Can the assessment and development of sign language competence lead to an externalisation of a mental disorder and promote sociality?

An interdisciplinary socio-educational project

Interim evaluation

HYPOTHESIS

With sufficient support, the person in this case study will be able to use sign language to externalize her mental disorder, thus limiting her preoccupation with her hallucinations and maintaining her grip on reality, and, over time, develop her ability to interact socially with her surroundings.

MILESTONES

- Assessment of the person's vocabulary with regard to her representation of her own psychosis and hallucinations – including the specific signs she uses and their meaning and nuances.
- The person's integration of new signs that enable her to make more nuanced descriptions of her experiences.

SUCCESS CRITERIA

- We develop an insight into the person's use of sign language when she talks about her psychosis and hallucinations that gives us some degree of confidence that we understand her language use correctly.
- Her hallucinations and psychoses are visibly reduced.
- The occurrence of episodes where she acts out is visibly reduced.

CFD SOCIALE TILBUD

CFD TOLKEBOOKING

Contents

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Prologue

This interim report was specially prepared for our workshop at the European conference in Aalborg to offer a written presentation of our project. The purpose is to give the workshop participants something to take home as a source of inspiration to share with their colleagues in their respective workplaces around the world. The report concerns a case study involving a young deafblind woman who will be referred to as 'Jane'.

Originally, we had hoped – perhaps somewhat, or very, naively – to be able to complete our project in time for the conference; obviously, that is not how it turned out. In fact, we were on the verge of cancelling our workshop, because we felt that our results were somewhat meagre. However, when we evaluated our progress from October to August, not least with regard to Jane's well-being and her behaviour and relations with the staff, we found quite significant changes; moreover, we now have a better understanding of Jane, and several new and intriguing questions have arisen that may serve to inspire and challenge us in our continued work.

Who knows – perhaps we can share the outcomes of the second half of the project at a future conference? With this paper, we attempt to describe the process as well as the outcomes and therefore include the project description and minutes from the supervision process and a one-day conference event.

Preface

In December 2015, we welcomed a new resident to Døvblindehuset (House of the Deafblind): a young woman whose family had requested that she be moved to a residential facility closer to the family home. We had known the woman for several years, but had not previously had the right physical setting to provide an adequate home for her.

Suddenly, the opportunity arose, and we put together an offer and prepared, as well as we could, to welcome her to our facility.

The young woman has faced major challenges in life, especially in her interactions with others, due to a mental disorder that became manifest when she was around 8 or 9 years old.

For many years she has displayed violent behaviour, conditioned by her mental disorder and communication difficulties. When she was transferred to Døvblindehuset, we received a status report from her previous residential facility, which devote significant attention to her preoccupation with an imaginary 'dangerous man'. This man was a persistent and recurring focus for her, and at times he dominated her communication with the educators completely.

In our planning, we focused on making sure we would be able to offer the necessary sign language competences. Hence, the team included two experienced staff members from Døvblindehuset and two deaf staff members.[1]

[1] One of the experienced members of staff had previously worked with the young woman at the facility where she used to live. Thus, we were able to bring in experience from her life before she came to Døvblindehuset.

The ‘dangerous man’ was an expression of her hallucinations and psychotic states, during which she repeatedly described seeing the ‘dangerous man’. Often she was able to point to the place in the room where she saw him. It proved extremely difficult for us to have her add any nuance to the way she talked about and described the ‘dangerous man’, and in some cases she displayed repetitive anxious behaviour that could be exceedingly difficult to break.

On several occasions, the staff asked her to draw the ‘dangerous man’, but there was no consistency to these illustrations. Thus, we have to assume that her hallucination does not have a fixed form or face, or, perhaps, that she has several images of the man, possibly related to her current state of mind.

Purpose, hypotheses and success criteria

Her initial time at Døvblindehuset was fairly turbulent. She had to be hospitalized for an extensive period due to a somatic condition, and after this period, she was very troubled by her mental disorder. Hence, our educational approach was not very successful, and we needed to find an alternative approach that would allow us to get around or ‘behind’ her psychiatric condition and promote freer communication.

We contacted the psychologist at CFD (former know as Centre for the Deaf) and based on several meetings and supervision sessions, we decided to initiate the project described in this report. The project aims to help Jane externalize her condition in order to develop the awareness that although her hallucinations seem real to her, they are not visible to anyone else – in fact, they are a product of her mental condition.

Our general hypothesis was:

- By externalizing her mental disorder, Jane will be able to reduce her preoccupation with her hallucinations and maintain her grip on reality and, over time, improve her ability to socialize with her surroundings.

