenever an interpreter is present, a longer consultation period is also offered to accommodate for any additional time for interpretation necessary for effective communication.

7. 總結

7.1 展望未來

在此希望「**輕觸我心**」計劃成為向聾人或弱聽人士提供實證為本精神健康服務的先驅，促進相關專業人士和機構進一步發展及研究有關主題。期望來自不同專業的人士可在未來一同

努力，發展關注聾人或弱聽人士的精神健康服務，確保聾人或弱聽人士有平等機會接受有效的心理治療。

外國手語傳譯經驗和值得參考的做法

重大的國際和本地法例（例如人權法案和兒童權利公約）均支持所有人享有平等使用健康及法律服務的機會。有些國家的聾人或弱聽人士精神健康服務已發展成熟，可供香港作參考，繼續進一步發展本地服務。

英國的例子

英國政府官方已認證英國手語為當地的本地語言。Joint Commissioning Panel for Mental Health 和 SignHealth 在 2017 編寫的The Guidance for Commissioners of Primary care Mental health Services for Deaf People 提到當地設有 National Centres for Mental Health and Deafness，為成年聾人或弱聽人士提供評估、治療以及應對複雜的精神、行為和心理問題。

在英國，國民保健署（英格蘭）出版了一份文件，當中列出在醫療範疇中提供傳譯和翻譯服

務時的原則。這份文件涵蓋不同範疇，確保在整個醫療保健服務中均能提供安全和優質的傳譯服務，當中包括精神健康服務。

第一是服務的通達性，意即確保聾健之間的語言及溝通不相容性（incompatibility）不會妨礙聾人或弱聽人士獲得與健聽人同樣質素的醫療保健服務。它們會採用不同措施以達致這個目標，例如聾人或弱聽人士毋須為傳譯服務繳付額外費用，以及只要有傳譯員在場時，就會延長輔導服務的時間以補償為達致有效溝通而需要的額外傳譯時間。

Second, healthcare service providers should be aware of the importance of sign interpretation. For example, they should be responsible for making appointments with sign interpreters for DHH clients.

Third, it offers a personalised approach to DHH clients' language and communication. This not only includes matching the language requirements or preferences, but also the gender of the interpreter and religious beliefs. Service providers are advised to provide tailor-made psychotherapeutic treatments and processes for the choice of DHH clients.

7.2 BRIDGING THE SERVICE GAPS

Currently, there are still gaps in psychotherapy services for deaf and hard-of-hearing people in Hong Kong, and this project dedicated to exploring and developing possible solutions to bridge these gaps.

The general population usually has an inadequate awareness of the DHH community, resulting in misconceptions, and therapists are no exception to this. Such misconceptions commonly make it hard for therapists and DHH clients build trusting relationships and lead to communication barriers. Therapists are encouraged to actively learn more about the nature and impact of hearing loss to DHH community and consider designing therapy plans in discussion with a sign interpreter and the DHH client. This would help align therapy contents and modalities, such room settings, visual support, with the nature and backgrounds of DHH clients and enable therapists to adapt to their unique cultural backgrounds (e.g. turning lights on and off to capture attention).

Fourth, professionalism and safeguarding are guaranteed. All the interpreters who work in the healthcare setting must register with the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) and have relevant interpreting qualifications to ensure their language proficiency and codes of professional conduct.

In addition, specific and necessary therapeutic adaptations for DHH clients have not been widely noted among local therapists. Several accommodations must be made with adequate communication and collaboration with sign interpreters. Therapists should also be clear about the methods and procedures for arranging sign interpretation for the sessions.

Finally, there is no well-established sign interpreting training or monitoring system in Hong Kong to ensure the quality of sign interpretation services in mental health settings. Stakeholders are encouraged to take an active role in the discussions and subsequent processes in this regard.

