



# SignPost

A Publication of National Deaf Academy

## THE FRONT PAGE

Alan M. Cohen, M.D.

### A Fond Farewell from the Former CEO... A Warm Welcome to New Leadership and Future Opportunities

By the time this issue of SignPost reaches your mailbox, the New Year will be underway and I will have passed the baton to Stephen Fahey, who will serve as CEO of the National Deaf Academy (NDA), and Dr. Maxine Minto, who has been promoted to Medical Director. Both individuals were my personal choices. I respect their work enormously and am proud to count them as important friends.

I could easily wax poetic about the extraordinary qualifications of these exceptional people. Instead, I will refer you to our website (NDA.com) for additional biographical information and use the luxury of this space to describe what NDA has meant to me and what the transition to civilian life has been like.

The question I am asked most frequently is "What are you going to do now?" The answer is always the same: I have no idea. Interestingly, this has been a struggle for many people to understand.

What I know is that I will consult NDA on a part-time basis and continue my work on the Board of Associates for Gallaudet University. I will also give talks throughout America and in China advocating for the rights of Deaf people to have access to education and mental health services.

Beyond that, my plate is empty. Honestly, I've had to work hard to keep it that way. My natural inclination is to throw myself into projects, take educated risks, and flood myself with activity. Of course, the psychiatrist in me often wonders what purpose that busy lifestyle served for me and what I might have been avoiding by overcompensating with work.

I grew up in a family of hard-driving Jewish immigrants who left Eastern Europe and landed in lower New York around the start of the last century. I was the first member of my family to graduate from college, and I financed my education with several jobs and numerous loans. Later, at Georgetown medical school, I was fortunate to be mentored by Father Tim Healy, who, one day in 1976, quietly paid for several years of my tuition. All he wanted in return was my handshake and my promise to "pay it forward" at some point in the future. He died before I could honor him, but his generosity that day has informed every decision I have made since.



From left to right: Stephen Fahey, Dr. Maxine Minto, and Dr. Alan M. Cohen

I have also been blessed professionally. As a young man, I had the unique opportunity to open and run a brand new children's psychiatric facility. Later, I hosted a local radio program and published a book on adolescent violence. I am proud to say that many of the employees who worked next to me twenty years ago chose to follow me to Mt. Dora when National Deaf Academy opened. Many remain there now.

In the end, however, my greatest professional accomplishment is National Deaf Academy: a unique program and successful business that cares for an often-neglected group of patients and provides livelihoods to more than 200 employees, many of whom would be otherwise unemployed.

The truth is that I had no idea what I was getting into when I purchased this campus in July 2000. I knew there was an enormous need for specialized services for the Deaf and Hard of Hearing, but I also knew how difficult it would be to gain the trust of a cultural

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## A Fond Farewell from the Former CEO...

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group that I was largely unfamiliar with and couldn't even speak to directly. I had never run a real business before.

Now, seven difficult and glorious years later, I have learned a fair amount about business, a good deal about deafness, and a whole lot about myself. I owe a great deal of my good fortune to the decency and commitment of many people who impacted me along the way. Among them: Melissa Watson for her clinical skills and willingness to trust my intentions when she had no reason to; Barbara Tashlein, Lynda Scaletta, Vanessa Mahai, and Audrey Saylor for their unconditional loyalty at all times; McKay Vernon and Bill McCrone for their wise counsel and intermittent hand holding; and Helen Gaskins and T. Lee for their unedited honesty and constant kindness.

There's so much more to say and do. The next generation of activists must understand that despite NDA's success, the overwhelming majority of Deaf people have essentially no access to routine mental health care and little access to basic education. Eventually, the Deaf community will have to take more direct

responsibility for its destiny and decide which political issues are truly worth prioritizing.

But I am ready for something new, and I believe that most organizations benefit from intermittent changes in leadership. Steve is well suited to lead NDA. He will, of course, continue to rely on Melissa, Dr. Minto, and our incredible Advisory Board for support. The coming months will bring creative expansion of the Special Needs program and continued evolution of our residential program for Deaf and Hard of Hearing youth and young adults. As we grow from organizational infancy to adolescence, a great deal is on the table for discussion, including the nature of our emphasis on skill development, the appropriate use of psychotropic medication, and the role of insight-oriented psychotherapy.

