CULTURALLY AFFIRMATIVE PRACTICE WITH DEAF AND HARD OF HEARING OLDER ADULTS

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MODELS OF DEAFNESS

Medical vs. Cultural
Prelingual vs. late deafened
American Sign language
MODELS OF HEARING LOSS

Medical Model
- “Hearing Impaired”
  - Focus is on auditory functioning and disability
    - Speech and lip reading
  - “d”eaf
- A “cure” for deafness

Cultural Model
- “Deaf”
  - Focus is on cultural identity and community
    - Sign Language
  - “D”eaf
- Acceptance
AMERICAN SIGN LANGUAGE (ASL)

- Generally accepted as a language
  - Not a direct translation of English
  - Social discourse and specialized areas
  - Considered a “repressed” language
  - Passing on from parent to child
  - No written form
  - Directional signs, Facial and body expression
  - Finger spelling
“PRELINGUAL” DEAF VS. LATE DEAFENED ADULT

- Difference between elderly individuals who were born deaf and those who experience hearing loss with aging
  - Physical functions
    - Doing things
  - Cognitive abilities
    - Language and communication
  - Emotional wellbeing
    - Depression and isolation
THE ELDERLY DEAF AS A MINORITY CULTURE

- Focus is on sociolinguistic aspects
  - Deaf Culture and the Deaf Community
  - American Sign Language (ASL)

- Those current elderly that became Deaf when younger, use ASL as their primary means of communication, and identify themselves as part of Deaf culture and the Deaf community
ELDERLY DEAF DEMOGRAPHICS

- The elderly Deaf (55+) population equals about 9% of the U.S. elderly population
  - About 24% of Deaf population

- Over 200,000 elderly Deaf people currently in Florida

- Projected total for in 2016 is 5 million
  - About 2 million will be living in Florida
HISTORICAL PERSPECTIVES

- To understand the elderly Deaf you must review the historical context in which they matured

- Deaf people had less opportunity than hearing counterparts
  - Vocational, economic, political, educational
    - Expect less, compliant
    - Stereotypes, prejudice

- Different than younger Deaf of today
  - Advances in technology, Deaf politics, Legislation
    - Deaf baby-boomers and beyond…
ELDERLY DEAF AND MENTAL HEALTH

- A lower fund of information about psychological phenomena and mental health in general
  - Education, communication

- Misconceptions or apprehension of MH professionals
  - Mistrust, Fear

- Unfamiliarity with the technical words/signs of mental health
  - Depression, hallucination, impulse, etc.

- Do not seek out mental health services
  - Awareness, Lack of appropriate services, usefulness of services

- Little knowledge of legal rights
PROFESSIONALS AND THE ELDERLY DEAF ADULT CLIENT

Interpreters
Mental Health Professionals
Nursing Homes and ALF’s
INTERPRETERS IN MENTAL HEALTH SETTINGS WITH ELDERLY DEAF CLIENTS

- Issues in:
  - Confidentiality
  - Gender
  - Translation

- Misconceptions of the role of interpreters

- Who pays…?
  - Refusal
INTERPRETER REFUSAL

Have you ever been refused an interpreter by a mental health professional?

Did you file a complaint?
MENTAL HEALTH PROFESSIONALS

- Few professionals that have training with both Deaf People and geriatric Populations
  - Lack of awareness of need of Deaf people
    - Work outside their area of competence
  - Follow the medical model, even with culturally Deaf patients
  - No sign language skills
    - Use an interpreter during assessment and therapy sessions
    - Make treatment plans or recommendations without the consultation with, or consent of, the patient
    - Avoid issues of depression, suicide, and dementia
CASE STUDY – MRS. A.

82 year old, Deaf, white, female

Diagnosis based on Cultural and/or linguistic misunderstanding?
NURSING HOMES AND ASSISTED LIVING FACILITIES

- Most elderly Deaf adults placed in “hearing” nursing homes
  - Typically the only Deaf resident
    - Communication, culture, and assistive technology
    - Cultural Misunderstanding

- “Deaf” nursing homes or assisted living facilities are few
  - Distance, quality of care, waiting lists
CASE STUDY - MRS. B.

73 years old, Deaf, white, female

Cultural and/or linguistic misunderstanding?
IMPLICATIONS FOR EVALUATION AND TREATMENT

Common Issues
Assessment and Evaluation
Treatment
A PSYCHOLOGY OF THE DEAF?

▶ Measured by hearing standards (Lane, 1988)
  ▶ Aggressive, naïve, isolated, impulsive, intellectually weak

▶ Often there was no direct communication between researchers and subjects
  ▶ Unaware of the linguistic and cultural needs of Deaf people
CLINICAL INTERVIEWS AND BEHAVIORAL OBSERVATIONS

- Complicated by normal-for-Deaf aspects
  - Affect, body language
  - Directness could simulate pathology
  - Psychopathology vs. deficiencies with English
    - Written language may appear fragmented and confused

- Coping skills vs. mental disorders
  - Aggression, bizarre behaviors, isolation

- Misdiagnosis
  - Deaf patients may become frustrated with difficulties in communication which can be mistaken for evidence of a mental disorder
PSYCHOLOGICAL TESTING

- Reading Levels

- Many words and phrases have no ASL equivalent
  - “I often feel down hearted and blue”

- Environmental context vs. cultural norms
  - “No one seems to understand me”
    - Cultural “norms”
      - Deaf people tend to score high on paranoid, items

- Tendency to score high on paranoid, isolative, and depressive items/scales
  - “I have often felt that strangers were looking at me”
  - “I am bothered by people outside (on the streets, in stores, etc.) watching me”
ISSUES TO CONSIDER IN TREATMENT

Normal vs. normal for Deaf
TREATMENT AND THERAPY

- Language and communication

- Direct interventions tend to work better (initially)
  - Getting to the point
    - Be cautious of paternalism…

- Peer and community inclusion
  - As needed…
THREE BASIC CONSIDERATIONS FOR CULTURALLY AFFIRMATIVE PRACTICE WITH DEAF AND HARD OF HEARING OLDER ADULTS

Language

Culture

Normal vs. normal for Deaf
THANK YOU

Questions?