



The New

SOURCE

SUMMER '03

A PUBLICATION OF NATIONAL DEAF ACADEMY

PRESIDENT'S CORNER

James Tresh, President



Greetings Friends and Families!

Summer is nearly here for most of you across the country. Here in central Florida, our daily temperature already climbs to the 80s and 90s every day!

For those of you who work in school environments, your work year is coming to a close. Activities at National Deaf Academy have been both hectic and productive. We have done extensive renovations in our buildings. We have expanded the

areas where the Charter School operates. The school now has more classrooms, new offices as well as new furniture and equipment including a 42" Plasma screen for teleconferencing technology. We have also renovated our resident dormitory areas and the cafeteria. We will eventually renovate the administrative office area, but that is last on the list!

Upon completion of the renovation, we look forward to the ground breaking for new construction very soon. We will build a 12 office building for the clinical program staff. The building will

also contain private areas to conduct therapy and have meetings. Additionally, a wing will be added to our adolescent unit. This new wing will be a special eight bed unit for new programming.

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EDUCATION

by Eugene N. Crone, PHD, CAP, MAC, NCAC II, ICADC



Addiction Disorders Treatment At National Deaf Academy

“a series...”

*“If you do not understand
my silence, you will not
understand my words.”
-Anonymous*

Dr. Eugene Crone, Director of Addiction Services at NDA, will present a series of articles on the topic of treating Deaf patients at NDA. This article is Part I.

An innovative chemical dependency group that helps break through the wall of denial is the “Support Group”. Support group psychotherapy background – Dr. Springer, Psychology Department, University of Florida, devised the Supportive Person Group Psychotherapy for hearing persons which was a new approach to group therapy which physically involves two circles. The inner circle contains staff personnel who function as supportive persons for the patients.

The therapy process is organized in three phases: (1) a warm-up phase which is a general discussion among patients and supportive persons, (2) a compression phase to stimulate/support patient interactions, and (3) a decompression phase in which each patient interacts individually with his/her supportive person about group themes. A dynamic process is developed by using these stages as well as specific outlined operations and maneuvers.

The sequencing of these functions comprise a therapeutic instrument redefined over a three year period by successive trials. An important feature of Supportive Person Group Psychotherapy is that it functions as a microcosm for the way in which an active inpatient unit can work as “a school for personal growth.”

Dr. Crone, Director of Addiction Services at NDA, revised the Addictions Support Group to enhance the efficacy of Deaf and Hard of Hearing patients to express inner conflicts and other emotions. These patients often have difficulty expressing themselves due to limitations in using formal language. In addition, many Deaf and Hard of Hearing patients with addiction’s present resilient levels of psychological denial in the early stages of recovery. Using a single circle to enable the Deaf clients to see the signing of each person, one person of each couple (suggest four couples) is assigned to be the “alter ego” (speaking for the other person helping the partner when they are stuck). The role of the “alter ego” is to help their partner on issues of denial, anger, rage, grieving, and loss: drugs, alcohol, cigarettes, deaths in family, losing hearing, losing relationships.

Role of the Facilitator

The facilitator ensures that the group is understood in clear, simple terms. The facilitator keeps the pace moving; if client gets off point or lapses into silence, move on to the next couple. At any point the facilitator can take charge, ending one couple and beginning with another. Also, no “cross-talk” should be allowed. With larger groups, the facilitator should schedule up to two hours so all

participants can process. This Support Group was presented at the Southern Counselors of the Deaf Association 2003 Conference, sponsored by NDA in March.

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YOUR KIDS & MINE

by Dr. Alan M. Cohen, M.D.



Dear Dr. Cohen: ...A Deaf friend of mine recently went into drug rehab, and her therapist suggested that she be evaluated for medication. I thought that medication for drug abusers was frowned upon?...

Mr. D.E., Reston, Virginia

Dear Mr. D.E:

Before I say anything else, I want to be clear about the fact that regardless of whether or not psychotropic medications are utilized, the clear treatment of choice for any drug addict or alcoholic is one of the well known 12 Step programs such as Alcoholics Anonymous or Narcotics Anonymous. That said, you are certainly correct that many chemical dependency specialists “frown” upon the use of psychotropic medications.

In recent years, study after study has clearly shown a strong association between mood disorders and substance abuse. The similarities in the pattern of inheritance from one generation to another would suggest that the specific genes for chemical dependency and mood/anxiety problems are located in close proximity on the same chromosome. As a result, many individuals with one of the disease states will also show signs of the other. If that is true, then it follows that consideration of appropriate medications for individuals with chemical dependency is essential. Many of the individuals who struggle with alcoholism or other drug addictions may be incapable of resisting the “pull” of illicit substances.

They will be unconsciously responding to a silent “craving” that may only go away with proper intervention. Lastly, I would also highlight the fact that many people who are struggling emotionally will turn to drugs as a means of feeling better - physicians refer to that as “self medicating”. They are “treating” their anxiety or depression with alcohol or drugs as a way of feeling better in the short haul.

If we accept the notion of drug abuse having a biological basis, then it may also include the presence of depression and/or anxiety. What medications would be appropriate to consider?

Anti-depressants, specifically “selective serotonin re-uptake inhibitors” (SSRIs) are the most commonly prescribed medications to be considered. They are extremely effective with both depression and anxiety states. They are easy to tolerate, require little in the way of laboratory work-up, and have a relatively small risk associated with their use. Recent reports suggest that they may also work centrally to reduce specific drug cravings, and may even be helpful when trying to withdraw from cigarettes.