I thank you all for sharing my journey and allowing me — however reluctantly at first — to enter your world. I leave wiser and with enormous pride in our mutual accomplishment.

It's been a heck of a ride.

## GETTING TO KNOW THE NEW CEO: STEPHEN FAHEY, CEO, MSW, MBA



After nearly 20 years in health care administration, Steve Fahey was ready for a position that gave meaning to his life: a job in which he knew he was making a positive difference. He found it here at National Deaf Academy. Now he loves getting up in the morning to go to work.

Steve joined NDA in July 2007 and, with the help of Dr. Cohen, fully transitioned into the position of Chief Executive Officer in

October. He is thrilled to be part of a place that offers a unique and much-needed level of care to the Deaf, Hard of Hearing, and Autistic community.

**A year of transitions** – Dr. Cohen founded National Deaf Academy in 2000. It is the nation's only mental health facility to exclusively serve the needs of Deaf and Hard of Hearing clients. Sixty percent of its staff is Deaf or Hard of Hearing, and American Sign Language is the primary language throughout the treatment facility. Soon after it opened, NDA became the treatment facility of choice for underserved Deaf, Hard of Hearing, and Autistic populations across America.

As treatment requests and requirements increased, Dr. Cohen recognized the need to expand the NDA facility. He also felt that NDA could benefit from the business acumen and resources of a larger organization. After careful consideration, he chose to sell NDA to Psychiatric Solutions Incorporated, an organization that owns and manages over 90 psychiatric facilities throughout the U.S., Puerto Rico, and the U.S. Virgin Islands. Dr. Cohen knows that this group, with its well-known commitment to excellence in patient care and safety, is well-positioned to extend NDA's capabilities, network NDA with other facilities, and refer clients to NDA.

Dr. Cohen also wanted to hand over his Chief Executive Officer position to just the right person — someone with a perfect combination of business intelligence and passion for NDA's mission. He found that combination in Steve Fahey, his friend and colleague of over 18 years.

**An ideal match** – Steve Fahey has nearly two decades of experience in healthcare administration. He has served as a regional director for a large behavioral health company and in executive level business operations for several healthcare organizations, including a number of mental health facilities. He also used to be a social worker, which gives him an "inside" understanding of clinical mental health care.

When Dr. Cohen invited him to NDA for a visit, Steve was instantly captivated. He was intrigued by the Deaf community and impressed with the positive impact that NDA was having on the lives of Deaf, Hard of Hearing, and Autistic children and adults.

"What I saw was tremendous compassion among staff and successful recovery among residents during my visit here," said Steve during a recent interview. "It had a tremendous impact on me, witnessing this kind, caring staff providing such empathetic care to a unique population that is often overlooked in our society."

**New beginnings, new opportunities** – According to Steve, his collaboration with Dr. Cohen has made his transition smooth and effective. His goals for NDA are an extension of Dr. Cohen's. He intends to continue building on the foundation of this unique facility that serves the needs of Deaf, Hard of Hearing, and Autistic patients. He also hopes to meet more patient needs with new initiatives like group homes and community integration programs.

Steve finds the passion of NDA's staff infectious. He feels there was great vision in NDA's development, and he will work hard to ensure its continued success and growth.



# GUEST SIGNS

## FAMILY INVOLVEMENT IN FAMILY THERAPY

Diane D. Morton, Ph.D., Retired Professor, Department of Counseling  
Gallaudet University, National Deaf Academy Advisory Board Member

Although children may reside in Mt. Dora, Florida during their stay at National Deaf Academy, their connection with their home and families is a vital link in the therapy and recovery processes. Behaviors that brought the child to NDA were often experienced in the home environment. Therefore, communication between parents, NDA therapists, teachers, and residential caretakers is critical to the emotional growth and behavioral control children gain through treatment. Because children at NDA return home to their parents and families after treatment, it is important that gains made at NDA are transferable to the home environment.