This general hypothesis was based on two sub-hypotheses:

- By using sign language to synchronize our responses to Jane’s sign communication about her hallucinations (externalization), we will be able to reduce the occurrence of psychotic states.
- An assessment of Jane’s sign language proficiency will enable a more nuanced and relational approach, allowing reality to play a larger role in our interactions.

The success criteria are stated in the project description below, but since the initial project description was drawn up in autumn 2016, we have added the following two criteria:

- A visible reduction in the occurrence of hallucinations and psychoses.
- A visible reduction in the occurrence of episodes where she acts out.

These are very specific and measurable success criteria, which also address the behaviour that has historically constituted Jane’s main challenges in interactions with her partner.

Project description

Assessing and developing sign language proficiency in order to externalize mental disorder

A project at Døvblindehuset – from October 2016 to June 2017

Background / Purpose	*'Jane', who recently transferred to Døvblindehuset, has spent a number of years living in a facility that does not have a specific focus on sign language, which is her first language. Hence, we hypothesize that she has a hidden language, and that she has a potential for developing her vocabulary, which would help her express her thoughts, feelings and concerns better.* *We want to conduct an assessment of Jane's sign language in order to uncover her unutilized language proficiency and determine how we can develop her language proficiency.* *Helping Jane improve her language proficiency would also enable us to talk to her about situations and periods when she is psychotic and has hallucinations. This would allow us to work with her to create her a more nuanced and stable language platform that could help her externalize her mental disorder.* *Thus, in a sense, the project pursues two complementary goals, as we aim to assess and improve Jane's language proficiency in order to, in turn, equip her with the necessary words and concepts to describe her psychotic experiences.*
Goals:	*We aim to enhance Jane's language proficiency and improve our communication with her in order to equip her with the necessary words to describe the experiences she has during her psychoses and hallucinations.*
Activities:	*A student assistant from CFD engages in structured conversations with Jane in order to uncover her sign language proficiency.* *These conversations will be recorded on video. Later, we review and discuss the recordings in clinical meetings with a focus on linguistic expression and meaning-making.* *In this process we involve sign language interpreters, who will be completely objective in their decoding. These interpreters will also be involved in signing for Jane, so that Jane is introduced to an objective sign language. Interpreters will also be able to assess Jane's gestures and other physical expressions that might have a semantic content – and perhaps attempt to translate these into formal sign language.* *We will attempt to initiate an externalization of Jane's mental disorder by acknowledging what Jane sees while maintaining a grip on objective reality by explaining that we do not see the man and that he is not real; if possible, we will offer tactile stimulation which we explain is real.* *Staff members will make intermittent video recordings of communication situations with Jane, including both everyday communication and incidents*

	involving psychotic behaviour. The purpose of this is to monitor her response to our new approaches and continually follow up on our strategy by modifying it to match Jane's responses. *As part of the continuous supervision provided by a CFD-psychologist the video recordings will serve as a basis for discussing Jane's sign language, determining its meaning and use and assessing the potential for expanding her vocabulary. The recordings will also inform the discussion of Jane's psychotic behaviour, interventions and adjustments of our strategy and conversation patterns.*
Timeline and phases:	*27 October 2016: First supervision, provided by the CFD-psychologist – determining activities and a framework for the start-up phase of the project.* *Agreements about sign language approach when Jane is hallucinating.* *24 November: Supervision provided by CFD-psychologist – focus on sign language assessment and follow-up on interventions aimed at externalizing Jane's mental disorder. Modification of approach and sign language.* *22 December: Supervision provided by CFD-psychologist.* *Nov.–Dec.: Scheduling of conversations with student assistant* *February/March: Conversations between student assistant and Jane – video recordings.* *11 May: Clinical meeting with video clips of student assistant's conversations with Jane. Here we initiate the assessment of Jane's sign language and cognitive resources and determine a strategy for our work, going forward.*
Resources and staffing	*May require a small amount to pay for sign language interpreters specializing in deafblindness and perhaps the assistance of a psychologist specializing in deafblindness.* *Coordinators: Mona Pagnozzi and Ole Wøssner* *Supervisor: Litte Frehr* *Student assistant: Klara Danø* *Team 3 at Døvblindehuset: Tanja Noyons, Sabine Brink, Katza Krüger, Katja Thomsen and Bjarne Toft.* *External participants:* *Psychiatrist Per Jensen* *Possibly sign language interpreters and a psychologist, all specializing in deafblindness* *Psychologist Vivi Andersen*
Milestones:	*Overview of Jane's vocabulary related to her psychosis and hallucinations – the specific signs she uses and their meaning and nuances.* *Jane's integration of new signs that enable her to offer nuanced descriptions*