Perhaps the most important recommendation with regard to medication is what not to take. Minor tranquilizers, such as Valium, Ativan, Xanax or Klonopin work quickly and are certainly effective in reducing the immediate sense of panic or agitation that some people go through. They are fundamentally different than anti-depressants, and are known to be addictive. These substances can cause a “cross” addiction, but can also worsen previously existing mood disorders and should be avoided at all costs. In summary, thorough assessment by a Deaf clinical team, psychiatrist, and a Certified Addictions Professional will create a “balance” in the biological and psychological approaches used to treat Deaf patients suffering from addictions.

PRESIDENT'S CORNER



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As the demand for mental health care increases from across the country, we have experienced the need to expand. We want to always have bed space available for Deaf and Hard of Hearing persons who need to come in quickly.

In March, National Deaf Academy hosted the annual Conference of the Southern Counselors for the Deaf Association. A number of NDA professional staff presented on topics such as psychotropic medications, treatment of personality disorders, treatment of Deaf patients with Addictions, Deaf Children with Autism, Treatment of Deaf Sexual Offenders, as well as other topics. The conference was well attended with many people learning about SCDA for the first time. We had participants come from as far away as Alaska and Canada!

In this issue of THE SOURCE, you will find articles written on the complex topic of treating Deaf and Hard of Hearing patients with both psychiatric and addiction disorders. Formally, this area of specialized treatment was referred to as “Dual diagnosis” programming.

Today, we recognize that persons suffering from mental illness and addictions are more likely to have more than two disorders. Thus, the recently accepted nomenclature for this paradigm of mental health care is called “Co-Occuring Disorders” treatment.

In this issue of THE SOURCE, you find articles written on the complex topic of treating Deaf and Hard of Hearing patients with both psychiatric and addiction disorders.

Dr. Alan Cohen, MD, our medical director answers a question from a woman whose Deaf friend is receiving treatment for Co-Occuring disorders. In addition, Dr. Gene Crone, our Director of Addiction Services begins his series of articles on his work here at National Deaf Academy with Deaf and Hard of Hearing patients with addictions. Dr. Crone first began treating Deaf addicts in 1986. His practice is now exclusively with Deaf and Hard of Hearing patients. He shares some interesting insight in this special area of care.

In closing, I wish each of you a wonderful summer. Please feel free to call upon us if we can assist you in any way.

Thank you...

A handwritten signature in black ink that reads "James Tresh". The signature is fluid and cursive.

James Tresh

MEET THE STAFF



Colleen Crafton

We wish to welcome Ms. Colleen Crafton to our clinical team. Colleen is a graduate from East Carolina University in Greenville, NC. She earned her MSW with a special certification in Deaf studies. Colleen has her Bachelor of Art degree in American Sign Language, with a concentration in Psychology and Business from Gardner-Webb University, in Boiling Springs, NC. She held positions at the North Carolina School for the Deaf in Wilson, NC and the South Carolina School for the Deaf in Spartanburg, SC. Prior to her employment with NDA, Colleen worked in the Department of Mental Health in Simpsonville, SC. She worked in the Deaf Services Program as Social Worker/Therapist. Colleen is also the proud mother of two adult children, Stephen, 27, and David, 25.

David Killam



We also welcome Mr. David Killam. David, Deaf, is currently the Lead Therapist for the Adult Program at National Deaf Academy. In 1969, Mr. Killam was selected as one of the first 72 pioneers to enter into the National Technology Institute for the Deaf. From there he transferred to Gallaudet University to receive a Bachelor's degree in Biology. Mr. Killam then attended the Western Maryland College where he earned his Master's Degree in Deaf Education. He was a teacher for nine years before returning to Western Maryland College to pursue his Master's Degree in Counseling. With two Master's Degrees to his name, he had unique opportunities to work with a variety of Deaf people in several agencies in Washington, DC and Florida. This included serving on the Board of Directors for the Florida Registry of Interpreters for the Deaf for eight years. Mr. Killam states: "I am pleased to gain experience and knowledge during my work with the wide variety of Deaf clients in National Deaf Academy's Residential Treatment Center."

EDUCATION

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Support Group Outline

- I.* Choose participants, place in couples, and place in circle.
- II.* Introduction and explanation by Group Facilitator.
- III.* Introduce each other.
- IV.* Patients face each other, discuss what issues they want to talk about (i.e. denial, anger, cravings for drugs, co-dependency issues, progress or negative feelings).
- V.* Facilitator asks for volunteers to begin. If no volunteer, pick someone.
- VI.* Group I serves as the "alter ego" making suggestions, encouraging, supporting the group II person. Switch roles at different sessions.
- VII.* Upon reaching the end of the session or if there is a "lull", Group I persons can be asked to summarize what their partner has shared, both "pros and cons."
- VIII.* Facilitator can make a summary of the whole session, high points or unfinished issues.
- IX.* Session ends with each client making a feeling statement or how they feel about themselves. This statement of feeling can also be at the opening of the session so client can identify how the session created change.



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COMING SOON!

- **Part II - Treatment of Addiction Disorders**
- **Training Seminar in San Juan, Puerto Rico**
- **Spring 2004 - International Conference**
on Mental Health and Deafness