Emotional and behavioral problems are associated in part with parenting difficulties. Through involvement in the therapy process, parents are able to learn new techniques to use with their children when they return home. They can also resolve some of their own problems or difficulties, which can help them work together on their parenting skills (rather than fighting over how to manage their child).

Family therapy sessions are critical to any child's treatment program. When treatment takes place in the child's hometown, weekly family sessions are easy. But when a child's home is far from the facility, weekly family sessions in which all are physically present are not always feasible.

Thanks to videophone technology, families separated by distance can now meet regularly. Since Deaf children may be eligible for a free videophone device in their homes (and web cams are compatible with videophone technology), it is usually quite simple to arrange for video psychotherapy sessions in which all three parties see each other. Communication between voice and signs can be facilitated by an interpreter (who may or may not appear on the screen).

What happens during therapy sessions (whether in-person or video)? Sessions allow therapist and child to update the family on progress made by the child at NDA or alert the family of problems in school or in the residence. They also let parents keep their child abreast of family news. Finally, the therapist can explore family dynamics and parenting issues that may be contributing to the child's behavioral and emotional problems.

Meeting weekly in person or through videophone also shows the child that parents and school staff are working closely together for the child's benefit, and that both are committed to making changes and seeing the child make progress.

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### Melissa Watson (LMHC, BCBA, Clinical Director) on Family Therapy...

Family sessions are an essential part of our residents' treatment, and we offer sessions via videophone. Family sessions take place on a weekly basis, and a sign language interpreter can be present if the family does not have adequate signing skills.



We highly recommend that each family set up videophone or webcam capability in their homes so the resident and the family can see each while the interpreter interprets the discussion over the phone. If the family signs fluently and has videophone capability, then an interpreter will not be necessary.

We have noted a significant positive difference in the dynamic of the family session when there is a videophone present.

### How to Establish At-Home Video Connection

*There are several ways to obtain a videophone to facilitate visual contact with a Deaf representative or a resident here at National Deaf Academy. Below are links with information on how to obtain a videophone.*

For those who are Deaf or Hard of Hearing, a videophone can often be obtained for free.

Another way to establish video contact is through a webcam, which can be easily purchased at any computer store. Whether or not you sign, video contact lets you communicate with a resident or staff members "in person" by seeing them on screen.

Feel free to contact an NDA staff member for more information on how to obtain a videophone for family therapy and contact.

#### Helpful links:

- <http://www.csdvrs.com> - CSDVRS
- <http://www.hovrs.com> - Hands On VRS
- [www.sorensonvrs.com](http://www.sorensonvrs.com) - Sorenson VRS





# GUEST SIGNS

## COPIING STRATEGIES WHEN YOUR CHILD IS AT A RESIDENTIAL FACILITY

By Elizabeth

*Elizabeth is the mother of a Deaf teenager who recently attended National Deaf Academy. She acknowledges that her son's stay at NDA greatly benefited him, but coping with the emotional rigors of sending her son away to a residential facility was not always easy. As a recent "veteran" of the experience, Elizabeth wanted to share the insights and coping strategies that helped make her son's stay at NDA a resounding success for him, for her, and for her entire family.*

Before coming to National Deaf Academy, my son had never been away from home for any extended period of time. On the first day I left him at NDA, I was in emotional pieces. I had just left my child in the hands of people I had never met before in a town I never knew existed. To add to the pain, I had to face a 15-hour drive home alone across several states (through the aftermath of Hurricanes Katrina and Rita!). Yes, I was scared. I was afraid my son would love me less for doing what we, as a family, needed to do in order to help him. I was afraid things wouldn't work out. I had many, many fears; this was one of the most difficult things I had ever done as a mother. But something kept tugging at my heart, saying that I was making the right choice at the right time. So I simply let the tears flow and drove home.

**Coping strategy number 1: Allow yourself to cry and grieve** – After crying my eyes out most of the way home, I realized I had to allow myself to cry and to share my sadness and fears with others. So, in my mind, the first coping mechanism is letting yourself feel pain and express your grief. Of course, you will want to share your feelings with your spouse and other children (if you have any). But you should also share with your extended family, your friends, and any other people that you trust with your feelings. Recognizing and sharing how saddened and scared of the unknown you are is the first step to accepting the situation and being able to better help your child.

