# Language Deprivation: The New Frontier of Deaf mental health care, interpreting, and Deaf education

Neil Glickman, Ph.D.

ADARA Pre-conference

April 18, 2018

- Communication issues
  - Lecture and discussion
- Handling Power Point slides
  - Mostly, you don't need to read them during the presentation
  - Slides organize the presentation
  - They can be your notes
  - They contain relevant information I won't spend time on
  - They contain some helpful pictures and links

# Workshop Plan: Morning

Introduction to the topic of Deaf mental health

The new focus upon language deprivation, language and learning challenges

Language, cognitive and psychosocial implications of language deprivation

Language deprivation syndrome (LDS)

Other causes of dysfluent language in deaf and hearing people

Challenges of mental health care, interpreting and education with language deprived persons

# Workshop Plan: Afternoon

Interpreting for language dysfluent persons

Communication assessments

Language/communication development with language deprived persons: the contributions from the Nicaraguan Sign Language Projects

Deaf communication Specialists and CDI's

Pre-therapy and therapy with persons with language deprivation
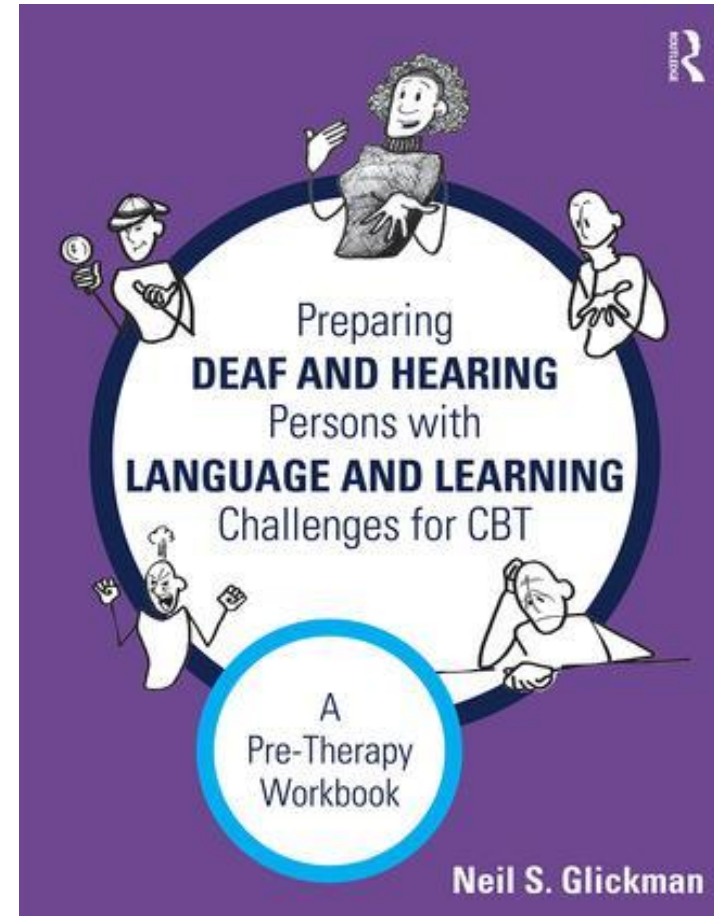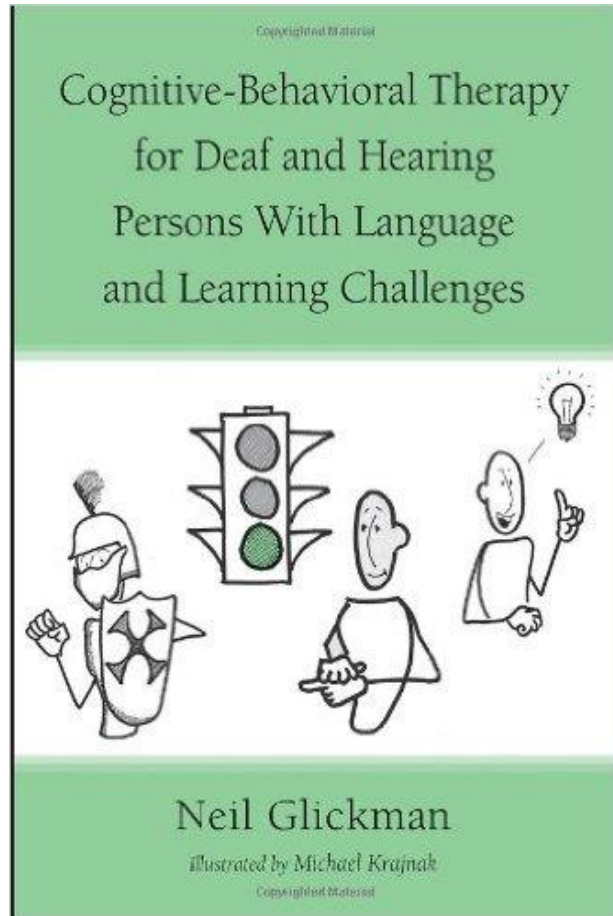
# Vocabulary:  Language deprivation

- LANGUAGE MISSING

- LANGUAGE  WITHHOLD

- PERSON GROW-UP  LANGUAGE EXPOSURE POOR

- OTHER?

- Fluent language use:  ability to use a language clearly and effortlessly, following the language conventions for meaning, syntax and grammar, so that an intended message is readily understood by another user of that language
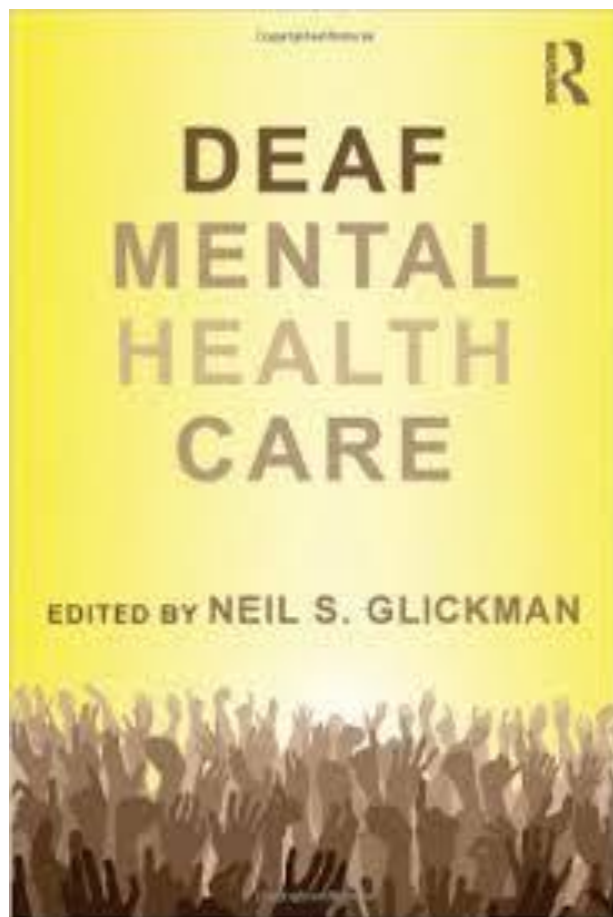

- LANGUAGE FLUENT

# Dysfluent language: LANGUAGE NOT-CLEAR, NOT-FLUENT

- Dysfluent: In speech therapy field, refers to stuttering and other problems in articulation

- *Language that native users would easily recognize to be unclear, poorly developed, and substandard for everyday conversational purposes*

- LANGUAGE NOT-CLEAR, NOT-FLUENT, GAPS, PROBLEMS COME-UP, SKEWED, VAGUE

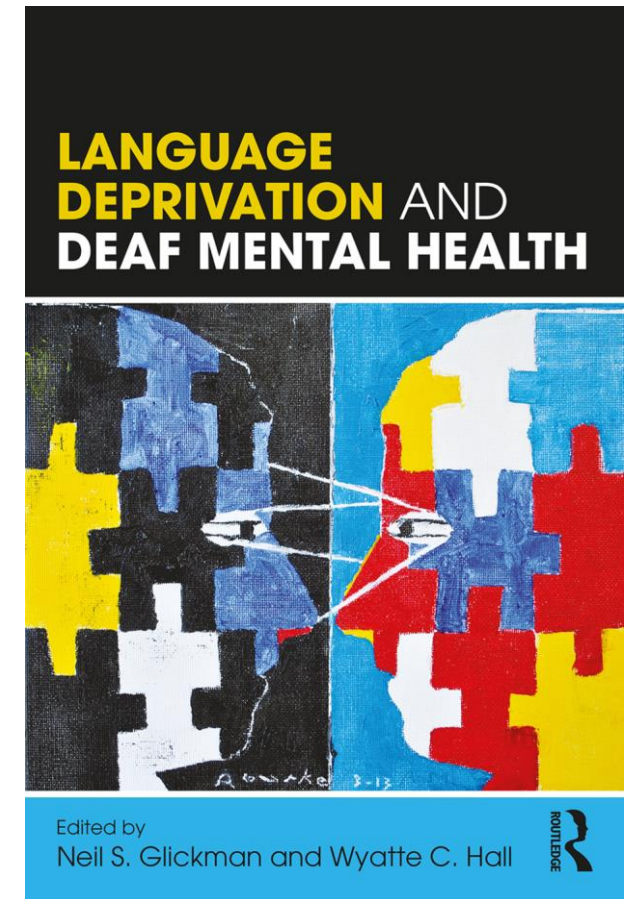I'm drawing on information found in my last 3 books:

# Deaf mental health (care)



Culturally Affirmative + Disability of language deprivation = Deaf mental health (care) Clinical Specialization

# An upcoming book: (Fall, 2018)

- Sanjay Gulati: language deprivation syndrome

- Roger Williams and Charlene Crump: Communication Assessment

- Romy Spitz and Judy Kegl: Nicaraguan Sign Language projects

- Joan Wattman: the Integrated Model of Interpreting

- Melissa Anderson: Signs of Safety, Adapting evidenced based treatment for deaf persons
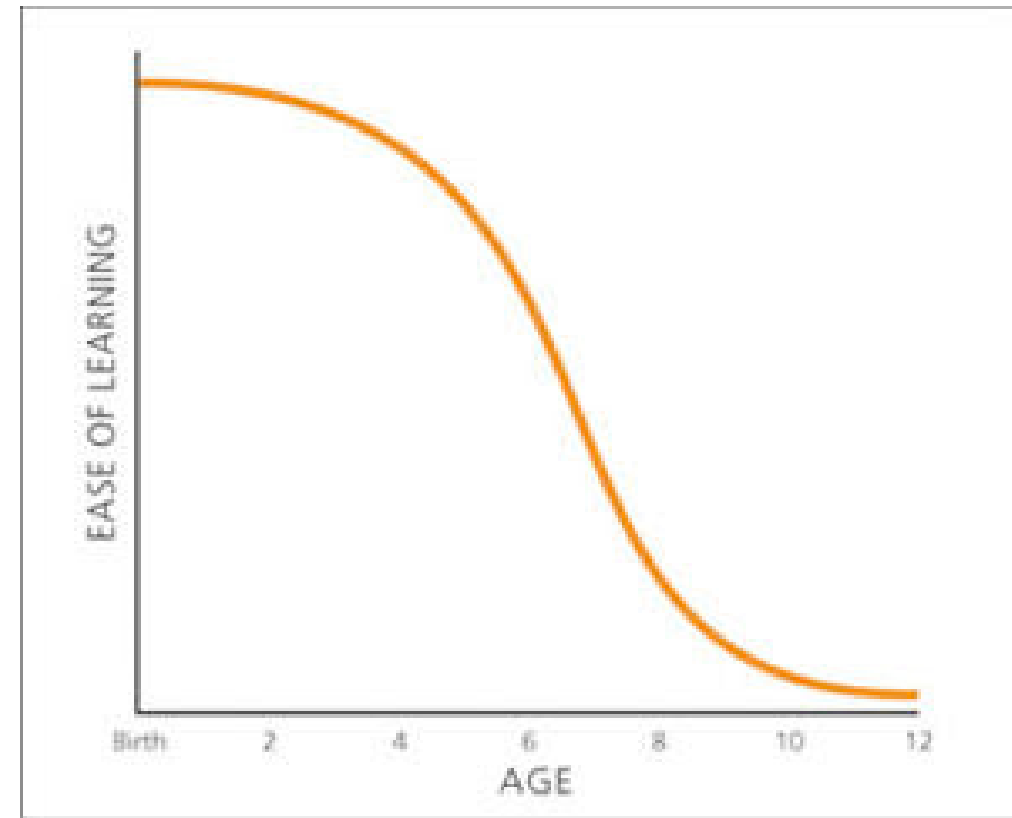


LANGUAGE DEPRIVATION AND DEAF MENTAL HEALTH

Edited by
Neil S. Glickman and Wyatte C. Hall

# Introduction to language deprivation

- [https://www.youtube.com/watch?v=AHfC6jqBhkk](https://www.youtube.com/watch?v=AHfC6jqBhkk)   Patrick speaks

- [https://www.youtube.com/watch?v=cUTymzn5FEc](https://www.youtube.com/watch?v=cUTymzn5FEc)   Nyle DeMarco

- [https://www.youtube.com/watch?v=pjtioIFuNf8](https://www.youtube.com/watch?v=pjtioIFuNf8)  Nicaragua
- [https://www.youtube.com/watch?v=GTb9uVVx20Y](https://www.youtube.com/watch?v=GTb9uVVx20Y)

# Critical period hypothesis, Eric Lenneberg (1967)

- A biologically determined period of life when language can be acquired naturally and effortlessly, and after which language is increasingly difficult to acquire

# Common results of language deprivation

1. On language skills themselves
2. On cognitive skills
3. On psychosocial development
4. On behavior
5. On capacity and readiness to make use of education, interpreting, rehabilitation and mental health interventions

# Aspects of language that are relatively easy to learn

- Nouns for concrete things
  - House, Tree, Water
- Concrete verbs
  - Walk, Swim, Eat, Drink
- Concrete adjectives
  - Big, Small, Fat, Thin

Aspects of language that are harder to learn, especially for late learners:
Grammar, Syntax

- I give you the book

- You give me the book

- Joe gives the book to Sam

- Joe gives each person the book

- Joe gives the book to everyone (distributes the book)

- Give me the book!

