

DEAFplus in the US

Jana Dreyzehner MD

Psychiatrist, Tennessee School for the Deaf
Life Connect Health CEO/CMO

Abstract

DEAFplus in the US Jana Dreyzehner, MD

Individuals who are deaf or hard of hearing and who also experience challenges with intellectual and developmental disabilities have very few options for support that is culturally and linguistically appropriate in their communities. If these individuals also experience challenging behaviors (often the result of this lack of culturally and linguistically appropriate support) they have even fewer options. Many end up in the most restrictive levels of care without adequate communication access, a path to recovery, and over time without hope.

This presentation will give an overview of a new training program that offers a new approach- training support staff for individuals at the Tennessee School for the Deaf (our cottage parents and staff) in Julie Brown's DBT Skills System* so they will have the tools that they need to effectively coach the students in emotion regulation. It is a different way to address the problem of too few mental health professionals who work with persons who are DEAFplus. We will train the people in the culturally and linguistically appropriate community of our deaf individuals to be better prepared to support them in how to manage their own emotions in day to day life from an early age. Rather than teaching the staff how to provide care for the students, we will teach them how to be in relationship with the individuals helping them to develop and practice emotion regulation skills in real life situations.

DEAFplus in the US

- **Overview of DeafPlus Services in the US**
- Overview of a new Training Program at Tennessee School for the Deaf

Deaf Plus Services in the US

Early Intervention

EPSDT (Early Periodic Screening Diagnosis and Treatment)

Primary Care Provider - Private Insurance vs Medicaid (CHIP -Children's Health Insurance Program)

School Based Services

Americans with Disabilities Act (ADA)

Individuals with Disabilities Education Act (IDEA)

Multi Tiered Systems of Support approach

Adult Services

Private Insurance vs Medicare/Medicaid

State and "market" dependent

EARLY INTERVENTION

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is the child health component of Medicaid. Children under age 21 who are enrolled in Medicaid are entitled to EPSDT benefits and States must cover a broad array of preventive and treatment services.

The core of the EPSDT benefit: a comprehensive, **well-child visit** known as an EPSDT screen.

It must include:

a comprehensive health and developmental history,

comprehensive physical exam,

appropriate immunizations,

laboratory tests,

health education

and screening for hearing, vision and dental needs as well as potential developmental, mental, behavioral, and/or substance use disorders.

For children, federal Medicaid law requires coverage of “necessary health care, diagnostic services, treatment, and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions.”

Some common EPSDT treatment and intervention services beyond what is typically covered for adults include: eyeglasses, hearing aids, orthodontia, wheelchairs and prosthetic devices, occupational and physical therapy, prescribed medical formula foods, assistive communication devices, personal care, therapeutic behavioral services, and substance abuse treatment

EARLY INTERVENTION

Boston Children's Hospital- Deaf and Hard of Hearing Program

Principles and Guidelines for Early Hearing Detection and Intervention Programs (2007)

- . . . To achieve informed decision-making, families should have access to professional, educational, and consumer organizations; and they should have opportunities to interact with adults and children who are deaf and hard of hearing . . .
- . . . Early interventionists should ensure access to peer and language models. Peer models might include families with normal hearing children as well as children or adults who are deaf and hard of hearing as appropriate to the needs of the infant with hearing loss . . .
- . . . Professional education programs in universities should also introduce training in . . . deaf culture.

Visual Language Research

- Visual Language reduces risk of language deprivation and presents no risk to acquisition to other languages (Humphries et al, 2012; Grosjean, 2008; Nussbaum, 2008; Malloy, 2003; Yoshinaga-Itano, 2003; Emmorey, 2002; Krashen, 1973)
- Visuality of Humans (Richmond, McCroskey, & Hickson, 2008)
 - ◆ 80 percent of information enters through the eyes
 - ◆ Eyes and ears are critical for communication across cultures
 - ◆ All languages include gestures
 - ◆ 65-93 percent of communication is nonverbal

How We Can Make a Difference: Research and Successes in Early Intervention Beth S. Benedict, Ph.D. Professor, Gallaudet University Thriving Together: Collaborating to Assure Bright Educational Opportunities for Deaf Children into the Future Boston Children's Hospital May 6, 2017.

