

The New

SOURCE

AUTUMN '02

A PUBLICATION OF NATIONAL DEAF ACADEMY

PRESIDENT'S CORNER

James Tresh, President

Meet Our NDA Advisory Board

Dear Families and Friends:

I hope that each of you has enjoyed the summer season. For many of you in northern climates, the summer season is coming to a close. To the contrary, here in central Florida, the weather continues to be hot and sunny. We can, therefore, continue to engage in summertime activities with our Deaf residents well into the Autumn season!



on April 2, 2002. The Board will meet 4 times per year. Our next meeting will be in September. We also consult with each other by E-Mail on an as-needed basis.

The NDA Advisory Board has free access to communicate with staff, and are available to any Deaf patient who wishes to talk to them. I would like to introduce each of these individuals to you, and share some information about their unique areas of expertise and professional experience in their respective fields.

NATIONAL DEAF ACADEMY ADVISORY BOARD

At National Deaf Academy, we strive to maintain open and ongoing communication with the Deafness community nationally. We decided that one way to encourage open and honest feedback about our facility, our programs and services was to establish an Advisory Board of Deafness Professionals. We invited several Deafness professionals with national prominence and expertise in their fields to join the NDA Advisory Board. Experts in Deaf Education, Law, and Mental Health met for the first Board meeting

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by Ansley Hodges, Teacher

Pioneering a Deaf Autistic Program



Artwork by Deaf Autistic Students

Since March, The Charter School at the National Deaf Academy (CSNDA) has been pioneering a program designed to serve Deaf, Autistic students. We have created a stimulating multi-sensory classroom to respond to the unique needs of our students. To ensure the well-being and success of this program, there are three trained Mental Health Technicians who assist the teacher with the five students throughout the academic day. This also provides each student with ample one-on-one instruction time as well as small group activities. Furthermore, students receive Occupational Therapy and Speech and Language Therapy as needed. The therapists and the classroom teacher work together to integrate each component into the classroom. Together we have arranged a classroom to accommodate varying academic, chronological and behavioral levels while simultaneously providing a warm, soothing learning environment.

From an academic perspective, these students range in age from nine to fourteen. Most function on a Pre-Kindergarten or Kindergarten grade level. Therefore, the classroom is set-up to operate like a Pre-School. Since Autistic students depend on a stimulating and structured environment, we use a multitude of hands-on activities that challenge them mentally, physically and emotionally. For example, they use clay, rice, paint, stamps, shaving cream and tactile letters and numbers to work on fundamental skills. Furthermore, we are in the process of developing a picture exchange communication system to build their language skills. Part of the academic day

is spent focusing on independent living skills. During this time, we focus on hygiene, table manners, dressing skills and other life necessities. Their individual educational and medical needs are strategically paired with behavioral intervention techniques in order to ensure proper treatment and education. Because of the nature of our facility, we have a 24-hour treatment program that directly correlates to the goals and behavioral interventions used in the classroom. Each student has made substantial progress, and we are confident that as we build our program we will continue to observe the remarkable success of our students.

AUTISM

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

My first contact with a child described as “autistic” came during my senior year in medical school. I was asked to see what I could do about a four year old boy who was upsetting the pediatric unit with his constant rocking and “refusal” to communicate with anyone. Like most of the lay public, my knowledge of Autism was limited to the stereotypical image of a quiet kid in a corner who remained mesmerized for hours on end by repetitive movements. Attempts to disrupt his fixation with rocking, or to communicate with him would typically be met with violent tantrums regardless of who approached. In short, there was no interpersonal connection, and as I watched his parents struggle to make contact with him, I could sense their frustration and pain.