- I keep giving you the book (over and over).

- I scatter the books around the room (without much attention).

- I carefully give each one of you a book.

- I give you a stack of books.

- I give you a very thin book.

# More complex ASL grammar

- If it rains tomorrow, I'll go out.
- Two weeks from last Thursday, my parents had a really bad argument.
- Next month, if it snows, Joe and I will go skiing.
- The room was filled with mice.
- Traffic on the highway was backed up for miles.

- If you missed learning a language until you are a teenage, and you are first exposed to ASL then, these grammatical features of ASL will be hard and perhaps impossible to learn.

# CALI: Atypical Sign language

- [https://www.northeastern.edu/cssh/asl/research/center-for-atypical-language-interpreting/](https://www.northeastern.edu/cssh/asl/research/center-for-atypical-language-interpreting/)
- Persons with physical differences or limitations that impact signing (CP, deaf blindness, missing or malformed limbs, etc)
- Persons who have exposure to different sign or spoken langauges
- Dysfluent signers

Atypical Sign

Dysfluent sign
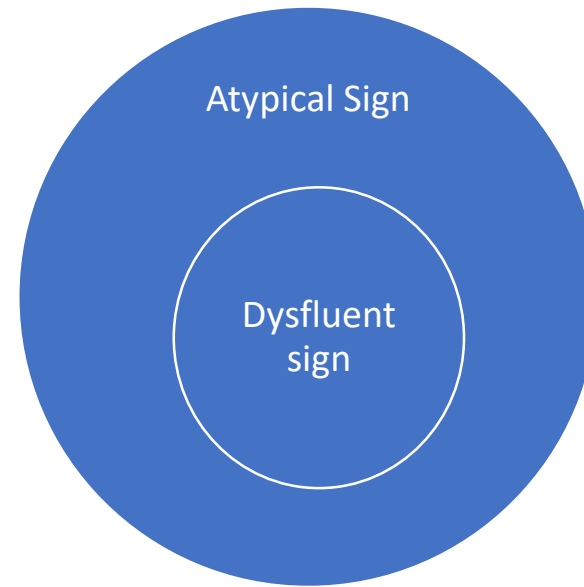
# CALI Preliminary Report on "Atypical language" of sample

Limited or skewed use of space

Limited or no non-manual markers

Lack of referents/pronouns

Limited, incorrect or no use of classifiers

Limited or no use of temporal referents

Shorter, less complex sentences

Omission of verb inflections

# Research

- Deaf Unit research, initiated by Patricia Black, 1999-2006, Westborough State Hospital.
- 94 Deaf Unit deaf patients served over 7 years
- Compared to all the hearing patients in the hospital at one moment in time.

# Communication skills

|  | % |
|---|---|
| • Visual-gestural | 0 |
| • Grossly impaired | 3 |
| • Functional skills, non-fluent | 43 |
| • Fluent foreign language | 1 |
| • Fluent English (sign, writing, speech) | 23 |
| • ASL fluent | 3 |
| • Bilingual ASL-English | 6 |
| • Total language dysfluent | **66%** |

# Language problems due to language deprivation we have observed

- Vocabulary: impoverished, incorrect
- Absence or poor use of time indicators
- Absence of topic-comment structure
  - Missing pronouns, verbs, objects
- Spatial disorganization
- Incorrect or absent facial grammar

# Have you seen this?

- Person does not make clear who or what they are talking about (the topic)

- Person does not make clear who did what (subject and verb)

- Person does not make use of visual space to establish people, places and relationships

- Person does not clearly reference time or sequence events in time

- Person does not use non-manual (facial and body) grammar

# Dysfluency Compared

Bob Pollard, Ph.D.
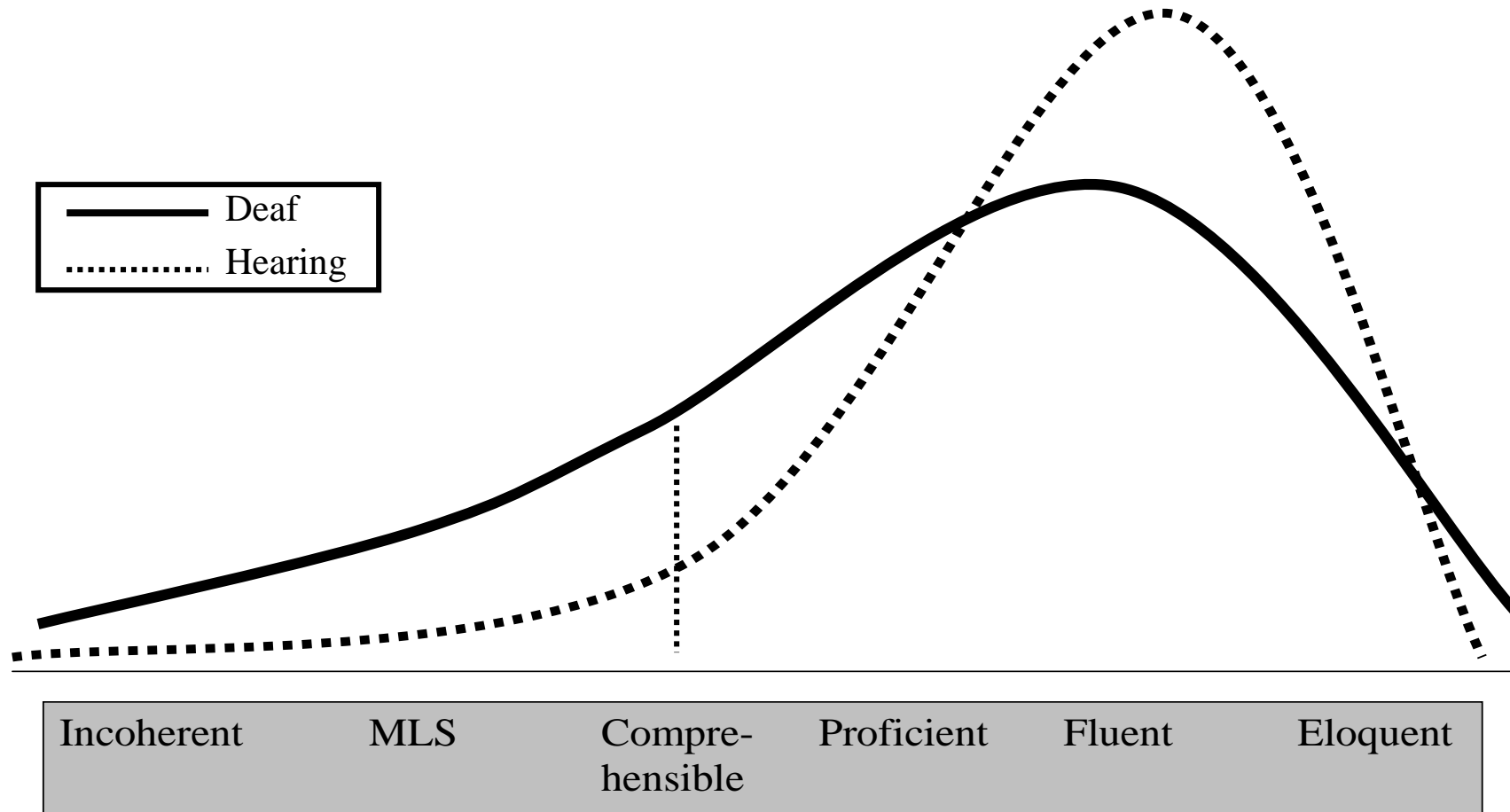
# Language dysfluency in Deaf and hearing people

## Hearing people

Medical/neurological/psychiatric causes

Intoxication

Developmental neurological problems: autism, severe mental retardation, learning disabilities

Brain injury, trauma, aphasia

Mental illness

## Deaf people

Medical/neurological/psychiatric causes

Intoxication

Developmental neurological problems: autism, severe mental retardation, learning disabilities

Brain injury, trauma, aphasia

Mental illness

Some medical causes of deafness

Social causes

Language deprivation

# Language dysfluency in deaf people may also have medical causes

- Some of the causes of deafness also cause other medical or neurological conditions which impact language development.

- Difficult to identify one primary cause of dysfluent language; causes reinforce each other

- Crump, C., & Hamerdinger, S. (2017). Understanding etiology of hearing loss as a contributor to language dysfluency and its impact on assessment and treatment of people who are deaf in mental health settings. *Community Mental Health Journal*, 1-7. doi:10:1007/s10597-017-0120-0

# Congenital Rubella Syndrome

- Diabetes
- Thyroid dysregulation
- Cardiac problems
- Intellectual disabilities
- Autism-like behaviors
- Dyslexia
- Developmental delays
- Cognitive skill problems
- Visual memory and processing problems

- Poor balance
- Poor motor coordination
- Deaf-blindness
- Kidney problems
- Change in hearing or vision
- Decline in intelligence from childhood
- Impulsivity and attention problems
- Early onset dementia

# Cytomegalovirus (CMV)

- Cerebral Palsy
- Vision loss
- Hearing loss, often progressive
- Microcephaly
- Motor difficulties
- Developmental delays
- Mental retardation
- Learning problems
- Autism
- Attention deficit disorder

- Obsessive compulsive disorder
- Language learning disabilities
- Balance problems
- Poor impulse control
- Poor ability to delay gratification
- Language processing problems

# Language problems associated with CRS

- Periods of incoherent language
- <span style="color:red">Asymmetrical language skills</span>

(receptive and expressive). May receive sign differently than they express it.

- Sign produced at slower rate
- Difficulty learning new vocabulary
- Difficult with word finding

- Difficulty with expressive and receptive fingerspelling
- May copy signs used by others before responding

# Toxoplasmosis (exposure to a parasite)

- Vision loss
- Brain damage
- Microcephaly
- Seizures
- Cognitive disabilities
- Memory problems
- Weakness on one side of the body
- Speech and language disorders
- Global delay in language development

# Fetal alcohol syndrome disorder

- Vision difficulties
- Hearing loss
- Impulsivity
- Poor muscle tone
- Poor short term memory
- Poor judgment
- Information processing disorder
- Poor ability to perceive patterns

- Poor cause and effect reasoning
- Poor ability to generalize learning
- Expressive and/or receptive language disorders
- Children repeat information back without understanding or applying it.
- Expressive skills superior to receptive skills

# Bacterial meningitis

- <span style="color:red">Delayed language</span>
- Expressive and receptive skills may differ (expressive superior)
- <span style="color:red">Difficulty with abstract thinking</span>
- Difficulty with conversational pragmatics like turn taking
- Impaired inferential reasoning
- Memory problems
- Lower verbal IQ

