



Getting Started: Fund of Information and its application to Mental Health Settings

Target audience: *Mental Health professionals working with Deaf individuals who wish to learn more about Fund of Information deficits.*

- Acquisition of passive or incidentally learned **information** (overheard conversations, information heard on the radio/television, snippets of conversations, conversations that occur outside of the visual range etc.) is not accessible to deaf individuals (unless in an all signing environment). The acquisition of many abilities, such as object recognition and language, occur without an intention to learn (involvement of conscious awareness). In terms of language, as much as 90% of what a person with typical hearing learns is from incidental learning. Only 10% is learned from direct instruction.
- Most parents of deaf children are hearing and don't sign. The majority of those that do sign can only do so at the basic command-response mastery (yes, no, sit, wait).
 - o Which means that generational history, ethnic culture, family belief systems, problem solving skills, relationship skills, decision making, etc. not often conveyed.
 - o "Dinner Table Syndrome" – when deaf children and adults are left out of conversations with hearing family members and friends.
 - They are often told "I will tell you later" or "it's not important" which leads to a disengagement in conversations and missed information.
- Lack of language can result in a **lack of exposure to information** regarding physical and mental health, sexuality, healthy relationships, how to function in society.
- Lack of fund of information **can disrupt** thinking, mood, and behaviors and can cause issues with:
 - o Denial, lack of insight, lack of accountability, impulsivity, immaturity, increased expression of rage and/or aggression

Individuals can be "street smart" while still having severe fund of information deficits. These deficits are related to language, not to intelligence.