Journal of Contextual Behavioral Science xxx (xxxx) xxx–xxx

Contents lists available at ScienceDirect

Journal of Contextual Behavioral Science

journal homepage: www.elsevier.com/locate/jcbs

Brief Empirical Reports

Acceptance and commitment therapy using finnish sign language: Training counselors in signed ACT for the deaf – A pilot study

Leena Hassinen*, Raimo Lappalainen

Department of Psychology, University of Jyväskylä, Finland

ARTICLE INFO

Keywords:
Acceptance and Commitment Therapy (ACT)
Deaf
Finnish Sign Language
Training

ABSTRACT

This study evaluated the implementation of Acceptance and Commitment Therapy in Finnish Sign Language in a rehabilitation center for deaf people. Sixteen (16) clients and nine (9) staff members participated in this pilot study. Staff members received a brief training in Acceptance and Commitment Therapy (ACT) including 16 h lectures, 15 h supervision, and studying material. Each staff member treated 1–2 clients during 8–10 sessions. As part of the study, several ACT metaphors and exercises were translated into Finnish Sign Language. The study indicated that counselors with limited knowledge of psychological interventions were able to deliver an ACT intervention using Finnish Sign Language after a relatively brief training. The intervention was well accepted by both the clients and the counselors, and showed encouraging effects on clients' wellbeing. The study highlighted a need of valid assessment methods for clients who use sign language. This study provides an example how ACT -based interventions could be provided to minority groups.

1. Introduction

In Finland, there are approximately 4000–5000 people who are deaf and use Finnish Sign Language (FinSL) as a means to communicate (The Finnish Association of the Deaf, 2017). It has been shown that the sign language deaf people use is a natural language (e.g., Padden & Humphries, 1988; Stokoe, 1960). It has a unique structure and vocabulary (signs) and takes a visual and gestural approach. Since 1960, there has been a growing interest in understanding sign languages and deaf culture, all over the world. In fact, every country has one or several sign languages (see, e.g., Sacks, 1989; Pfau, Steinbach, & Woll, 2012). There are also variations of certain sign languages. For example, a person who has become deaf later in life might develop his/her own version of a spoken language or just use some signs to support spoken language (Lauren, 2006).

Most deaf children (95%) are born to hearing parents (Mitchell & Karchmer, 2005; Spencer & Marschark, 2010). As a result, in many cases parents of deaf children have first learned a sign language themselves to then mediate these skills to their child. Especially in recent decades, skills in sign language have been increasingly supported by practices in kindergartens and schools (Stredler-Brown, 2010). Several decades ago in Finland, for example, FinSL was forbidden at schools and only allowed to support the spoken language of the majority of the population (in this case, Finnish or Swedish; Rainó, 2000; Salmi & Laakso, 2005). Likewise in other languages, context affects a child's ability to gain good language skills (e.g., family and school). There is some evidence suggesting that although the sign language of deaf children fostered by hearing parents may not be as rich as that fostered by deaf parents, deaf children of hearing parents communicate quite fluently by the age of five (Takala & Lehtomäki, 2002; Takkinen, Jokinen, & Sandholm, 1999) and this is especially true for deaf children who have also communicated with deaf adults. However, some deaf children may have additional handicaps, such as dysphasia, cerebral palsy (CP) or visual problems, and these handicaps can have an effect on learning language skills (Lindfors, 2005; Sinkkonen, 1994).

In Finland, a study by Lindfors (2005) reported a slightly higher number of psychological symptoms among a deaf population in comparison to the general population. The most common psychological symptoms were loneliness, depression and anxiety symptoms, which were estimated to be found in one out of four respondents (Lindfors, 2005). Also, the need for conversation regarding personal concerns was significantly higher among people who used FinSL than among the general population (Lindfors, 2005). Depression, anxiety, personality disorders, substance abuse, schizophrenia, bipolar disorder and psychotic behavior were reportedly the most common problems among deaf and deaf-blind individuals or people with severe hearing impairment of those treated at, for example, a psychiatric clinic in Southern Finland, according to Ryynänen and Kostamo (1998). Additional diagnoses usually included epilepsy, intellectual disability, developmental disability, dysphasia and other linguistic disorders (Ryynänen &

* Correspondence to: Tiirantie 10 A 12, FIN-40400 Jyväskylä, Finland.
E-mail address: leena.hassinen@pp.inet.fi (L. Hassinen).

https://doi.org/10.1016/j.jcbs.2018.02.005
Received 8 March 2015; Received in revised form 11 December 2017; Accepted 20 February 2018

Kostamo, 1998).

Staff training is essential when arranging rehabilitation and mental health care services for different special groups (Glickman, 2009; Gutman, 2002; Peoples, 2002). One of the challenges for service providers working with deaf people is to find a mutual language. It is important that clients can receive the information they need through a language that they can understand. This poses a challenge for health care professionals who provide psychological interventions. As far as we know, only a limited number of psychologists and psychotherapists use sign language or some kind of sign mode. For example, in Finland, less than ten psychologists or psychotherapists use FinSL in their practice (The Association for Sign Language Psychotherapists, 2017). These have all passed an intermediate-level FinSL test or have grown up in a signing environment with deaf parents. In addition, there is a large variation in sign language skills among clients, who range from fluent sign language users to those who use a limited version of sign language or modes. These variations are probably a result of exposure to various modes of communication practices at an early age, especially at home or in school. According to Lindfors (2005), some clients may have further difficulties, such as dysphasia, and other disabilities including poor eyesight, cerebral palsy (CP), or mental retardation. According to Glickman (2009), a major problem for deaf people with communication difficulties is a lack of access to fluent models of fully accessible language. He refers to this particular group as the traditionally underserved.

