Social-Emotional Development in the EHDI Process: Nurturing Positive Mental Health

Julia Ball, LMSW, MEd.
New York Presbyterian Hospital
Deaf and Hard of Hearing Program
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Opening Remarks
Diagnosis of Hearing Loss
(“Identification of Hearing Status”)

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The University Hospital of Columbia and Cornell
Possible Parent Experiences

- Surprise
- Grief
- Inadequacy
- Feeling disconnect from child; no “essential sameness”
- Family bias/pressures
- Mainstream assumptions
- Professionals may not discuss the myriad issues and options
Initial Adjustment

Is there a trained mental health practitioner (clinical Social Worker, Psychologist, or Psychiatrist) specializing in deaf/hearing issues

- On your newborn hearing screening team?
- In your pediatric audiology office?
- In your pediatrician’s office?

Do you know mental health private practitioners or agencies to refer to?
Possible Child Feelings

• Fundamentally different from parents; no “essential sameness”

• “Broken” and “something’s wrong with me”

• “Not what my parents want” and “Not good enough”

• Children may internalize parental projections, and this may manifest in personality/psychiatric difficulties.
Possible School Age Issues

- Equipment and special accommodations
- Peer responses
- Identity?
- Uncertainties:
  - How will others respond?
  - How will I feel, cope, function?
  - Possibility of progression
  - Possibility of medical/technological improvements
Possible School Age Issues

New developmental stages may bring new challenges

• Individuation
• Latency
• Teenage years
• Adulthood
Possible Family Challenges

• Communication

• Mutual understanding and empathy

• Managing mood and behavior issues
Ongoing Adjustment

Is there a trained mental health practitioner (clinical Social Workers, Psychologists, or Psychiatrists) specializing in deaf/hearing issues

- In your community?
- At the child’s school?

Might the child/parents/family benefit from

- Individual sessions
- Family sessions
- Support groups
Nurturing Positive Mental Health: How can we help?
Child-Caregiver: Developmental and Therapeutic Tasks

• Empathic Attunement
• Mirroring
• Reciprocity
• Language and Communication Attunement
Empathic Attunement

• Infants and their caregivers share expressions of intimacy and relatedness.
  (S. Greenspan, 2008, p. 30)

• When parents attend to their child’s point of view and feelings, he feels validated and understood.

• “The capacity to think and feel oneself into the inner life of another person.”
  (Kohut, 1984, p. 82)
Mirroring

• A child **discovering what he feels** by seeing it reflected back by his caregiver.

• Reflection helps a child feel he **exists**.

• “The mother’s role of giving back to the baby the baby’s own self.” (D. Winnicott, 1971, p.118)
Reciprocity

• Children and their caregivers engage in back and forth interactions, including emotional expressions, sounds, and hand gestures. (S. Greenspan, 2008, p. 30)

• They respond to each other and change their behaviors accordingly.

• Dyadic emotional regulation in early childhood becomes the prototype for later individual emotional regulation. (D. Zand and K. Pierce, Katherine, Eds., 2011, p. 31)
Language and Communication Attunement

“Language acquisition is not the work of the child alone, but is socially and cognitively constructed under the guidance of attuned caretakers.”

- Effective nonverbals
- Checking for mutual understanding
- Matching the child’s linguistic level
- Scaffolding

**Maternal responsiveness** facilitates:

- Vocabulary development
- Language comprehension
- Attention span
- Symbolic play
- Executive functioning skills
- Theory of Mind

These four developmental tasks can be nurtured!

• In parenting sessions

• Modeling and coaching during family sessions

• In one-on-one therapy relationship with the child/teen/adult
Parent Sessions

• Start where they are  >  Transform/reframe their situation so they experience the positive

• Teach parenting models
  Behavior Modification, Positive Parenting

• Importance of the four developmental tasks

• Predict challenges
  Engage in therapy **before** a new developmental phase

• Exploration of their own experiences:
  How were they parented?
  What buttons are getting pushed?
  What is their context?

