Efficacy of Dialectical Behavioral Therapy with Deaf Psychiatric Patients: Longitudinal Changes

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Abstract
Dialectical Behavior Therapy was originally developed to treat chronically suicidal individuals and has become the treatment of choice for those diagnosed with Borderline Personality Disorder. DBT is behaviorally based and incorporates validation and change strategies. It has been adapted and used to treat a number of patient populations in different settings. Studies have shown it to be effective in reducing self-harm behaviors. DBT typically includes individual therapy as well as group therapy to address deficits in interpersonal skills, distress tolerance, and emotion regulation skills.

Although deaf patients are commonly mainstreamed into hearing groups, or occasionally into all-deaf groups where available, no studies of the ability of deaf consumers to comprehend the workbook or benefit from the therapy have been conducted. As the workbook is currently written, the average deaf consumer is unable to use and comprehend the materials adequately. The workbook is only accessible to consumers who are fluent in English and familiar with culture-bound concepts presented. This excludes the bulk of the deaf mental health patient population, whose literacy level and fund of information is poorer than the average deaf population at large. Clinicians and interpreters attempting to employ or translate DBT concepts with deaf patients must make considerable effort being expended in the process with questionable confidence in the efficacy of such translation endeavors.

In order to assess the efficacy of DBT skills training with deaf patients, a description of the subjects enrolled in all-deaf DBT groups at the Deaf Wellness Center and in Rochester at the Deaf Wellness Center is needed. The Deaf Wellness center decided to make DBT accessible to deaf clients. This required considerable modifications in both materials and methods. A workbook closely following the original DBT workbook has been developed and used in all-deaf groups and has received positive feedback from current patients and therapists.

Data is currently being collected from patients enrolled in all deaf DBT groups in Rochester at the Deaf Wellness Center and will be compared to mainstream and wait-list conditions. Future studies include national collaboration sites where data will be collected on DBT groups modified for clients with poor language (ASL and English) skills and lower cognitive skills, as well as groups modified to treat dually diagnosed (substance abuse and mental illness) clients.

Methodology
Subjects: Deaf outpatients at the DWC who qualify for DBT treatment based on either:
- Diagnosis (Borderline Personality Disorder), or
- symptom manifestation (any other mental health diagnosis which interferes with quality of life or a success of skills deficits in one or more of the following areas: interpersonal skills, attention regulation, or distress tolerance)

Subjects must also be new to DBT treatment and not be actively psychotic or with cognitive impairments.

Procedures: Subjects are enrolled in DBT skills groups and individual DBT treatment. If subject’s schedule does not permit joining the Deaf group, subject will be offered a mainstream group (hearing group with interpreter), or the subject. Skills groups run for 90 minutes per week and cycle through 3 modules. Individual therapy occurs weekly for 50 minutes per session.

Data is collected before treatment begins, at 5-10 week intervals during treatment (coinciding with skills module completion), at completion of treatment, and at 6 and 12-month follow-ups.

Measures:
- DBT Comprehension Test
- Working Alliance Inventory: Client and Clinician Forms
- Beck Depression Inventory II
- Beck Scale for Suicide Ideation
- Beck Anxiety Inventory
- Peabody Individual Achievement Test R: Reading Comprehension (given only at pre-treatment interval)

Characteristics of Subjects Enrolled
- All Deaf, ASL users
- Age Range: 34-56
- 37.5% 1 or more past suicide attempt
- 87% Caucasian
- 50% Borderline Personality Disorder
- 87% Mood disorder
- 37.5% Previous Psych ED Admission
- 12.5% Previous inpatient stay
- 75% Some college or AA level degree
- 37.5% Self-rated reading skill “very good”
- 75% Some college or AA level degree
- 37.5% Self-rated reading skill “very good”
- 50% Borderline Personality Disorder
- 87% Mood disorder
- 37.5% Previous Psych ED Admission
- 12.5% Previous inpatient stay

Characteristics of Deaf Wellness Center DBT Research Program
- Individual DBT Treatment: 50 minutes per week. Sign-fluent clinician (deaf or hearing). Therapist helps patient generalize skills learned in Group and aids in maintaining a balance between acceptance of the patient (validation) with push for change.
- Group Skills Training: 90 minutes per week. Sign-fluent clinician (deaf or hearing). Patient learns skills in classroom-like setting in three modules: Interpersonal Skills, Distress Tolerance (Crisis skills), and Emotion Regulation Skills. Goal is to learn skills to improve life and reduce self-harm and other maladaptive behaviors.
- Psychopharmacology (if needed): Via Nurse Practitioner with sign language interpreter
- Consultation Team: For clinician support and to reduce burn-out with this client population.

Future Plans
- Several adaptations of the DBT skills manual to address:
  - Varied proficiency in activities of daily living
  - Varied proficiency in daily living
  - Varied proficiency in abstract reasoning abilities
- DBT Skills Training Topics in ASL with “Dialectically” wordings
- “Opposite Action: Changing Emotions You Want to Change”
- “From Suffering to Freedom: Radical Acceptance”
- Training for those working with deaf clients

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