

Increasing Therapy Usability for Deaf Sign Language Users



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Webinar Housekeeping Items

- The webinar is being recorded and will be available soon for viewing on iSPARC's website.
- If you're calling in over the phone, remember to enter your unique audio pin.
- Captioning services are available. Please check the chat box for the link.
- If you're experiencing audio problems, please check your settings in the GoToWebinar "Audio" tab.
- If you are having any technical difficulties, please email the organizer at deirdre.logan@umassmed.edu or use the "Questions" tab.
- We will have a Q&A session after the presentation. If you have questions for the Q&A session, please type them into the "Questions" tab as you think of them.

Agenda

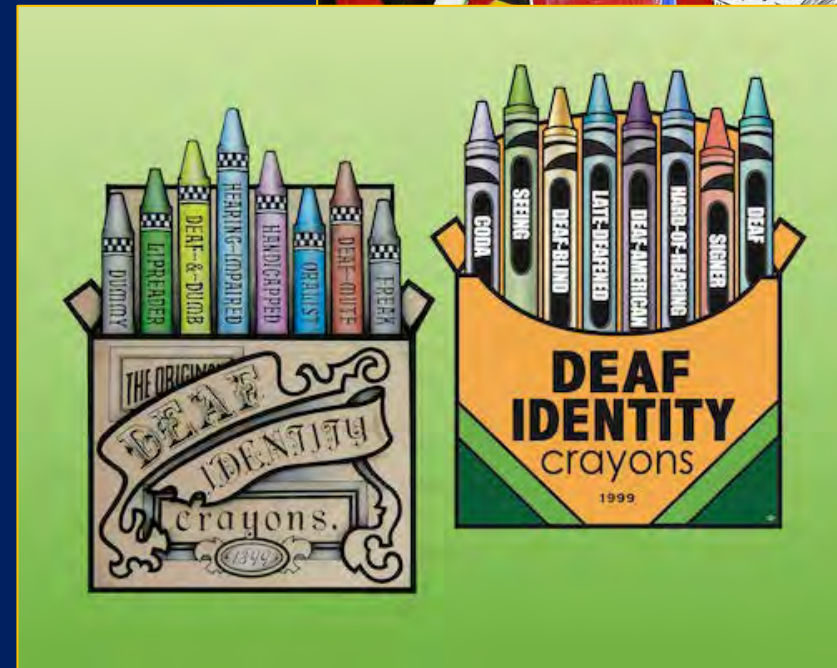
1. **Who** is the clinical population?
2. **What** are common barriers to treatment?
3. **Where** is the current state of the field?
4. **How** can we overcome these barriers?