**Coping strategy number 2: Invite your family to share your grief and feelings** – I wasn't alone in my grief over having my son be so far away. My husband and other children were sad too (particularly my other children). I reassured them that we would do everything possible to bring their brother back home, hopefully better off than when he left. This helped them feel secure about his absence. I encouraged them to write their brother letters about their lives. They really enjoyed writing the letters, and he enjoyed receiving them. Reading them, he knew he had our unconditional support and love. This helped him concentrate on his treatment. His siblings realized that families love and take care of each other through good and bad times.

**Coping strategy number 3: Try to visit as much as possible** – During my son's stay at National Deaf Academy, we visited him as much as possible. I realize that funding travel is difficult for

many families, but we made it a priority. We got to know the local hotels and various restaurants really well! We went to the local park and took walks and boat rides.

Like most families, we normally have grandparents visiting us for a huge Thanksgiving dinner. When my son was at NDA, we did not change our plans much; we just moved our Thanksgiving to Florida (grandparents and all). We had a buffet dinner at a hotel with our son, his siblings, and his grandparents. It was not our typical Thanksgiving, but that didn't matter. We were together, and that was all that mattered. And honestly, I really didn't miss fixing all that food and cleaning up afterward.

During Christmas, our family traveled to Florida again, gifts in tow, to celebrate the holiday with our son. Luckily he was at a point in his treatment when he could go off campus and spend a few nights with us. We bought an inexpensive, artificial Christmas tree and some lights, packed our traditional stockings and other reminders of home in the car, and spent Christmas morning in a hotel. It was one of our most memorable Christmases ever. We focused on each other the entire time, and were neither distracted by things to do around the house nor tempted to separate towards the end of the day. We played games, watched movies, and enjoyed each other's company. If we had stayed home that Christmas, away from our son, our family incomplete, then sad and bitter feelings might have crept in. Instead, we had a wonderful holiday.

We made other, non-holiday visits to NDA. I remember taking my son to the Orlando Science Museum and Observatory. He was becoming interested in space, and we enjoyed viewing Saturn together through the large telescope. The Science Museum had other exhibits we enjoyed, and the cost was nominal.

Sometimes I would visit my son one-on-one and other times his father would do the same. This gave each of us time alone with him. Each parent has his or her own dynamic with their child. Each has different perspectives and makes different contributions. Having one-on-one time with our son was very important to us. It let us share our feelings and start forming new relationships with each other. Our old relationships had not been working — that's why my son was at NDA. During his stay there, we learned new ways to communicate with each other, and came to accept our son on his own terms.

**Coping strategy number 4: Include yourselves in your child's daily life and treatment** – Participating at weekly team meetings, writing letters to your child/teen, and visiting throughout the year (not just on holidays) are all crucial to the healing of your child and your family. Letters, phone calls, and visits are "small doses" of living together and coping with an emotional

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# NDA NOTES

## PRESIDENT OF GALLAUDET UNIVERSITY VISITS NATIONAL DEAF ACADEMY

Dr. Robert Davila, the ninth president of Gallaudet University, paid a special visit to the National Deaf Academy on September 5, 2007.

Gallaudet University was established in 1864 in Washington, D.C. As the only existing university developed to exclusively serve the Deaf, it provides both undergraduate and graduate programs for the Deaf and Hard of Hearing (a small number of hearing students are also enrolled).

In a speech, Dr. Davila described the journey that led him to where he is today. Dr. Davila became Deaf at age eight from spinal meningitis. His mother saw great potential in her son, and sent him to the school for the Deaf in Berkley, California, where he began his formal education. He quickly proved his mother right, and the rest is history.

Dr. Davila attended Gallaudet University and graduated in 1953 as the first Hispanic to earn a degree from the institution. He went on to get a master's degree at Hunter College in New York City. At Syracuse University, he obtained a Ph.D. in educational

technology and curriculum development. He is the first Deaf Hispanic to ever earn a doctoral degree. Dr. Davila worked on Gallaudet's campus in various capacities from 1972 to 1982. Afterwards, he became Chief Executive Officer of the National Technical Institute for the Deaf at the Rochester Institute of Technology and Assistant Secretary for the Office of Special Education and Rehabilitative Services in the U.S. Department of Education. After a period of retirement, he decided (at age 74) to become the president of Gallaudet.