	of what she sees and experiences.
Success criteria:	*We obtain an overview of Jane's use of sign language when she speaks about her psychosis and hallucinations, which will give us some degree of confidence in our decoding of her language.* *Jane integrates new signs into her language, giving us a more nuanced insight into her state of mind.* *Jane's disorder becomes externalized, and in the long term we are able to test/assess her cognitive level.*
Documentation / evaluation:	*Video recordings with a written description of our observations and interpretations of Jane's language.* *Video recordings showing the progression of Jane's sign language vocabulary – specific evaluation of newly acquired signs.* *Video recordings over time showing the progression of Jane's ability to describe her state of mind – specific evaluations of the development in her ability to describe her psychosis in a nuanced way and of our improved understanding of her.* *Presentation of interim project outcomes by August 2017 at the European Conference on Deafblindness in Ålborg in September 2017.*

Externalization – synchronization of responses/sign language use

The first project activity was a supervision session on 27 October 2016 overseen by a CFD-psychologist.

Here we discussed Jane's hallucinations and psychoses and what our responses should be when she brings these up in her communication with us. At the time, this occurred on almost daily basis, sometimes continuing for hours, with a persistent and insistent communicative focus on the 'dangerous man'. She would repeat the same sentences over and over again and was clearly worried and upset.

In this supervision session, we developed the first guidelines for our approach to Jane's psychoses and made our first attempts at synchronizing our responses to her when she was upset and repetitive. The guidelines are included in the summary below from the supervision session:

Summary from the supervision session on Thursday, 27 October 2016:

The following general guidelines apply to our interactions with Jane:

- *We acknowledge what Jane sees – affirming what she sees but maintaining that we do not see it.*

- *We can confirm that the place is empty of dangerous man or empty of dangerous, while holding on to reality, for example by telling her that we do not see the man or any other dangers or by offering tactile stimulation by stroking her arm or giving her objects to hold and talking about the fact that these objects are real.*
- *We attempt to refer to her disorder as a 'psychosis', using that sign in an effort to keep her in the real world; for example, 'it is your psychosis that makes you see that man' – see below.*
- *We can make a drawing with her; when she speaks of 'dangerous', we might try to work with her to draw what she sees/experiences, ask what the man looks like, the colour of his clothes etc., as input for a drawing.*
- *Activities alone cannot reduce her psychosis; on the contrary. Therefore, we need to lower the pace, avoid overloading her with activities, always consider her current state and always have a Plan B handy as well as, ideally, a Plan C.*
- *The student assistant from CFD, who is a deaf sign language user and studies psychology, is invited to engage in structured conversations with Jane to help us assess her sign language proficiency. These sessions are to be recorded on video for later review and assessment.*
- *Jane should receive more praise – she should be praised for who she is, for her contributions to the interaction and for her personality. Thus, rather than telling her that she is good at a particular activity, we can tell her that it is nice to do this activity with her, that it is nice to talk to her and spend time with her, and that she is a lovely young lady.*
- *Of course, it is also appropriate to praise her for creative things, but in everyday things that she might be less motivated for, we should focus more on the interaction and on her personality.*

We may use the following sentences when Jane speaks of the 'dangerous man', 'dangerous' or other expressions of hallucinations and psychotic states:

- *That is what you see. I do not see him.*
- *It is your psychosis that makes you see the man – I do not see him.*
- *The place is empty of dangerous – it is empty of dangerous man.*
- *Can you feel me stroking your arm – that is real. You are real, I am real, the man is not real.*
- *Let us go around the flat together and see that it is empty.*
- *You see the man; can you tell me what he looks like? Should we make a drawing of him?*
- *I do not think you are dangerous. You are a lovely young woman, and I like spending time with you.*

Sign language assessment

The student assistant began to visit Jane, and we recorded their communication to gather material to assess Jane's sign language. We chose to involve an outside visitor so that we could observe Jane in a new relationship that would be unaffected by previous conversations or any fixed conversation topics that had already been established.

It took a couple of visits before Jane was open to conversations with the student assistant, but she did not open up to new topics or tell us anything we had not observed previously – she stuck to her rigid repertoire of topics and her repetitive behaviour. Even if the student assistant invited her to take part in games and new activities, Jane's communication remained fairly simple and lacked any significant development.

In the recordings, there were some exchanges where we were uncertain about how to interpret Jane's signs – and where, in our eagerness to see new signs appearing in the communication, we may have inadvertently over-interpreted and read meanings into her sign language that she did not intend.

The staff noticed that Jane sometimes carried on monologues where she talked to herself. They were able to capture some of these sequences on video, which made it very clear that these monologues were almost like a self-dialogue. She might lie in bed, speaking about topics we had never previously seen her address, or she might move about – when she waiting for something – carrying on a self-dialogue that might revolve around familiar topics, but using new signs and a syntax that we had not seen previously.

