

## Charley! Frances! Ivan! Jeanne! NDA is Still Standing Strong!

Dear Families and Friends:

The Summer has flown by quickly!

To our colleagues and friends here in Florida and other affected states, I hope that each of you has safely survived this recent hurricane season. The number of storms that plagued Florida strained the patience and tenacity of those who had to endure the rapid succession of one hurricane after another. I am pleased to report to our readers that National Deaf Academy did not suffer any significant damage from any of the hurricanes. I want to also thank each of you who contacted us to check to see if we were safe.

In this issue you will meet two individuals who recently joined our clinical team. I am proud to tell you that our clinical team now has 8 fulltime psychotherapists. Moreover, 6 of them are Deaf! You will find biographical information and photographs of the two new therapists in this issue. Also in this edition, Dr. Cohen describes a viral condition, called CMV, that we often see in our Deaf patient population. The unique problems



associated with this disorder are described, along with suggestions for management.

Included in this issue of THE SOURCE is an abridged version of an article I originally authored for publication in the Winter, 2004 edition of THE ENDEAVOR. The article addresses Clinical Depression and Dysthymia in Deaf children and adolescents.

Before closing, I would like to remind the readership about the NDA 2005 National Conference. The conference theme will be: "Beyond the Bandage, Integrating Mental Health Services and Education for Deaf and Hard of Hearing Students." The conference will again be held at the Hilton at the WALT DISNEY WORLD RESORT in Orlando, Florida. The conference will kick off with a

keynote address and reception Wednesday night, March 16, 2005. The next two days will be filled with specialized conference sessions. Speakers in the fields of mental health, Deafness and education will provide presentations

*President's Corner, continued on page 4*

<b>What's Inside!</b>	<b>Clinical Depression in Deaf Youth</b>	<b>Your Kids &amp; Mine with Dr. Cohen</b>	<b>Meet the Staff</b>	<b>NDA is Hiring!!</b>
	page 2	page 3	page 5	page 6

# CLINICAL DEPRESSION IN DEAF YOUTH



by: James Tresh, MS, LMHC



## History

The diagnosis of clinical depression in children and adolescents was not considered appropriate before 1960. Before that time, symptoms, now recognized as indicators of possible depression, were often ignored or ascribed to other mental health problems or social issues. Clinical

depression was not widely recognized as a medical problem, requiring treatment. Depression was often viewed as simply part of adolescent moodiness. Clinical depression, in fact, affects a large segment of the child and adolescent populations.

## Indicators for Clinical Depression in Children and Adolescents

The indicators for concern that a child or adolescent may be suffering with depression would include: moodiness, isolation, sadness, withdrawal, low energy, feelings of guilt and worthlessness, changes in sleep pattern, changes in appetite and weight, difficulty in making decisions and problems in school.

As opposed to adults, children and adolescents are more likely to be irritable than to appear sad or depressed. They are often described as “angry.” It is easier for depression to be overlooked in minors. Depression in childhood and adolescence is often accompanied by Attention Deficit/Hyperactivity Disorder.

Other features that one may observe in the depressed Deaf child may be feelings of inadequacy. Deaf youth have a wide range of communication abilities. They range from fluency in standard English or American Sign Language to relative language impoverishment. When the depressed Deaf child feels inadequate, he or she may not be able to express that with formal language. It becomes the challenge of the observers to note significant changes in attitude or performance relative to this issue.

## Dysthymia

I do not mean to overload parents and teachers with more mental health nomenclature. I recognize that parents have plenty to be concerned about when they hear terms like Attention Disorder, Learning Disability and Depression in children. I would be remiss, however, if I did not discuss the related diagnosis of “Dysthymia.”

Dysthymia in children or adolescents has an earlier onset than depression. Dysthymia is more insidious. The symptoms emerge slowly, and thus, are less noticeable until the point of crisis. Dysthymia presents itself like a “lesser intense depression.” It tends to be chronic, whereas depression is episodic. In time, it may appear that this level of “sadness” is the base level of functioning.

The symptoms of dysthymia are similar to those of depression. They include changes in appetite, weight, sleep patterns, poor concentration in school, self-criticism and feelings of hopelessness.

