

Dysfluency in Deaf Mental Health Care

In the mental health care of Deaf and Hard of Hearing (D/HH) individuals, clinicians often encounter clients that have limited language skills and may be dysfluent. Dysfluency is the inability to speak coherently in any language and in D/HH persons with mental health concerns this can take on many forms. This dysfluency is not always caused by mental illness but could be the result of a myriad of reasons.

Learning Language

- Language is learned through one of two ways: early exposure to the language or prolonged exposure to the language. Language is most often passed down from parent to child.
- 87% of Deaf individuals are born to hearing families and 88% of those families will never learn sign language. Those families that do learn sign language will rarely achieve a level of fluency.
- Many Deaf individuals are not exposed to language at the crucial early age of development and therefore do not achieve fluency.

Types of Dysfluency

- Dr. Andreasen from the Department of Psychiatry at the University of Iowa has identified and described 20 different types of dysfluency.
- This dysfluency is most often the result of psychiatric or medical reason such as: psychosis, aphasia, Alzheimer's, strokes, intellectual disabilities, developmental disabilities, or intoxication.
- In addition to the medical and psychiatric types of Dysfluency, Deaf individuals may present with dysfluency of a social origin.
- In the mental health setting it can be difficult to determine whether dysfluency is the result of a psychiatric condition or due to social origin. Determining the origin of dysfluency in D/HH individuals may be critical, however, to the diagnosing and treating of mental illness.

Outcomes of Dysfluency

- In the absence of strong communication skills in families, parents are predisposed to more authoritarian limit setting. This will interfere with a parent's ability to teach their child problem solving skills through dialogue.
- Dysfluency is often times accompanied by behavioral problems. These behavioral problems are the result of a lack in adequate language exposure and the lack of daily use of language in problem solving.
- Dysfluency also affects an individual's ability to cope with traumatic experiences. When trauma is experienced, the lack of language skills can make it difficult to express, process, and understand the traumatic event. This can further deepen patterns of self-harm and aggression towards others.

Assessing Dysfluency

When assessing dysfluency and determining if it is psychiatric, medical, or social in origin keep in mind:

- The individual's history of fluency and whether this has changed over time
- Whether or not this person's dysfluency is consistent.
- Bizarre ideation and clanging (focus on the structure of a sentence such as saying words that rhyme or sound the same) are not social in origin.
- Difficulty with common sign language grammar, vocabulary, and syntax are usually social in origin.
- If working with an interpreter, it will be important to have frequent conversations about the client's use of language. The interpreter can help you figure out if dysfluency is the result of social origin. Working closely with the interpreter will also help you in ruling out any interpreter issues that may be affecting the client's dysfluency. For more tips on working with interpreters, please see the fact sheet "Working with Interpreters" on DMH's Office of Deaf Services website.

Modifying Treatment for Dysfluent Individuals

- Oftentimes the use of sign language interpreters is not sufficient for meeting the needs of clients with dysfluency, especially if the interpreter is not trained or experienced in working with these individuals.
- Adapting treatment methods to include more visual techniques, i.e. pictures, drawings, scaling, etc. will be more beneficial to the Dysfluent client. Role playing and modeling behaviors are also useful tools in treatment.
- The use of a Certified Deaf Interpreter (CDI) may also be important when working with dysfluent clients. For more information on using/working with CDI's please see the fact sheet "The Use of CDI's in Mental Health Settings" on DMH's Office of Deaf Services Website.



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Sources

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