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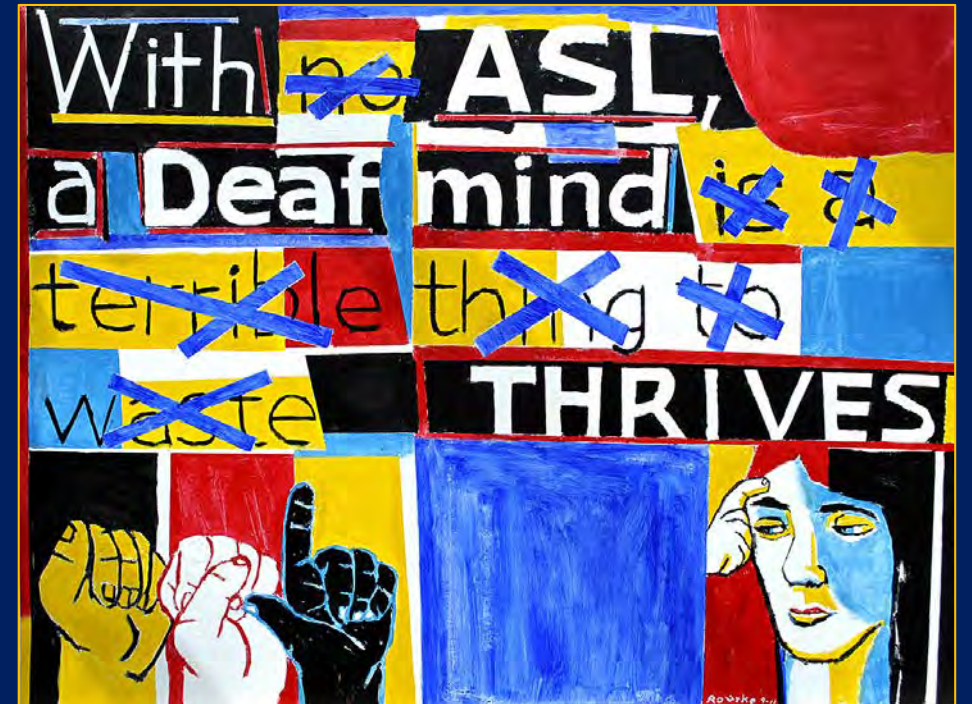
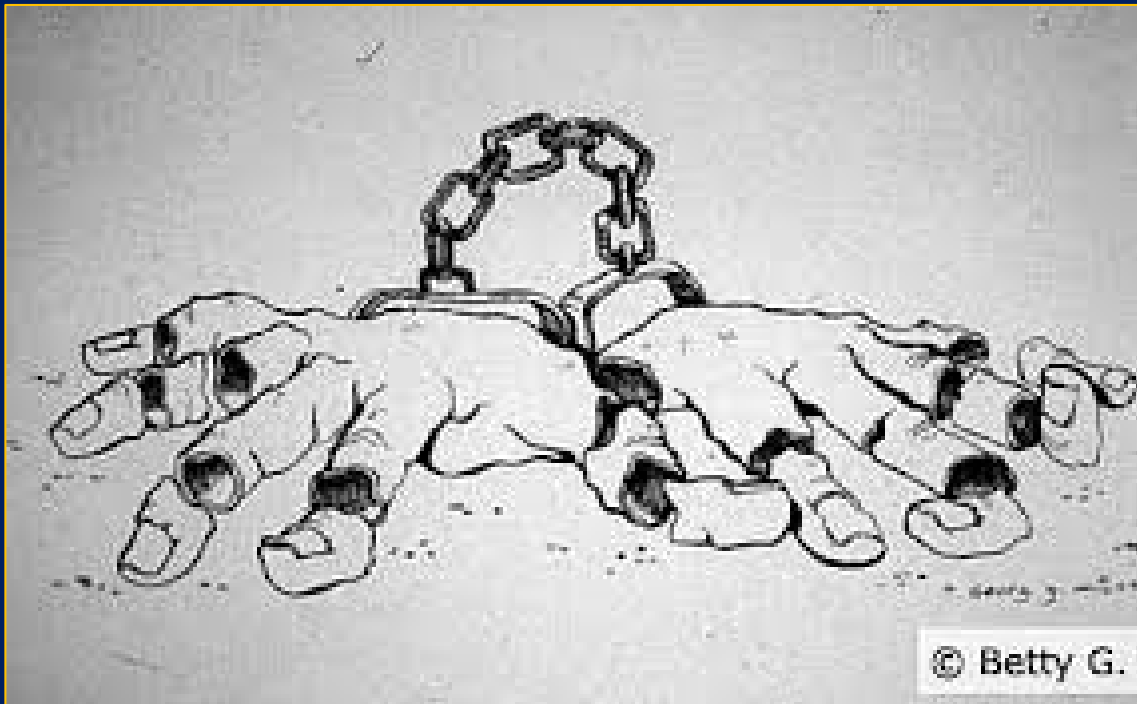
U.S. Deaf Community

- 500,000+ individuals who communicate using American Sign Language (ASL)
- Cultural view of embracing **Deafhood** versus medical view of curing/fixing **deafness**



U.S. Deaf Community

- History of **oppression** within majority hearing world, especially around freedom to use ASL



Behavioral Health Disparities

- Increased rates of mental health conditions and substance use disorder. Examples:
 - **Mood and anxiety disorders** = 2 - 2.5x the general population
 - **Trauma exposure** = 2x the general population
 - **Problem drinking** = 3x the general population

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Language Barriers

- Deaf clients' **primary language = ASL**
 - Limited number of ASL-fluent providers
 - Limited access to, willingness to provide, or funds to support certified ASL interpreters
 - English (written) is acquired as a 2nd language