- <span style="color:red">Impaired language learning abilities</span>
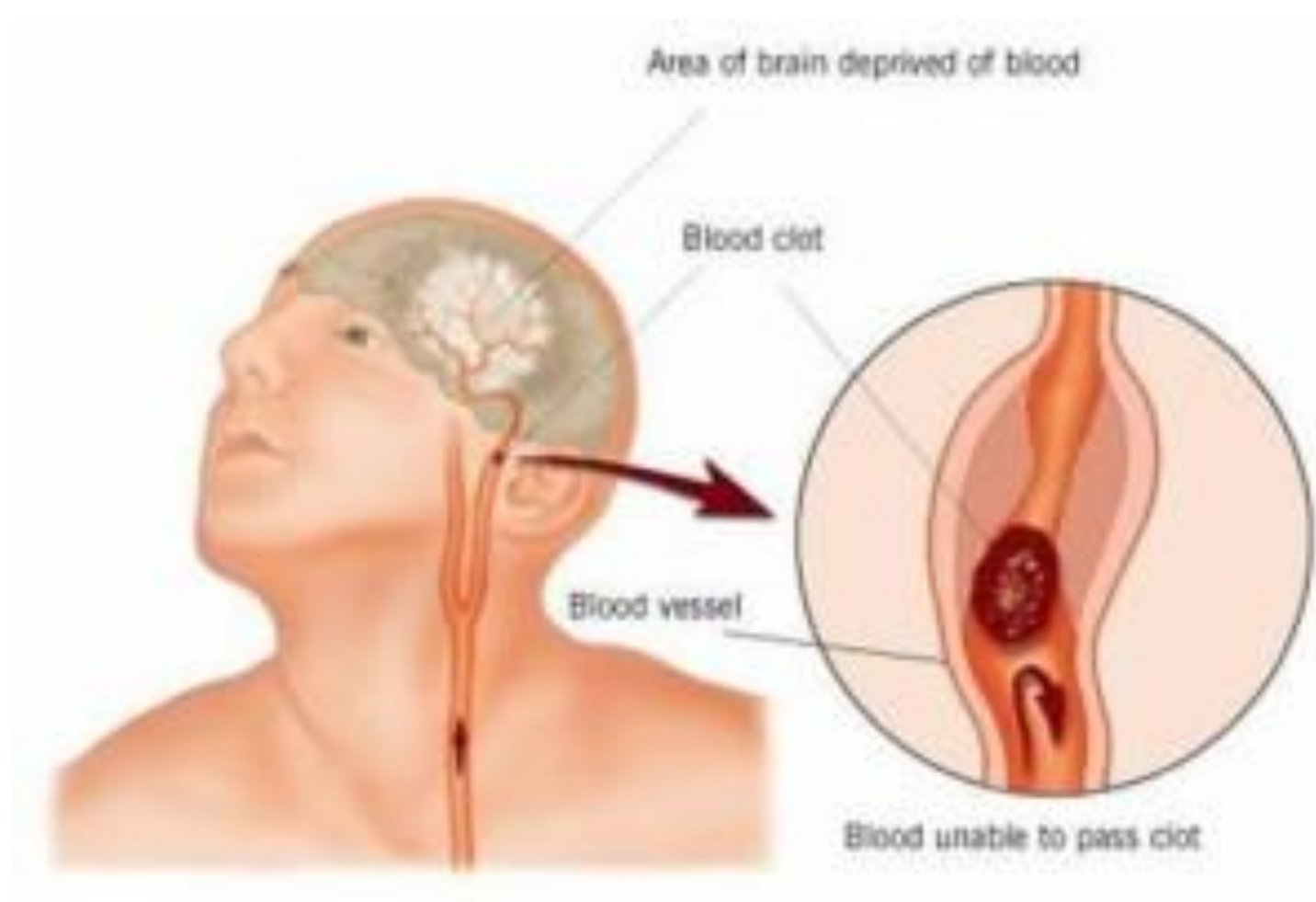
# Cutting edge question

- What kind of language errors come from different causes of language dyfluency?

- Can we infer the cause of a persons language dysfluency from the kind of language errors that are made?


- Examples:

# Example: Autism and language

- Autism occurs along a spectrum, and language skills also vary widely
- 3 commonly found language patterns
  - Echolalia:  Repetition of what the person just heard or stock phrases
    - <span style="color:red">Question:  "Do you want something to drink?</span>
    - <span style="color:red">Answer:  "Do you want something to drink?"</span>
  - Difficulty with pronouns, especially "I"
    - Question:   "What do you want to eat?"
    - Answer:  "You want to eat hamburger."
  - Very circumscribed interests
    - Person has extensive vocabulary for trains and other vehicles or weather phenomena
    - Person unable to reply to "How are you feeling today?"

# Stokes and language aphasias



Area of brain deprived of blood
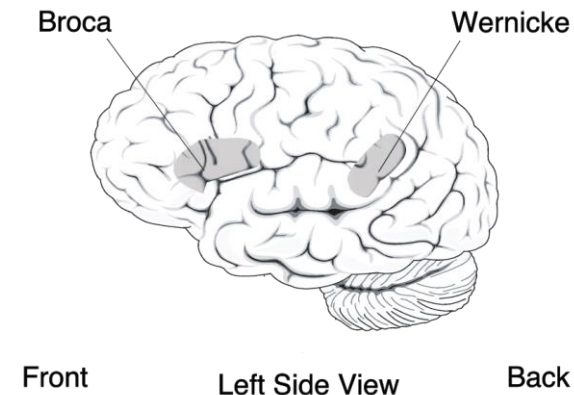
Blood clot

Blood vessel

Blood unable to pass clot

# Aphasia examples

- You want to say: The dog needs to go out so I will take him for a walk"

Wernicke's

- Instead you say, "You know that smoodle pinkered and that I want to get him round and take care of him like you want before"

- Broca's"

- "Walk…..dog."


Broca          Wernicke

Front     Left Side View     Back

# Aphasia: Brain disorder after brain damage (stroke or head injury)

- Word finding problems:  Can't think of the words you want to say.
- Say the wrong word. Sometimes, you may say something related, like "fish" instead of "chicken." Or you might say a word that does not make much sense, like "radio" for "ball."
- Switch sounds in words. For example, you might say "wish dasher" for "dishwasher."
- Use made-up words.
- Have a hard time saying sentences. Single words may be easier.
- Put made-up words and real words together into sentences that do not make sense.

# Aphasias have been studied in deaf persons



- Native signers who had strokes
- Sudden and dramatic changes in language abilities
- Language changes comparable to hearing persons
  With strokes
- Same areas of the brain (Broca's, Wernicke's) impacted
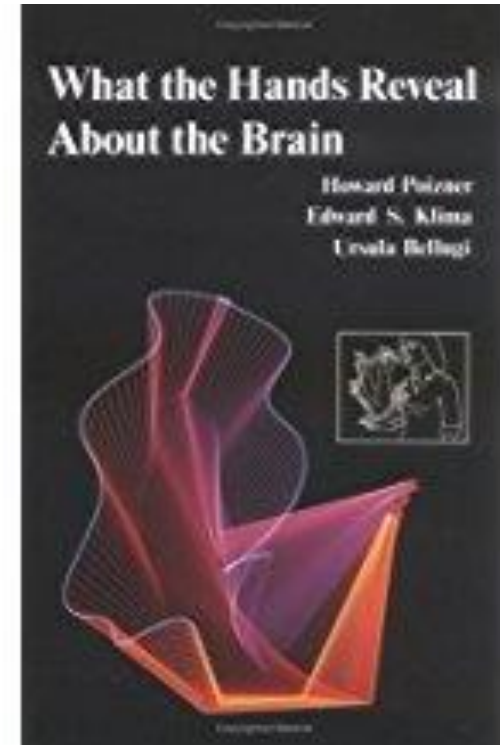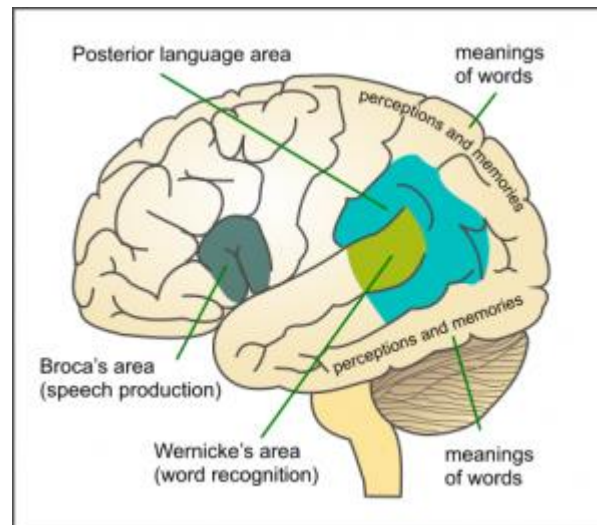
# Severe mental illness and language dysfluency

- Bizarre content (delusions)
  - Osama bin laden is contacting me
- Very impoverished language
  - Responding to questions with very few words
- Very confused, disorganized thinking
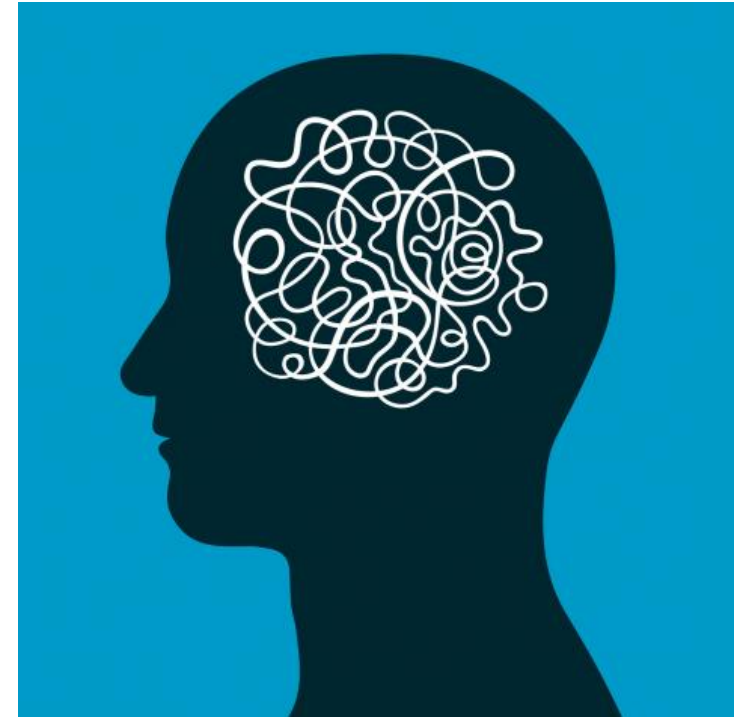
# Illogical, confusing thinking example

- "Parents are the people that raise you. Anything that causes you can be a parent. Parents can be anything, material, vegetable or mineral, that has taught you something. Parents would be the world of things that are alive, that are there.  Rocks, a person can look at a rock and learn something from it, so that would be a parent."

# Language dysfluency caused by severe mental illness

- Nancy Andreasen identified and classified 18 different kinds of "disorders of thought, language and communication"
- Communication disorders
- Language disorders
- Thought disorders

- A few examples from her work:

# Derailment.   Flight of ideas

- Pattern of speech/signing where the ideas slip off track on to another ideas which is not strongly related or which is not related at all. There is often only a vague connection between ideas.

- "Oh, hey, well, I, I, oh, I really enjoyed some communities I tried it, and the next day when I'd be going out, you know, um, I took control like, uh, I put, um, bleach on my hair, in, in California.  My roommate was from Chicago and she was going to the junior college.  And we lived in the Y.W.C.A. so she wanted to put it, um, peroxide in my hair, and she did, and I looked in the mirror and started to cry…I was fully aware of what was going on, but I couldn't…."

# Clanging

- A pattern of speech in which sounds rather than meaningful relationships govern word choice.

- "I am trying to make noise.  I'm trying to make sense. If you can make sense of out of nonsense, well, have fun.  I'm trying to make sense of out these.  I'm not making cents any more.  I have to make dollars."

- Clanging, though relatively rare, has been observed in sign language when people associate signs based on sign properties, like handshape, much as a Deaf poet would.

# Neologisms

- New word or sign formations.

- I got so angry, I picked up a dish and threw it at the geshinker." "So I sort of bawked the whole thing up."

- How are these different than "home signs?"

# What is the cause of this language usage problem?

- "The FBI is in my head."
- Person omits reference to time or tense.
- Repeating words or signs unnecessarily.
- "I'm getting messages through the captioning."
- Lack of ASL grammar.
- Missing pronouns.
- Unclear story.
- Person has minimal language but mimes a very clear story.
- Made up words or signs.

# Your observations about dysfluent sign language

# New focus on language deprivation and dysfluency

- Related to loss of Deaf schools and even large deaf mainstreamed programs

- Tendency among cochlear implant medical staff to recommend denying deaf children access to sign language

- Rise of generation without strong sign language skills

- Advocacy:  Nyle DeMarco
  - https://www.youtube.com/watch?v=cUTymzn5FEc

# Impact on capacity and readiness to make use of education, interpreting, rehabilitation and mental health interventions

- New learning depends on prior learning
- Fund of information deficits may be profound
- Learning proceeds like a scaffold
- Interventions must be developmentally
    attuned
- Interventions, especially with children,
often focus on communication and
language development

# Language deprivation and abstract thinking

- The squirrel is in the tree

- Why do squirrels climb trees?

# Abstract thinking: Patterns

- A is like B

- A is different than C

- A, B and C all belong to the same category

- First A, then B, then C

- A causes B

- If A, then B

- A means B, but doesn't mean C

- Deaf people are not concrete thinkers but…..