Method

We have not had a firmly defined or explicit methodological approach to the video recordings, except that the student assistant's conversations with Jane have concerned activities or routine daily events where the initiative has come from the student assistant with partial support from the educators. Initially, our focus was on making video recordings to help us form an impression of Jane's sign language use and her interest in and responses to the conversations.

In our work, we have applied an acknowledging and resource-oriented perspective on Jane's physical and mental condition and considered her state on the given day and her diurnal rhythm. We have maintained a minimal structure. Thus, although the team has not focused explicitly on methods and theory, apart from the guidelines determined at our team meetings, our approach has relied on methods and theory from KRAP (Connitive, Resource based and Appreciative Pedagogy) on Bo Hejlskov's ideas about non-confrontational educational approaches and low arousal.

Video-based interpretation by interpreters with psychiatric experience

As outlined in our project description, we initially intended to use sign language interpreters in conversations with Jane, as was the case in the pilot project carried out by the National Board of Social Services. However, based on our experiences from Jane's interactions with the student assistant, we deemed that Jane was not ready for this approach. Instead, we arranged with the CFD's sign language interpretation service, CFD-Tolkebooking, to have two sign language interpreters with experience from the psychiatric sector conduct video-based interpretation. We selected clips that showed conversations with the student assistant and the educators on the team as well as clips where Jane talks to herself. It soon became clear that it was Jane's self-dialogues that would provide new insights for our professional intervention.

This feedback from the interpreters was a surprise to us, and in Jane's self-dialogues, they saw many signs that we did not see or failed to notice in our everyday interactions with her. In the minutes from the clinical meeting below, these signs and any interpretations are mentioned.

Clinical meeting – initial evaluation and renewed focus

Case history:

Jane was born into a refugee family. She was born in Denmark. Her father abandoned the family while Jane was still a child.

At the age of 7:7 years, Jane was tested to have a normal nonverbal proficiency. Subsequent psychological assessment indicates impaired cognitive functioning – primarily due to Jane's failure to cooperate. Diagnosed with Usher's syndrome in January 2005, diagnosed with schizophrenia in spring 2004. As a young child, she was diagnosed with delayed psychomotor development.

Normal pregnancy – gestation age 36 weeks. Weight at birth 2100 grams. Length at birth 45 cm. In an incubator for 16 days due to jaundice. Slept little during her first three years of life – cried at night. Delayed motor development milestones. Walked without support at the age of 4 years. Toilet-trained at the age of 7 years. Mainstream nursery placement from the age of 1 year. Special-needs preschool. Jane enrolled in the special-needs group Pluto at the school on Kastelvej in December 1999.

Intervention until now:

Jane faced severe physical challenges the previous spring and summer, as she was hospitalized in three different hospitals for a period of several months, until she was eventually diagnosed with lupus, for which she is now receiving treatment.

Due to this complication, we were only really able to begin offering an educational intervention in late autumn last year. Her medicine dosage has been reduced, and she is currently taking a low dose of psychoactive medication; this reduction has not led to an increase in her maladaptive behaviour.

In connection with her hospitalization, during which she was bedridden for much of the time, she learned that physical interaction with the staff is not dangerous, and she has recently she begun to invite interactions more – not necessarily communicative interactions, but basic physical interactions with the staff in her flat.

Jane is less nervous and restless now and seems calmer overall – although she continues to act out occasionally. Earlier, she would sometimes have a 'dark look in her eyes', or she might grind her teeth in reflection of a high level of physical restlessness and insist on immediate gratification.

The educational approach is adapted to match her current state on the given day, which lets Jane experience a higher degree of influence on the activities of the day.

There has been a strong emphasis on empathy and trust and a clear reduction in the demands placed on her. The staff has worked with setting boundaries and giving her instructions, for example, 'you need to wait; you need to sit here.' However, these demands are abandoned if Jane becomes very insistent. The staff has attempted to be acknowledging of Jane's signals and signs.

Any conversations about Jane's hallucinations/psychoses now happen on her initiative; in these conversations, the topic of the 'dangerous man' recurs over and over again. She asks the staff to check her flat for 'dangerous' or 'dangerous man' – often followed by her pointing up towards the left (viewed from Jane's perspective).

Assessment of sign language:

Jane has a fairly nuanced sign language – she uses location, pointing and spelling and has a range of selected signs.

Especially in her conversations with the staff she can be somewhat rigid in her choice of topics, with an emphasis on the 'dangerous man', food or requests to go for a drive. She often reverts to these themes, even when the conversation sets out with a different focus.

Whether the sign 'dangerous' is the man's name or an indication that Jane actually perceives him as dangerous is slightly uncertain – her story is that the man grew up with Jane, and that he used to be a boy. However, the staff also encounters different versions of the 'dangerous man', featuring different colours, and there is no doubt that Jane is hallucinating. She has also given his name as 'E'.