Accessed from http://www.childrenshospital.org/centers-and-services/programs/a-_e/deaf-and-hard-of-hearing-program/patient-resources

School Based Mental Health Services

Americans with Disabilities Act (ADA) of 1990

Prohibits discrimination on the basis of disability.

In the **ADA**, “**disability**” is a legal term rather than a medical one. ...

The **ADA** defines a person with a **disability** as a person who has a physical or mental impairment that substantially limits one or more major life activity. Major life activities include walking, sitting, learning, reading, seeing, hearing and communicating.

Individuals with Disabilities Education Act (IDEA) of 1990

Protects the rights of students with disabilities by ensuring that everyone receives a *free appropriate public education*.

School Based Mental Health Services

Emotionally Disturbed /
Behavioral Services

vs.

Learning Disorders /
Intellectual Disabilities Services

For Deaf and Hard of Hearing:

Mainstreamed / Inclusion

vs.

Separate Classrooms / Residential Schools

DeafPlus Students:

Generally served in residential schools or self-contained classrooms

School Based Mental Health Services

Tennessee MTSS Model

Guiding Principles

Leadership • Culture of Collaboration • Prevention & Early Intervention

TIER I All 80-85%

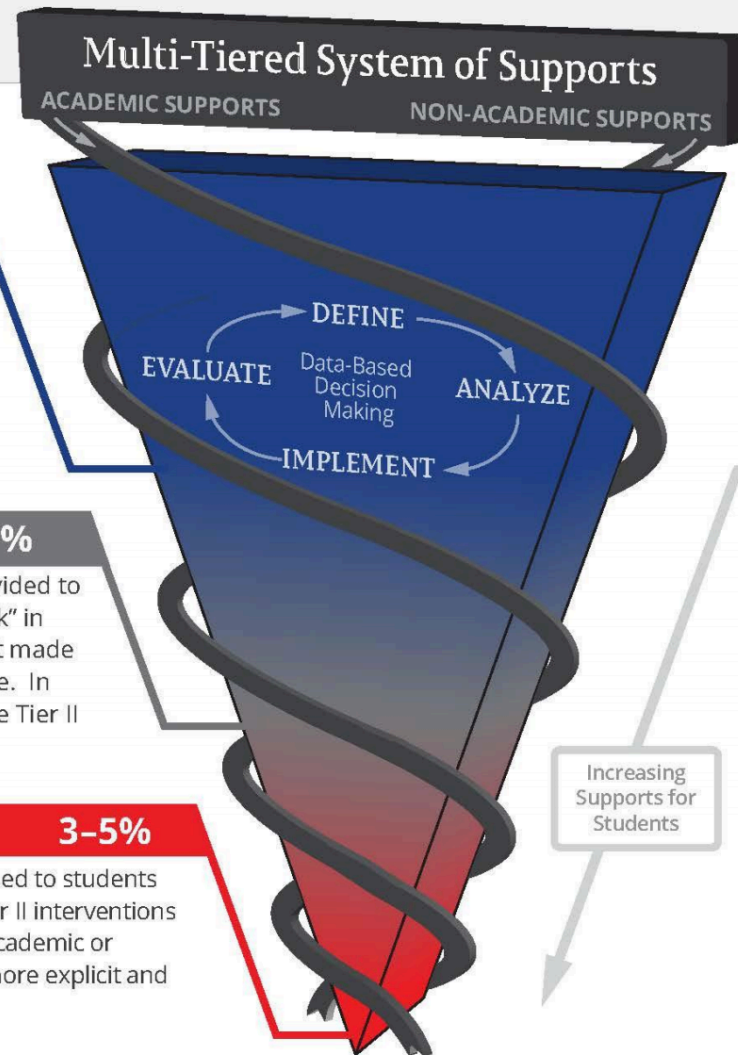
ALL students receive research-based, high-quality, instruction using Tennessee State Standards in a positive behavior environment that incorporates ongoing universal screening and ongoing assessment to inform instruction. In general, 80-85 percent of students will have their needs met by Tier I supports.