What I learned when I began my research into this perplexing disorder is that Autism is not really one specific disease. It appears, instead, to be a wide variety of related neurologically-based disorders that occur on a continuum. This group of disorders is referred to by professionals as *Pervasive Developmental Disorders*. The common thread that runs through these different presentations is a profound disruption in human relationships with concomitant interruption in communication. Mental retardation can frequently co-exist with Autism. Some researchers believe that the problem has less to do with acquiring knowledge, and considerably more to do with simply accessing information. In *Rainman*, for example, Dustin Hoffman plays an autistic adult who has extraordinary abilities with numbers despite being unable to read simple phrases.

see **AUTISM**, continued on p. 5



Dear Doctor Cohen: ...My nephew was born Deaf and had serious behavior problems throughout his childhood. When my sister, his mother, attempted to get help from a state agency, she was given no options other than a small group home for severely Autistic children, only one of whom happened to be Deaf. As a result, no Deaf services were offered, and no attempts were made to teach Bobby American Sign Language because "these kids don't talk anyway." When I visited him recently I could barely recognize him as he sat by himself in a corner rocking the entire time we were there. Even though his behaviors before were a problem, he never acted so disconnected. Do you think he was always Autistic? Can someone not born that way come to resemble other Autistic children if they are never given language or adequate early childhood intervention? It breaks my heart to watch his mother when she sees him...

Mrs. D.K., Carmel, Indiana

Dear Mrs. D.K.:

You have hit upon one of the most important areas of concern for clinicians who treat Deaf and Hard of Hearing people. As I point out in my article about Autism, Deaf kids are frequently diagnosed as Autistic, and vice versa for reasons having primarily to do with the absence of *oral* language. You must always remember that for the vast majority of physicians and clinicians in the world today, few understand that Deaf people *are not* "mute", but rather, "speak" a different language in the form of ASL. One of the most important criteria for making a diagnosis of Autism is the absence of language before the age of three. You can see how a clinician or physician's ignorance and lack of training about language development in Deaf children can procure a misdiagnosis. In addition, the common behavioral problems of many Deaf toddlers not receiving early intervention from school, could lead them to assume a diagnosis of Autism. When that happens, it's a hop, skip and a jump to placing the Deaf boy in an Autistic group home. The overwhelmed and misunderstood family is simply seeking relief and assumes that the state workers must be correct. In turn, the impressionable Deaf child is now immersed in an "Autistic culture", and essentially adapts by learning to do what he observes every day. Simply put, the

Deaf child is "trained" to become Autistic by virtue of his isolation from formal language and the presence of pathological behavior.

Shortly after NDA opened in 2000, a parent who was determined to get her son proper treatment approached us. She had grown weary of state authorities minimizing her concerns that her adolescent Deaf son had inappropriately been placed in an exclusively Autistic program without adequate evaluation or consideration of his needs as a Deaf child. When we met him, he certainly looked Autistic, but Mom correctly pointed out that is exactly what you would expect if a kid grows up in an Autistic environment. We eventually accepted him into our lower functioning program. After being in an exclusively Deaf world where ASL is the primary means of communication, for about a month, something strange began to happen. Robbie began to express his frustration after being told "No" in ASL by a staff member by signing "Me mad! Me mad! Me mad!" Although we were initially dumbfounded, it was exactly as his mother predicted. Robbie was never truly Autistic. He was Deaf and had no other viable way to communicate. He would intensely rock back and forth while banging his head until staff acquiesced to what he wanted. After the first month, he was able to express anger in an appropriate manner. He still resorts

to his familiar and somewhat comforting "autistic jig" when tired or scared, but with each passing day he develops a larger ASL vocabulary. He is that much closer to higher order functioning.

This is not to say that Deaf people are never Autistic. It is, however, critically important that Deaf children be fully assessed and re-assessed by qualified Child Psychiatrists, Developmental Psychologists and Pediatric Neurologists before placement is made. Even if an appropriate process to diagnosis is followed, constant reassessment on an annual basis outside of a closed environment, typical of an Autistic group home, is essential.

If it is determined that your loved one is both Deaf and Autistic, a more highly specialized program is indicated. It is imperative to address the frustratingly resistant Autistic behavior, but also, to foster the development of sign language skills at the same time. Most programs are not equipped or experienced to assess and identify Autism in Deaf children.

I am proud to announce that NDA plans to break ground within six months to begin construction of an eight bed, research-oriented, self-contained program dedicated to the diagnosis and treatment of Deaf children with Autism. We shall also concentrate our training and research efforts for this misunderstood segment of the Deaf population.