- People with language deprivation are.

# Time and tense; sequencing, cause and effect

**1**

Time frames are established differently in ASL than in English

- English:  Today, I go.  Yesterday, I went.
- ASL.   TODAY I-GO.   YESTERDAY I-GO
- ASL doesn't have tense in the sense of verb modifications but it does have sophisticated time referencing.

**2**

People with significant language deprivation often don't reference time clearly. They don't establish linear sequencing.  First, Second, Third, etc.

**3**

This has enormous clinical implications

- Cause and effect
- Clear narratives
- Anticipation and planning

# Theory of mind

- https://www.youtube.com/watch?v=ETFjzvtvOnk
- https://www.youtube.com/watch?v=I0zTg65aaCY

Can I understand that another person thinks (and feels) differently than me?

# Delays and impairment in "theory of mind"

- Deaf children of deaf parents have age appropriate ToM
- Deaf children of hearing parents lag significantly behind in ToM; some not obtaining it until adolescence or adulthood

- "The evidence suggests that any delays in establishing and taking part in communication or access to social interaction via an accessible language code have consequences for theory of mind that can be both problematic and long-lasting." (Morgan, Meristo & Hjelmquist, 2016.)
- Lack of theory of mind probably related to poor abilities at empathy

# Poor "fund of information" (FOI) (Robert Pollard)

- Fund of information
  - Physical health
  - Mental health
  - Sex and relationship information; often including how to prevent pregnancy or STD
  - How does the government work
  - Healthy diet and habits
  - Independent living: budgeting, cooking,
  - Family information

# What is counseling?  Why would someone see a counselor?  How does counseling work?

- Poor fund of information has huge bearing on mental health work
  - Lack of a schema for "what is wrong," and "how do I get better"
  - No (or weak) schema that one addresses problems through dialogue
  - Lack of knowledge about physical and mental health
  - Poorly developed capacity for introspection
  - Poorly developed capacity for verbal problem solving

  - Creating a workable schema for the counseling process is the first goal of my Pre-therapy program
  - We'll find this schema in simple ways of developing skills

# Impact on psychosocial development and behavior

- Self-regulation (coping)

- Handing social situations, including conflicts

- Rational thinking and problem solving

- High likelihood of behavioral problems, especially impulsive aggression

- Higher rate of suicidal behavior?

# How have you seen language deprivation impact cognitive and psychosocial development?

# Is there a "language deprivation syndrome" (LDS)

- McCay Vernon: Primitive personality disorder

- "Traditionally underserved deaf"

- Glickman: Language deprivation with deficiencies in behavioral, emotional and social adjustment

- Sanjay Gulati':  Language deprivation syndrome

- https://youtu.be/8yy_K6VtHJw

# Studies of deaf psychiatric inpatients

- Rockland State Hospital, 1960's
  - Ken Altshuler and John Rainer
  - "Primitive personalities"

- Terje Basilier, Norway, 1960's
  - Surdophrenia (personality structure associated with early acquired deafness)

- Michael Reese Hospital, 1960's
  - Roy Grinker,
  - "inadequate personality," "borderline syndrome"

- St. Elizabeth Hospital, D.C., 1970's
  - Luther Robinson
  - Voluntary admissions; screened out major behavioral problems and persons with M.R.
  - Lower percentage of psychotic patients
- Springfield Hospital, Maryland. 1990's
  - Beth Daigle
  - Half the patients had violent or self-destructive behaviors
  - Lower percentage of persons with schizophrenia; higher with personality disorders;
  - More undiagnosed or diagnosis deferred

- Whittingham Hospital, Great Britain,
  - John Denmark
  - <span style="color:red">"Problems related to deafness"</span>
  - Behavioral and adjustment problems; poor maturational delay
  - <span style="color:red">"Developmental disorders of communication"</span>

# Haskins, 2004

- 43 deaf patients on a specialty Deaf psychiatric unit

- Higher percentage of clients diagnosed with *Pervasive Developmental Disorder Not Otherwise Specified*

- Clients with this disorder have difficulty befriending fellow clients who are deaf, have a history of job failure because of an inability to grasp the implicit social demands that are present  on most job sites, and often end up in altercations because of their rigid cognitive styles and inability to appreciate another's point of view

# Landsberger & Diaz, 2010

- "Significant differences were found between deaf and hearing inpatient groups in the frequency of impulse control disorders (23% versus 2%), pervasive developmental disorders (10% versus 2%), substance use disorders (20% versus 45%), mild mental retardation (33% versus 3%) and personality disorders (17% versus 43%).  The deaf group had a larger proportion of diagnoses of *psychotic disorders not otherwise specified* (17% versus 2%)." (p. 196).

# Mompremier, 2009

- Largest number of deaf persons diagnosed with schizophrenia were categorized as having *undifferentiated* schizophrenia

- *Undifferentiated* is a residual category like *not otherwise specified*

# All studies find the same group

- Severe behavioral problems
- Evident from early life in all domains
- Severe language problems
- Developmental deficits
  - Poorly developed psychosocial skills
  - Poorly developed cognitive functioning
  - Unprepared for independent living
- Not psychotic (though easily misdiagnosed as such)

# McCay Vernon:  Primitive Personality Disorder (Surdophrenia)

- At least 3 of 5 conditions must be present:
  1. Little or no knowledge of sign language, the primary spoken language in local use, or some other spoken language
  2. Functional illiteracy (reading level of 2.9 or lower)
  3. A history of little or no formal education
  4. Pervasive cognitive deprivation (fund of information deficits)
  5. A performance IQ of 70 or higher

(Vernon & Rich, 1997.  Pedophilia and Deafness. American Annals of the Deaf. 24, 43-59)

# Traditionally underserved deaf (Dew et al, 1999)

Inadequate language skills

Vocational problems

Behavioral, emotional and social adjustment problems

Independent living skill problems

Educational and transitional problems

Mental and physical health problems

# Language dysfluency with deficiencies in behavioral, social and emotional adjustment, Glickman 2009

- Deaf (unable to acquire spoken language through hearing)
- Language deprivation in spoken and sign languages
- Severe language problems (dysfluency)
- Severe fund of information deficits
- Disruption in thinking, mood and behavior evident in all settings since early childhood
- In adulthood, problems developing independent living and vocational skills

# Gulati: Language deprivation syndrome

- Common language deficits
- Struggling with time and linear organization
- Struggling with cause and effect
- Struggling with empathy and theory of mind
- Struggling with abstract thinking
- Difficulty learning
- Difficulty with emotion regulation (coping)
- Struggling in relationships
- Reduced "fund of information"
- "Acting out" of feelings

- How often do you see deaf people with these challenges?

# Age of Language Acquisition and Prevalence of Suicidal Behavior in a Deaf Population with Cooccurring Substance Use Disorder

- Among deaf persons in substance abuse treatment, those with significant language deprivation (language exposure after age 10), more likely to show past suicidal behavior and thinking

- Study shows the importance of assessing language skills more closely

- Embree, J. A., Kinzeler, N. R., Fraker, S., Castle, S., & Wilson, J. F. (2017). Age of Language Acquisition and Prevalence of Suicidal Behavior in a Deaf Population with Co-occurring Substance Use Disorder. JADARA, 51(3), 1-24. Retrieved from https://repository.wcsu.edu/jadara/vol51/iss3/1

# What is different about the clinical presentation of deaf people in mental health settings?

- Often (not always) the difference is that some degree of LDS is present in addition to more familiar clinical syndromes
  - Ex:  LDS plus Bipolar Disorder
- You might want to treat the familiar clinical condition, but you might have to treat the LDS.
  - Example: Promoting language or communication development to the extent possible; Teaching basic coping and social skills

# Deaf persons with language deprivation often…

**1** Have overwhelming life problems

**2** Lack skills in self-management (coping), dealing with other people (social skills and conflict resolution), recognizing and dealing with symptoms (relapse prevention, symptom management)

**3** Want help, but don't know how to use counseling or psychotherapy

# Discussion: Language deprivation syndrome

# Afternoon: 5 interventions with people with language deprivation

- Interpreting for language dysfluent persons from the clinicians' point of view

- Communication assessments

- Teaching: Language/communication development with language deprived persons: the contributions from the Nicaraguan Sign Language Projects

- Deaf Communication Specialists and CDI's

- Pre-therapy and therapy considerations with persons with language deprivation

# Dysfluency Compared
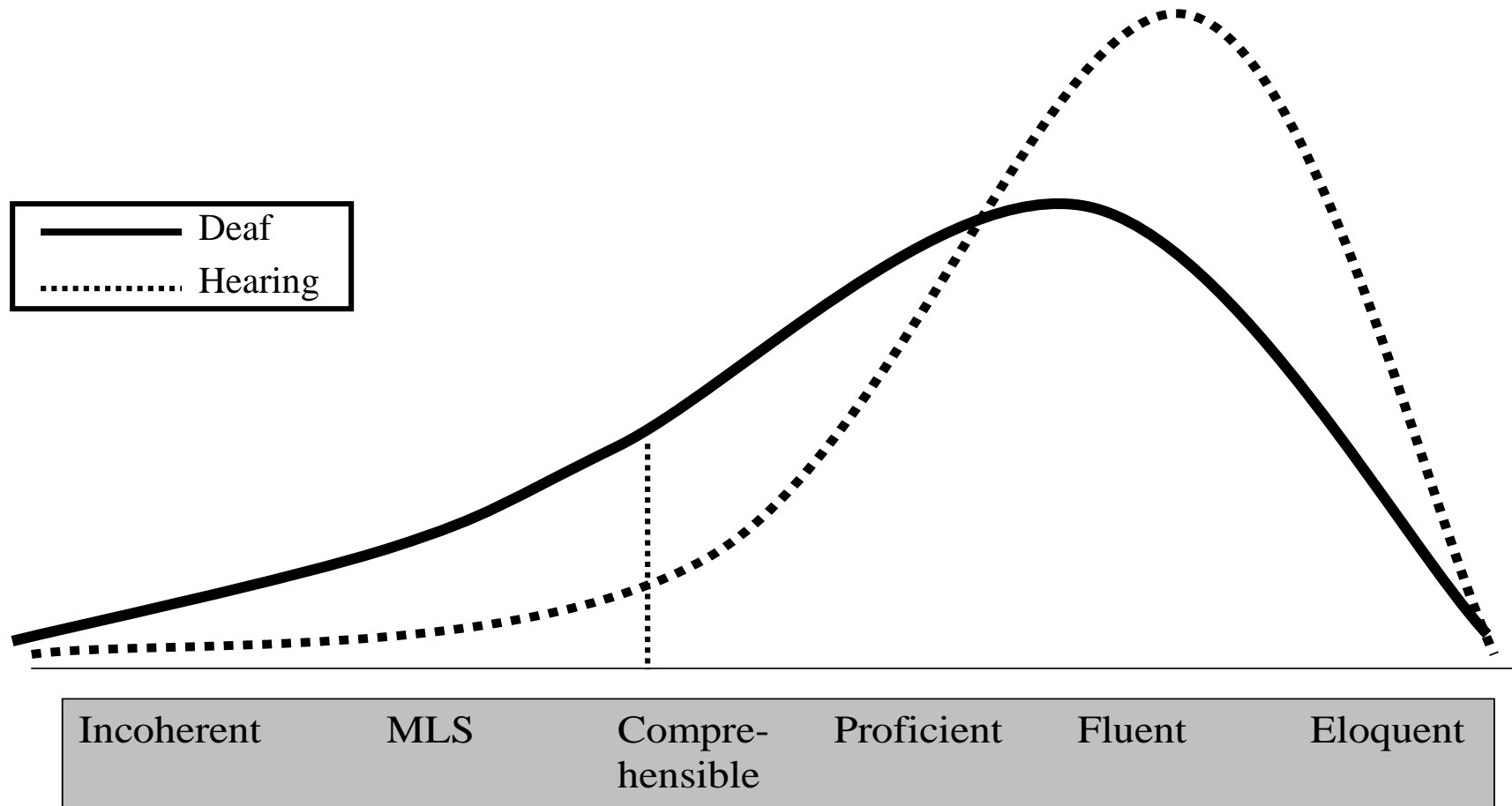
Bob Pollard, Ph.D.

# Mental health interpreting and dysfluent language

- Bob Pollard, Robyn Dean; Demand-Control schema
- MHIT: Charlene Crump and Roger Williams
- Northeastern University Center for Atypical Interpreting
- https://www.northeastern.edu/cssh/asl/research/center-for-atypical-language-interpreting/
- Rise of Deaf interpreting
- http://www.diinstitute.org/

Dysfluent language often has clinical significance.

Interpreting very dysfluent language is difficult, and the likelihood of interpreting errors is high

Abrupt changes in language skills almost always indicate a brain problem.