Language Barriers

- Many Deaf individuals have also been impacted by early **language deprivation**:
- 90 – 95% of Deaf children born into hearing families
- If family does not learn ASL, exposure to a fully accessible language may not occur until school age or later (depending on type of school placement)
- Can result in an array of language, cognitive, and socioemotional delays

Language Barriers

- *What is Language Deprivation?* video by The Nyle DiMarco Foundation available here:
<https://youtu.be/cUTymzn5FEc>

Health Literacy

- Many Deaf clients also present with **fund of information deficits** and **low health literacy**:
- Health-related vocabulary among Deaf ASL users parallels non-English-speaking U.S. immigrants
- “Many adults deaf since birth or early childhood do not know their own family medical history, having never overheard their hearing parents discussing this with their doctor” (Barnett et al., 2011)

Cultural Considerations

- Most available therapists are hearing and, therefore, represent the majority oppressor group
- If this **history of oppression** is not addressed in the therapy process, can lead to:
 - Increased mistrust and fear
 - Reduced help-seeking behavior
 - Reduced treatment retention
 - Reduced treatment efficacy

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Evidence-Based Therapies

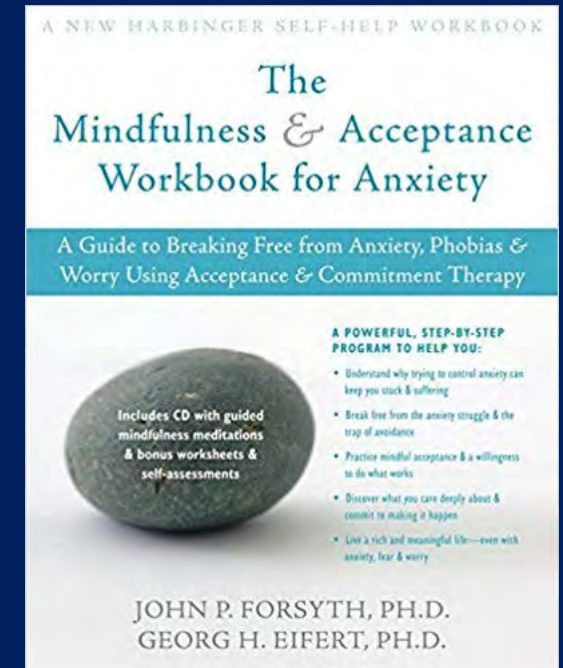
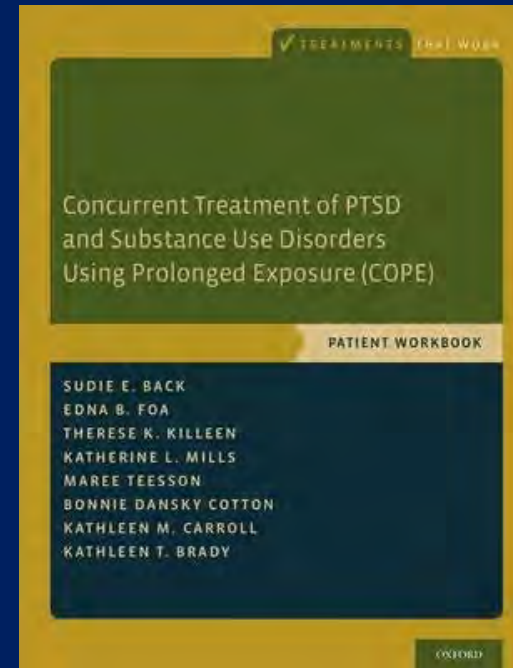
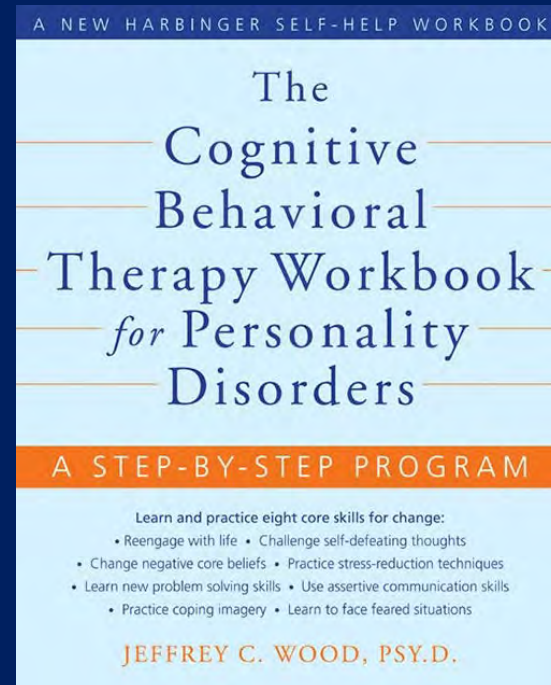
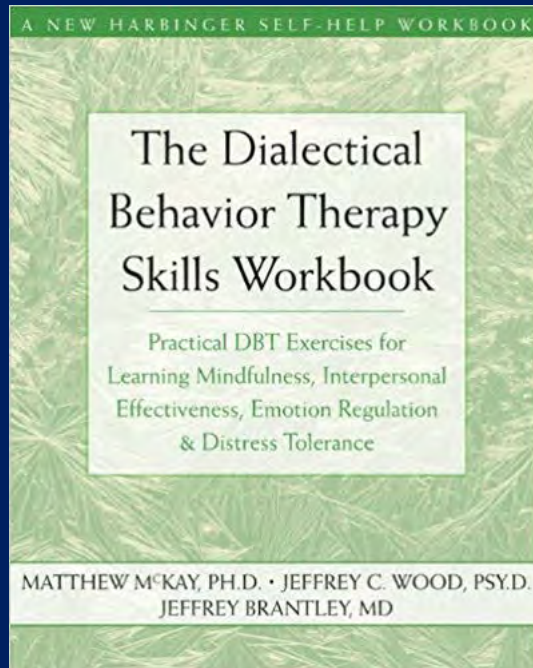
- Approaches that have been *formally researched* and found to lead to positive outcome in a particular population
- Current shift toward using EBTs across the behavioral health system (e.g., increased insurance reimbursements, state contract mandates)

