

DEVELOPING BETTER PSYCHOTHERAPY PRACTICES FOR DEAFBLIND CLIENTS – MIELI-PROJECT

The Service Foundation for the Deaf

The Service Foundation for the Deaf is an old third sector organization in Finland. History of the Foundation goes all the way to year 1911. The Service Foundation is specialized in providing social and health care services for the deaf, deafblind and hard of hearing people and their families. All the services of the Foundation are given in Finnish sign language. Number of staff member is about 220 of which 60 are deaf. Number of the service users are about 2 000. Annual operational budget is around 11,4 M euros. Most of the funding comes from municipalities.

The Service Foundation for the Deaf has seven regional service centres around Finland. These centres provide housing services, supported housing and home services for the deaf and deafblind people. The number of residents in housing services is 200. The Service Foundation runs the only workshop in Finland for the deaf and deafblind persons that functions in sign language. Besides housing services and work activities there are many ongoing programmes that offer services and help for the deaf and deafblind at different age groups. For example Junior-programme organises sign language courses for the deaf and hard of hearing children's families and near ones and support families organising peer support groups. Senior-programme helps ageing people with impaired vision and hearing to manage as independently as possible as they can. It also trains members of staff in the municipalities to serve aged clients with sensory disabilities.

The Service Foundation also runs Help Line for the deaf and rehabilitative adaptation courses. There are also some development projects as dementia project and development of vocational training methods for the deafblind people.

Mieli - project – developing better psychotherapy practices for deafblind clients

The outcome in a couple of researches about mental health problems among Finnish deafblind and deaf people was a one basis for our project. During the years 2002-2004 we had a project for a psychosocial rehabilitation and support for deafblind clients. As continuum for that project we planned our new project, called Mieli, in English the Mind –project. The Mieli –project aims at developing better psychotherapy practices for deafblind clients.

The Mieli- project started in the spring 2005 and will last till the end of 2009. The project is funded by the Finland's Slot Money Association. Funding is about 100 000 euros per year. Finland's Slot Machine Association, which is generally referred to as RAY, was established in 1938. Its' task is to raise funds through gaming operations to support the work of voluntary Finnish health and welfare organizations. RAY has an exclusive right in Finland to operate slot machines and casino table games, and to run a casino.

Multiprofessional model – methods and processes in psychotherapy

In the Mieli-project we create multiprofessional model for therapeutical work and counseling of the deafblind people. By combining different therapy methods we wish to find out better

practices of psychotherapy for people with hearing and vision impairments.

The basis of psychotherapeutic work with deafblind clients is the same as in major population. There are many different psychotherapy approaches used with these clients. We have chosen cognitive-behavioral and behavioral analysis for our approach because of good experiences we had in the previous project of psychosocial support. However, in psychotherapy with deafblind clients there are some aspects, which are unique to this population.

The main aspect is communication. When we gather video material in good psychotherapy methods, we also look for the communication between the therapist and the client. For this analysis we have applied a Dutch Computer program called Elan, which has been successfully used e.g. at the University of Stockholm in analyzing communication between deafblind persons. At this point we analyze therapy in Finnish, because the clients are hard-of-hearing. In the future there will be Sign language users also involved in our project.

The second aspect, which is common for deafblind persons, is tension and stress. Therefore we have started to look at the methods, which can ease body stress symptoms and through that ease the mind. For this work we combine psycho- and physiotherapy. We will start trials with three deafblind clients in September creating individual program for each of them. This can include different relaxation techniques and mindfulness practices, which will be practiced both in therapy sessions and at home. The aim is to find ways how to relax in everyday life when it is needed.

The trials concentrate now on individual work, but there will be some group trials also. There are plans e.g. for a group of taiji.

This old method has been successfully used in deafblind rehabilitation courses. The initiative for forming a group came from a deafblind person, who has found taiji very useful and wants to form a taiji group.

During the trials we evaluate outcomes by standardized tests or tests we develop for a certain method. The clients involved also give feedback from their point of view of methods and practices, which work for them. We also hope that through this work we are able to create a model for psychotherapy process, when working with deafblind clients.

We will give more detailed examples about the trials during our presentation.

Because deafblind persons have similar psychological problems as population in general e.g. depression and anxiety-problems, we will combine good methods and practices from other therapeutic approaches used in general. These include e.g. Acceptance and Commitment Therapy, ACT (by Stephen Hayes), especially it's way of handling with questions of person's values and good life. Parts of Dialectical Behavior Therapy, DKT (by Marsha Linehan) are also included, e.g. mindfulness based practices. There are also good skills training practices in DKT, e.g. social skills training and emotional regulation training. The basis is similar as in ACT, acceptance and change. We also apply DKT-model as a basis for our work when creating a model for psychotherapy with deafblind clients.

Staff training

Psychotherapy is only a little part of the work done with deafblind clients. Also we lack psychotherapists who had the

ability to work with deafblind population. One goal of the project is to train staff members to recognize psychosocial problems and psychological symptoms of the deafblind people. The training gives staff personnel better skills to work therapeutically with the deafblind clients and support their psychosocial well being.

In staff training we will present a tool, which will help staff members together with clients to identify problems and factors affecting them. It also identifies the strong points of the client. The analysis model has been developed by Leena Hassinen as a part of her dissertation work.

The analysis model consist of five steps:

1. Description on the person's situation of life
2. A list of his/her problems and strong points
3. Classifying the problems according to the different forms of behaviour: physiological reactions, emotional reactions, cognitions and acting, doing
4. Performing a functional behaviour analysis on the problems and the factors that may possibly affect them:
figure
5. Drawing conclusions on the basis of the analysis

During the training the staff members also try different methods suitable for their clients, e.g. relaxation methods, activating methods, problem solving. They also bring their own good practices available to other personnel attending the training.

The staff training will start in February 2007. It consists of five 2-day meetings and consultation visits into workplaces. Our aim is not only train a few members in one work unit, but through them broaden the knowledge among the staff.

Publishing material

During the MIELI-project an important aspect is publishing material. One aim of making materials is to use it in staff training, but also make it available for all, who may need this kind of information in their work.

We have already been writing basic materials on deafblind population and psychological problems rising in this group. There is also material about psychosocial, psychological and e.g. neurological problems. These materials are based on our previous project and experiences we had about life situation of deafblind persons. The trials in our new project will also be documented.

Personnel resources and evaluation of the project

There are only part time workers in this project. Master of Education, Psychotherapist Leena Hassinen is coordinating development work of psychotherapy practices. She is combining different psychotherapy methods, testing them in psychotherapy sessions and analysing them in cooperation with other professionals. Ms Leena Hassinen and Mr Tero Timonen from the University of the Joensuu are responsible in producing scientific material of and for the project. Ms. Eeva-Marja Loukola from the Service Foundation for the Deaf is coordinating and doing the administrative work of the project.

The evaluation of the project is mainly self-evaluation done by the steering group of the project. The members of the steering group are professors of the Finnish universities, clinical

psychiatric, clinical psychologist, physiotherapist and two deaf blind persons.

Organizational level

In the coming years we try to gather information from other, mainly European, countries how psychotherapy for deafblind or other marginalized groups is organized. By the end of the project we hopefully have some recommendations for our decisions makers how psychotherapy services should be organized for the deafblind people. Our vision is that everyone who is in need of psychotherapy services can get them despite of the disability or the lack of common communication.