Here, her Usher's syndrome may play a role, as it is known to sometimes cause visual hallucinations; thus, the progression of Jane's Usher needs to be investigated.

She often uses the sign 'why' coupled with an insisting facial expression; thus, her use of 'why' may be understood as 'what now; give me something more!' Perhaps indicating an invitation/opportunity to engage in a more nuanced exchange about her experiences? However, the 'why' sign also appears in a more toned-down version, with a calm, almost puzzled facial expression.

Her sign language is more nuanced when she talks to herself and seems to address different topics, situations or maybe even dreams. For example, the interpreters had observed that when Jane lay in her bed with a pillow over her face, she would talk about having a boyfriend and getting married. Perhaps this might offer a possible topic for future conversations with the staff?

The interpreters also saw a story revolving around the notion that Jane could never marry due to 'heritage'. It would be interesting to learn more about her use of the 'heritage' sign – does it refer to religion, God, her disability ...?

She positions herself in relation to turn-taking, acting out different roles in her self-dialogues, while in conversations with the staff she can be more impression-oriented – not passive or inactive, but listening and perceptive without, however, offering anything to drive the conversation forward. Perhaps as a strategy to avoid demands or rejections or to maintain her grip on reality?

Jane is able to negotiate and engage in simple dialogues.

For periods at a time, Jane may opt not to use her vision. When that happens, it is our experience that she is able to communicate using simple tactile signs, and that the pace in the tactile communication is quite appropriate for Jane. It is easy to fall into a fast pace in conversations with Jane, because she is generally quick in her expressive contributions.

Thus, our initial hypothesis that Jane will be able to develop a more nuanced sign language in her conversations with the staff, which would help us understand her experiences better and make them more concrete, remains a realistic goal.

It is a very typical behaviour for deaf persons with additional disabilities to 'talk out loud' with themselves, physically verbalizing their thoughts. However, in some situations, Jane's display of this behaviour may reflect a deliberate strategy or an skilled coping method in a situation where she waits for something to happen, talking to herself, sometimes even taking on different positions, perhaps as a form of arousal to remain alert while mastering the difficult task of waiting.

Future interventions

How can we invite Jane into a dialogue where her sign language is just as varied and engaged as it is when she talks to herself?

Can we develop a question technique, a conversation space or a structured conversation format that invites Jane to feel motivated and safe enough to expand her topics of dialogue?

Can this possibly be achieved by the daily teaching staff, or will it require outside professional assistance by a psychologist, who also masters sign language?

The student assistant continues to visit and tries to engage Jane in everyday activities to see whether that might loosen the conversation up.

We are planning conversation strategies for the educators to use when special situations arise, and Jane might open up – or when she is stuck in repetition, strings of words, hallucinations etc.

The sign language interpreters will review additional video recordings of Jane's 'monologues' in order to further uncover her use of sign language. They are doing this together with the deaf emplyee to make sure that the process includes a sign language user.

We might also try three-person conversations, perhaps in a format where two staff members speak with each other while they are together with Jane and later observe how she reacts to this, and whether it might be a way to invite her into a conversation.

It might also be possible to include more pictures in our communication with Jane.

BUT in all conversations: DON'T FORGET TO FOCUS ON THE PACE! Jane has to be able to keep up, especially when staff members speak with each other in front of her.

Knowledge

On 8 June, Vivi Andersen will visit to speak about Usher's syndrome, and at our next clinical meeting we might invite a consultant from CFD who specializes in Usher's syndrome.

Video-based interpretation by interpreters with psychiatric experience – version 2

In August, after the summer holiday, the interpreters met with one of our deaf employees from the team. During this session, they focused especially on a video clip where Jane moves in and out of her self-dialogues alternating with brief dialogues with an educator. The clip illustrates a clear shift in her use of sign language and her choice of topics.

When Janes talks to herself, the process verges on a stream of consciousness where she goes over previous experiences from her life, with a main focus on eating, which plays a big role in her life. When she engages in contact with the educator she expresses a very concrete desire to have some tea. While the educator turns away to make the tea, she resumes her self-dialogue, which she breaks off when the educator returns.

When the educator asks what Jane is talking to herself about, she brushes him off with a single sign, such as 'tea' or 'scram'. It is clear that Jane does not wish to involve the educator in her conversation with herself, something she also demonstrates in another situation as the educator approaches, by putting her hands closer together, thus shrinking her signing space.

It was helpful for the interpreters to involve the deaf employee in the video-based interpretation, as Jane uses several homemade signs and signs that are performed in a way that leaves them open to different interpretations; for example, her sign for 'out' has also been interpreted as 'now' and 'God' in our process.