Evidence-Based Therapies

- ACT
- CBT
- DBT
- IMR
- MI/MET
- PE
- TF-CBT
- CPT
- EMDR
- More ABCs...

Evidence-Based Therapies

Most EBTs combine traditional talk therapy with client workbooks or handouts.



Evidence-Based Therapies

Client materials often include:

- Sophisticated strategies for tracking mood, behavior, and thoughts
- Psychology jargon
- Assumptions based on hearing people's experience and social norms

Evidence-Based Therapies

*Currently-available EBTs
fail to meet Deaf clients'
unique linguistic and cultural needs.*

Pop Quiz!

How many evidence-based therapies have been *developed for* and *evaluated with* Deaf individuals?

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Adapting EBTs

So what can we do to improve EBTs?


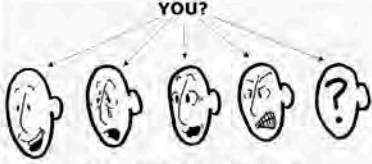

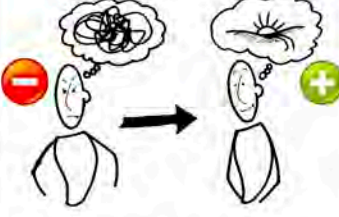




- Plain text revisions
- Translations into ASL
- Include Deaf culture, values, and norms
- Acknowledge history of oppression

Deaf-Friendly Therapy

Principle #1: Adapt for Language

- Match communication abilities of client
- Simplify or avoid English-based materials
- Use visual, pictorial, and video aids

CHANGING NEGATIVE THINKING
(Form A)






 <p>WHAT HAPPENED?</p>	 <p>YOU FEEL WHAT NOW?</p> <p>HOW DO YOU FEEL?</p>	 <p>NEGATIVE THOUGHT WHAT?</p>	 <p>NEW POSITIVE THOUGHT</p>
<p>Example:</p>  <p>I NEED STAFF SUPPORT NOW. STAFF BUSY.</p>	 <p>I FEEL SAD.</p>	 <p>STAFF DOESN'T LIKE ME. I'M NO GOOD.</p>	 <p>STAFF LIKES ME. IF I WAIT, STAFF WILL SUPPORT ME.</p>

Deaf-Friendly Therapy






Principle #2: Address FOI Deficits

- Assess for knowledge gaps
- Provide psychoeducation
- Provide access to additional resources

ARE YOU IN AN UNSAFE RELATIONSHIP?

