Mental Health Services
Addressing Language, Communication, and Literacy Needs

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Educational Objectives

• Define Language Deprivation Disorder and Mental Health Literacy
• Identify multiple modality communication techniques for use with individuals with variable language, communication, literacy challenges
• Define clinician/interpreter teamwork model for mental health service delivery, (including Certified Deaf Interpreter – afternoon only)
• Identify how to incorporate both multi-modality communication and clinician/interpreter teamwork into clinical sessions
• Participate in demonstrations/role plays of multiple modality communication techniques and interpreted mental health sessions
Mental Health Literacy
Mental Health Literacy

Knowledge and beliefs about mental disorders which aid in their recognition, management or prevention (possibility of action)

• Knowledge of how to prevent mental disorders
• Recognition of when a disorder is developing
• Knowledge of help-seeking options and treatments available
• Knowledge of effective self-help strategies for milder problems
• First aid skills to support others who are developing a mental disorder or are in a mental health crisis

Health Literacy

Providers and patients **share responsibility** to:

- Understand each other, health information and services
- Use print and numbers together
- Make good health care decisions

Print literacy – reading/writing fluency

“Oral” literacy (speech and/or sign)

- Prose, quantitative, document
- Complexity, difficulty
- Vocabulary, conceptual knowledge, numeracy

Healthy People, 2010, Revised
Health Literacy Levels

- Proficient: 14% 30 million
- Below Basic: 13% 28 million
- Basic: 29% 63 million
- Intermediate: 44% 95 million

Health Literacy Skills

• **Proficient skills- 13%** – can perform complex and challenging literacy skills

• **Intermediate skills- 44%** – can perform moderately challenging literacy activities

• **Basic skills- 29%** – can perform simple and everyday literacy activities; challenged to give 2 reasons why person w/out specific disease symptoms should be tested, based on clearly written info

• **Sub-basic skills- 14%** – No more than the most simple, concrete literacy skills; unable to circle/identify next appointment date from instruction slip

US Department of Education, Institute of Education Sciences, National Center for Education Statistics, (2003), National Assessment of Adult Literacy
Universal Precautions

A communication strategy which assumes that all health care encounters are at risk for communication errors, and aims to minimize risk for everyone.

www.ahrq.gov
Universal Precaution toolkit
Communication and Health Literacy Challenges

• Language deprivation (disorder)
• Developmental delays
• Language processing disorders
• Psychiatric disorders
• Limited English Proficiency; un-acculturated immigrants
• Below poverty line
• Geriatric individuals
• Educational challenges
• Chronic diseases, dementia
Literacy Based Mental Health
Deaf Mental Health
Language Deprivation Disorder
Deaf Mental Health

• Most hearing losses – age-related sensory impairment -people achieved language development milestones – post-lingual loss

• Hearing loss at birth, or during critical period of language development, pre-lingual hearing loss – focus of discussion

• 2-3 out of 1000 children experience –pre-lingual hearing loss at birth

• 37,828 deaf students w/known hearing loss onset – 55.1% reported hearing problems before 2 y/o, impacting first language development

• 80% children born deaf-developed world-cochlear implanted- allow some of them access to sound in early years, some develop speech


Family Systems: “Medical” versus Cultural

“Medical” (pathological)

• Major fallacy: the family is hearing and the deaf child is deviant

• Hearing parents aim to make their “deviant” d/Deaf child “normal”

Family Systems: “Medical” versus Cultural

Cultural Adaptations

• Family system - considered hearing and deaf
• d/Deafness belongs not only to child, but to entire family
• Family must re-organize itself; use EVERY available resource
• All members can participate, contribute, use family resources equally

What does that mean?

“Normative” Deaf Child/Hearing Caregiver Development
Language Acquisition (Communication)
Interpersonal Process (Skills)
Development of Sense of Self (Esteem)
Development of Sense of Other (Theory of Mind)
Fund of Knowledge (Cognition)
Language Deprivation Syndrome: a Possible Neurodevelopmental Disorder with Sociocultural Origins (2017)

Wyatte C. Hall, Leonard L. Levin, Melissa I. Anderson
Social Psychiatry Epidemiology: 52:761-776.

