Mid-Shore Mental Health Systems inc.

August 1, 2014 Issue 29, Volume 3

WEEKLY NEWSLETTER

Your behavioral health resource for local trainings, events, program information, and more around the Shore!

Congratulations Eastern Shore Psychological Services!

Eastern Shore Psychological Services celebrated 15 years of service on July 24th with a cruise on the Choptank River aboard the Dorothy Megan. The company, founded by Dr. Kathy Seifert, has grown from 5 employees to nearly 100 in 3 locations: Easton, Salisbury, and Princess Anne.

28578 Mary's Court, Suite 1
Easton, MD 21601

Phone: (410) 770 - 4801
Fax: (410) 770 - 4809

Visit Our Website:
www.msmhs.org

"Like" us on Facebook:

Inside this issue:

Hey Youth!

Good news for Caroline County! To better accommodate some youth we now have an additional group location at the Federalsburg Library: August 5th & 19th, 3:30pm-4:30pm.

DRI-DOCK Recovery & Wellness Center

8 am - 7 pm Monday - Friday | **August, 2014** | **8 am - 7 pm Monday - Friday**

DRI-DOCK
824 Fairmount Ave
Cambridge, MD
410 228-3230

Our staff are peer support specialists meaning they have "been there, done that"! Link in with them for an extra support in your recovery!

Monday	Tuesday	Wednesday	Thursday	Friday
	SAVE THE DATE!! SEPT. 20 IS OUR 3RD ANNUAL RECOVERY CELEBRATION!			1 Discuss: Mental Health and Addiction 130-230 Meditation 3-4
4 Monday = Fun Day! GAME DAY! 5:30-6:30 NA mtg.	5 Tye Banning—Tobacco and HIV Education 2-3 5:30-6:30 AA mtg.	6 Emotions Anonymous 1:30-2:30	7 Open Discussion: What works in recovery? 3-4	8 Discuss: Mental Health and Addiction 130-230 Meditation 3-4
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Talbot Paramedic Foundation

GREAT CHESAPEAKE BALLOON FESTIVAL

August 1st and 2nd

Mistletoe Drive, Easton, MD | Glebe Road Industrial Park

Lots to see and do, come join in the fun!

VENDORS & CRAFTERS
FOOD & BEVERAGES
SKYDIVERS
BALLOON RIDES
COW DROP
BALLOON GLOW

For more information: **www.greatchesapeakeballoonfestival.com** | **or call: 410-310-3921**

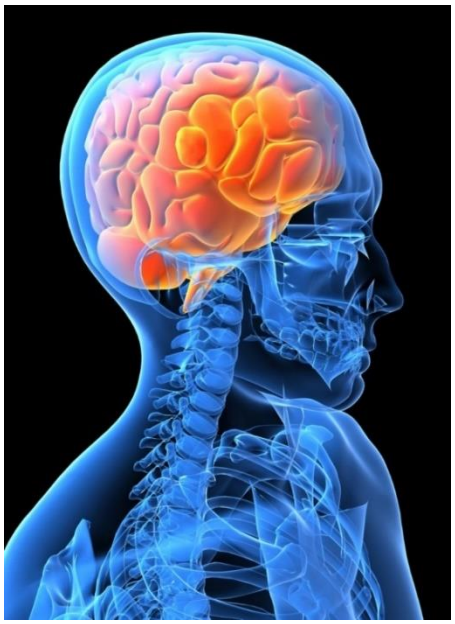
Thank you to our sponsors!

Festival Presented by: TRI GAS & OIL Co., Inc.

Balloon Glow by: AQUA POOLS SPAS

TRAUMATIC BRAIN INJURY TRAINING

This training will provide attendees with an overview of Traumatic Brain Injury (TBI), its causes, and functional implications, which will be described using case examples and short video clips. Consideration of brain injury as a co-occurring condition among those with mental health and substance abuse disorders will be discussed along with suggested strategies to support TBI at home and in the community.