# Language and thought/cognition

- Psychologists make inferences about a persons internal thought processes based on how they use language

- Thus psychologists are very interested in the kinds of language problems or errors that persons show since these may provide windows into what is happening to a person neurologically, medically or psychologically.

- You do that too:  Example: slurred speech

- Example: How does language skill change with education?

- Example: Ability to code switch based on assessment of communication partner's language skills

Should the interpreter discuss the language abilities of the deaf consumer with the mental health professional?

# Interpreting dysfluent signing

- According to Pollard and Dean, the more a deaf persons language approaches the incoherent side of the continuum, the more appropriate it is for interpreters to stop first person interpreting and describe or comment on what they see  (escort role)
  - Third person   ("He appears to be saying that....")
  - Commenting on language quality  ("He used a handshape repeatedly in a way that doesn't make sense."  "There does not appear to be a time reference or clear subject reference."
  - Providing in a separate meeting information about the communication and language used ("This person is known to be a competent ASL user, but today their signing was halting, unclear, with a great deal of unnecessary repetition of a few phrases.")

# Interpreting options

- "Normal" first person interpreting
- Third person.
  - "He is saying that…"
- Third person with description.  Describe what you see.
- Glossing

- Increased importance of pre and post sessions

# Jack and Jill: First person from point of view of Jill

- "Jack and I went up a hill to fetch a pail of water. He fell down and broke his crown and I went tumbling after."



(Pollard, Mental health interpreting: A mentored curriculum;
Glickman and Crump, Chapter in Deaf Mental Health Care.)

# Jack and Jill: Third person narrative strategy

- Interpreter describes what she sees

- "The consumer is telling the story of "Jack and Jill."  His expression is very flat.   Every time he signs Jill's name, he adds (as an aside comment), "Kill son. Kill mother."  His left hand is fidgety, not producing language, but moving in a short quick movement."

# Jack and Jill: Third person narrative and descriptive strategy

- Commenting on the persons language and on other behaviors related to language

- "The consumer is telling the story of "Jack and Jill." His expression is very flat. I am not seeing the ASL grammatical features that would normally occur on his face and that I've seen him use competently. Every time he signs Jill's name, he adds (as an aside comment), "Kill son. Kill mother." His left hand is fidgety, not producing language, but moving in a short quick movement."

# Third person narrative and descriptive strategy

- "She is saying something about her mother and a devil and something about an argument, but she speaking in complete sentences and she is using past tense and present tense in a way that doesn't make sense to me. (p. 95)"

- (Example from Pollard, Mental health interpreting: A mentored curriculum)

# Glossing strategy

- Keeping form, signing what you see and understand only

"Mother…went (somewhere)…devil with red eyes glaring, coming….(something about) shouting and hitting…mother was girl a long time ago….the devil won't won't…(I missed some here)…you know the devil….I'm 50 years old." (Pollard, 1998, p. 95)

- The more dysfluent the language, the more appropriate it is for the interpreter to describe or comment on the language s/he sees.

- Obviously, this takes additional training and a great deal of cultural and personal sensitivity

- Done poorly, this can disempower the deaf consumer.

- What do you think about this approach?

**True or false:** Sign language/spoken language interpreting differs from foreign language interpreters in how frequently they must interpreter dysfluent language or "unpack" fluent language for persons with poorly developed language skills.

# Additional interpreting strategies in search of meaning (Joan Wattman)

- "To interpret one must first understand"
  - Danica Seleskovitch, 1978
- Integrated Model of Interpreting: Betty Colonomos
- The interpreter uses many strategies to creatively search for understanding

- Consecutive interpreting should be the standard
- Interpreter initiated utterances
  - Interpreter asks clarifying questions
  - Paraphrasing and checking back
    - Is this what you meant?"

- Drawing, using photographs or illustrations, using props, or engaging in role-play.
- Remaining alert for common errors with dysfluent language that may skew the message, and asking for clarification.
- "Unpacking" complex or confusing content into smaller, more concrete parts.
    - "Sexual assault"; "Crime"
- Repeating self; Re-establishing concepts repeatedly before proceeding
- Acknowledging when communication is not happening

# What do you see interpreters doing when communication is unclear?

# Is the Deaf interpreter "the answer"?

- Recognition of language deprivation and dysfluency is a primary force behind the rise of Deaf interpreters

- The best Deaf interpreters have amazing abilities to understand what the dysfluent signer is saying and to reformulate concepts so they are visually clear

- The hearing/Deaf teaming process provides opportunities for the deaf consumer to see the message being re-conceptualized and to comment

- The hearing and Deaf interpreters can each explain to the hearing and deaf consumers what is happening in the interpreting process

# Deaf interpreters and dysfluent signing

- Deaf interpreters especially need training in recognizing and handling dysfluent sign language

- Deaf interpreters face enormous pressure to make the unclear, clear; they can therefore mask the dysfluency from the hearing consumer

- Deaf interpreters may mask the language dysfluency

# Deaf interpreter as communication supporter for signing clinician

- How does the signing clinician judge language dysfluency?

- How can the signing clinician be sure the problem "isn't me?"

- How can the signing clinician advance their skills with dysfluent signers without sacrificing the clients' need for clear communication?


- Discussion

# More training

- Center for Atypical Language Interpreting on line training
- https://www.northeastern.edu/cssh/asl/research/center-for-atypical-language-interpreting/
- MHIT, Office of Deaf Services, Alabama

# Communication assessments

- If you could get a quality communication/language assessment for your dysfluent deaf clients, what would you want to know?

# Communication assessments

**What questions would you want a communication assessment to address?**

- What are this person's communication strengths and abilities?
- What's the nature of the communication difficulties this person has?
- What do these difficulties mean or suggest for causes?
- What can be done to help this person communicate better?
- How does this persons' communication abilities and deficits impact treatment/rehabilitation?
- What ASL vocabulary and grammatical structures seem to be used well and what others seem weak or lacking?
- Is there a difference between the best way this person expresses him/herself and how he/she best receives information?

- Is there a variant of sign communication that works best in communicating with this person?
- Can this person benefit from the use of a sign language interpreter in a therapy group or classroom or do their language requirements necessitate a tutor or one-on-one instruction?
- What language competencies or experience would be needed on the interpreting team?
- What kind of communication supports are needed for this person to benefit from a treatment/rehabilitation/educational plan?
- Can you describe the kinds of sign language dysfluencies that you see?
- Can you provide any guidance about what the nature of the language errors the person is making may mean?

- Has there been a change in this person's language and communication abilities over this time period? If so, what is the nature of the change?

- Is fingerspelling an effective way to communicate with this person?

- Does this person understand and use well a contact language like Signing Exact English?

- Can this person follow a conversation when the other individual signs and speaks at the same time?

- How extensive is the vocabulary of this person in English and ASL? Do they use vocabulary from some other sign language?

- Does this person utilize home signs that only a few people know?

- Does this person use standards signs in some idiosyncratic way?

- Is reading and writing an effective communication method?

- Does this person have comprehensible speech? How effective are they at spoken communication?

- Is speech reading an effective communication strategy for this person?

How would you use a good communication assessment?

# How might a competent communication assessment guide your interventions?

- Determining the communication competencies and supports needed
  - Do the "signing staff" have the ability to work with this person?
  - What communication supports are needed?
  - Can this person do well in a non-signing program?
- Determining if there is a difference between receptive and expressive communication abilities

- Determining whether there has been a change in mental status/cognitive functioning (related to psychosis, medication)
  - Abrupt changes in language abilities have a medical cause
- Determining whether interventions have resulted in improved language skills
- Assisting in differential diagnosis? (evaluation of the kind of errors made)
- Assist in determining why a person is NOT benefiting from training.

- Assisting in evaluation of legal competency to stand trial
- Assisting in developing a communication/language development program for this person
- Communication supports needed for counseling/therapy
  - One to one
  - Visual aids
  - Role playing
  - Hands on, toys, manipulatives
  - Dialogic style of learning
  - "Unpacking" of abstract ideas

What are the dangers of a communication assessment being done badly by unqualified people?

# States requiring communication assessments for mental health consumers

- Alabama
  - Required for all clients who are Deaf

- Georgia
  - Required for all clients with a communication disability

- South Carolina
  - Required for all new clients

- Pennsylvania
  - For all clients who are Deaf and DD

# Are assessors qualified?

- Qualifications of examiners is one of the major worries of this specialty.
- Unqualified examiners regularly make judgements about the signing and communication abilities of deaf consumers
- Being an interpreter, being Deaf oneself, being a CDI, does not qualify you
- Sign language skills must be evaluated objectively; Person must be trained and supervised by Crump or Williams
- Ultimately, there must be a certification process

# Administration Manual

COMMUNICATION
SKILLS ASSESSMENT

Directions for administration
and scoring

prepared by:
Roger Williams, MSW & Charlene Crump, BS
CSA, © 2015, R. Williams & C. Crump

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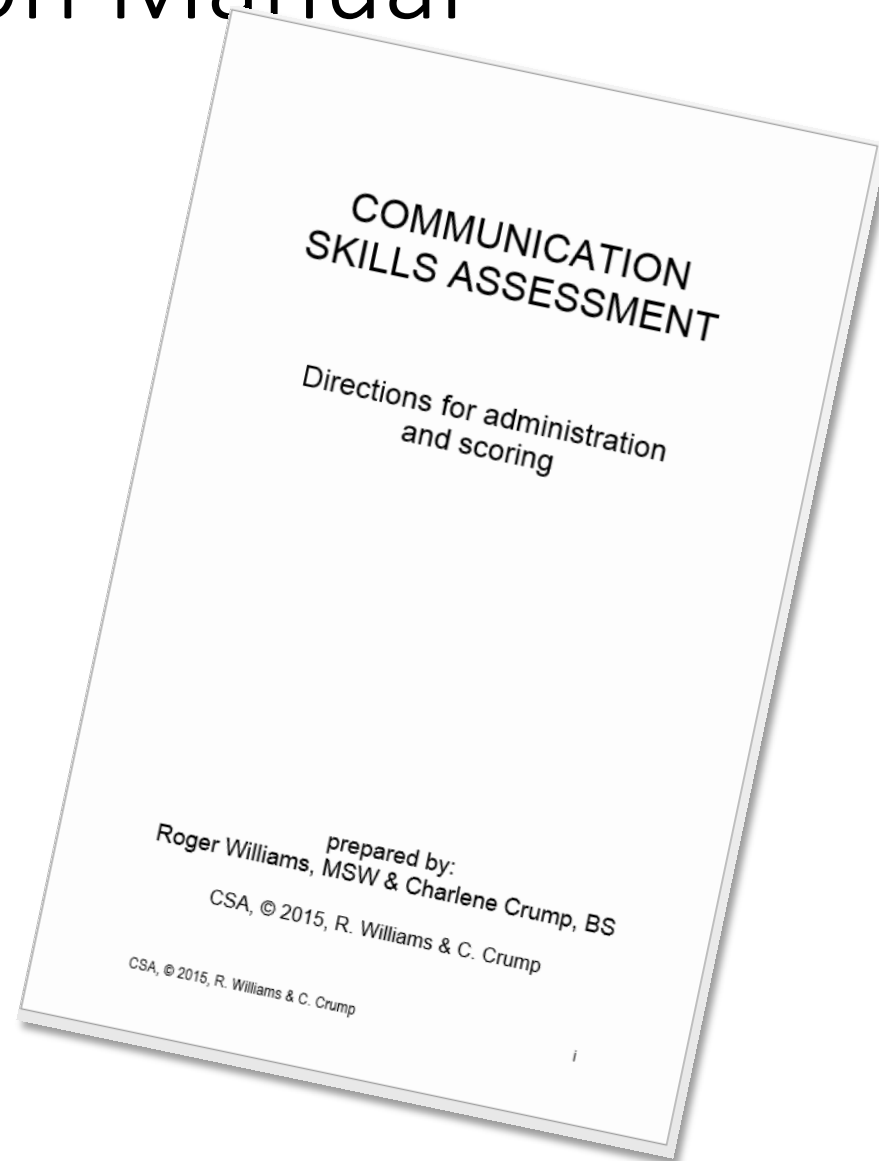
# Contact Information

**Roger Williams**
mhinterp@gmail.com


**Charlene Crump**
mhterp@gmail.com


www.mentalhealthinterpreting.net

# Validated ASL assessment tests

- **American Sign Language Assessment Instrument (ASLAI)**
- **American Sign Language Receptive Skills Test (ASL-RST)**
- **American Sign Language Comprehension Test (ASL-CT)**
- **American Sign Language Discrimination Test (ASL-DT)**

# Communication and language development in late language learners (Romy Spitz and Judy Kegl, in press)

- What language and communication development is possible after the critical period has passed?

- What are the best teaching techniques?

- What are the characteristics of people who learn more language later in life?


