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# **AN APPLICATION OF BANDURA'S SOCIAL LEARNING THEORY: A NEW APPROACH TO DEAFBLIND SUPPORT GROUPS**

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## **Introduction**

In July 2007, DeafBlind Services Minnesota, LLC, was awarded a grant from the Minnesota Dept. of Human Services (DHS) to develop a one-year pilot project to provide culturally appropriate and linguistically accessible support groups to deafblind individuals. The grant was then extended a second year. This article will describe the development, process, theory and outcomes underlying the successful two-year project.

## **Background**

DeafBlind Services Minnesota (DBSM) and its parent agency Vision Loss Resources (VLR), formerly the Society for the Blind in Minneapolis and St. Paul, have a long history of support services to blind, visually impaired and deafblind consumers. VLR alone provides many support groups to blind and visually impaired hearing consumers that are led by either a staff person or trained volunteer facilitator. The Minnesota deafblind community has often, over the years, noted support groups as one of their most desired services, and yet the provision of such support groups have been rare due to the unique needs of the population, the lack of qualified facilitators and the funding issues involved.

Paul Deeming, M.S., C.I., DBSM case manager, wrote the grant proposal and collaborated with Laurie Lee Johnson, Ph.D., a licensed psychologist in private practice, to develop a support group model that would meet the unique needs of deafblind consumers. (In this article, “deafblind” denotes any significant combination of vision and hearing loss that interferes with a person’s independence, daily functioning and access to information and environment.)

In addition to being culturally respectful and linguistically accessible, the intent of the support groups was to provide more than just the typical “gripe session” format; more so, to assist participants to develop skills which they could use to gain and give support after the conclusion of the support groups. Albert Bandura’s theory of social learning was chosen as the foundation for this project.

## **Social Learning Theory**

The social learning theory (Bandura, 1977) suggests that observational learning can have a powerful effect, and that the effect is enhanced when the observers believe that the person demonstrating the behavior is similar to themselves; a “similar other.”

An initial challenge was to establish how observational learning could take place among the deafblind members whose vision losses ranged from moderate to profound. The facilitators at first tried establishing dyads (pairs) for communication with an assumption that direct communication from one deafblind individual to another, without the intervention of sign language interpreters, would result in a stronger recognition of a similar other; emotional identification with another deafblind individual.

Individual differences in communication style, communication ability, and personal preferences amongst participants in the first year limited the success of the dyads, thus the facilitators moved toward a small group interaction approach in the second year. With a higher degree of willingness among members to communicate expressively and receptively directly with other group members, the effect of emotional identification with similar others was more easily observed.

One of the goals for the groups was to provide an opportunity for members to develop skills needed to give and receive emotional support among peers in the deafblind community. The groups were designed to promote generalization of skills, so individual members would be able to transfer their learning from the group to their everyday life and thus continue to receive the support they needed. The groups were less topic-focused and had less of a psychoeducational emphasis than other support groups which had been offered in the deafblind community in the past. Previous groups had been viewed as less than helpful when they became simply a place to air

grievances and without providing opportunities to develop skills that would improve quality of life.

## **Planning and Logistics**

The project was based on a funding year of July 1-June 30. Once the grant proposal was approved, information about the project was distributed to the Minnesota deafblind community, primarily those who lived in and around the Twin Cities metropolitan area, in the mid-to-late summer. Consumers submitted applications and participated in informational interviews with the facilitators. The purpose of the interviews was two-fold: assessment of individuals to determine communication style and appropriateness for the group and to provide in-depth education about issues such as group process, communication, confidentiality, and commitment.

The support groups started meeting once a month in October and continued until May of the next year. There were two groups: signers/culturally DeafBlind and oral/hard of hearing persons. This was not only because of the differences in communication which would make a mixed group difficult but also differences in life experience which made each group unique. The facilitators believed it was important to have separate groups and not lump all participants together under the umbrella label of “deafblind.”

Because the exact needs for interpreting services would not be known until participants were selected in early September, the budget (as a part of the proposal) had to be developed with the potential for needing a maximum of 12 interpreters in the event that all six members (the maximum selected for each group) in the signing group use tactile sign language.

## **Group Facilitation: Differences from Other Models**

The social learning theory-based deafblind support group differed from other therapeutic approaches to counseling groups. Some groups function as microcosms of the world-at-large, and group members use the safe environment of that microcosm to try out new ideas and behaviors. The deafblind group did not intend that the group reflect the environment in which they go about their daily activities because none of the members live or socialize exclusively with other deafblind people.

## **Facilitators' Qualifications and Roles**

It is important that facilitators not only be experienced and trained to conduct support groups, but be ready to address more serious emotional issues that may very well present during the process. Plans should be made for the potential of referring participants to therapists for individual work if necessary. Facilitators must also be experienced in working with the deafblind community and understand such issues as communication, social isolation and other influences due to being deafblind, culture and norms of the community, the impact of combined vision and hearing loss, the wide range of life experiences, and the unique interpreting needs, to name a few.