Objectives

Attendees will:

- become familiar with the incidence and prevalence of brain injury.
- be able to identify the types of brain injury and the common cognitive, behavioral, and physical sequela of brain injury.
- be able to identify the impact of brain injury on the ability to work, learn, and make and maintain relationships.
- be introduced to a simple brain injury screening tool.
- become familiar with signs and symptoms of TBI.
- learn about the relationship between substance abuse, mental health, and neurobehavioral disorders and brain injury.
- be provided with strategies to support individuals who have incurred a brain injury.
- become familiar with available local, state, and national resources for individuals with brain injuries, their families, and professionals.

September 24, 2014 1:30pm – 4:30pm

Caroline County Public Library, Denton

3 CEUs Available

About the Trainer

Anastasia B. Edmonston MS CRC

Anastasia Edmonston has worked in the field of brain injury rehabilitation since 1983. She has worked on a variety of brain injury initiatives for the Maryland Behavioral Health Administration since 2003 including TBI Resource Coordination Project Director and TBI Medicaid Administrative and Brain Injury Transitions for Youth Case Manager. As of September 2012, Ms. Edmonston is the Traumatic Brain Injury and Person Centered Planning Trainer under Maryland's Money Follows the Person and Balancing Incentive Projects.

MID-SHORE MENTAL HEALTH SYSTEMS, INC.
28578 Mary's Court, Suite 1
Easton, MD 21601
410-770-4801

TO REGISTER

Contact Erica Horney at ehorney@msmhs.org or by calling 410-770-4801, ext. 301.

Hosted by Mid-Shore Mental Health Systems and the Maryland Behavioral Health Administration.

Mid-Shore Mental Health Systems, Inc. is an approved sponsor of the Maryland Board of Social Work Examiners for continuing education credits for licensed social workers in Maryland. Mid-Shore Mental Health Systems, Inc. maintains responsibility for these programs.

Easton Police Department

106 West Dover Street, Easton, Maryland 21601
Telephone: 410-822-1111 Fax: 410-822-3847
Administration: 410-763-6120

David A. Spencer
Chief of Police
FBINA, #178

Mark R. Waltrup
Deputy Chief
FBINA, #216

Please join us for the 8th annual
Easton CSAFE National Night Out

Tuesday, August 5
5:00 p.m. – 9:00 p.m.

Moton Park, Easton

National Night Out is a crime/drug prevention event that involves citizens, law enforcement agencies, civic groups, neighborhood organizations and local officials from our community and other communities across the United States and Canada. It is designed to heighten crime and drug prevention awareness, strengthen neighborhood spirit and police-community partnerships, and send a message to criminals that our neighborhoods are organized and fighting back.

The Easton Police Department in partnership with the Department of Parks and Recreation, the Town of Easton and Talbot County are uniting to host this worthwhile event. There will be an introduction of the Town and County Council members, as well as our local legislators at 7:00 p.m.

We would like to extend an invitation to your organization to come and set up a table to share with the community what you do. If you're interested in participating please RSVP to Jill Garvey, Easton Police Department, at *410-822-1111 or by emailing* jgarvey@town-eastonmd.com We ask that you please bring your own table, chairs and shade tent to the event; we do not have the means to provide these items for you.

Thank you and we look forward to seeing you there!

Corporal Eric Kellner, Easton Police Department
Jill Garvey, Easton Police Department
Lorraine Gould, Director, Department of Parks and Recreation, Town of Easton
Preston Peper, Talbot County Parks and Recreation
Megan Cook, Easton Town Council, Ward 4

The opposition to the State Street Expansion project has grown. There will be a community meeting on Monday, Aug. 25 at the Percy Thomas Senior Center, Stevensville at 6pm hosted by the County Commissioners. I will be giving an informational presentation on the building project. Haven Ministries needs ALL supporters to come and show their support.

Could you help spread the word to others that we need people to show up that night and show support of Haven Ministries?

I cannot stress the importance of attending this meeting. As many of you know, we have worked safely in the community for over a decade. Our ministries are vital to the community - shelter, transitional housing, food pantry, and thrift store.

Please forward this info and invite other supporters to this important meeting.

Krista Pettit
Executive Director,
Haven Ministries, Inc.