*Dr. Robert Davila (center) with NDA faculty members, all of whom are graduates of Gallaudet University.*

While visiting NDA, Dr. Davila toured the facility with two of Gallaudet's Alumni. He met with several residents, many of whom were amazed to see the famous university's president on campus. Many asked him to visit again. Dr. Davila also met with NDA staff members from different disciplines (many of whom were Gallaudet students or graduates). Before leaving, Dr. Davila met

with Dr. Cohen to invite him to be on the Gallaudet Board of Associates, an invitation that Dr. Cohen wholeheartedly accepted.

Staff and residents continue to reflect on Dr. Davila's inspiring visit and speech.

## NDA WELCOMES NEW BOARD MEMBERS

This past autumn, the National Deaf Academy welcomed three new members to its Advisory Board. They will help strengthen this important panel that plays a vital role in NDA's current and future operations.

The new Advisory Board members are:

**Dr. John Gournaris, Ph.D.** Dr. John Gournaris is the Mental Health Program Administrative Supervisor for the Minnesota Department of Human Services – Deaf and Hard-of-Hearing Services Division. Dr. John Gournaris received his B.A., M.A., and Ph.D. in Clinical Psychology from Gallaudet University. He has worked at the National Deaf Academy, another residential treatment facility in Florida, and the Family Service Foundation in Landover Hills, Maryland. Dr. Gournaris has experience in a number of areas, including intake, psychoeducation, and court-ordered forensic psychological evaluations. A published psychologist, he also is skilled in grant-writing and has given numerous presentations around the United States. He's received an award from the University of Miami/Jackson Memorial Hospital for Most Outstanding Research by a Post-Doctorate Fellow.

**Dr. Diane Morton, Ph.D.** Dr. Diane Morton is a retired professor from the Department of Counseling at Gallaudet University and was previously the Program Director of the School Counseling Program at Gallaudet. She was the editor

of the *Journal of American Deafness* and *Rehabilitation Association* and a past board member of ADARA. She received her B.A. in Psychology from California State University, her M.A. in Counseling from California State University, and her Ph.D. in Clinical Psychology from Center for Psychological Studies in California. Dr. Morton has over thirty years experience in the education of children, adolescents, and adults. She has extensive experience with counseling, mental health, and psychological services, including assessment, diagnosis, treatment, and service coordination. She also has experiences in parent and family counseling and outreach to minority and international populations.

**Dr. Neil Glickman, Ph.D.** Dr. Neil Glickman is a Unit Director for the Mental Health Unit for the Deaf at Westborough State Hospital in Westborough, MA. He also serves as a consultant with Advocates Incorporated. He continues to practice as a psychologist/psychotherapist through private practice and is an instructor at Assumption College in Worcester, MA. He has a book in production entitled *Stories and Skills: Strategies for Mental Health Care of Deaf and Hearing Persons with Language and Learning Challenges* as well as several other publications, including *Mental health care of Deaf persons: A Culturally Affirmative Approach*. He received his B.A. from Cornell University, his M.A. in Counseling from Gallaudet University, and his Ph.D. in Counseling Psychology from the University of Massachusetts.



# GUEST SIGNS

## ABOUT PSYCHIATRIC SOLUTIONS:



### What is Psychiatric Solutions?

Psychiatric Solutions, headquartered in Nashville, Tennessee, is the largest provider of behavioral health services in the US. They own and operate 91 psychiatric facilities throughout the U.S., Puerto Rico, and the U.S. Virgin Islands.

### Why did the National Deaf Academy become part of Psychiatric Solutions?

The mental health needs of Deaf, Hard of Hearing, and Autistic individuals are very specific; comprehensive communication with residents is key to treatment success. The National Deaf Academy is currently the only facility in the U.S. that exclusively serves the needs of this population by using American Sign Language as the primary language on campus. By

becoming part of the Psychiatric Solutions network, NDA will have access to resources that will help the Academy grow and extend its services to as many people as possible.