Thus, the combination of sign language interpreters and a deaf primary contact person proved to be an excellent basis for decoding Jane's sign language.

Interim evaluation – status and modification of hypotheses and goals

As mentioned in the project description, our project has involved two tracks: an attempt at **externalization** based on the assessment and synchronization of **sign language**.

That does not mean that our work has distinguished strictly between working with externalization and working to uncover and assess Jane's sign language and the synchronization of the staff members' sign language. The two tracks have been interdependent and overlapping, but for clarity's sake we will try to illustrate them separately in the following:

Externalization

In the early stages of the project, the 'dangerous man' played a prominent role in the daily communication between Jane and the staff. Our approach was based on acknowledging Jane's hallucinations/psychoses, a curious stance aimed at learning more about what she saw and an effort to strengthen her grip on reality by explaining what we see, which also supported our efforts to foster more trusting relationships.

We also sought to lower our demands to her over time and attempt to seize the day or the situation with Jane by adapting the level of arousal to her current physical and psychological state at any given time and to her diurnal rhythm. However, we did maintain a framework of demands, insisting on basic aspects of hygiene, including requiring her to brush her teeth, bathe, wash her hands, toilet routines etc. She has largely been able to meet these demands, with few exceptions.

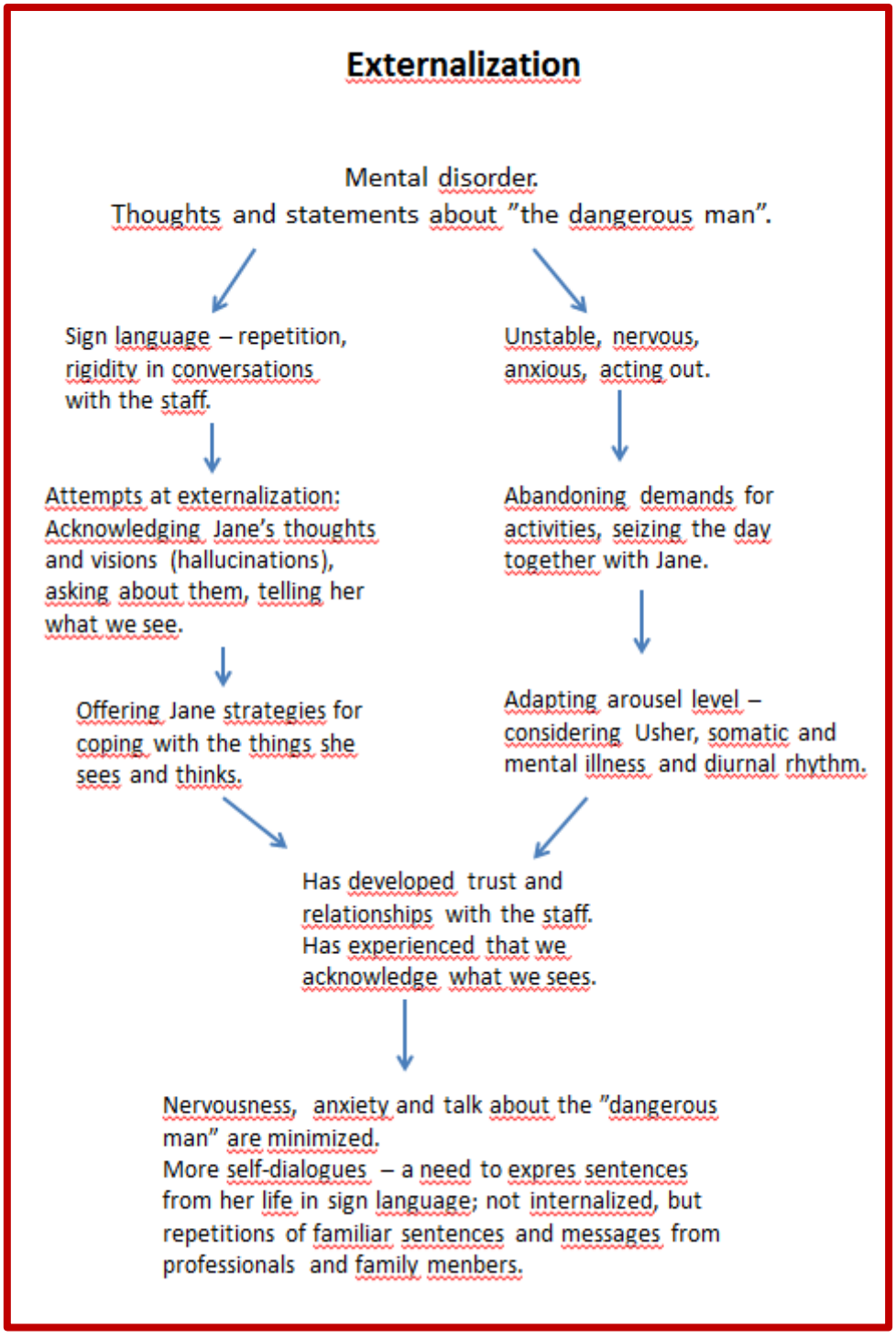
Later, we also became more aware of her Usher's syndrome and worked with issues of distance, pace, turn-taking etc.