## Identification of Depression in Deaf Children and Adolescents

The first step in proper treatment of depression or dysthymia in Deaf youth is proper evaluation and diagnosis. It is important to keep in mind that depression is a disease. It goes well beyond normally expected moodiness in adolescents. There is strong evidence that clinical depression is linked to a chemical imbalance in the brain. It is also recognized that episodes of depression can be triggered or worsened by real life events.

A Deaf youth may not have sufficient language competency to describe how he or she is feeling. Even with a strong language base, the Deaf child may not have the experience of expressing oneself in terms of feelings. The clinically depressed Deaf child may state that he or she feels angry or mad, instead of sad.

The most dangerous aspect of a depressive episode or dysthymia is the risk of suicide. Many young people commit suicide as a direct result of the emotional pain they suffer from depression. Part of a thorough evaluation will be questions to discern if the Deaf child is currently a suicide risk. One can never predict, with certainty, if someone is suicidal, or no longer at risk.

*Clinical Depression in Deaf Youth, continued on page 4*

# YOUR KIDS & MINE



BY DR. ALAN M. COHEN, M.D.  
NDA Medical Director



*Dear Dr Cohen:*

*I recently had a school conference with my Deaf son's elementary school teacher. They advised me that the cause of a child's hearing loss is sometimes important to know in order to identify successful teaching strategies. My son was born with congenital cytomegalovirus, and I was wondering if that's relevant?*

*Mr. A.R. Winetsky, Colorado Springs, Colorado*

**Dear Mr. Winetsky:**

That's a great question, particularly because this commonly seen infection has replaced Rubella as the most frequent viral cause of Deafness in the United States. Cytomegalovirus, or CMV, is a member of the herpesvirus group of infections. It typically affects healthy children and adults with relatively minor symptoms. Problems arise, however, when a pregnant mother passes the infection on to her unborn infant. In those rare instances, 80% to 90% of the children will experience significant neurological problems. Problems can include hearing loss, visual impairment or varying degrees of mental retardation. In these cases, it is important to remember that mothers who become infected for the first time during pregnancy, and subsequently pass the infection on to their unborn offspring, have not done anything wrong. Rather, they have merely become virus carriers as a result of not having been exposed to the infection prior to their pregnancy. Unfortunately, no vaccine exists at this time to protect the unborn child from this dangerous exposure.

At National Deaf Academy, we see a wide range of kids and young adults who are Deaf and have significant emotional problems. Frequently our

residents also exhibit academic delays that may result from either the emotional problems that brought them to us, or, neurological difficulties that caused their Deafness in the first place. Congenital CMV has become an increasingly common cause of Deafness and associated neurological problems. We have worked with many of these unique children and adolescents, and have observed behavioral similarities that appear to be associated with the CMV syndrome. This suggests that when the virus infects the brain it may not only attack the hearing, visual and cognitive centers, but also, the parts of the central nervous center that are thought to be responsible for impulse control. Thus, many CMV kids have very similar styles of emotional outbursts in response to disappointment or frustration.

Why is this relevant to school strategies? Simply because Deaf students with congenital CMV collectively display a lack of ability to tolerate even the most minimal level of frustration. Unfortunately, many of the kids we see that have been exposed to CMV also have cognitive delays. Thus they will, in fact, be dealing with frustration much of the time. Like any condition that can affect a student's ability to function in the classroom, educators must take into account the behavioral

aspects of the CMV virus when designing special education programs to teach these students. It is not enough to say that the poor impulse control is a "problem" that must be dealt with by mental health professionals. It is, instead, a consistent aspect of most CMV students, and consequently, can be predicted and prepared for in a less reactive fashion. Likewise, parents can also be taught to utilize effective strategies at home that work well in the classroom. For example, we have found that short, highly focused work periods followed by some equally intense physical release, works best. Further, *expecting* impulsive responses and offering the child an outlet or a ritualized specific response, can prevent the internalization of a sense of failure which can be so destructive in the classroom.

Again, CMV is just one of many causes of Deafness. Understanding how the root cause of *any* hearing loss allows educators to understand other potential learning deficits, and in so doing, specifically design a highly specialized approach to all aspects of the classroom experience.