Are you in a relationship with someone who...		<input checked="" type="checkbox"/>
1. Offers you substances?		<input type="checkbox"/>
2. Criticizes or insults you over and over again?		<input type="checkbox"/>
3. Tries to control or manipulate you?		<input type="checkbox"/>
4. Threatens you or tries to physically hurt you?		<input type="checkbox"/>
5. Prevents you from getting help?		<input type="checkbox"/>

ARE YOU IN AN UNSAFE RELATIONSHIP?

6. Lies to you over and over again?		<input type="checkbox"/>
7. Breaks your trust?		<input type="checkbox"/>
8. Makes unfair demands?		<input type="checkbox"/>
9. Takes advantage of you?		<input type="checkbox"/>
10. Ignores your needs?		<input type="checkbox"/>

Deaf-Friendly Therapy

Principle #3: Leverage Storytelling

- Use stories and narratives
- Use visual metaphors



MOUNT RECOVERY

HEALTHY THINKING:

POSITIVE SUPPORT:

SAFE ACTIONS:

many few

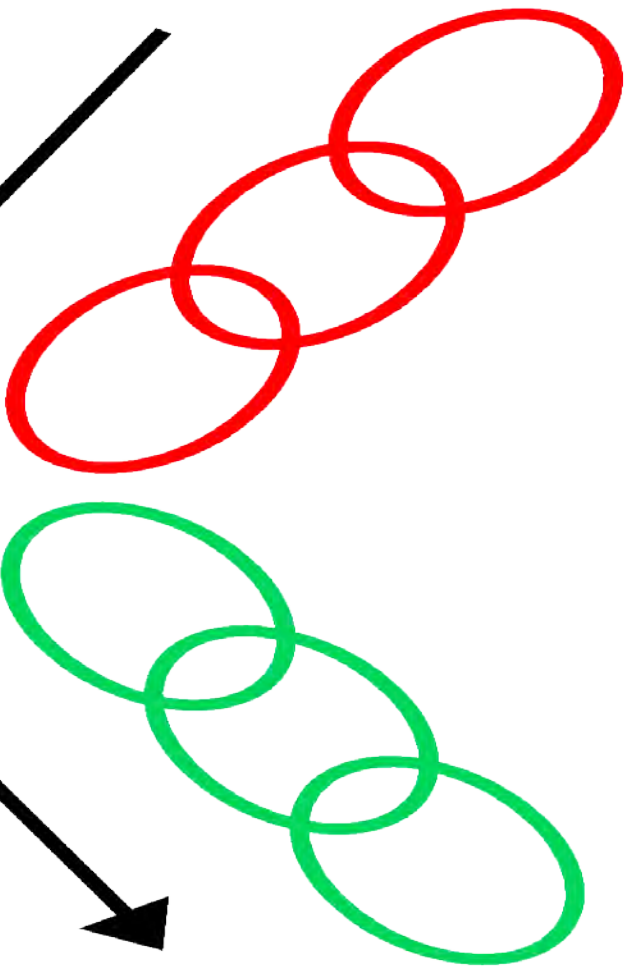
Deaf-Friendly Therapy

Principle #4: Use Examples

- Teach abstract concepts by providing concrete examples (e.g., “abuse”)
- Pull specific examples from client’s life (e.g., “coping skills”)

