

PSYCHOTHERAPY FOR THE DEAF POPULATION IN SOUTH AFRICA – CURRENT STATUS AND CHALLENGES

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AIM

The study aims to determine and address the barriers faced by people with hearing loss (PWHL). A questionnaire was conducted to examine the experiences that affect the psychotherapy and therapeutic relationship

DEFINITION

Although there are a number of different definitions for hearing loss, it refers to hearing shown by audiometry to be below levels for normal hearing. Hearing loss is used in this study to refer to slight, mild, moderate, moderately severe, severe and profound hearing loss levels in determined by medical tests.

BACKGROUND

PWHL use a variety of languages and ways of communicating including:

- **Sign Language**
- **Auditory-oral methods (speech, lip-reading and the use of residual hearing).**
- **Total communication**

This complexity of communication issues means that PWHL have different communication needs

RATIONALE FOR THE STUDY

- Wide ranges of additional disabilities often face PWHL (Van Naarden, Decoufle, & Caldwell, 1991; Guardino, 2008).
- In a study conducted in Atlanta, Georgia (USA), Van Naarden et al. (1991) found that 30% had another neurodevelopmental disability.
- Other common disabilities identified in the same study are: autism, attention deficit disorders, learning disabilities, Down syndrome, Usher, Treacher Collins, Pierre Robin, Turner syndromes, to only mention a few.
- Fortnum and Davis (1997) found that just fewer than 40% have an additional disability.
- Estimated that 20% have as least two additional disabilities.

DIFFERENT GRADES OF HL AND IMPACT ON A PWHL

	Receptive language	Expressive language	Activity limitation / participation restriction
Normal hearing (0-15 db HL)	Detects all speech signals	Normal range	None
Slight hearing impairment (16-25 db HL)	Misses up to 10% of speech sounds (e.g. Unvoiced consonants) especially in difficult listening situations	Mild language disability and speech problems	Inappropriate response to sound Learning difficulties Poor social interaction
Mild hearing impairment (26-40 db HL)	Misses 25-40% of speech especially in difficult listening situations	Mild language disability and speech problems	Inattention Learning difficulties Behaviour problems
Moderate hearing impairment (41-55db HL)	Misses 50-70% of speech	Moderate language disability and poor speech intelligibility	Learning dysfunction Significant social problems
Moderately severe hearing impairment (56-70 db HL)	Misses 75-100% of speech	Severe language disability and speech problems	Severe learning dysfunction Stigmatisation and possible social isolation
Severe hearing impairment (71-90db HL)	Misses up to 100% of conversational speech	Severe speech problems and language disability	Severe learning dysfunction Stigmatisation and significant social isolation
Profound hearing Impairment (90+ db HL)	Misses all loud speech sounds except vibrations	Visual cues essential for communication	Complete social isolation

Source: WHO Report of the Informal Working Group On Prevention Of Deafness And Hearing Impairment

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METHODOLOGY

The study is a qualitative empirical study by means of direct personal experience and self-report questionnaires concerning mental health services. The study group consisted of four adults born with profound hearing loss using sign language as method of communication. Seven adults with congenital HL using conventional hearing aids, and three adults with profound HL using cochlear implants making use of auditory-verbal communication.