**Submit your questions for  
Dr. Cohen to:  
Elena Moore, Community Relations Director  
at [emoore@nationaldeafacademy.com](mailto:emoore@nationaldeafacademy.com)**

# PRESIDENT'S CORNER



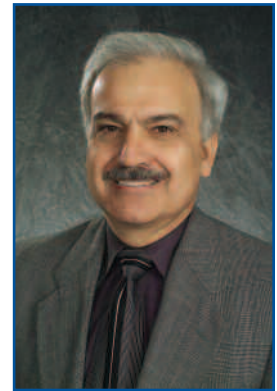
*Charley! Frances! Ivan! Jeanne! NDA is Still Standing Strong!, continued from page 1*

designed to address mental health problems and care in school settings as they relate specifically to Deaf students!

Please feel free to contact Elena L. Moore, Community Relations Director, at [emoore@nationaldeafacademy.com](mailto:emoore@nationaldeafacademy.com) if you have questions relating to the conference. Subsequent editions of this newsletter will continue to contain conference information and registration forms. I look forward to seeing many of you in Orlando in March!

Thank you.

Sincerely,



## Clinical Depression in Deaf Youth

*continued from page 2*

Persons who have suffered from depression over an extended period of time, without relief, are at the greatest risk.

With depression, the Deaf child may again deny feelings of sadness. It is more likely that the child will complain about vague physical discomforts. This is related to difficulty in the Deaf child's ability to identify and understand his or her feelings. The Deaf child may also appear persistently angry or irritable. He or she may appear to be apathetic about school and other activities that formerly gave pleasure. Children that formerly were spontaneous in their language responses, now have a noticeable delay in response. Tasks that parents and teachers would consider to be relatively minor, may feel overwhelming to the depressed child. Thus, the depressed Deaf child might be viewed as oppositional, lazy or careless.

One diagnostic indicator for depression is a change in affect. Affect can be best described as the emotions of the person. One technique utilized by mental health practitioners to assess affect is by observing facial expression and eye gaze. Many Deaf children and adolescents use facial expression to a greater degree than the general population. When a Deafness professional

observes a flat or otherwise constricted affect, it can be an indicator of depression in Deaf individuals. Similarly, most Deaf people use eye gaze naturally to maintain contact with others in their environment. The denial of eye gaze can also be a strong warning sign of emotional problems.

Other important indicators are recent changes in memory and concentration. It may appear that the Deaf child does not pay attention or is "flighty." In fact, it may be too overwhelming for the depressed Deaf child to pay attention and internalize new information. This can often explain why the Deaf child starts to have difficulty performing in school. Similarly, isolation from family friends may be observed as the depression worsens.

### Treatment of Depression and Dysthymia for Deaf Children and Adolescents

Treatment for Deaf children should include a combination of approaches and interventions. Whenever possible, treatment for Deaf children should include a combination of approaches and interventions. The Deaf child should be seen by a Deafness psychiatrist, who is board certified for children and adolescents. Although Deaf children present the same set of symptoms as children

*Clinical Depression in Deaf Youth, continued on page 5*

# MEET THE STAFF



## Trisha Boyd

### Clinical Therapist

Trisha Boyd, who is Deaf, obtained dual Bachelor's of Art degrees in Psychology and Criminology from Gallaudet University in Washington, D.C., in May 2001. While working on her BA degrees, she completed her internships at the Hearing Impaired Program (HIP) in Oakland, California and the Hearing Society (HS) in San Francisco, California. Trisha also worked in the juvenile division of Corporation Counsel with an assistant attorney. While working to obtain her Master of Arts degree, she completed her practicum at the Mental Health Center at Gallaudet University and then did another internship at the office of Psychiatric Rehabilitation Services (PRS, Inc.) in Alexandria, Virginia. When she graduated

from Gallaudet University in December 2003, she worked in the office of Psychiatric Rehabilitation Services as an employment specialist for five months. In April 2004, she accepted the job of Clinical Therapist at National Deaf Academy. Welcome to NDA, Trisha!