The result of this effort gradually became visible after 4–5 months, and by now, in August 2017, the 'dangerous man' is much less prominent in her life than before, and on some days he never appears at all.

In parallel with this development, Jane has shown a greater need to talk to herself in self-dialogues where she clearly addresses familiar phrases from her previous life, discussing them with herself, and even takes on multiple roles in the conversation. At first glance, these conversations do not

appear to be internalized, but rather reflect the repetition of the language and demands of the outside world.

1.1



This raises questions about the psychological matter or phenomenon of the 'dangerous man'.

Does his appearances represent actual hallucinations or psychotic manifestations, or is he, rather, an invisible psychological companion, who has followed her since childhood or a communicative

reaction to feelings of insecurity – or perhaps a combination of several phenomena that have taken on a highly complex form?

Sign language assessment

Based on the above, it soon became clear that the synchronization of the staff members' sign language responses to Jane's talk about the 'dangerous man' was having an impact, in combination with the educational approach.

As the 'dangerous man' became increasingly less prominent in Jane's communication with the staff, we saw that she had a clear need to engage in monologues or in self-dialogues where she acted out all the roles.

We cannot be sure whether this inclination towards self-dialogues stemmed directly from a minimization of the presence of the 'dangerous man', but we clearly began to focus more on these self-dialogues or streams of consciousness.

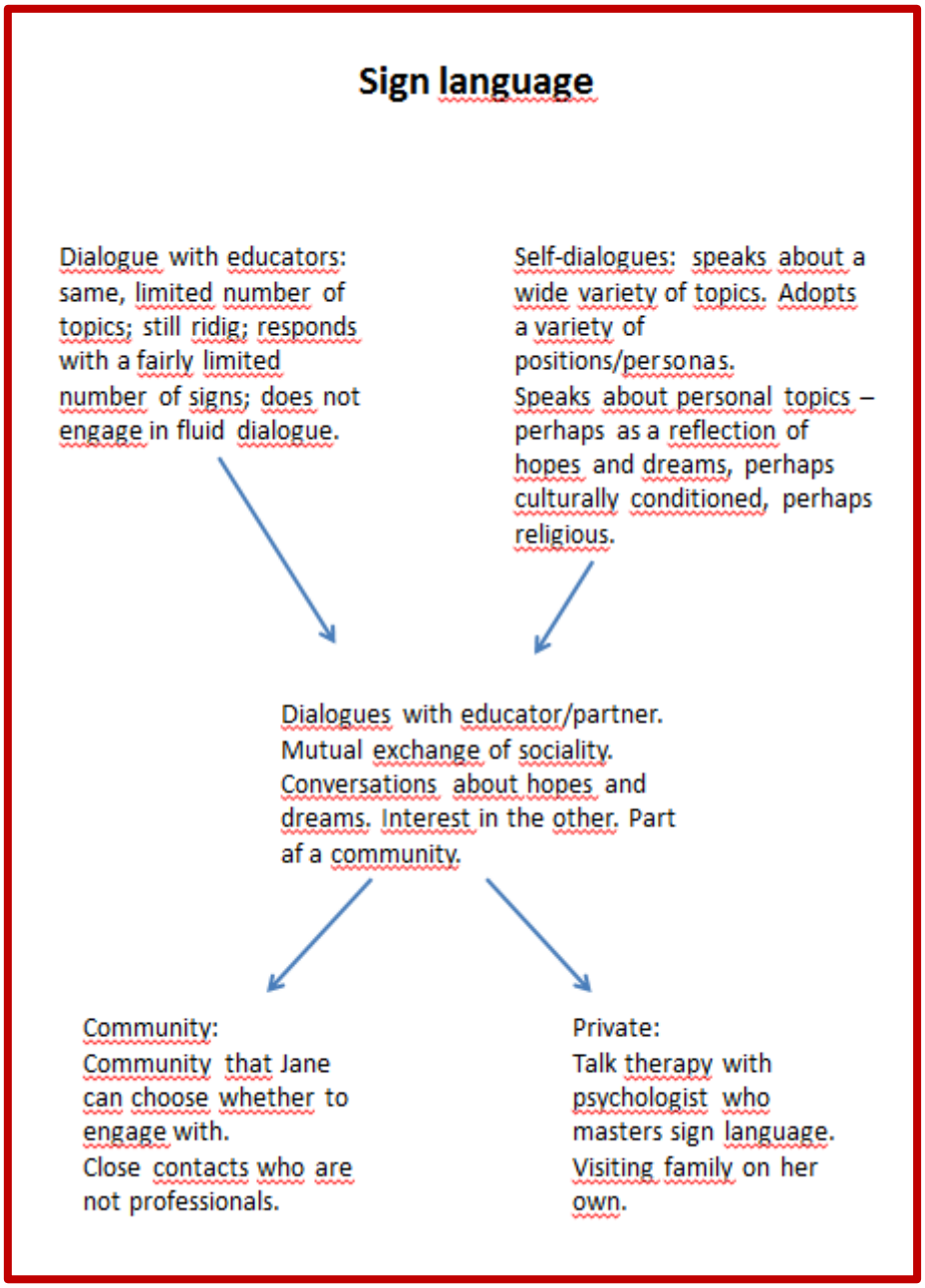
As mentioned earlier, Jane's self-dialogues appear to consist of sentences from her previous life, and although many of them can be related to demands, rejections or corrections from the outside world, they also appear to reflect Jane's underlying hopes or dreams. Many self-dialogues revolved about food, reflecting a basic need, but she also addresses other topics which reflect needs that occupy a higher position in the needs hierarchy, such as love (the sign for married/marriage), identity and culture (the sign for heritage) and life conditions (the sign for disabled).