第二，醫療保健服務提供者須認知到手語傳譯的重要性，例如他們有責任負責為聾人或弱聽服務使用者預約手語傳譯員。

第三，針對每位聾人或弱聽服務使用者的語言或溝通方式提供個人化溝通方法。這不單包括在配對傳譯員時考慮服務使用者的語言要求或偏好，亦包括考慮傳譯員的性別和宗教信仰。服務提供者亦建議為聾人或弱聽服務使用者度身訂造心理治療方法和流程供其選擇。

7.2 連接服務斷層

現時，香港為聾人和弱聽人士提供的心理治療服務的斷層仍然存在，因此此計劃致力尋找和發展可行方法來連接這些斷層。

公眾一般對聾人或弱聽群體缺乏認知，容易造成誤解，治療師亦不例外。這些誤會影響治療師和聾人或弱聽服務使用者建立信任關係，和形成溝通障礙。我們鼓勵治療師積極了解聽力損失和它對聾人或弱聽群體的影響，並考慮在訂立治療計劃時與手語傳譯員及聾人或弱聽服務使用者商討。這樣能使治療內容和方式（例如房間設置、視覺支援）更加切合服務使用者的特質和背景，亦讓治療師能更快適應獨特的聾人文化（例如透過開關燈獲取聾人或弱聽人士注意）。

第四，確保專業資格和相關保護。所有在醫療保健提供服務的傳譯員，必須在 The National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) 中完成登記，並持有相關的傳譯資格，以確保他們的語言能力及專業操守。

另外，本地治療師大多未有機會了解聾人或弱聽服務使用者在心理治療過程中需要的調適。當中有些調適需要透過治療師與手語傳譯員充足的溝通和合作而促成。治療師亦應清楚知道怎樣為會談安排傳譯員。

最後，香港現時並沒有完善並成熟的手語傳譯培訓或監察系統，因此難以確保精神健康服務中手語傳譯服務的質素。我們鼓勵相關持份者就此範疇進行積極討論和跟進。

7.3 ATTITUDE IN THERAPY

Given the long-existing stigma towards DHH people and people with mental health challenges, service providers need to be more sensitive regarding their inclined judgement or understanding, if any, towards DHH people who seek help. DHH people have been marginalised and deprived of opportunities at school, work, and society; therefore, it is vital that therapists make an effort to

maximise their sense of autonomy for DHH clients. This facilitates rapport building while empowering DHH clients through therapy.

Besides, therapies should remain person-centred, strength-based, and empowering, attending to DHH clients' holistic development and experiences instead of focusing only on one's "disability/losses".

7.4 ATTENDING TO SOCIAL FACTORS THAT CONTRIBUTE TO THE MENTAL HEALTH OF DHH PEOPLE

Therapists should acknowledge that both personal factors, as well as social determinants, influence DHH people's mental well-being. Social factors such as policymaking and the general social atmosphere play a part. In addition to individual and group therapy that aims

to improve personal factors or individual resilience, community and advocacy work that focuses on advancing social determinants and reducing structural oppression should also be emphasised in the work of therapists, sign interpreters, DHH clients, and other allies.

7.3 治療時的態度

有鑑於社會對於聾人或弱聽人士、和有心理健康挑戰的人長期的污名化，服務提供者需要對其自身對於尋求協助的聾人或弱聽人士的偏見或判斷更為敏感。聾人或弱聽人士常常經歷在學校、職場及社會中的剝奪和邊緣化，所以治療師應努力提升聾人或弱聽服務使用者的自主感。而當聾人或弱聽服務使用者獲充分賦權

時，治療師與服務使用者之間的互信關係亦隨之建立。

除此以外，治療師應在提供服務時秉持「以人為本」、「優勢為本」和「充權」的理念，關注聾人或弱聽人士的全人發展和經驗，而非只聚焦於其「傷殘 / 缺陷」。

7.4 留意影響聾人或弱聽人士精神健康的社會因素

治療師應認知到個人和社會因素均為聾人或弱聽人士的精神健康帶來決定性影響。社會因素（例如政策制訂和社會氣氛等）是重要的環。因此，除了進行個別或小組治療工作、改善服務使用者的個人因素或提高個人復原力以外，

參與社群或倡議工作、改善社會因素和減少結構性壓迫，也是治療師、手語傳譯員、聾人或弱聽服務使用者、和其他同行者須積極參與的工作。

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Asian Charity Services
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CLINICAL PSYCHOLOGIST CONSULTANTS

Yau Cheuk Wai Delphine

CLINICAL PSYCHOLOGISTS

Amanda C. M. Li
Chu Man Him
Ella Zoe Tsang
Yawen Chan

INSTRUCTORS FOR SIGN INTERPRETATION TRAINING

Amanda C. M. Li
Cat H.-M. FUNG
Chu Man Him
Yawen Chan

SUPERVISORS FOR SIGN INTERPRETATION TRAINING

Cat H.-M. FUNG
Dr. Chan Yi Hin

SIGN INTERPRETERS

Chan Hei Long
Chan Tsz Kiu
Chow Pui Wah
Fung Man Ting
Lei Wan
Liu Hoi Yu
Lo Sui Wah
Man Ho Ching
Pan Ziyi
Pun Joyce Chung Sze
Sin Suk Fun
Wu Lake Yan