PRESS RELEASE

Haven Ministries, Inc., a grassroots community nonprofit organization that has served within Queen Anne's County for a decade, is proud to announce that after years of diligent work, we expect to soon break ground on a beautiful and much needed shelter and transitional housing facility. As most Queen Anne's county residents are already aware, Haven Ministries, Inc. operates a winter homeless shelter, transitional housing program, emergency food pantry, and thrift store on Kent Island. For the past couple of years, our board has worked alongside local county leaders to design and build a facility, which would not only provide for the immediate need of shelter, but also help people get back on solid ground, find employment and begin the journey toward self-sufficiency.

The new building will replace the current rancher-style transitional home with an 8,623 square foot, two-story facility. This new building will include a children's play area, living rooms, two computer areas, commercial style kitchen, laundry room, meeting/counseling spaces, storage areas, live-in staff efficiency, and an office. The building is also handicap accessible including an elevator. Haven Ministries supporters and volunteers are excited at the opportunities this facility brings to Queen Anne's County as they will have an area to hold educational classes, financial counseling courses, Bible studies, and other programs. The computer areas provide Haven Ministries' clients access to online classes, assistance with resume creation and job searches. The high-quality case management services, which already connect clients with area resources and jobs, will continue in the new building.

Haven Ministries has operated an emergency shelter for eight years at Kent Island United Methodist Church and has earned an impeccable safety record due to the policies and rules created and implemented by all staff and volunteers – sharing space in a building full of children and other community groups. Haven Ministries has also safely operated a transitional housing program for four years in Stevensville on the exact same property as the new facility. All of the clients in the transitional housing program served over the years were women with and without children, which is the biggest demand for transitional help in our county.

Haven Ministries looks forward to many more years of quality care of the poor in Queen Anne's County. We continue our commitment to the safety of community members and clients through the implementation of rules and procedures including screening all prospective clients for sobriety and drug use. We also look for any outstanding warrants and do thorough background checks to make sure that our clients are not on the sex offenders list. As we move forward with our new facility, our vigilance will continue. We look forward to continuing to be a good neighbor!

Written by Krista Pettit, Executive Director
410-739-4363, haven-ministries.org

Message from Secretary: New Leadership Announcements

Jul 16, 2014
By Ted Dallas

Over the last several weeks, we have welcomed several experienced and talented individuals to fill critical leadership positions at DHR. We wish long-serving local directors Bill McDonnell and Nick Ricciuti well in their retirements. Replacing them are two dynamic leaders and strong child welfare professionals, Nicholette Smith-Bligen as director of Dorchester County DSS and Sue Bailey as director of Cecil County DSS.

Nicholette Smith-Bligen joins us from Integrated Behavior Services Group in Washington, DC, where she led process improvement projects for clinical practice. She has a proven track record of expanding individual and organizational capacities. She has over 23 years of progressively responsible child welfare, mental health and educational experience. She has a BA in Sociology/ Administration of Justice from Virginia State University and a MSW from Wurzweiler School of Social Work, at Yeshiva University in New York City

Susan L. Bailey is a career human service professional who has demonstrated a 35 year commitment to the residents of Cecil County. She started her career as a local caseworker in Cecil County DSS in 1979, gradually taking on additional responsibilities and advancing to assistant director and interim director. Effective July 9, Sue assumed the leadership of the department as director. She has a BA in social work from Western Maryland College and a MSW from Delaware State University.

We also welcome two new Staff to the DHR's central office leadership team. Lindsay Robbins is the director of the Office of Home Energy in the Family Investment Administration and George E. Randall is the administrator for the Citizens Review Board for Children.

Lindsay Robbins joins us from the New York State Energy Research and Development Authority where she managed a program that provided technical and financial incentives to multi-family building owners and developers to reduce building energy usage by 15%. She has also managed 10 regional planning teams for the implementation of cleaner, greener communities and developing sustainability programs. Lindsay has extensive planning and project management experience. She has also published and presented on energy policy. She has a BA from New York University, Gallatin School of Individualized Study and a Masters of Urban Planning, specializing in Energy Policy & Economic Development from New York University Robert F. Wagner School of Public Service.