According to Long, Long, and Oulette (1993), this term refers to a person who cannot communicate effectively through speech, speech reading or sign language, and whose English language skills are at or below the third-grade level. In addition, they need assistance to maintain their employment, housing or friendships due to inabilities in taking another person's perspective or actively initiate relationships (Duffy, 1999). As outlined by Glickman (2009), clients with language and learning difficulties require more extensive treatment as they are prone to have associated neurological, emotional and behavioral challenges. Further, they are vulnerable to misdiagnosis and inappropriate treatments. It is a challenge for professional caregivers for the deaf, but they are academically and linguistically competent as well as motivated to provide ethical and high-quality care (Gutman, 2002; Peoples, 2002). For example, in discussing the history of mental health care, Glickman (2009) highlights that deaf people with language difficulties are classed as "low functioning" in that regard. However, Gutman (2002) describes a transformation of ethics from medical paternalistic practices to respecting autonomy and engaging in cooperative decision making, in the recent years.

Acceptance and Commitment Therapy (ACT) emphasizes personal values and acts, while respecting autonomy and cooperation in accordance with one's values (Hayes et al., 2004; Hayes, Luoma, Bond, Masuda & Lillis, 2006; Hayes, Storsahl & Wilson, 1999). A unique feature of ACT is that it does not view human suffering as an abnormality, thereby making it a less stigmatizing approach (Strosahl & Robinson, 2009). Therefore, ACT can be a suitable intervention model with deaf people as well as with other special groups. In addition to values and value-based actions, ACT uses metaphors and experiential exercises aimed at teaching people psychologically flexible behavioral strategies. Yet, there is little knowledge on using ACT with deaf people as well as in regard to teaching acceptance-, mindfulness- and value-based skills to deaf people using sign language.

The ACT literature has grown rapidly in recent times and several studies have shown the effectiveness of ACT procedures (e.g., Bluett, Homan, Morrison, Levin, & Twohig, 2014; Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Ruiz, 2010). For example, evidence has supported the effectiveness of ACT for the treatment of work-related stress (Bond & Bunce, 2003), psychoses (Bach & Hayes, 2002; Gaudiano & Herbert, 2006), depression (Zettle & Haynes, 1986; Zettle & Rains, 1989), trichotillomania (Woods, Wetterneck, & Flessner, 2006), epilepsy (Lundgren, Dahl, Melin, & Kies, 2006), obsessive-compulsive disorder (Twohig, Hayes, & Masuda, 2006), and social anxiety disorder (Dalrymple & Herbert, 2007). Also, research indicates that stress management interventions based on ACT strategies have a positive impact on employees' psychological health, well-being and stress management skills (Bond & Bunce, 2000; Bond & Bunce, 2003; Bond & Hayes, 2002; Donaldson-Feilder & Bond, 2004).

Strosahl and Robinson (2009) state that the reason to share ACT with service providers is to empower their efforts in order to deliver beneficial services and share common values. Exposure to ACT principles can assist them in developing and maintaining patience, acceptance, flexibility and an egalitarian stance needed to explore, encourage, educate, and promote healing. This way, they are more likely to be effective, experience satisfaction in their work, and be more resilient to fatigue (Strosahl & Robinson, 2009). It has therefore been recommended that counseling and guidance professionals should consider including acceptance-based methods in their interventions (Donaldson-Feilder & Bond, 2004). If professional health care providers have stigmatizing beliefs about their clients, acceptance-based methods could also help the providers to better manage their feelings and thoughts (Hayes et al., 2004). We were interested in applying an ACT-oriented intervention for persons using FinSL and to investigate whether this approach could be successfully applied by counselors.

The overall aim of the study was to provide a brief value- and acceptance-based intervention with the intention of improving the well-being of deaf and deaf-blind clients. We set out to investigate: (1) whether it was possible for the staff of a rehabilitation center with no prior ACT experience to provide an ACT-based intervention in Finnish Sign Language; (2) whether the clients and the staff would approve of the ACT-based intervention approach; and (3) whether counselors with no prior ACT experience could successfully improve the well-being of the deaf and/or deaf-blind clients in the rehabilitation center using the brief ACT-based intervention in Finnish Sign Language. In order to examine the acceptability, usefulness and effectiveness of this approach, we trained staff of a housing service center in the ACT-based methods and strategies.

2. Method

2.1. Procedure

At the time of our research, about 250 persons attended the housing and sheltered work services of the Service Foundation for the Deaf (see www.kuurojenpalvelusaatio.fi). These clients wanted to live and work in a community where Finnish Sign Language (FinSL) is used. The reason for seeking these services can be to overcome communication problems, loneliness and isolation, or a lack of other appropriate service providers. Clients might have additional disabilities, such as poor vision, physical incapacities or psychological limitations. Service providers in the service centers use FinSL and are trained to understand deaf people. Some of the staff members are deaf FinSL users themselves.

The study was conducted at the Sampola Service Center, which is owned by the Finnish Service Foundation for the Deaf. The center provides supported housing services, workshops and other work activities using FSL for deaf and dead-blind people. The staff members attended a lecture presenting and describing the ACT model. After this introductory lecture, upon their request, we decided to test the ACT intervention model (Hayes et al., 1999, 2006) at the center. The procedure is described in detail as follows.

2.2. Participants

At the time of our research, about 50 people attended the housing and sheltered work services at the Sampola Service Center. Staff members selected 20 clients for potential participation in the research study. The criteria for the selection were (1) satisfactory FinSL skills and (2) a need for psychological intervention as evaluated by the