PROJECT TEAM

Amanda C. M. Li
Chu Man Him
Cheng Yee Ting
Ella Zoe Tsang
Leung Sze Wing
Man Ho Ching
Pun Joyce Chung Sze
Wong Cheuk Hon
Yawen Chan
Yiu Kun Man

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尤卓慧

臨床心理學家

李昭明
朱憫謙
曾善榆
陳雅文

手語傳譯培訓導師

李昭明
馮曉雯
朱憫謙
陳雅文

手語傳譯培訓督導

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手語傳譯員

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冼淑芬
胡歷恩

計劃團隊

李昭明
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鄭綺婷
曾善榆
梁思穎
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潘頌詩
黃卓翰
陳雅文
姚勤敏

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Chan Pui Chee Clare
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Leung Pui Ching
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Petersen Kimberly Cris
So Yong Yin Eva
Tam Tsz Yin
Yip Ying Kay Katy
Wong Calian
Sung Lik Heng Brian
Chan Hoi Chi
Fu Ching Man

PARTICIPATING ORGANISATIONS

Applied Learning (Animal Care), School of Continuing and Professional Education, City University of Hong Kong
Asia Medical Students Association Hong Kong
Carmel Secondary School
Christian & Missionary Alliance Abundant Grace Church
Clinical Psychology Unit 2, Social Welfare Department
Clinical Psychology Unit 3, Social Welfare Department
Co-Creating a Loving World
CODA Hong Kong
Department of Counselling and Psychology, Hong Kong Shue Yan University
Department of Educational Psychology, The Chinese University of Hong Kong
Department of Health and Physical Education, The Education University of Hong Kong
Department of Linguistics and Modern Languages, The Chinese University of Hong Kong
Department of Psychology, The Chinese University of Hong Kong

Department of Special Education & Counselling, The Education University of Hong Kong
Diploma in Special Education, HKU School of Professional and Continuing Education
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The Wellness Centre (Islands), New Life Psychiatric Rehabilitation Association
The Wellness Centre (Sha Tin), New Life Psychiatric Rehabilitation Association
Ying Wa College

小組及活動導師

陳沛芝
關依雯
郭徽揚
劉穎怡
羅倩瑩
梁佩貞
吳家欣
Petersen Kimberly Cris
蘇泳茵
譚子賢
葉櫻琦
黃佳伶
宋力行
陳凱慈
傅靖汶

參與機構

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香港亞洲醫學生學生會
迦密中學
基督教宣道會廣恩堂
社會福利署臨床心理服務課（二）
社會福利署臨床心理服務課（三）
眾心有約
香港聾人子女協會
香港樹仁大學輔導及心理學系
香港中文大學教育心理學系
香港教育大學健康與體育學系
香港中文大學語言學及現代語言系
香港中文大學心理學系
香港教育大學特殊教育與輔導學系
香港大學專業進修學院特殊教育文憑
教育燃新
好薈社
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新生精神康復會安泰軒（離島）
新生精神康復會安泰軒（沙田）
英華書院

SUPPORT FOR DEVELOPMENT OF THE GUIDE

CONTENT DEVELOPMENT

Tang Hiu Lam
Wong Ho Wai

TRANSLATION

Tai On Yin

CHINESE EDITING

Pragmaticus Chinese Education

ENGLISH EDITING

Editage

VOLUNTEER TEAM

Chan Stephanie Sheena
Eva Sham
Lok Lo
Imogene Wong
Szeto, Jade Ming Wai

協助發展指引

內容整合

鄧曉藍
黃浩維

翻譯

戴安然

中文校對

經世中文教育

英文校對

Editage

義工團隊

陳思嵐
岑伊華
黃夕
羅祖樂
司徒明蔚

9. BIBLIOGRAPHY 參考資料

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10. APPENDICES 附錄

APPENDIX A – AN ILLUSTRATION ABOUT THERAPEUTIC RELATIONSHIPS (IN WRITTEN CHINESE)