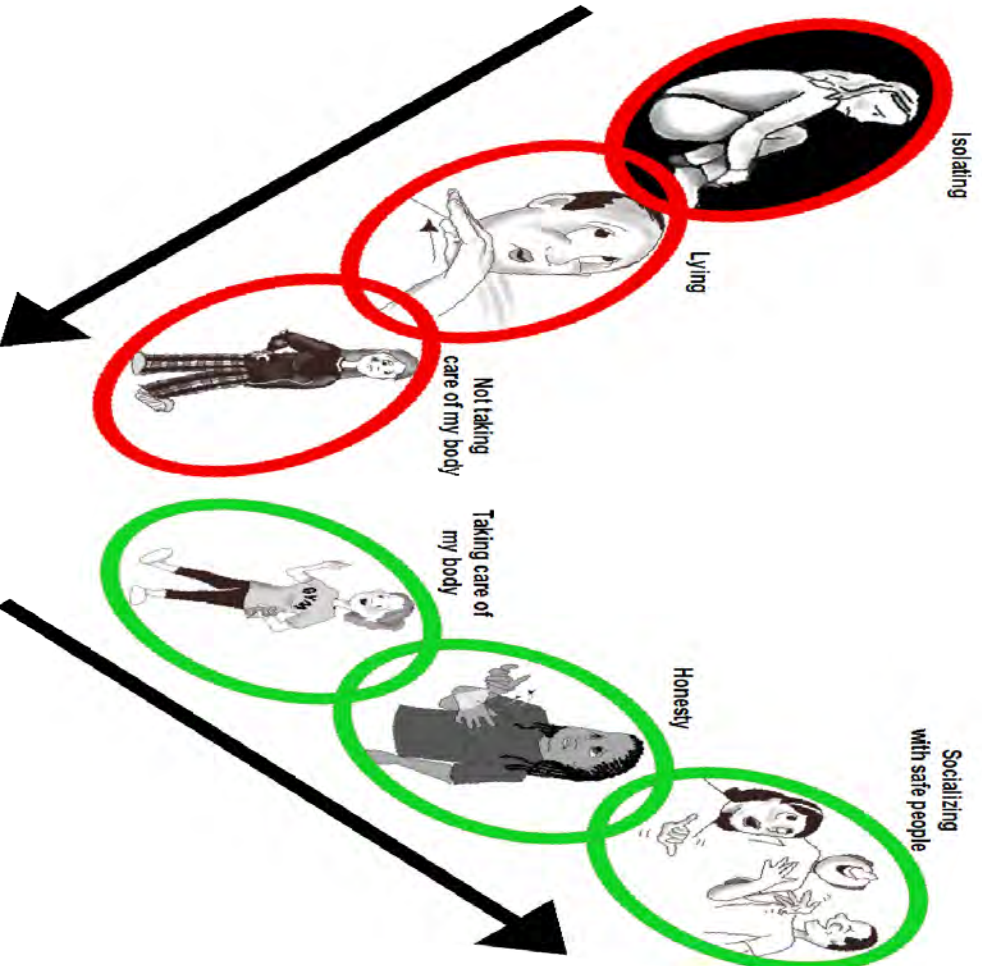
MY RED FLAGS

MY GREEN FLAGS



RED FLAGS

GREEN FLAGS



Deaf-Friendly Therapy

Principle #5: Use Active Strategies

- Practice skills together
- Play educational games
- Role-play social situations

Integrating the Split Self

Watch the Integrating the Split Self video from Signs of Safety available on iSPARC's website.



Deaf-Friendly Therapy

Principle #6: Leverage Technology

- Apps:
 - Mood trackers
 - Art/expression
- ASL Videos

Practicing Radical Acceptance:
AN ADAPTATION FROM THE DEAF PERSPECTIVE

Dialectical Behavior Therapy Skills Training Video
An adaptation of "From Suffering to Freedom: Practicing Reality Acceptance" by Marsha M. Linehan, Ph.D., ABPP (From Chaos to Freedom series)





Featuring dialogue in American Sign Language (ASL) with a spoken English soundtrack and captions (English subtitles) throughout.

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Opposite Action:
AN ADAPTATION FROM THE DEAF PERSPECTIVE

Dialectical Behavior Therapy Skills Training Video
An adaptation of "Opposite Action: Changing Emotions You Want to Change" by Marsha M. Linehan, Ph.D., ABPP



Featuring dialogue in American Sign Language (ASL) with a spoken English soundtrack and open captioning (English subtitles) throughout.