### Will the National Deaf Academy change its name, move, or become a different facility now that it is owned by Psychiatric Solutions?

No. While there may be improvements and additions to the facility and treatment programs over the next few years, NDA will maintain its name and location, along with its dedication to providing excellent psychiatric treatment to Deaf, Hard of Hearing, and Autistic individuals with communication issues.

### Why Psychiatric Solutions?

There are many large healthcare organizations, some of which specialize in mental health care. Psychiatric Solutions is the largest and one of the most experienced. Most importantly, their primary commitment is to providing top quality care. With Psychiatric Solutions, the patient truly comes first. Patient safety and successful treatment are top priorities. Moreover, Psychiatric Solutions regards National Deaf Academy as a special, unique facility; they are dedicated to accommodating and supporting its growth and continued success.

## FAMILY INVOLVEMENT IN FAMILY THERAPY

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Communication issues are often at the core of problems between Deaf children and their parents. There are two different types of communication problems. The first and most obvious is the language barrier between hearing parents and their Deaf child and the need for parents to learn sign language. The second type of communication difficulty — lack of ability to truly understand underlying messages — is something that all parents and children face. It is often this type of communication problem that stands in the way of problem solving and positive interaction within a family. Family therapy is an excellent venue for helping children and their families learn how to communicate their messages more clearly, to take risks in sharing their thoughts and feelings, and to listen to each other's messages.

Family therapy sessions can also address: issues of the child's independence; parents' tendency to over-protect their Deaf child; family members' low expectations of a Deaf child; the Deaf child's feelings of exclusion or alienation from the nuclear family and extended family; cultural misunderstandings; anger management within the family; home rules and guidelines; and the ability to maintain limits and boundaries. These are just a few of the issues that come up when dealing with Deaf children in therapy.

In family therapy, everyone can share their thoughts and feelings in a safe setting. An environment of trust and honesty is created so that each family member gets to know and understand each other better. Sometimes, when the lack of a common language has previously prevented them from having open communication, hearing parents of Deaf children are amazed at the thinking process of their child. In turn, children are sometimes amazed to hear their parents' thoughts and feelings, especially as they relate to his/her siblings, the parents' marriage, or other family information. Sometimes the Deaf child or a sibling may have a thought or solution that has never been discussed because of communication barriers. In family therapy, all feelings are validated. It is okay to be angry, to be sad, to cry, to miss each other, to be frustrated, to not have the answer, and to feel helpless. It is through the family interaction, guided by a trained therapist, that feelings come out and solutions evolve.

Therapy has been likened to treating a wound. When the wound is physical, it may be painful, but you are able to clean it, put on antiseptic and a band-aid, let the wound heal, and move on. A scar may remain, but the painful feeling goes away. Such is an emotional wound—cleaning it up and getting the grime out can hurt, but once the feelings are acknowledged and dealt with, family dynamics can improve. The emotional scars may remain, but trust and honesty are learned and progress is made.



# GUEST SIGNS

## COPING STRATEGIES WHEN YOUR CHILD IS AT A RESIDENTIAL FACILITY

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situation. We called it “starting over,” since it was almost as if we had to learn who our son was all over again. This was not just a job for a professional treatment team. The problem began as a family problem and required a family solution.

**Coping Strategy number 5: Keep your child involved in family affairs, even if they are painful** – After witnessing the progress my son was making and the newfound trust he had for the professionals helping him, my fears for his well-being began to subside. I put my energy into including my son in family affairs as much as possible.

For example, during our son’s stay at NDA, we lost my nephew (my son’s cousin) just two short weeks before the Christmas holidays. That Christmas was very difficult for all of us, especially my son. He and his cousin were only five months apart in age, and they were very close when they were younger. We all did our best to have as normal a Christmas as possible, but it was a trying time. Looking back, I’m not sure what would have happened if my son had not been at NDA at the time.

The death of my nephew was painful, but dealing with it together had some positive results for our family. My son realized that having a family and contributing to it was important to him. And we all began to realize that no one person was to blame for our son’s pain. His feelings and behavior were influenced by how we all responded to him, communicated with him, and perceived him. His teachers, neighbors, school district, peers, and extended family also contributed.