George E. Randall was Interim Administrator with the Citizen Review Board for Children of Maryland. He is the former Assistant Director of Morgan State University's School of Social Work/DHR/Baltimore City Department of Social Services' Title IV-E Child Welfare Training Program. George also serves as an adjunct professor in Morgan State University BA and MSW School of Social Work. He started his human service career as a Baltimore City social worker in the Adult Protective Services Unit in 2007. George has a BSW in social work, a MSW in Public Health and he expects to receive his PhD this year from Morgan State University.

Please join me in extending a warm welcome to our new employees.

A Message from the District Court of Maryland

The Petition for Emergency Evaluation (CC-DC-013) and Certification by Peace Officer, etc. (CC-DC-014) were reviewed for legal sufficiency and revised to conform to governing statutes and rules and Maryland Electronic Courts (MDEC) requirements. The revisions are approved by the MDEC Focus Group, the Mental Health Committee, and Legal Affairs.

Please check the web http://mdcourts.gov/district/dctcivforms.html for these updated forms and destroy all previous versions.

If you have questions, please contact Joan E. Baer, Assistant Chief Clerk with the District Court of Maryland, at 410-260-1210.

The Friends of Hospice put on another cross-dressing extravaganza on Harrison Street this Saturday with local male community members racing in full make-up and stiletto heels. Over $16,000 was raised by these 12 racers as the season's first Festival of Trees fundraiser to benefit Hospice of Talbot County. Congratulations!

Ted Mueller Photography

View the full Slideshow HERE

Effective Outreach and Engagement Strategies for Service Members, Veterans, and their Families

Date: August 20, 2014

Time: 2:00-3:30 p.m. EDT

As the number of service members returning from deployment continues to grow, many service members, veterans, and their families (SMVF) will need the support of behavioral health services. Individuals closest to SMVF are more likely to identify early signs of challenges and issues and can provide opportunities to help SMVF connect to needed services.

Presenters of this webinar will discuss effective outreach and engagement strategies for SMVF, as well as methods for implementation. An overview of best practices, such as Military-Veteran Mental Health First Aid training and peer outreach, will be provided. Participants will gain an understanding of effective methods and strategies that can be adapted to suit their local community needs.

Objectives

- Identify barriers that may keep SMVF from seeking behavioral health support
- Review best practices for effective outreach and engagement
- Gain an understanding of how these principles can be applied in local communities

Target Audience

Representatives from state, territory, and tribal behavioral health systems serving SMVF, providers, representatives from military family coalitions, and SMVF advocates

Presenters

Eileen Zeller, M.P.H., Lead Public Health Advisor, Suicide Prevention Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration

Steven S. Sayers, Ph.D., Director, Coaching into Care, U.S. Department of Veterans Affairs

Jeannie Campbell, Executive Vice President and Chief Operating Officer, National Council for Behavioral Health

Caleb S. Cage, Director of Military and Veterans Policy, Nevada Governor's Office of Military and Veterans Policy

Click here to register prior to the event: https://goto.webcasts.com/starthere.jsp?ei=1040498

Please note:

- **Participants will only be able to hear the webinar through their computer via headphones or speakers**
- **Participants are asked to test their system before the broadcast**
- **The webinar archive will be made available to registrants after the webinar**

If you have any questions about your registration, please contact Lisa Guerin, Senior Administrative Assistant, at 518-439-7415 ext. 5242 or by e-mail at lguerin@prainc.com.

Presenter Biographies

Caleb S. Cage | Director of Military and Veterans Policy, Nevada Governor's Office of Military and Veterans Policy
Mr. Cage serves as the Director of Military and Veterans Policy in the Nevada Governor's Office of Military and Veterans Policy. Prior to joining the Governor's Office, Mr. Cage was the Executive Director of the Nevada Office of Veterans Services. There, in addition to leading the state's veteran home, veteran cemetery, and veteran service officer program, he established the state's veteran outreach and collaboration effort, known as the Green Zone Initiative. Before being appointed to this position, Mr. Cage served as a policy advisor in the Office of the Lieutenant Governor, with a focus on veteran and rural issues. He spent five years in the United States Army, serving two tours in Iraq.