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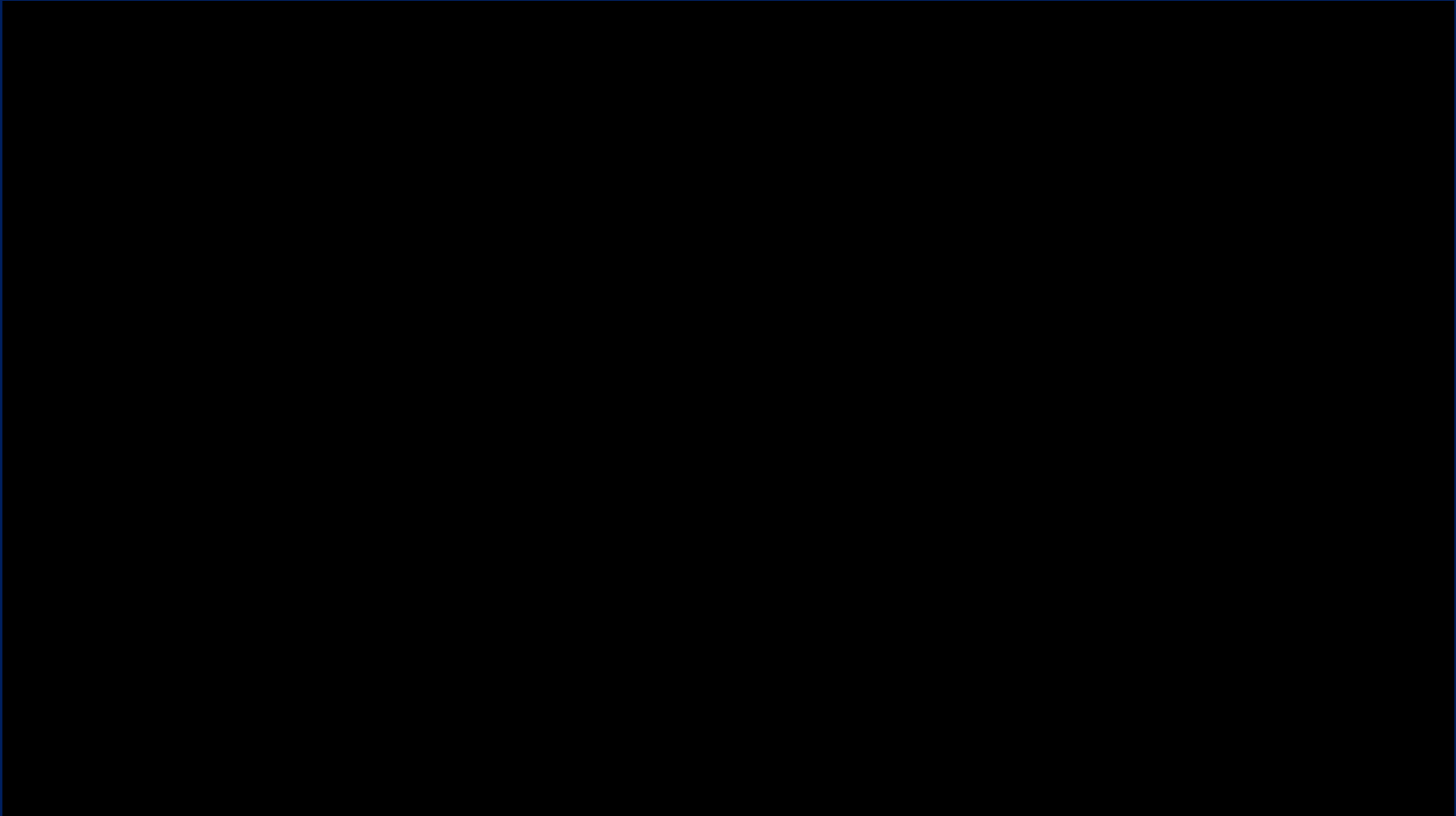
Deaf-Friendly Therapy

Principle #7: Use Peer-to-Peer Approaches

- Leverage Deaf community accountability
- Peer specialists/coaches
- Support groups
- Peer recovery stories



Signs of Safety



Review: 7 Principles

1. Adapt for Language
2. Address Fund of Information Deficits
3. Leverage Storytelling
4. Use Examples
5. Use Active Strategies
6. Leverage Technology
7. Use Peer-to-Peer Approaches

Acknowledgements

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THANK YOU!



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TRANSLATIONAL SCIENCE**



