

# Adapting PCIT Coaching Strategies to Meet the Needs of Deaf and Hard-of-Hearing Families

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18<sup>TH</sup> Annual PCIT Conference

October 17, 2018

Davis, CA





# Outline

- Defining Deaf and Hard-of-Hearing (DHH)
  - Assistive devices
- Mental Health, Child Maltreatment, and DHH
- Adaptations and Adjustments to Treatment
- Coaching strategies in PCIT
- Case Study
- Review and discussion





# Deaf and Hard-of-Hearing (DHH)

- **Deaf**
  - A particular group of people sharing the same language (ASL)
- **deaf**
  - Audiological condition of not hearing
- **Hard-of-Hearing**
  - Mild-to-moderate hearing loss; may communicate through sign language, spoken language, lip reading, or combination of all
- **Assistive devices:**
  - **Hearing aids**
  - **Cochlear implants**
  - **Enhance listening (Hearing Assistive Technologies)**
  - **Convey information visually**



# DHH and Mental Health

- (NIDCD, 2016): 2-3 of every 1,000 children in the US are born with detectable level of hearing loss in one or both ears
- Various findings for DHH children and symptoms of mental health
  - Early hearing loss and behavioral challenges (Stevenson et. al., 2011)
  - School interest and on-task behavior (Vogel-Walcutt, Schatschneider, & Bowers, 2011)
  - Psychopathology and level of hearing loss (Theunissen et. Al., 2015)
  - Increased levels of context-specific parenting stress (Quittner, et. al., 2010)
  - Access to mental health and health-care settings (Fellinger, Holzinger, & Pollard, 2012)

**Children with DHH differences have unique experiences that may cause increased levels of psychopathology, behavioral symptoms, levels of parental stress, and access to quality care**



# Child Maltreatment and DHH

- Traumatic Stress and Children with Disabilities (NCTSN, 2004)
  - Victims of Crime: 4.0:1
  - Neglect: 3.4:1
  - Physical Abuse: 2.1:1
  - Sexual Abuse: 1.75:1
  - Emotional Abuse: 1.2:1
- DHH individuals and childhood abuse and neglect (Schenkel et. al., 2014)
  - 76% of DHH college students reported childhood abuse or neglect
  - Severity of hearing loss increased risk of maltreatment



# Adaptations and Adjustments to EBTs for DHH

- Adaptations vs. Adjustments (Eyberg, 2005)
- EBTs for DHH Community (Fellinger, Holzinger, & Pollard, 2012)
  - Dialectical Behavior Therapy (DBT)
  - Solution-Focused Brief Therapy
  - Constructionist Therapy
  - Cognitive Behavioral Therapy (CBT)



# PCIT and DHH Families

- Little research currently exists in providing PCIT with DHH families
- Case study (Shinn, 2011)
  - Hard-of-Hearing 9 y/o male
    - Diagnosis of ADHD, Combined type
    - Parent was deaf and could not read English
  - Use of interpreter
  - Adaptations to the CDI and PDI

**Adaptations can influence the course of treatment with inclusion of an interpreter into the therapeutic process and a change from a heavy reliance on auditory interventions**



# CASE STUDY





# The Case of Carlos

- 6-year old Latino male
  - Trilingual (English, Spanish, ASL)
- Born with rare genetic condition impacting hearing
  - Cochlear implants (BAHAs)
  - Dysmorphic features
  - No impact on cognitive functioning
- Mother and 2 year-old sister also impacted by same genetic condition



# Carlos' Referral

- History of trauma
- Aggression towards mom and sister
- Separation anxiety
- Irritability
- Defiance/oppositionality



# Adjustments to PCIT

- Mom identifies as Hard-of-Hearing
  - Wears hearing aids
- In-room coaching
  - Interpreter not required
  - Visibility of therapist in the room for lip reading
  - Targeted use/frequency of coaching statements, all levels
    - Level 1: “Describe the ways he is keeping his body calm.”
    - Level 2: “Great reflections and labeled praise for using his words.”
    - Level 3: “His smile shows he likes hearing what he does well.”
  - Visual supports and nonverbal communication
  - Toys and noise level in room



# Coaching with Mom and Carlos





# Carlos' Progress

## Pre-Treatment

- PSI-4 SF (T-score):
  - PD: 51
  - P-CDI: 55
  - DC: 63\*
  - Total Stress: 57
- ECBI (Scale Score):
  - Intensity: 62\*
  - Problem: 65\*
- TSCYC (T-score):
  - PTS-Avoidance: 69\*
  - PTS-Total: 59
- CBCL (T-score):
  - Internalizing: 67\*\*
  - Externalizing: 61\*
  - Total: 63\*

## Post-Treatment

- PSI-4 SF (T-score):
  - PD: 55
  - P-CDI: 56
  - DC: 71\*
  - Total Stress: 62\*
- ECBI (Scale Score):
  - Intensity: 60\*
  - Problem: 64\*
- TSCYC (T-score):
  - PTS-Avoidance: 57
  - PTS-Total: 51
- CBCL (T-score):
  - Internalizing: 52
  - Externalizing: 60\*
  - Total: 55



# What Worked

- Thinking about positioning in the room
- Consistency in therapist engagement and disengagement
- Providing visual support
  - Including gestures and exaggerated facial expressions
- Short and simple statements
- Slowing down and giving space in coaching





## What Didn't Work

- Over-coaching
- Responding to each and every one of mom's appropriate verbalizations or actions
- Speaking too much
- Ignoring child in the room



# Conclusions

- DHH families can benefit with both adaptations and adjustments to PCIT interventions
  - Therapists must assess how these adaptations or adjustments may impact the therapeutic setting and outcomes
- Alternative communication strategies, aside from speech, can effectively contribute to positive outcomes



Thank you!



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