Language Acquisition for Deaf Children: Reducing the Harms of Zero Tolerance to the Use of Alternative Approaches (2012)

Harm Reduction Journal, Biomed Central, The Open Access Publisher, 10.11.86/1477-7517-9-16.
Language Acquisition: an Interpersonal Process

• Meaning is something to be negotiated between parent and child
• Relationship between thought and word “a process, a continual movement back-forth from thought to word/from word to thought”
• Meaning results from interpersonal negotiations involving what can be agreed upon as shared
• Mutually negotiated meanings grow, change, develop, are struggled over by 2 people, ultimately owned by us

Dyadic Systems View of Communication
Parent-Infant Social Interactions Framework

- Primary task communication - understand messages of other - modify own action - meet needs of other
- "Getting into sync" process - person acts responsively to actions of others in communication
- Parent - greater range, control, behavioral flexibility
- Child’s functional development - first social (between people), then individual (inside child)
- Mutual recognition of entering into each other’s field of perception establishes system of communication

Foundations for Relating, Communicating, Thinking

• Shared attention, regulation - 0-3 months — calm interest in, purposeful responses to sights, sound, touch, movement, other sensory experiences (e.g., looking, turning to sounds)

• Engagement, relating – 2-5 months – growing expressions of intimacy, relatedness (e.g., gleam in the eye, joyful smiles initiated, sustained)

• Purposeful emotional interactions – 4-10 months– range of back/forth interactions, with emotional expressions, sounds, hand gestures, etc., used to convey intentions

Foundations for Relating, Communicating, Thinking

• Long chains of back/forth emotional signaling, shared problem solving (e.g., joint attention) – 10-18 months – many social, emotional interactions in a row used for problem solving (e.g., showing parent a toy)

• Creating ideas -18-30 months – meaningful use of words or phrases and interactive pretend play w/ caregivers, peers

• Building bridges between ideas: logical thinking/connections between meaningful ideas- 30-42 months (“Want to go outside because I want to play)

Development of Self

The sense of Self and of other, is a universal phenomena that influences all our social experiences. It teaches us that each of us is ...

- A single, distinct, integrated body
- The agent of actions
- Experiencer of feelings
- Maker of intentions
- Architect of plans
- Transposer of experience into language
- Communicator/sharer of personal knowledge

Language Deprivation Disorder

A. Person born w/hearing loss severe enough-preclude ability to comprehend oral language; or loses ability before acquiring language

B. Hearing loss not remediable; or isn’t remediated, enough for person to be able to acquire, comprehend oral language effectively

C. Child not exposed to ASL (other SL) enough to acquire it as native user

D. Severely dysfluent in best language/communication modality – receptively, expressively, both, measured by objective tests or expert evaluators of the language; person- functionally illiterate in spoken/written language of larger community; if sign language is primary communication modality, deficits seen such as these

Language Deprivation Disorder

a) Severely impoverished vocabulary as well as signs used with incorrect meaning
b) Absence/minimal use of grammatical features/vocabulary for tense/time resulting in inability to give historical, linear account of events
c) Person communicates mostly in signs or phrases rather than full sentences. Sentence structure, where it exists, is simple
d) Person frequently omits subjects/objects, or conveys these haphazardly, so as to convey poorly who did what to whom/or what happened
e) In Sign Language, spatial location/movement used haphazardly resulting disorganized/unclear visual message

Language Deprivation Disorder

- From childhood, child displays global pattern of behavioral, social, emotional disturbances, e.g., aggression, self harm, gross lack of social skills, poor school performance; problems occur at home, school, all other settings

- Person demonstrates enormous deficit in fund of information re: world (e.g., social norms, knowledge of history, government, current events, rights, responsibilities of being a citizen)

- As adult, person experiences great difficulties developing work skills, especially in interpersonal and situational aspects of work, learning to live independently

- Person is at least 14 years of age

- Person does not have mental retardation, schizophrenia, another psychotic disorder; If adolescent, does not have conduct disorder; if adult, does not have antisocial personality disorder

Case Example - Katie

- 14 y/o, Deaf, African American girl; Learning Disabilities, Hearing family
- Chaotic, traumatic childhood; drug addicted mother; lived w/ Grandmother – family signed very little, but K. was always loved
- Early traumas – loss of hearing either 3 months – or 2 ½ years – hot liquid spill, hospitalization; fall from high chair; head trauma; probable rape
- Etiology of Deafness unknown
- Eager for treatment
Language and Communication

• Sign very fragmented; no sequential storytelling ability
• Shifted left hand/right hand dominance
• Could reference time/pronouns, but with confusion
• ASL like sign; little grammatical structure
• Handshapes unclear, abbreviated, slurred together
• Use of space, references to location confused
Multiple Modality Communication Treatment