TIER II Some 10-15%

In ADDITION to Tier I, extra support is provided to students who have been identified as "at risk" in academic or non-academic skills or have not made adequate progress with Tier I supports alone. In general, 10-15 percent of student will receive Tier II interventions.

TIER III Few 3-5%

In ADDITION to Tier I, extra support is provided to students who have not made significant progress in Tier II interventions or who are significantly below grade level in academic or nonacademic skills. Tier III interventions are more explicit and more intensive than Tier II interventions.



Adult Services for Deaf Plus

- Private Insurance vs Medicare/Medicaid
- State and “market” dependent-
Many Centers for Deaf mandated to prevent discrimination for government services - Vocational, legal support, community access (interpreters)
- Model Programs:
 1. Center for Support Services for the Deaf - Maryland
 2. Pahrtners - Pennsylvania



Community Support Services for the Deaf, Inc.

Baltimore, Maryland

<http://www.cssdinc.org>

What We Do:

The services we offer are:

- Residential Services
- Individual Support Services (ISS)
- Community Supported Living Arrangements (CSLA)
- Day Habilitation Services
- Vocational/Supported Employment Services
- Psychosocial Rehabilitation Program (PRP)
- Outpatient Mental Health Services-
Psychotherapy, Team Based Psychiatric Services



www.PAHrtners.com

Pennsylvania

PAHrtners Deaf Services offers residential programs to adults with psychological, behavioral health and/or intellectual challenges. We provide highly individualized residential services, in a community setting, on a 24/7 basis.

Residents live in a supportive atmosphere amongst peers, but receive staff services and oversight as determined by the individual resident's needs and functioning level. Each resident's care is overseen by the interdisciplinary treatment team, which includes: the resident, residential support services, case management, therapeutic and psychiatric services, a nurse and family members. In addition, we collaborate with outside service providers as needed.

The goal of the residential program is to provide Deaf individuals with a community-based home that offers the level of care they need, promotes independence and teaches necessary living skills. Residents are integrated into the Deaf community as well as their local community at large. Participants in the residential program may work, attend PAHrtners' Partial Hospitalization Program or engage in other educational activities.

Residents receive support with:

- Money Management
- Medication
- Medical Appointments
- Transportation Skills
- Personal Hygiene
- Independent Living Skills
- Food Purchase & Preparation
- Use of Technology

Residents are provided a home where they can communicate freely with apartment-mates, support staff and neighbors. Apartments with one, two or three bedrooms are available. Some of our homes are barrier-free for residents with mobility needs.

Our Deaf-friendly apartments are equipped with:

- Interconnected smoke and fire alarms with strobe lights that automatically notify the local fire department
- Different colored strobe lights to alert residents when the front doorbell, bedroom doorbell, bathroom doorbell, or house TTY rings
- Videophone, video relay service, internet, email, and fax machine equipment

The residential program staff are primarily Deaf/HoH. All staff members are fluent in American Sign Language, are knowledgeable in Deaf culture and have experience working with Deaf individuals with psychological challenges, behavioral health needs and/or intellectual disabilities.

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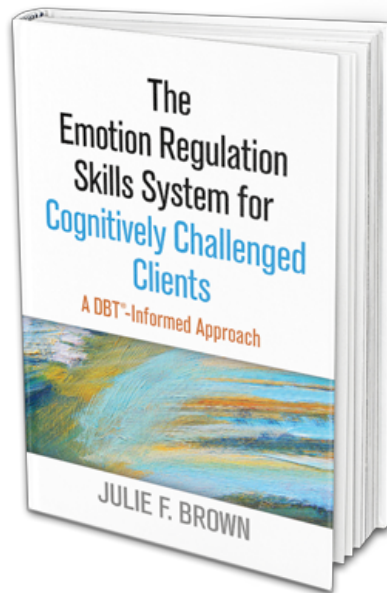
Need for Skills System Approach....