## Joseph Murray

### Clinical Therapist

Joseph Murray, affectionately referred to as "TJ," is Deaf himself and graduated from Gallaudet University in May, 2004. His Master of Arts degree was obtained in School Counseling with Mental Health Emphasis. During his tenure at Gallaudet University, he interned at the Arizona School for the Deaf and Blind in Tucson. While there, TJ assisted with substance abuse and addiction group counseling sessions, bully counseling group therapy, peer support group therapy and other group therapy sessions. In addition to his work at the Arizona School for the Deaf and Blind, TJ also interned at the Maryland School for the Deaf, specializing in working with students with emotional disturbances. Prior to attending Gallaudet University, TJ worked in a residential treatment facility with Deaf patients for approximately 3 years. He also taught American Sign Language for 3 years at the University of South Florida and Hillsborough Community College, both in Tampa, Florida. TJ brings with him to National Deaf Academy over 7 years of experience working with children of all backgrounds and ages. Welcome back to Florida, T.J.!



## Clinical Depression in Deaf Youth

*continued from page 4*

from the general population do, other issues can complicate the clinical presentation to the psychiatrist. The psychiatrist may prescribe one of the medications currently available to treat depression to stabilize the Deaf child.

It is also important to have a psychotherapist work with the Deaf child and the family. Family members need to understand and recognize the symptoms of clinical depression. The depressed person may not be able to recognize when a major depressive episode is imminent. Family members can learn how to identify those warning signs, and take action to bring the Deaf child quick relief. Depressed children already have a sense of guilt with poor self-image. Holding the depressed child accountable for his or her symptoms only serves to further diminish self-esteem and confidence. Unnecessary stressors can also serve to prolong the depressive episode and delay recovery.

Psychotherapy needs to be didactic, supportive and therapeutic. That is to say, the therapist serves to "educate" the Deaf child and the family about the disease. At the same time, the therapist must demonstrate support. The Deaf child already has a poor self-image, feels incompetent and guilty. The interaction must be therapeutic to help the Deaf child and the family gain insight and develop coping strategies.



19650 U.S. Highway 441  
Mount Dora, FL 32757

352.735.9500 Voice  
352.735.9570 TTY  
352.735.4939 Fax  
[www.nationaldeafacademy.com](http://www.nationaldeafacademy.com)

Standard Presort  
U.S. Postage  
Paid  
Permit 1979  
Orlando, FL

**Don't Forget: The 2005 NDA Conference will be held in Orlando, Florida on March 16<sup>th</sup>, 17<sup>th</sup>, and 18<sup>th</sup>.**

## DID YOU KNOW?

In 2004, the Florida Association of the Deaf recognized National Deaf Academy with its "Employer of the Year" award.

---

## NDA IS HIRING!!

NDA IS CURRENTLY HIRING FOR THE FOLLOWING POSITIONS:

**Staff Interpreters** - RID or NAD- Level III or higher certification required. Strong voicing ability a must.  
Contact Tammy Fortune at: [tfortune@nationaldeafacademy.com](mailto:tfortune@nationaldeafacademy.com) or at: **352-735-9500**.

**Nurses** - RN or LPN. Signing fluency not required upon hiring, but must be willing and able to learn. Florida License or eligibility required. Experience in psychiatric nursing preferred.  
Contact Jennifer Tresh at: [jetresh@nationaldeafacademy.com](mailto:jetresh@nationaldeafacademy.com) or at: **352-735-9500**.

**Kitchen Staff / Cook** - Dependable, experienced chef who can cook for large groups.  
Contact T Lee at: [tlee@nationaldeafacademy.com](mailto:tlee@nationaldeafacademy.com) or at: **352-735-9500**.

**Mental Health Technicians** - Individuals holding the MHT position are responsible for the direct care and supervision of Deaf children, adolescents or adult patients. High School diploma required, some college experience or college degrees preferred. Seeking mature and responsible applicants.  
Contact Matt Dray at: [mdray@nationaldeafacademy.com](mailto:mdray@nationaldeafacademy.com) or at: **352-735-9570 tty**.

**Teachers** - The Charter School at NDA is seeking Florida certified or eligible teachers.  
Contact Rebecca Hilding at: [rhilding@nationaldeafacademy.com](mailto:rhilding@nationaldeafacademy.com) or at: **352-735-9500**.

Applicants may also contact Barbara Tashlein, Vice President of Human Resources  
at: [btashlein@nationaldeafacademy.com](mailto:btashlein@nationaldeafacademy.com) or at: **352-735-9500**.