This model was developed with the intent on having two facilitators with different roles and responsibilities. The primary facilitator acted as a guide; offering reflection and reinforcement for almost all expressions of feeling words and supportive interactions among members. The second facilitator was primarily an observer to the interactions of the group members; taking notes on the issues discussed, the group process and ensuring that clear communication occurred.

## **The Interpreting Team**

In the first year, with the goal of using communication dyads for direct interaction, interpreters were utilized only at the beginning of each session for general announcements and introductory information. In the oral/hard of hearing group, an interpreter was present at all times to provide communication access to one of the facilitators who was deaf, not to interpret between participants.

When the communication approach changed to small group interaction in the second year, the signing group consisted of two low vision participants and one tactile participant. Interpreters were necessary in order to engage the tactile member. Since the budget had been based on the potential of having a maximum of six tactile participants and thus needed possibly up to 12 interpreters (two per tactile consumer in a two-hour session), we had the luxury of having ample funding to engage a third interpreter in addition to the two that were required by the situation. This allowed for strong teaming: one to back up the working interpreter and one to observe the other participants to ensure that the working interpreter caught all the

nuances of communication. This also maintained our interpreting team in case of illness without having to bring in a substitute “cold.”

The following qualifications of the interpreters were crucial to the success of the process: highly skilled and experienced in both working with deafblind communication and mental health, strong teaming skills, and a willingness to take direction from the facilitators working within a very new approach. Because the goal was for the participants to develop a recognition of similar others, it was crucial that the tactile member of the group receive, through the interpreters, a closely mirrored message from the others that included every nuance of their communication, message and personality. In order to do this, the interpreters were directed to “copy-sign” rather than interpret; conveying not only the signed message exactly how it was signed by the other participants but also the facial expression, body language, intent, personality, and emotional content of each member’s communication. Having the support of the other interpreters was critical.

The use of Certified Deaf Interpreters (CDI) was considered since many deaf interpreters are known to be skilled at copy signing. While this may be possible depending on resources, there was concern about bringing in those interpreters who were also members of the Deaf community and how it would affect participants’ willingness to share private information in such a setting. There seemed to be less of this concern when using hearing interpreters.

### **Team Debriefing: A Crucial Element**

It should be noted that the facilitators found it absolutely essential to meet for a debriefing session after each group, in order to analyze interactions, communication, observational learning, and to set goals for how to solve problems and improve the next group session. These debriefing sessions were lengthy, intense, and took place at a separate time and place from the group sessions.

It was also vitally important that the sign language interpreting team be briefed about the theoretical approach, how it was to be implemented, and also to provide an opportunity for the interpreters to have a short debriefing session after each group session. Facilitators met with the interpreters prior to each session as well to discuss any changes to approach. The interpreters were considered an integral part of the team, not merely an access function.

## **A Comparison of the First and Second Years**

While the facilitators went into the project with the expectation that sessions would focus primarily on typical deafblind issues (vision/hearing loss, impact to life functions, mental health issues such as loneliness, depression and adjustment), they were surprised to find that the focus was initially more so on common life issues that most people have, and then secondarily the focus shifted to how the participants dealt with those life issues as deafblind people.

As was previously mentioned, dyadic communication in the first year amongst the signing group was difficult. Participants found it frustrating to negotiate their own communication with others of varying skill level and experience. At one point, one participant, when asked to start communicating with another, stated, “I’ll wait for the interpreter.” This was a significant statement reflecting that much of the communication that deafblind people experience – especially those who use a tactile mode – is often through the skilled hands of interpreters who are trained to “bridge” or smooth communication between two consumers with different languages or communication modes.

During the second year in the oral/hard of hearing group, four members from the first year remained and two new members joined. Along with those new members came some unique challenges to communication. Communication was sometimes difficult between two members of the group. One had a combination of hard of hearing speech patterns and an African American dialect. This, in turn, was nearly impossible for another participant to comprehend due to their hearing loss. To some degree, this affected the direct communication desired as one of the facilitators had to “revoice” the other member’s statements so that the hard of hearing listener could understand and not be left out of the conversation.

Another member of the group was foreign-born, and though he had been in the United States for approximately 10 years and was fairly fluent in English, he was occasionally stumped by idiomatic phrases used by native English speakers in the group. Occasionally clarification had to be requested.

## Exit Interviews and Outcomes

Exit interviews were conducted at the end of each year. Though written surveys are often used to collect this type of feedback, in-person interviewing is much more effective with this population due to English as a second language issues, limited access to much of the information and exposure to the world that non-deafblind people typically take for granted. DBSM staff who did not serve as facilitators were utilized to ensure that the participants had freedom to express their honest opinions about their experience. Those staff were given training on how to ask the questions in order to elicit the feedback sought.

In summary, most participants felt that they benefited greatly from the groups and that they learned some very useful skills in how to seek and give support. New levels of empathy and peer support were demonstrated as well as the sense of similar other. All participants noted that the experience met or surpassed their expectations. One individual noted that it was a “godsend” to her.

### Reference

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.

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