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

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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
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!