PRESIDENT'S CORNER

Advisory Board, continued from p. 4

McCay Vernon, Ph.D.
Chairman of the NDA Advisory Board

Dr. Vernon's prominence and wonderful reputation almost goes without saying! I continue to be amazed that this kind and humble man is so widely recognized by Deaf and Hearing people everywhere I go with him. For the edification of the readers who do not know Dr. Vernon, let me share a limited sketch of his background.

Dr. Vernon is a Clinical Psychologist who attained international prominence as a writer, researcher and documentary film producer on the psychological aspects of Deafness. Even more importantly, his marriage to a Deaf woman and his years of experience as a teacher, clinician and member of the Deaf community give added depth to his work and understanding of Deaf people. As editor of the American Annals of the Deaf for 10 years, author of over 250 articles and six books as well as collaborator in the Michael Reese Hospital research on Deafness and Mental Health, Dr. Vernon has contributed to the improvement of programs for Deaf children and Deaf adults all over the world.

Cindy Sawyer, Board Member

Cindy is the Coordinator of the Special Needs Program at the Pennsylvania School for the Deaf in Philadelphia, Pennsylvania.

Steven Hamerdinger, Board Member

Mr. Hamerdinger, who is Deaf himself, is the Director of the Office of Deaf and Linguistic Support Services at the Missouri Department of Mental Health. He holds a MA degree from Gallaudet University in counseling. Many of you already know "Steve" as he is a frequent speaker on a number of topics including Mental Health issues. Steve is notable for his articulate presentations and dry humor. He has also authored articles for such journals as JADARA.

William P. McCrone, Ed.D., J.D., Board Member

Dr. McCrone is presently a professor in the Department of Counseling at Gallaudet University. In addition, he is an attorney. Dr. McCrone was actively involved in the development of the Americans with Disabilities Act.

Joan M. Forney, Ed.S., Board Member

Ms. Forney is the Superintendent of the Illinois School for the Deaf. She is active in numerous professional organizations

that represent issues in Deaf Education. She has spoken on numerous topics. She has also authored articles on various topics for professional journals

**DEAFNESS
AND AUTISM**


Deaf children with Autism represent a segment of the Deaf population that continues to need special understanding and care. By virtue of the complications of Autistic behaviors, these children often cannot be educated in regular schools or classrooms for Deaf children. In addition, they may be placed with other children with Autism, who may or may not have hearing loss. They are, without question, a group of special children that can be difficult to diagnose, educate, treat, and moreover understand.

As part of our mission to reach underserved segments of the Deaf community, National Deaf Academy and the Charter School at National Deaf Academy have begun to develop treatment programs and educational approaches for Deaf children with Autism. In this issue, you will find an article by our Medical Director, Alan M. Cohen, M.D. Dr. Cohen is a board certified child and adolescent psychiatrist, who has treated Deaf children with Autism for several years. In addition, you will find an article by Ansley Hodges, charter school teacher. Ansley describes some of the approaches she has found helpful to reduce autistic behaviors that can be barriers for Deaf children to participate and learn in the classroom.

In closing, I welcome any questions or comments from you. Feel free to contact us at any time. I also invite you to visit our newly revised website at: www.nationaldeafacademy.com to learn more about us.

Thank you.

Sincerely,



James Tresh



MEET THE STAFF



Ansley Hodges
Charter School at NDA Teacher

Ansley Hodges is a graduate from Flagler College in St. Augustine, Florida, where she earned a dual degree in Deaf Education and Elementary Education. Prior to working at NDA, she was employed at the Florida School for the Deaf and Blind (FSDB) as a fifth grade teacher. Ansley has also worked as a Pre- K teacher at Cathedral Parrish Early Education Center in St. Augustine, FL for two years as well as being the Director of the Extended Day Program at The Bolles School in St. Augustine, FL. Three years of volunteer work were devoted to tutoring Deaf and Hard of Hearing students at FSDB as well as the Willie Galimore Center, also in St. Augustine. She has also spent the past three summers working for the Deaf schools in Jamaica where she specialized in academic evaluations. In the near future she will begin a Masters' program in Psychology and Autism.