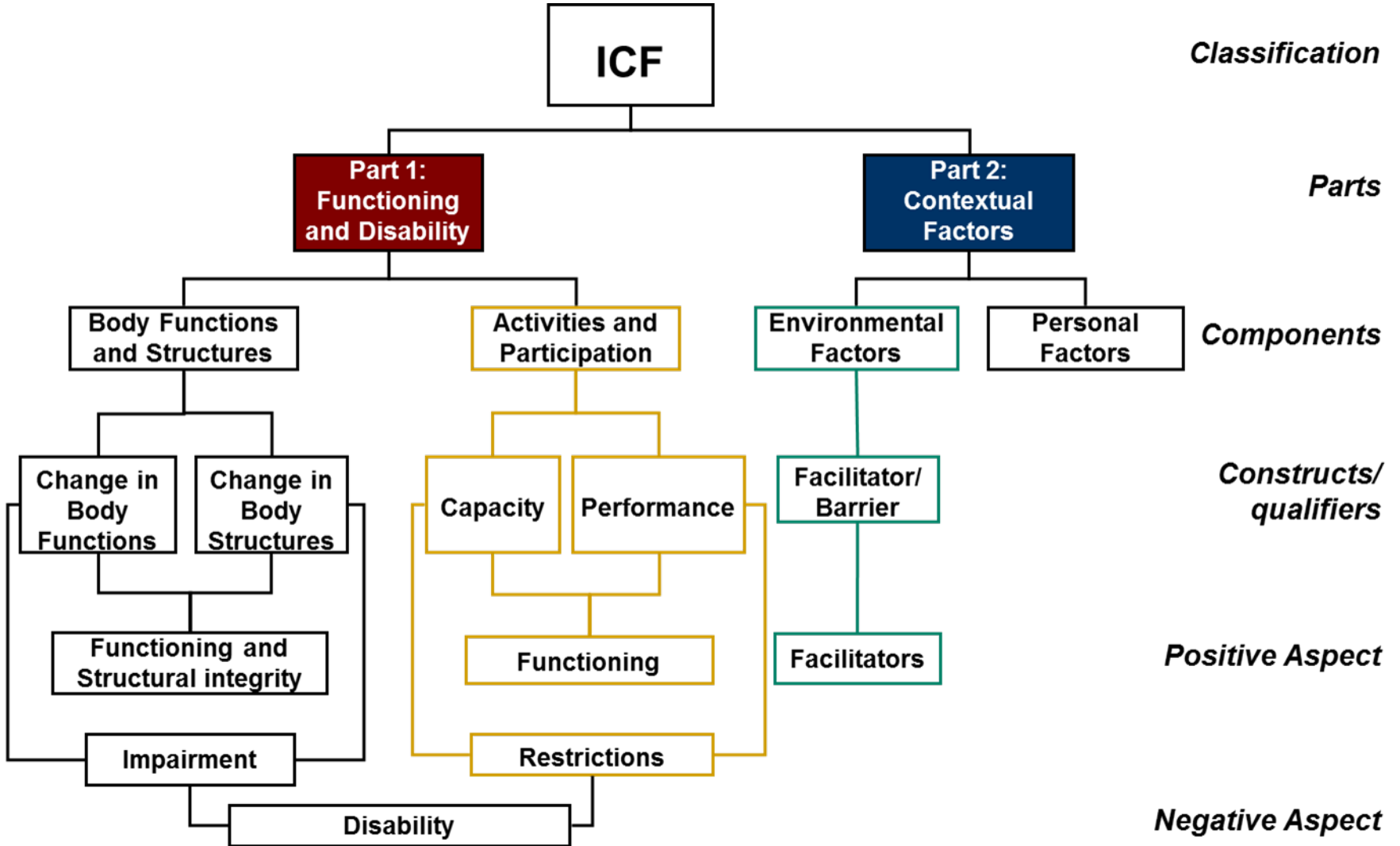
	%
Do you have any additional disabilities?	81
Have you ever experience physical or sexual abuse?	36
Are you suspicious about a hearing environment?	92
Are you dependent on hearing people in general?	94
Do you experience hearing people as knowledgeable about HL	95
Are you feeling lonely?	86
Are you frustrated with a hearing environment?	87
Do you cry frequently?	32
Do you feel depressed?	74
Have you ever attempted suicide?	3
Do you feel misunderstood?	83
Have you ever been to a therapist?	78
Did the therapy help you?	96
Did you understand your diagnoses?	95
Did the therapist offers a sign language interpreter?	1
Did you trust the sign language interpreter?	97
Did you understand the sign language interpreter?	5
Did the sign language interpreter has any medical knowledge	100
Did the therapist was knowledgeable about cochlear implants	100
Did the therapist makes use of real-time captioning/note-taking?	0
Did the therapist make use of art therapy?	0
Did the therapist prescribed medication?	100
Did your condition improved?	2
Did the therapist granted extra time without additional cost?	0

OUTCOME/CURRENT STATUS

- Misdiagnosis getting the wrong treatment which may be ineffective
- Having wasted time
- Having wasted money and other resources
- Having the wrong diagnosis on medical records for years or even a lifetime
- Being exposed to wrong prescribed medicines and therapies that may have harmful side effects and that were otherwise unnecessary
- Untreated symptoms getting worse or causing other problems

CHALLENGES

- Communication/interpreting
- Closed captioning
- Note taking
- Assessment
- Treatment approaches e.g art therapy
- Ethics
- Training
- Family members and friends should not be used in professional settings due to lack of competence, bias or personal interest which may compromise the interpretation process



The key areas of skill or expertise required to work with PWHL with mental health difficulties are:

- **Being able to meet their communication needs**
- **Having an understanding of hearing loss**
- **Being knowledgeable in the interactions and relationships between mental health and deafness.**
- **Deaf culture? Hearing Aid Culture? Cochlear Implant Culture?**

CONCLUSION

In South Africa, psychologists, therapists, and psychiatrists are ill-equipped to meet the mental health needs of PWHL

Thank You
Dankie

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