• Science homework words body parts, functions; concepts, emotions.
• Writing, drawing (dough-girl)
• Use of TTY Use of books; library –
• 2x week – Mondays – happy, lively; Fridays – sullen, bored, quiet
• Video tape -storytelling Narrative construction of self
• Meta-linguistic processing
Literacy Based Mental Health
Multiple Modality Communication
Multiple Modality Communication Resources

Writing/Drawing/Use of Flip Chart

• Writing lists, voting, sentences
• Drawing fluid concepts
• Graphing, charting
• Stick figures (action)
• Doughboys/girls (feeling qualities)
• Scales (feelings)
• Continuums (feelings- bad to good)
• Genograms, timelines, functional histories
• Definitions/vocabulary
• English, Spanish, Sign reinforcement

Role & Object Play/Use of Process

• Focus on process
• Clarifying, directing
• Use of self/leaders/members
• Meta-linguistic processing – echoing each other; sign/fingerspelling corrections
• Developing themes in content
• Mirroring-self/other
• Dramatic role plays
• Use of humor
• Mime, gestures
• Goals, dynamics inside
Group Composition – Five Deaf Psychiatric Patients

- Story telling – no beginning, middle, end
- Inability to establish contexts-minimal references -time, place, person
- Narrative related to self/other, impoverished
- Goal direction often perseverative, ego-centric
- Low self esteem; poor impulse control
- Low frustration tolerance; minimal self soothing skills
- Some ecolalia; pressured, dramatic sign production
- Referential/tangential/circumstantial
Group Processes and Content

• Group Leaders and Flip Chart – Importance of Meaning
• Empathic Attunement – Pace of Process; Emphasis on Comprehension
• Fostering Temporal References – Calendar- Figure Drawings of Experiences/Events
• Visual Mapping – Identifies context, identities; process; reinforces agency (who, what, where, to whom)
• Focus on Process
• Writing Lists, Voting, Sentences
Goals and Outcomes

• References in time; creating order; using repetitive structures from which to generalize, abstract
• Enhanced interpersonal processes; relatedness; sense of self/other
• Pragmatic communication; (Greenspan); shared/reciprocal language; increased ability to abstract; imaginative thinking/play
• Self narratives – utilizing everything at one’s disposal
• Implementation of behavioral strategies; generalization to community life/hearing world
Cognitive Behavioral Therapy
Automatic Thought Record
Exercise
<table>
<thead>
<tr>
<th>Situation Trigger</th>
<th>Emotions / Moods rate 0 – 100%</th>
<th>Physical sensations</th>
<th>Unhelpful Thoughts and Images</th>
<th>Alternative response / healthier more balanced perspective</th>
<th>What I did / What I could do / Action plan / Defusion technique / What’s the best response? Re-rate Emotion 0-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>What happened?</em></td>
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<td>Where? When? Who with? How?</td>
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<tr>
<td><em>What did I react to? (something I saw, heard, smelt, felt...)</em></td>
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<tr>
<td><em>What emotion did I feel at that time? What was intense was it?</em></td>
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<tr>
<td><em>What thoughts/imagery/images/memories mean to me, or say about me or the situation? What am I responding to? What is ‘button’ is this pressing for me? What would be the worst thing about that, or that could happen?</em></td>
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<td>Stop! Take a breath.... s this fact or opinion? Am I in danger NOW, or is it that I believe I’m in danger now because of my past trauma? What’s REALLY happening now? How would someone else see this situation? What’s the bigger picture? What advice would I give someone else? Is my reaction in proportion to the actual event?</td>
</tr>
<tr>
<td><em>What could I do differently? What would be more effective? Do what works! Act wisely. What will be most helpful for me or the situation? What will the consequences be?</em></td>
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Additional Materials and Bibliography
Language Dysfluency
Communication Errors

Inability to sequence events in time

• Lack of signs, grammatical structure to indicate tense
• Stories with no beginning, middle, end
• Jump back/forth in time - without indication
• Cause/effect, conditional phrasing challenged

Language Dysfluency
Communication Errors

Syntax – ASL topic-comment structure absent

• Subjects not established clearly

• Pronouns used without referent

• Heavy use of sign repetition as poor substitute for grammar

• Mixture of gesture/pantomime with sign – no alternative but to act things out

Language Dysfluency
Communication Errors

Spatial disorganization

• Unable to use grammatical space around signer

• Referents not established, maintained in one part of spatial field

• Sign inflection (movement through space) – absent/ inconsistent

Language Dysfluency
Communication Errors

Impoverished vocabulary

• Limited vocabulary

• Signs used incorrectly

• Isolated signs or short sign phrases

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