Renee M. Geary
Charter School at NDA Teacher



“It is my honor to be a teacher at the Charter School at National Deaf Academy (CSNDA). I bring with me nearly 8 years of teaching experience in Deaf Education. I hold two Master’s Degrees. I earned my BA degree in Television, Film and Photography and minor major in Communication Arts from Gallaudet University. In 1993 I completed my Master’s Degree in Educational Technology in Special Education and Deafness from Gallaudet University. From there I began teaching Photography at Florida School for the Deaf and the Blind (FSDB) in St. Augustine. I was also the Head Tennis Coach, and was involved with the Drama Club and Jr. National Association of the Deaf as a Head Sponsor at FSDB. I held these positions for three years before deciding to attend Western Maryland College to further my education. As a graduate student in Deaf Education, I taught 4th 5th grade levels at Texas School for the Deaf - East Campus (Special Needs-Bridge classes) for a ten-week internship in order to receive a professional teacher certification. Upon earning this certificate, I taught Reading, Science, Deaf Studies, Drama and Instrumental Enrichment (Critical Thinking) at The Learning Center for Deaf Children in Framingham, MA for four years. Last year I began my employment at the Charter School at National Deaf Academy, and find working in this highly specialized school both challenging and rewarding.”

Autism, continued from p. 2

Causes of this devastating problem are still not well understood. An earlier belief was that Autistic children derived from cold, aloof mothers. The current thought among scientists is that the etiology is definitely neurologically based and not a function of severe emotional problems. Future investigation will attempt to determine to what degree the etiology is biochemical, viral, autoimmune, structural, or a combination of all of the above. Only then will we begin to make progress on what interventions work to improve the condition. One need only log-on and search “Autism” to appreciate the sheer quantity of widely diverging opinions among professionals regarding the use of medication and dietary interventions in various treatment approaches.

The incidence of Autistic disorders among Deaf and Hard of Hearing patients, though not well documented, appears higher than the occurrence in the general Hearing population for reasons that have a little to do with biology. The scarcity of

adequate care for impaired Deaf youth often results in placement of Deaf youth in group homes for Autistic children. (see “Your Kids and Mine” in this issue). The solution, of course, lies with having adequate funding available to appropriately diagnose, intervene and teach the many Deaf children that are still denied access to support services early in their development when they most need to learn language.

Facts about Autism:

- **Prevalence of 2 to 5 cases per 10,000 individuals.**
- **Much more common in males.**
- **No clear evidence that it is genetically based.**
- **No helpful lab test to identify.**
- **Often confused with Deafness in early childhood.**
- **75% are intellectually impaired.**
- **Significant delays in socialization and communication skills before age 3.**



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COMING SOON!

A Look at NDA's New Equestrian Therapy Program

Special Employment Opportunity!

Director of the Charter School at National Deaf Academy

A unique career opportunity for an experienced, quality professional is currently available at the Charter School at National Deaf Academy (CSNDA). CSNDA is seeking a Director! The Charter School at National Deaf Academy is a state-licensed, non-profit school where the students can earn standard public high school diplomas or special diplomas. The school is comprised of Deaf students from throughout the country, almost all of whom reside in the Residential Treatment Program at National Deaf Academy. The school schedule is blended with the NDA treatment schedule. NDA Mental Health Technicians accompany students to school and remain in the classroom to assist with instruction and address any behavioral problems that may arise. CSNDA is run on a quarter system, with two weeks off between each quarter. All teachers are Deaf Educators who are fluent in ASL.

Our recent director, a school psychologist, has left to return to his home state, and be closer to family. A school psychologist, school administrator, business professional, or any other qualified individual will be considered for this truly unique and rare position. Please contact James Tresh, President and CEO, at jatresh@nationaldeafacademy.com or directly at 352-735-9500 V or 352-735-9570 TTY. We look forward to hearing from you.
