

**Cognitive-Behavioral Therapy for Deaf and Hearing Persons
with Language and Learning Challenges.**

Neil S. Glickman

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When I heard about this title, I was interested in reading it because of friend of mine has a son who is both deaf and has learning challenges. Neil Glickman's book, *Cognitive-behavioral therapy for deaf and hearing persons with language and learning challenges*, provides the clinician with both a conceptual framework and practical clinical skills. The author combines dialectical behavior therapy, collaborative problem solving, and Meichenbaum's cognitive behavioral therapy to develop a program to help this population. The first chapter provides the reader with an overview of the basic research in the treatment of this population. Glickman obtained a great deal of his data from the unit he works with, The Westborough Deaf Unit. He discovered that deaf persons who were served by inpatient hospitals are more likely to suffer from mental retardation than hearing patients. This group by its very nature poses a great challenge to mental health professionals.

Chapter Two's title, "Do You Hear Voices," raises the question about how you assess the mental status of patients with severe language deprivation. Glickman's experience has been that deaf patients occasionally have hallucinations but that they are not the norm. Instead delusions, disorganized thinking, language problems and behavior problems are the more common manifestations of psychosis with this population. The author cautions that it is important to distinguish language deprivation and thought disorders.

In Chapter Three, the challenges of working with hearing adolescent with severe language and learning challenges in a hearing inpatient unit are addressed. The authors recommend a thorough neuropsychological assessment be conducted first. They recommend that the same protocol be used with this population as with the deaf. The rationale for this is that due to their language and learning problems, traditional talk therapy is of little use.

The next five chapters provide an overview of how to modify traditional talk therapy for this population. What makes this approach unique is the use of skill cards that illustrate the skills taught to the deaf and hard of hearing. These cards are provided on a CD that accompanies the book. Chapter four addresses pretreatment issues and how to motivate the patient to engage in therapy. The main focus is helping the patient understand the value of therapy. In this chapter, the author borrows heavily from Glasser's reality therapy. In Chapter five, Glickman explains how to teach coping skills to this population. The author draws heavily from Meichenbaum's stress inoculation training (SIT). He also recommends using distress tolerance training from Linehan's DBT model. One of the unique aspects of this model is the use of sensory modulation, metaphors, stories, and games. Chapter six addresses conflict resolution skills. The author takes a number of conflict resolution skills and breaks them down into "microskills." Again, these skills are illustrated on CD. The patient is taught to notice and name the conflict. Foundation communication skills are taught as well as negotiation skills. The goal of this section is to teach a peaceful way to solve problems.

In Chapter seven, relapse prevention and crisis management skills are reviewed. The readers who are familiar with CBT will have some familiarity with relapse prevention. The author notes that relapse prevention skills do not lend themselves to easy translation into

American Sign Language (ASL). To address this dilemma, the author suggests discussing triggers, warning signs, risks, coping skills, and supports. The pictorial skill cards are also helpful in teaching these skills.

In Chapter eight, Glickman suggests the role of the program director and staff development. He suggests that there are five great challenges to developing this program. They are communication, cross-cultural dynamics, violence, adapting treatment and pretreatment issues. Finally, in Chapter nine, the author provides a summary of the main points and some concluding thoughts about treating this population.

Readers will find this book well organized and fairly easy to read. One of the things that struck me was the issue of deaf culture. In order to work with this population, it is recommended that the therapist take a multicultural stance. I also found the pictorial skills training cards on the CD very helpful.

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