- The Nicaraguan Sign Language Projects

http://www.nicaraguansignlanguageprojects.org/Home_Page.php

# Modeling ASL to severely language deprived deaf persons has limited value

- The grammar of the language is not visible to the person who doesn't know the language

- The structures for language learning have not been well established in the person's brain

- The teaching is not developmentally attuned.  It is too complex.

- Imagine yourself suddenly dropped in a Japanese speaking environment.  Now imagine you had no first language.

# Techniques for successful teaching

- Story protocol
  - The problem of the "listener" not knowing
  The story
  - Visual story, everyone has the same "facts"
  - No guessing about what happened

- Scaffolding: *Meeting people at their*

*communication level*
  - *Model and teach one feature at a time*
  - *Start with very simple language features.*
  - *Build slowly with an enormous amount of repetition.*

- Grammatical elements need to be visible
- Modeling ASL is not enough.  You need to teach it one element at a time.

- Communication accountability
- "Good enough" is not good enough

- Grammaticas example

 https://www.youtube.com/watch?v=gStiU0SorGI&feature=youtu.be

- Story breakdown
  - Freeze the action.  What's that?  Who's that?
  - Example:  CAT  JUMP (classifier)
  - Role shifting:   Who is that?

  - https://www.youtube.com/watch?v=NmbpJpI6Uko
- Repetition
- Person must explain it to a new, "naïve" person until they understand

# Observed outcomes

- **Static gesturers** are those individuals who exhibit no substantial increase in their gestural communication, even with training.
  - Usually persons with extreme levels of isolation

- **Expanded gesturers** are people who have attained a sizeable collection of signs and may be quite good at using their sign/gesture symbols to communicate interests and needs in everyday contexts. They have words, but their utterances do not show any kind of true grammatical features.
  - Can make lateral progress, not horizontal progress (learn new vocabulary, but not grammar)

- **Blossomers** are unique in that they exhibit a long plateau, sometimes a 3- or 4-year period, where there is no awareness that communication can be grammatically driven. Over this period, the only growth observed is horizontal growth at the level of sign lists. Yet, after this long plateau, blossomers begin to show evidence of grammar growth.

- **Grammar users** are individuals who despite all odds, not only have grasped that languages have rules, but have been able to apply those rules in running conversation. Still very impaired language users.
  - What factors determine who learns more formal language?

# An effective language/communication teacher

- Must have native or near native language abilities
- Must be linguistically trained, understand the grammar of the language
- Must be a skilled teacher, able to meet students where they are and build skills incrementally
- Must use what little we know about "best practice".

- The question of the best pedagogical methods for developing language skills in language delayed deaf persons is largely unexplored.

What language skills have you seen severely language deprived deaf people gain with the right language/communication exposure?

# The Deaf Communication Specialist: a Developing Role

Language and communication teacher; needs training in best strategies

With training, assists in communication assessments

Counselor/teacher communication supporter

With training, may assist in teaching concepts related to legal competency

Deaf interpreter expanded role including overseeing the work of "signers"

What other job duties can a skilled Communication Specialist perform?

# "Pre-therapy"
(Neil Glickman, 2009, 2017 )

- For a variety of reasons, emotional readiness for change, intellectual and linguistic readiness for a process of "talk therapy," people with language deprivation are often not developmentally ready for formal counseling and psychotherapy.

- Neither are most counselors/therapists ready for them.  They haven't been trained for these persons and usually lack the communication skills to work well with them.

- This raises the issue of helping persons with language and learning challenges and therapists getting ready for each other, a process I call pre-therapy
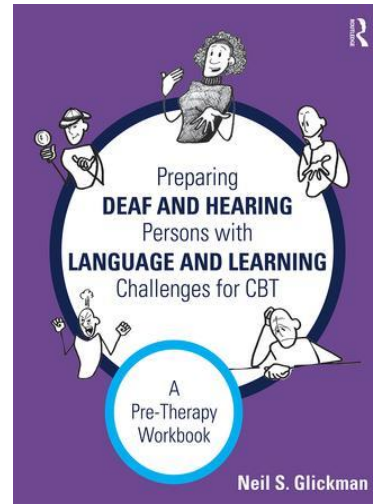
**Train staff in essential counseling and relationship forming skills**

**Pre-therapy**

**Adapt CBT for deaf persons with language and learning challenges**

Preparing DEAF AND HEARING Persons with LANGUAGE AND LEARNING Challenges for CBT

A Pre-Therapy Workbook

Neil S. Glickman

# The problem of the referral

What's wrong with this statement: "He needs therapy"?

How do we get the referred person, dragged into therapists office, to become a customer?

# Getting people to the starting gate of counseling is a major challenge

- I need help with something
- I can get help in counseling
- The counselor is someone who can help me
- Discussing things is worthwhile
- I need to fix me, not them
- I can think, use skills, and solve problems
- I'm capable of doing better

# Language and cognitive barriers

- Inability to narrate a clear story

- Poor sense of time, sequencing

- Poor verbal abstract reasoning

- Poor fund of information

- Very significant communication barriers

# Staff with insufficient training

These lessons are designed:

To teach staff how to engage clients in counseling/therapy

Teach staff to de-escalate dangerous behaviors

Teach staff how to create therapeutic relationships

To help clients become willing to work on skills

# Pre-therapy in therapeutic programs

- Aims at programs and staff who serve people with "language and learning challenges"
- Uses a clear, understandable and simple schema for "getting better"
- Designed to promote engagement and lessen behavioral challenges
- Strength/skill based; Noticing and labeling what people do well
- Draws on what we know about "Deaf friendly" counseling and teaching
- Draws out a model for simplified, Deaf-friendly CBT

# 12 Lessons

- Lesson 1: Coping skills
- Lesson 2: Conflict resolution skills
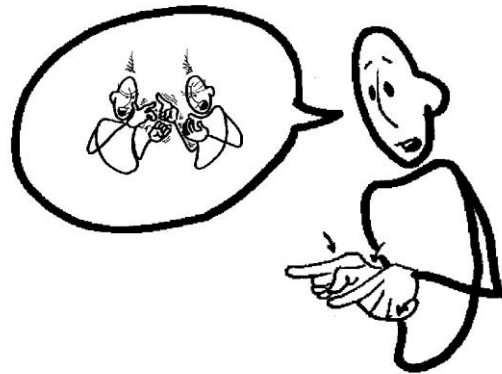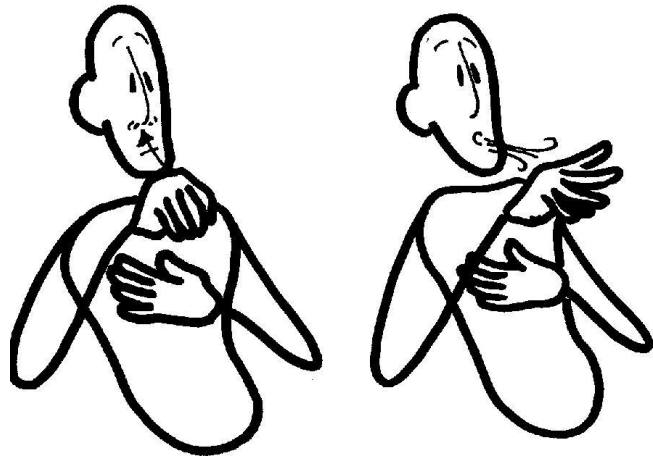
EXPRESS FEELINGS SAFELY

A shared schema?
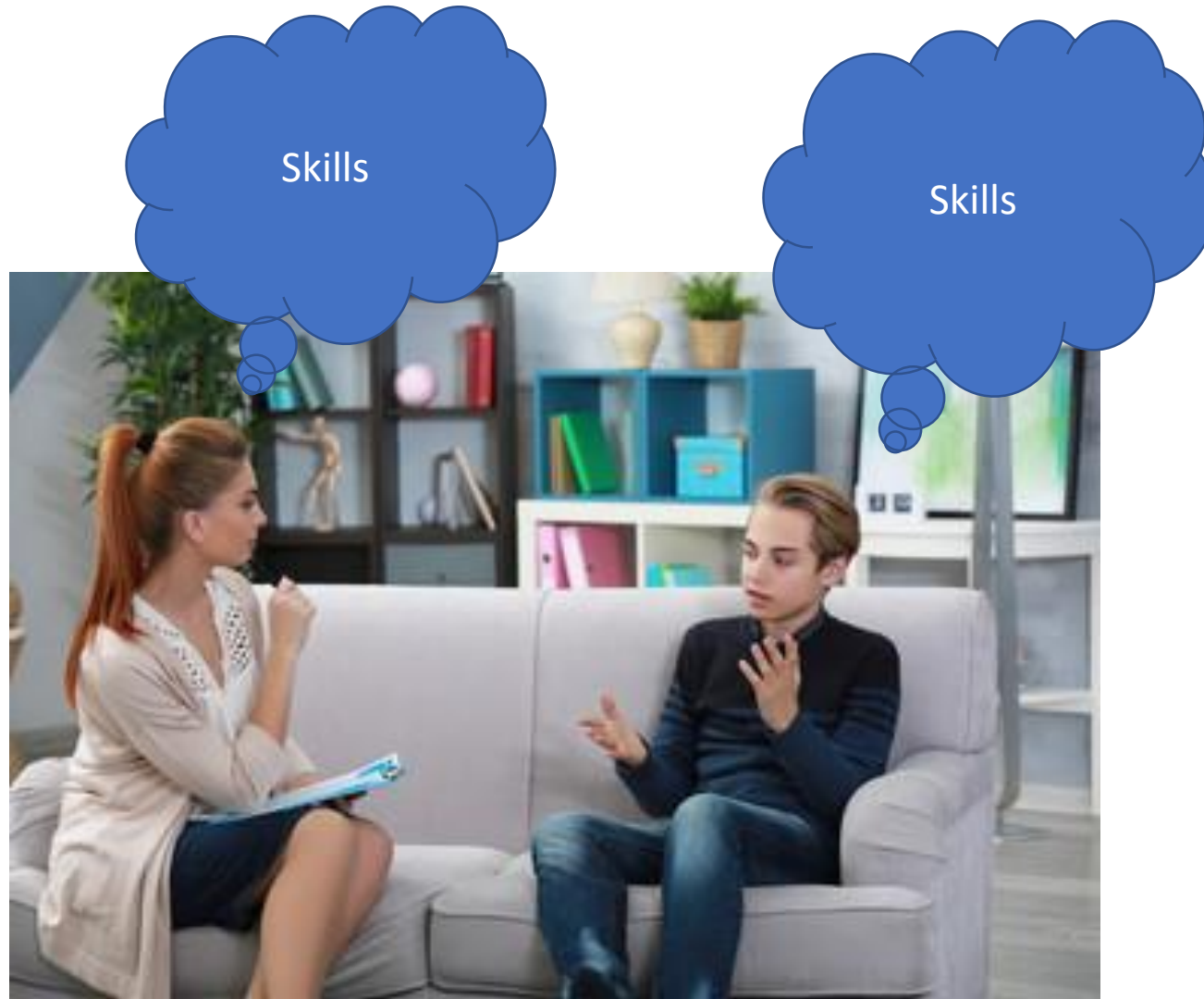
A shared schema?