**Coping strategy number 6: Focus on the positive and build on it** – As my son got better, I found myself having to adjust to the “new” son that was emerging. The changes were positive, but required an attitude adjustment on my part. I coped by focusing on all the wonderful memories I had of him and all his good qualities. It can be hard to remember that these qualities exist when your child is in a crisis situation and emotions are high. Try to remember that they do. It’s much easier to help someone when you see him or her in a positive light. Additionally, I found that praying was a wonderful coping mechanism. It’s very difficult to be angry and bitter toward someone whom you are praying for on a daily basis.

My son grew and recovered at National Deaf Academy. So did my entire family and I. But it did not come without some difficulty. I had to accept some blame and responsibility for my child’s situation. Our children are what matters most in the world, and we are their protectors. Being a parent means making our children’s happiness our highest priority.

When you are a parent of a Deaf child, you must invest time in making sure your valuable treasure, *your child*, is given your time and attention above all else. This means your child must know without a doubt that he or she has your family’s support, and that you truly care about participating in his or her healing process.

I hope that sharing my experiences and coping strategies will help others, or at least strike a chord with other parents whose children have just arrived at NDA. There is work to be done. But, in the end, it will hopefully be the most rewarding work of your lives.

## NEW ADULT FACILITY NOW OPEN AT NATIONAL DEAF ACADEMY

This autumn, the National Deaf Academy was pleased to announce the completion of its new, 14,808 square foot residential building. In keeping with NDA’s promise to provide a more complete continuum of care, the facility contains 48 beds for adults who are Deaf or Hard of Hearing, making a total of 84 adult beds available on campus. The new facility is

arranged in four wings, referred to as pods. There are three rooms per pod that house four residents each. Rooms have their own bathroom and three walk-in closets; each pod has its own laundry facilities. Adult residents began occupying the facility on October 22, 2007.





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

352.735.9500 Voice  
352.735.9570 TTY  
352.735.4939  
www.nda.com

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US POSTAGE  
PAID  
PERMIT # 1478  
ORLANDO, FL

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## CURRENT EMPLOYMENT OPPORTUNITIES AT NATIONAL DEAF ACADEMY

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National Deaf Academy is currently hiring for the following positions:

### Clinical Therapist

A Master's degree in counseling, social work and/or psychology is required. Must be licensed in Florida or license eligible. This candidate should have experience working with Deaf and Hard of Hearing children, adolescents and/or adults in a behavioral health setting. You will be required to provide:

- Family, individual and group therapy
- Develop the psychological history, assess the clinical needs of the individual and family and conduct their treatment plans.

### Clinical Therapist/Behavior Analyst (BCBA)

A Master's degree in counseling, social work and/or a related field is required. Must be licensed in Florida or license eligible. This position requires that the candidate have experience working with Autistic and special needs populations. The candidate does not have to have sign language skills but will be expected to over time. Some of our special needs residents are hearing with limited verbal repertoire. This position is responsible for providing individual and family therapy (group therapy is a possibility).

### Mental Health Technicians

Individuals holding the MHT position are responsible for implementing and assisting in the daily management of our resident population. MHTs work to improve residents' social, communication, and personal hygiene skills. They engage the residents in activities, help implement their treatment programs, and maintain a safe living environment while providing close supervision and observation. This job is often referred to as: Psychiatric Assistant, Group Advisor, Dorm Counselor, CNA or Youth Leader. Fluency in American Sign Language is preferred. However, we are willing to train the right individual.

### Certified Therapeutic Recreation Specialist (CTRS)

Responsibilities include planning, directing and organizing recreational programs, writing assessments, and preparing various documentation. Fluency in American Sign Language is preferred. However, we are willing to train the right candidate. B.A. in Therapeutic Recreation or related field and current CTRS required.

Competitive salary and excellent benefit package.

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### Send resume to:

Director of Human Resources  
National Deaf Academy 19650 US Hwy 441  
Mt. Dora, FL 32757

**Email:** btashlein@nda.com

**Phone:** 352-735-9500

**Fax:** 352-735-4939

*Equal Opportunity Employer*

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