



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”)

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 **discovers 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

(M. Legerstee, G. Markova, T. Fisher, 2006, p.297)

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
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- 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?

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