- "Skills": A schema for "getting better"
- Coping skills for one's "inner world"
- Social skills for one's "outer world"
  - Conflict resolution skills
- Problem solving skills
  - Thinking
  - The belief in oneself as a competent problem solver

# Attend to developmentally simpler skills

- Coping skills

- Sensory-movement interventions

- Distraction with games, activities

- Artistic expression

- Conflict resolution skills

  - Non-verbal attending like posture and eye contact
  - Listening without interrupting
  - Turn-taking
  - Expressing yourself safely
  - Flipping a coin

# Example: the "red, yellow, green light coping skill"
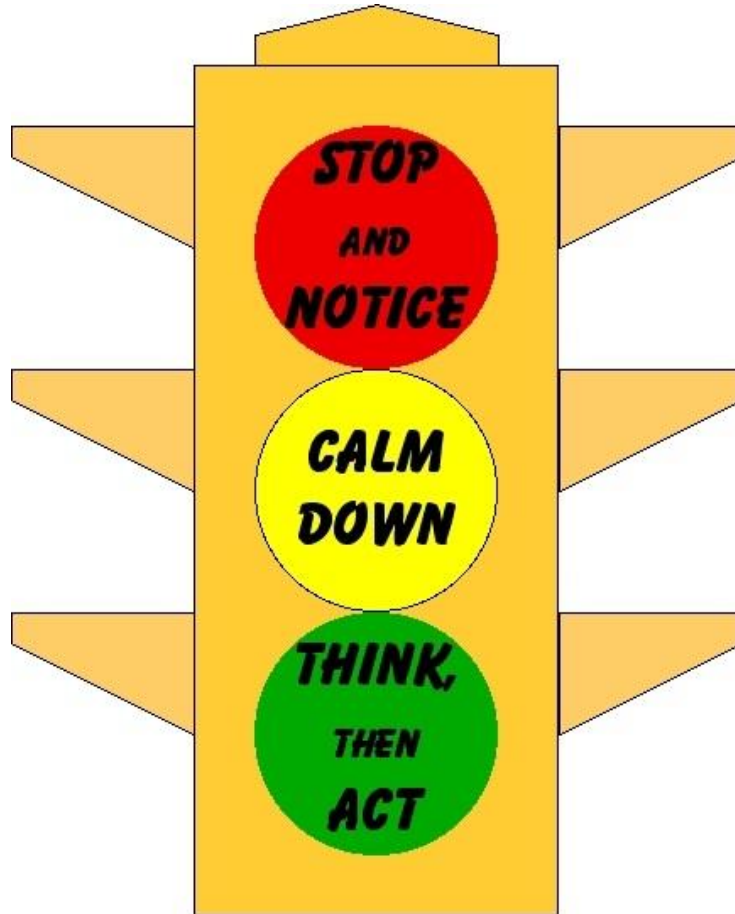
# Key skill
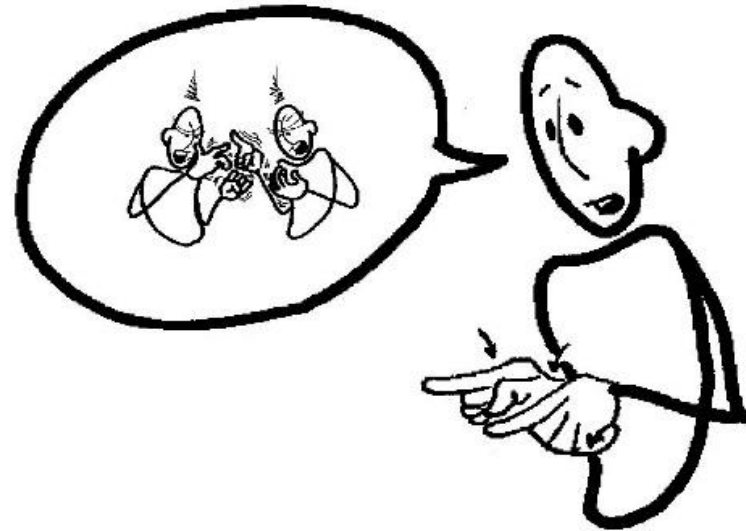


EXPRESS FEELINGS SAFELY

Make skills the language of your program

SKILLS

SEO

LOADING ...
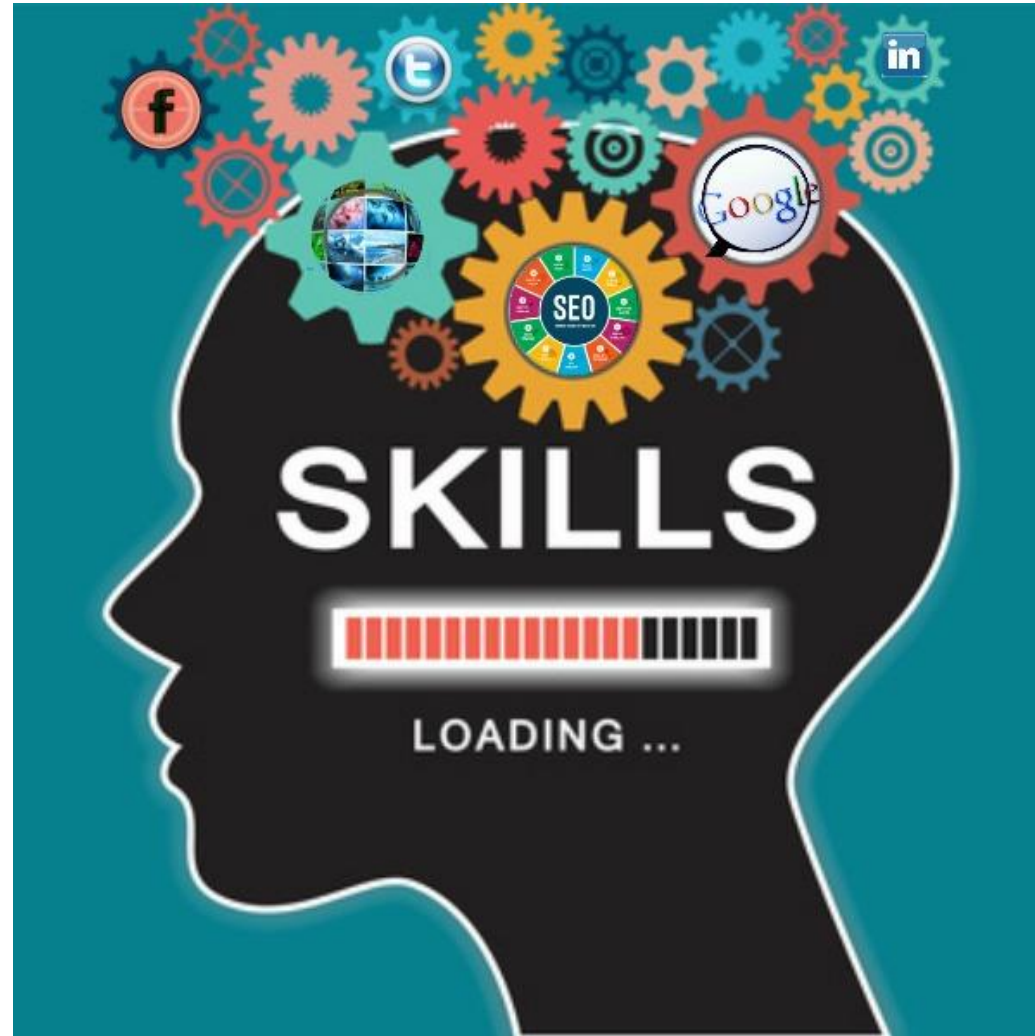
# Lesson 3: Strength-based work with people who function poorly and often behave badly

- Attend to skills already there to get the conversation about skills started

# English:  Strength-based     ASL:   POSITIVE SKILL FOCUS



- Working in a strength-based way is possibly the single most powerful way to engage people in mental health treatment.

- The goal is not to minimize real problem behaviors but to engage persons in addressing them.

# Example: teach by noticing what is already there

What's the teaching method shown on this Sesame St. clip?

https://www.youtube.com/watch?v=5pGDdoF0ZZ0


But we must be good at finding the skills already there; hence, the developmental focus

# How do you start conversations about skills people are already using?

- Don't let a positive skill happen without noting it.

- "Did you notice the skill you just used?  What was it?"

- Example: group members plan a party

- This assumes you have a large vocabulary for skills (the subject of Lessons 1 and 2)
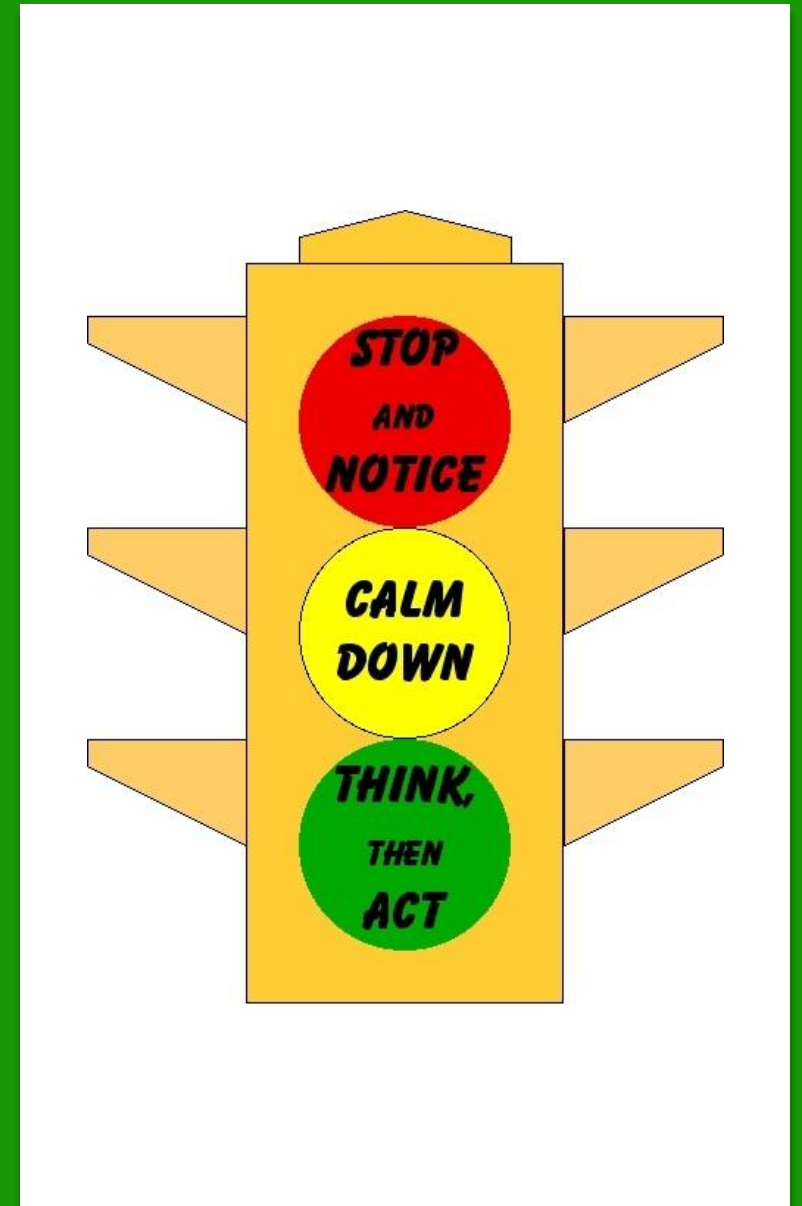
# Stop and notice skills already present

- The person who copes by distraction
- The person who doesn't blow-up
- The blow-up is less bad this time
- The person does a good job of recovery

After the problem behavior

Lessons 4 – 7 are designed to shape staff behaviors

# Lesson 4: Empathy

# Training staff to empathize

- Most therapists can improve their empathic communication skills
- Direct care staff are usually not trained in this and tend to be very directive and controlling.

# Lesson 5: Working one-down
Teaching staff to engage students in thinking, problem solving and negotiating

Inviting
Curiosity/wondering
Worrying
Asking for help

# Training staff to attend to power and authority

Staff are overly reliant upon directives and judgments

"You should use your coping skills."

"You need to control your behavior."

"When you are angry, just count to 10."

"That behavior is inappropriate."

This happens a lot

Staff limit setting

Client Impulsivity, Lack of psychosocial skills

**Staff think:  Where are the consequences?**



CONSEQUENCES
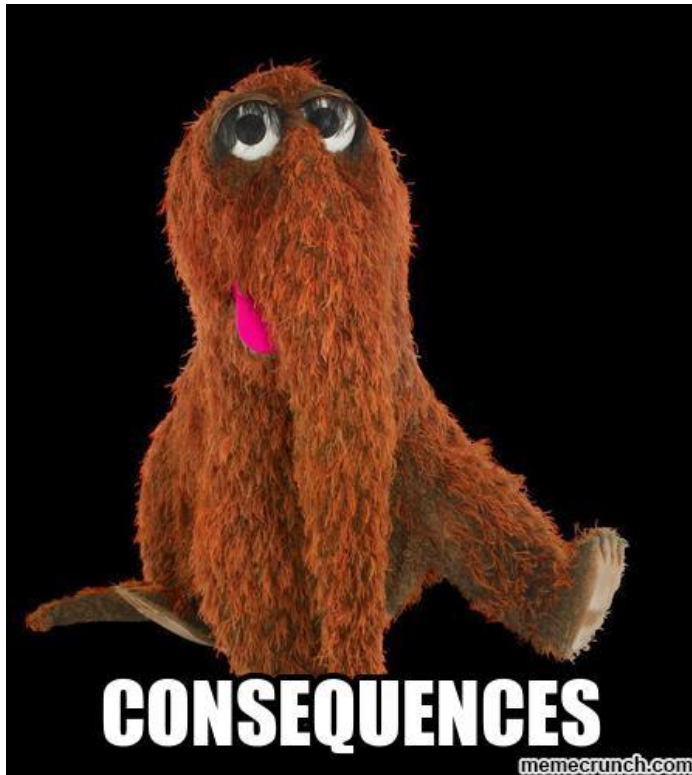
**We need a larger toolbox of responses.**

# Helping people assess themselves

- Lesson 6: Questions are better than answers
- Lesson 7: Promoting self-assessment

# Asking good questions

# Asking strength-based questions

- Strength-based work comes down to this: Staff **notice**, **label**, **comment upon** and **invite discussion** of skills that people already show.

- Principal:  Always show strong curiosity about success.   Ask, "How did you do it?"

- Example:  Clients plan a party?  What skills

Were involved?