• Referral for individual/couples therapy?
Family Sessions:
Case Example

Family:
• Hearing mother
• Deaf early elementary school-aged girl
• Cochlear Implant and fluent ASL

Treatment issues:
• Mother’s significant anxiety, depression and dysregulation
• Child’s disruptive behaviors
• Physical fights between mother and daughter
• Father’s inconsistent presence
• Limited communication and problem resolution skills
Family sessions: Activities

• Games
  Board games, card games
  White board: Hangman, tic tac toe
  Head Bandz, Charades, Emotion cards

• Action activities: “Freeze!”

• Crafts and Legos
  Parallel play
  Joint creations

• Role play

• Conversation activities
  Ask each other questions
  “Rose, bud, thorn”
  Discussion of relevant/current content issues

• Play room
Family Sessions: Individual Strategies

• Self regulation:
  - Turn taking, waiting
  - Appropriate expression of feelings
  - Self soothing/de-escalation skills

• Frustration tolerance, persistence:
  - Find a way to be understood
  - Be creative/flexible

• Metacognitive skills:
  - Categorizing
  - Theory of mind
Family sessions: Relational Strategies

• No side conversations

• Respond on point before talking

• Be aware of others’ perspectives
  - Is she understanding me?
  - How is she reacting to what I said?

• Individuation, boundaries:
  - Not talking for each other
  - Tolerate seeing loved one struggle
  - Use “I” statements
  - Not blaming
  - Not “volunteering” each other
  - Owning responsibility for their roles/contributions
Family Sessions: Communication Strategies

• Eye contact
• Attending to facial expressions/nonverbals
• Learning relevant vocabulary/signs
• Clarity/no mumbling (speech or sign)
• Checking for understanding; Asking for clarification
• Longer chains of back and forth
• Grammatical concepts
Family Sessions: Other Strategies

• Provide shared experience, positive experience
• Develop empathy/mutual understanding
• Recognize family’s strengths
• Therapist and parent model skills
• Psychoeducation about deafness or other content issues
• Transfer skills to daily life
Individual Therapy with a Deaf-Hearing Lens

- Self Psychology
- Cognitive Behavioral Therapy
- “Multi-Modal” Techniques
- Psychoeducation about the impact of hearing loss
Self Psychology

- Therapist as “selfobject”
- Patient gains cohesive sense of self
- Consolidation of identity – over time and in different contexts
- Patient practices appropriate relatedness
- Patient learns self regulation
- Patient increases meta-cognitive skills

(H. Kohut and M. Elson)
Cognitive-Behavioral Therapy

• Identify **coping strategies** to use when dysregulated, or to prevent dysregulation

• Identify **positive self-talk** statements

• Identify **strengths**, past successes

• **Reframe** situations: patient is empowered rather than victimized

• Outline **goals and plan** of action

• Role play
Multi-Modal Techniques

- Kinesthetic/experiential
- Pictorial/symbol writing
- Narratives
- Role play and puppets

- Multiple benefits
  - Lexical: increase vocabulary
  - Relational: eye contact, appropriateness
  - Emotive: identify associated feelings/affect
  - Meta-cognitive: increase self-corrections
Psychoeducation: The impact of deafness

- How do you think your parents reacted to your diagnosis, and how did this impact you?

- What were your parents told by the medical and educational communities?

- What are your own feelings of fundamental difference from your family and not being “good enough?”

- What are your opportunities to meet people with similar issues (mentors, support groups)?

- What are your medical and educational possibilities at this point in your life?
Compounding Issues

- Autism and intellectual disabilities
- Language processing difficulties
- Schizophrenia/Psychosis
- Substance Abuse
- Traumatic Brain Injury
- Cultural factors
- Case management needs
- Trauma
- Medical issues
- Others?
Questions and Discussion

What is already in place in the EHDI system?

What might prevent parents and professionals from making mental health referrals?

Where do you see a role for mental health services in your work/life?
Bibliography


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