附錄一：治療關係圖解

| 輔導關係 | VS | 朋友關係 |

1

為更有效幫助你，心理學家會與你保持一個客觀的工作關係，所以只會在心理諮詢時見面，不會私下與你電話聯絡或探訪你的。

2

見心理學家是你的私隱，所以，請不要介意，當我們在街上碰見時，一般我都不會主動與你打招呼或傾談的。我們都需要有自己的私人空間呢！

1

朋友之間會交換私人地址與聯絡電話，亦會相約對方到家中。

2

朋友之間在街上碰到時會打招呼或直接上前開始聊天。

心理輔導員的朋友

保密是我們的專業守則。所以心理學家不會在公眾地方討論你的情況，也不會向其他人透露你的情況。不過，當接受心理諮詢的案主有危險，有違反法律和有機會傷害別人的時候，法律上會容許心理學家把你的情況向有關政府部門或家人等透露的。

APPENDIX B - SAMPLE OF COMMUNICATION BACKGROUND INFORMATION ATTACHED TO A REFERRAL LETTER (IN WRITTEN CHINESE)

附錄二：溝通背景資料表格樣本(可附在轉介信上)

A funded project of "Mind Matters", an initiative co-organized by HSBC Private Banking and Asian Charity Services
 由滙豐私人銀行和Asian Charity Services攜手協辦的「心『腦』歷程-從『心』開始」慈善活動贊助的項目

溝通需要概要

- 所屬群體：
 聾人 弱聽 健聽 (不用填寫第二題)
- 聽障程度：
 單耳聽障 雙耳聽障
 輕度 中度 中度嚴重
 嚴重 深度 不知道
- 溝通模式：
 手語 口語 寫紙
 其他 (請註明)：_____
- 基本手語背景：
 香港手語 其他地區手語 (請註明)：_____ 不適用
- 擅長的手語類型：
 自然手語 文法手語 手口語
 不清楚 不適用
- 需要的溝通支援 (圈出適用者)：
 透明口罩 即時字幕 (語音轉換文字軟件)
 手語翻譯員 其他：(請註明_____)

翻譯員名稱：_____

有關其他溝通配件資訊，請參考附件檔案：[Resources and tips for effective communication with the Deaf clients](#)

語橋社會資源有限公司「輕觸我心」聾人精神健康計畫有提供完成手語傳譯專題培訓(精神健康傳譯)的專業手語傳譯員。如有需要，可以電郵致info.slco.org.hk 或 致電2385 2577 查詢。

服務使用者簽署：_____ 臨床心理學家：_____

t + 852 6086 0116 (輕觸我心計劃) / + 852 2385 2577 (語橋社資) f +852 2385 2599 e touchmyheart@slco.org.hk
w touchmyheart.slco.org.hk a 2/F, Canton Plaza, 1125-1127 Canton Road, Mong Kok, Kowloon, HK

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Anonymous donors 匿名捐款

APPENDIX C - LIST OF VIDEO DEMONSTRATION (IN CANTONESE WITH TRADITIONAL CHINESE SUBTITLES)

附錄三：示範影片列表

<https://www.youtube.com/playlist?list=PLCERwpx4YyUUbJGhZDthQMNRv75LDyKc>

SLCO Community Resources Limited

Tel: (852) 2385 2577

Fax: (852) 2385 2599

Email: info@slco.org.hk

Address: 2/F, Canton Plaza, 1125- 1127 Canton Road, Mongkok, Kowloon

Disclaimer

This guide is developed based on the experience of the members of the deaf or hard-of-hearing community in Hong Kong. If your client expresses a different cultural identity or specific needs, please adjust your practice accordingly.

This guide cannot replace professional training in deaf or hard-of-hearing mental health services or professional exchanges between the practitioners concerned. If you would like to learn more about the guide, please contact the "Touch My Heart" project team.

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語橋社會資源有限公司

電話：(852) 2385 2577

傳真：(852) 2385 2599

電郵：info@slco.org.hk

地址：九龍旺角廣東道1125-1127號廣建中心2樓

免責聲明

本指引是基於香港聾人或弱聽群體的經驗發展而成，如果你的服務使用者文化背景不同，請與他們個別溝通，按他們的需要調整服務。

本指引不能取代心理健康場境下服務聾人或弱聽人士的專業培訓，也不能取代專業交流。如果希望了解更多，歡迎聯絡「輕觸我心」計劃團隊。

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