# How did you….?

- ….stay calm?
- …..walk away?
- ….. Stay in the room and keep talking?
- ….  Show respectful listening?
- ….. Show kindness/respect/ helpfulness?

- What skill were you using?

# Questions from Behavioral analysis

Attempts to answer the questions:

- Why did the behavior occur?
- What can we do to help prevent the behavior from happening again?
- This depends a lot on getting a linear narrative of the story.

# Questions from Reality Therapy "WDEP"

- Want                                What do you want?
- Do                                       What are you doing?
- Evaluate                       Is it helping?
- Plan                                    What is a better plan?

# Summary: The Art of Using Questions

- **Strength-based questions**
  - To engage
  - To help people see skills they already use
- **Reality Therapy Questions**
  - To motivate
  - To open the door to work on "getting better"
- **Behavior analysis questions**
  - To analyze why the problem behavior keeps happening
  - To point towards what the person could do better
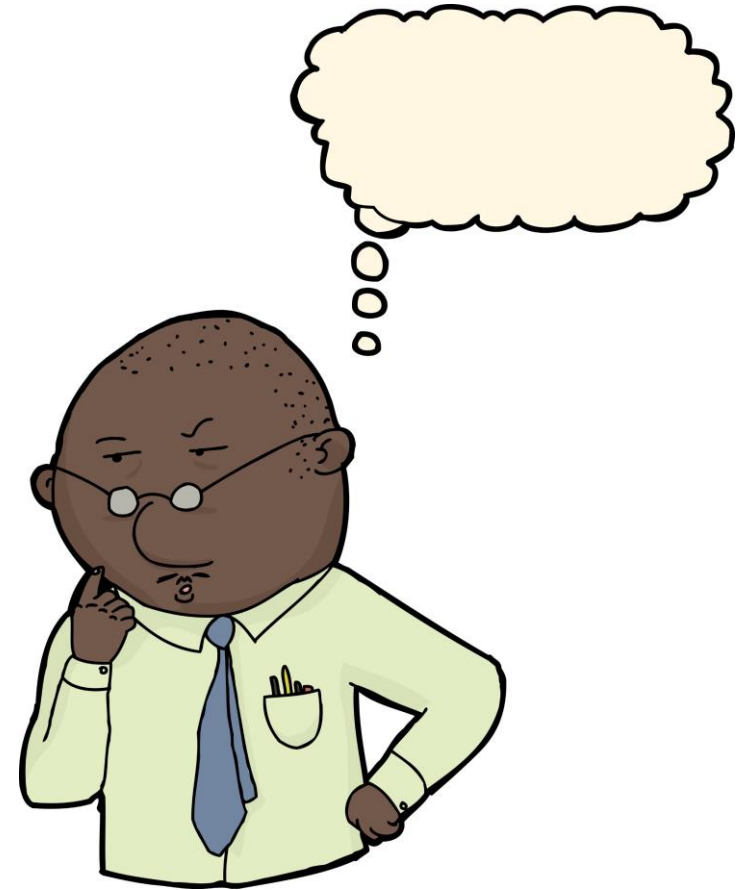
# Using self-monitoring
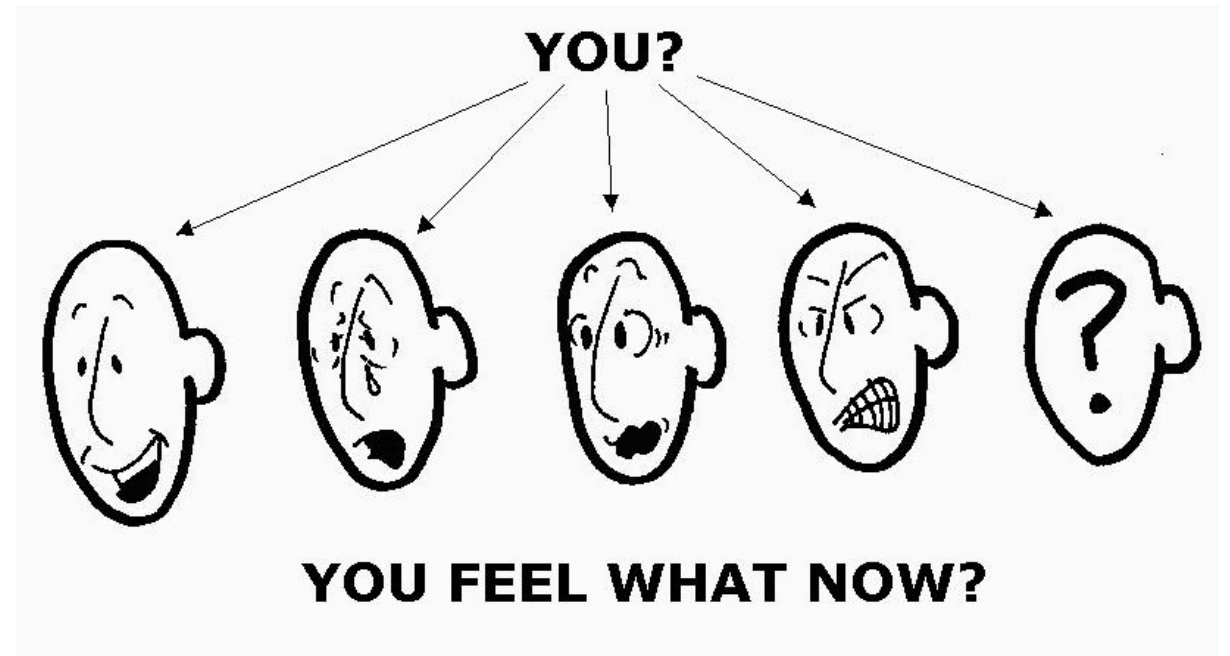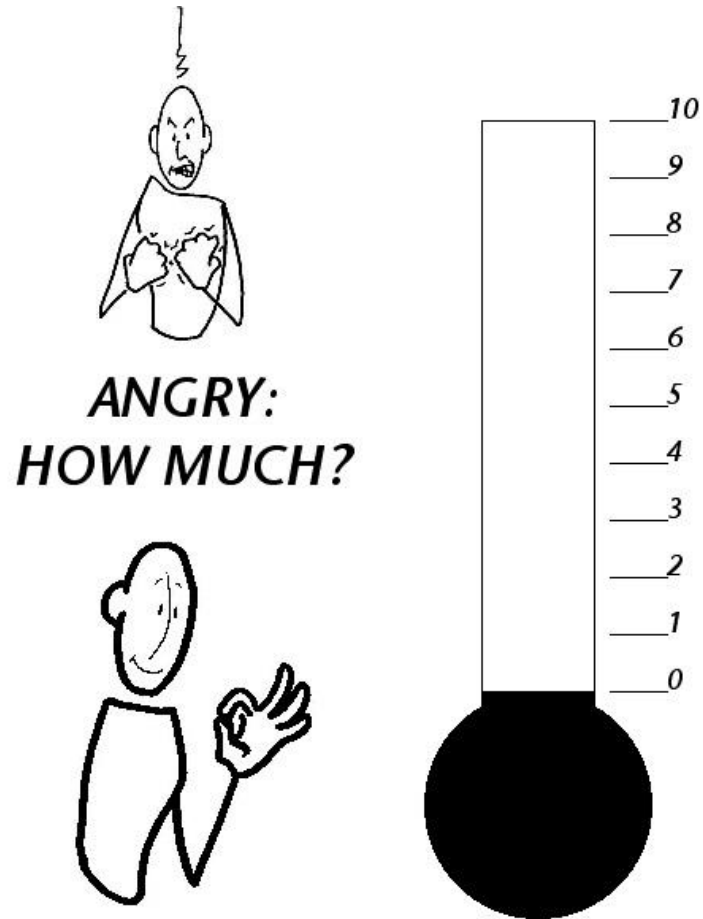
# Teaching people about thoughts

- Lesson 8: Thoughts and self-talk

- Lesson 9: The connection between thoughts, feelings and behaviors

- Lesson 10: Changing self-talk

# Helping people talk to themselves better

- Simplest form of CBT is work on self-talk

# Positive self-talk

# Developing and using coping scripts



I nervous. I want staff attention
I can wait.
Nervous is okay. No problem
I breathe now. Watch TV. Play on phone
Later talk to staff. No yell. No threat.

# Adapting therapy for deaf persons with language and learning challenges

- Lesson 11: Deaf mental health care and relapse prevention 1


- Lesson 12: Deaf mental health care and relapse prevention 2

# 5 Deaf friendly strategies for adapting treatment

- Mindful attention to language and communication

- Using teaching stories and examples
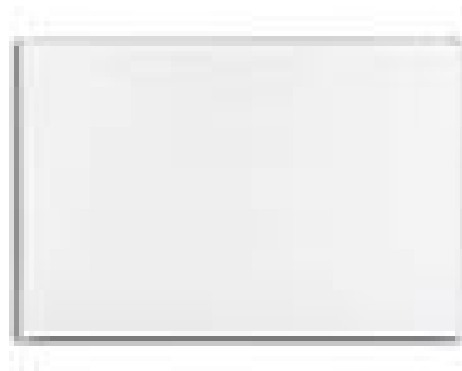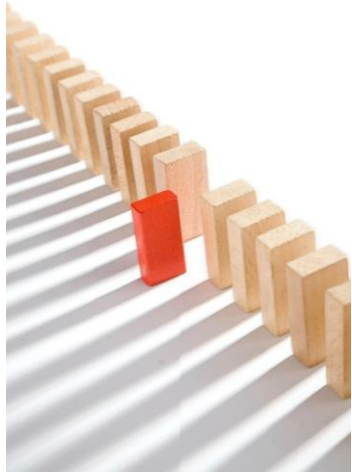
- Using visual aids and art

- Role playing

- Drawing on the desire of community members to help and teach each other
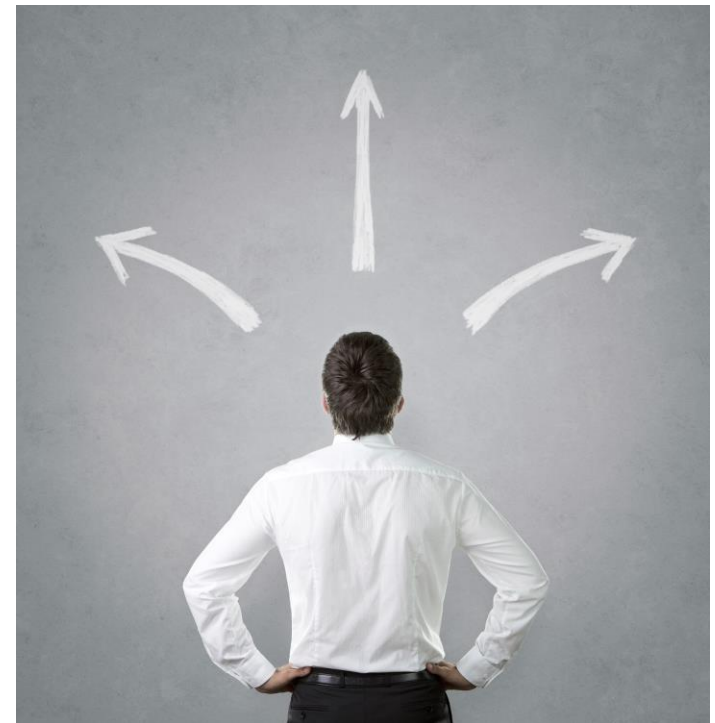
# Using examples and stories

# Use props and visual aids

# Use visual aids and drawing

# Free pictures by Michael Krajnak (CD from the 2009 book)

- https://www.routledge.com/Preparing-Deaf-and-Hearing-Persons-with-Language-and-Learning-Challenges/Glickman/p/book/9781138916937

# Role playing

Teaching: Personal space

# Have the people you serve become helpers and teachers

# More in depth training

- Thursday, 1:45 to 5:00 sessions
- "So you've got ASL fluent staff..." Addressing other common treatment and staff training needs in Deaf Service Programs

- Me, Wendy Heines, Melissa Watson (Pahrtners)
- Will focus on use of this manual

# What else do you think helps engage students in counseling/therapy?

# Adapting treatment for deaf persons, including those with language and learning challenges

- Visual materials
- Stories teaching key points
- Deaf actors with superb ASL skills
- Attention to common "fund of information" deficits
- Teach through examples
- References to Deaf Community


- Melissa Anderson is developing the first Deaf friendly, evidence based CBT treatment manual
- https://escholarship.umassmed.edu/cgi/viewcontent.cgi?article=1101&context=pib
- https://youtu.be/IYslZHtHbhU

# Language/communication learning takes a village

- Signing environments
- A great deal of communication expertise, usually not present
- Teams:  Often therapists and expert communicators need to work together
- Greater role for "Communication Specialist" or Deaf interpreters
- Ideally, a competent communication evaluation has been done

# How can you advance services for deaf persons with language deprivation?