Jane clearly does not wish to involve the educators in these self-dialogues; that is apparent in several video clips, which show her switching her language mode from narrative sentences with rich facial expressions in her self-dialogues to questions or instructions with simple or rigid facial expressions in her communication with the educators.

We have yet to crack the code for how to invite Jane into a conversation or, better yet, how Jane might be motivated to invite us into her language universe. However, the way to this goal appears to be paved with the development of trusting relationships and our acknowledgement of Jane's psychological constitution.

Over time, we may thus be able to convince Jane that it is okay to talk to the educators about other topics besides the most basic needs and everyday requests. That would allow us to engage in a shared sociality, generating an interest in the other and creating arenas for both common and private issues that Jane will be able to navigate in.

1.2



Thus, our general hypothesis has been partially confirmed – Jane's hallucinations and psychoses have been reduced significantly. We are also convinced that this development has been brought about by the synchronization of our sign language in combination with an acknowledging, relational and non-confrontational approach.

However, we have not achieved our goal of helping Jane to embrace a higher degree of socialization in general. She has achieved a sense of security in her relationships with the regular staff and has thus also shown a higher degree of connectedness with her close contact persons – and, thus, with her communication partners – but she has not yet fully invited us into her personal world and psychological reality.

Acting-out behaviour has also been reduced, although there have been severe incidents with direct and targeted physical reactions against staff members; at this point, we have no identified any immediate causes of these incidents.

Thus, despite our doubts, now that we have put down the process on paper and reviewed developments over time, we find that we have achieved real results and are well into what might be called the second phase of the project. In this second phase we propose the following hypotheses and success criteria:

New hypotheses:

- Conversations with a psychologist who specializes in deafblindness and who masters sign language can serve as a catalyst of future invitations into Jane's innermost thoughts, hopes and dreams.
- Structured conversations, prepared ahead of time, can be used to assess the degree to which Jane is able and ready to share previously private experiences.

New goals and success criteria:

- Jane will be able to engage in a dialogue with an external psychologist.
- Jane voluntarily invites staff members into a dialogue about her thoughts – her self-dialogues or streams of consciousness become the objects of a dialogue with a member of staff.

Future work and activities

The CFD-psychologist continues to provide supervision of our work with Jane's mental disorder, possibly with the inclusion of new knowledge from talk therapy, if Jane gives her consent for us to pass on information from conversations with an external psychologist.

Attempts with more structured conversations will be recorded on video. Here, the staff can try out various communication strategies and methods, such as talking maps, social stories or the CAT-kit. Themes or topics for these conversations can be drawn from recordings of Jane's self-dialogues, where we may be able to clarify the layers of meaning and the degree of internalization, giving Jane a real voice and fostering a higher degree of community participation.

This will require making agreements with an external psychologist about conversations with Jane and clarifying the issue of confidentiality concerning these conversations.

The staff will continue to work on acknowledgement and on building trust and invite a higher degree of participation in everyday life where they do things together with Jane. This will further enhance the relationships and help bring Jane more into the outside world; this in turn will lead to new shared experiences, which will form the basis of new conversations.