1. Too few Mental Health Providers proficient in sign language to provide services
2. School cottage staff not equipped to handle student emotional dysregulation
3. Supervisors not generally present when crisis occurs to provide support to staff
4. Ineffective support can escalate students dysregulation and evokes emotional response in staff person resulting in co-dysregulation rather than co-regulation
5. Impacts morale of caretakers and increases risk of staff turnover and further trauma/abuse to the individual student.
6. Many traditional training programs aimed at improving skills of caretaker staff do not achieve desired outcomes. Concepts are not readily translated into application. (Eg. Awareness of impact of trauma on the students behavior does not equal knowing how to handle the resulting emotional dysregulation.)
7. Students receiving therapy in an office setting often do not have the real time coaching support needed to practice new skills in the school or cottage setting so end up dysregulating and then having to process what happened at a later session.
8. Students with frequent episodes of dysregulation are at risk for being placed on Psychotropic medications at higher doses or in complex combinations.

The Goal

1. To train the people already in the culturally and linguistically appropriate community of our deaf individuals to be better prepared to support them in managing their own emotions in day to day life from an early age.
2. To teach staff how to be in a co-regulating relationship with the students helping them to develop and practice emotion regulation skills in real life situations.
3. Learning emotion regulation skills helps individuals stop demonstrating life threatening/destructive behavior.
4. Students who gain skills in managing their own emotions internally decrease the need to be managed externally by others in more restrictive settings or by use of medications.
5. Improving the skills of caretaker staff and retaining trained staff are national goals.

The **Skills System** is a **DBT™-informed** emotion regulation skills training curriculum consisting of **nine core skills** and **three System Tools** that help people be effective at all levels of emotion.



An updated version, *The Emotion Regulation Skills System: A DBT™ - Informed Approach* was published in 2016.

Informed by the principles and practices of dialectical behavior therapy (DBT), this book presents skills training guidelines specifically designed for adults with cognitive challenges. Clinicians learn how to teach core emotion regulation and adaptive coping skills in a framework that promotes motivation and mastery for all learners, and that helps clients apply what they have learned in daily life. The book features ideas for scaffolding learning, a sample 12-week group curriculum that can also be used in individual skills training, and numerous practical tools, including 150 reproducible handouts and worksheets. The large-size format facilitates photocopying. Purchasers also get access to a Web page where they can download and print the reproducible materials.



www.SkillsSystem.com

Developed by Julie F. Brown PhD

In Skills System groups/individual training,
the participants learn skills to help them
stop demonstrating life threatening/destructive behavior.

They gain tools for **solving problems, expressing themselves,**
getting things that they need, and **managing relationships**
with themselves and other people.

The Skills List



1. Clear Picture



2. On-Track Thinking



3. On-Track Action



4. Safety Plan



5. New-Me Activities



6. Problem Solving



7. Expressing Myself



8. Getting It Right

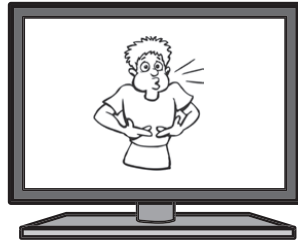


9. Relationship Care



Focus 100% on the Clear Picture Do's

1. Notice my breath



2. Check my surroundings



3. Body check



4. Label and rate my feelings



5. Notice my thoughts



6. Notice my urges



0 1 2 3 4 5

At a 5, I harm myself, others, or property.



5

OVERWHELMING
FEELING

At a 4, I have a hard time talking and listening and staying on-track.



4

STRONG
FEELING



3

Medium
feeling



2

Small
feeling

At 0–3 feelings, I can talk and listen and stay on-track.



1

Tiny
feeling



0

No feeling

How I Use the Skills System

A. The Feelings Rating Scale



The Feelings Rating Scale is a 0–1–2–3–4–5 scale I use to rate how strong my feelings are. The Feelings Rating Scale helps me know what skills and how many skills I link together in a situation.

B. Categories of Skills



All-the-Time 0–5 Emotion

Calm-Only 0–3 Emotion



There are two Categories of Skills: All-the-Time skills and Calm-Only skills. I can use All-the-Time skills at any level of feeling: 0–1–2–3–4–5. I can only use Calm-Only skills when I am at a 0–1–2–3 feeling.

C. Recipe for Skills



The Recipe for Skills helps me know how many skills I need to link together in a skills chain. The recipe tells me to add one skill for every level of feeling (including 0). So, if I am at a 3 sad, I need to use four skills.



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9. Relationship Care

Questions?