Jeannie Campbell | Executive Vice President and Chief Operating Officer, National Council for Behavioral Health
Ms. Campbell serves as the chief operating officer of the National Council for Behavioral Health, which spearheads advocacy, practice improvement, and public education initiatives for 750,000 staff in more than 2,200 healthcare organizations that serve 8 million adults, children, and families with mental and substance use disorders. Ms. Campbell has built an array of organizational, clinical and workforce development initiatives. She played an important role in introducing Mental Health First Aid in the U.S. and helped to lead the National Council in training more than 300,000 citizens across the country. A 22-year veteran of the U.S. Navy, Ms. Campbell also leads the National Council's efforts to improve healthcare for veterans. She is the author of "Veterans, on the Road Home," a book written for community behavioral health treatment organizations serving veterans and their families.

Steven S. Sayers, Ph.D. | Director, Coaching into Care, U.S. Department of Veterans Affairs (VA)
Dr. Sayers is the Director of the VA's Coaching into Care, a national call center for family members concerned about veterans who may need mental health care. He is a Clinical Research Psychologist for the Veterans Integrated Service Network (VISN) 4 Mental Illness Research, Education, and Clinical Center at the Philadelphia Veterans Affairs Medical Center (VAMC). Dr. Sayers also serves as Associate Professor of Psychology in the Department of Psychiatry at the University of Pennsylvania, School of Medicine. He is the Director of the Advanced Fellowship Program in Mental Illness Research and Treatment (Psychology) at the Philadelphia VAMC, and conducts research on family reintegration problems in returning veterans, supported employment, and the role of family members in veterans' decisions to seek mental health treatment.

Eileen Zeller, M.P.H. | Lead Public Health Advisor, Suicide Prevention Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
Ms. Zeller is the Lead Public Health Advisor for the Suicide Prevention branch within the Center for Mental Health Services at SAMHSA. In this role, she provides national leadership in a variety of areas, including ensuring that SAMHSA's suicide prevention efforts are integrated with those of the VA; serving as a senior staff person for SAMHSA's Military Families Strategic Initiative; serving as a member of the National Action Alliance for Suicide Prevention's Military/Families Task Force; and serving as the Government Project Officer for the Suicide Prevention Resource Center and for SAMHSA's SMVF TA Center. Among the initiatives she manages are SAMHSA's SMVF Policy Academies and Implementation Academies, which provide intensive technical assistance to states and territories working to improve their behavioral health systems for SMVF.

NAMI Maryland
National Alliance on Mental Illness

We invite you to join us for our 2014 NAMI Maryland Annual Conference

October 17-18, 2014
9:00am - 5:00pm
The Conference Center at Sheppard Pratt
6501 N. Charles Street
Baltimore, MD 21285

It's almost that time of year again!

MARK YOUR CALENDER -
The 2014 NAMI Maryland Annual Conference is only 3 months away!

You will have the opportunity to meet one of the most hardworking groups of intelligent decision makers and advocates in the area. The more than 30 workshops and plenaries will include practical, skill-building sessions tailored for specific audiences including mental health and health providers, criminal justice and social services professionals, and individuals with mental illness and their family members.

Please help NAMI Maryland! If you or someone you know is affiliated with any businesses or organizations that might wish to become a sponsor of the Annual Conference, please forward them this email or let us know!

Click here for more information on the 2014 NAMI Maryland Annual Conference.

Click here for a Sponsorship Packet.

Click here for an Exhibitor Form

Thank you for taking the time to read this email and helping us make this year's conference a success!

As an accredited academic institution, the University of Maryland School of Medicine's Mental Health Services Training Center is an approved sponsor of the Maryland Board of Social Work Examiners for 6 Continuing Education credits (Category 1) for licensed social workers in Maryland; as a sponsor of 6 Continuing Education (CE) acceptable to the Maryland Board of Examiners of Psychologists; and 6 Continuing Education Units (Category A) by the Board of Professional Counselors and Therapists, upon completion of this training and a completed evaluation. The Training Center maintains responsibility for this program. A Certificate of Attendance will be made available for all other disciplines.

Maryland Department of Health and Mental Hygiene
Behavioral Health Administration

DATA SHORTS

Behavioral Health Data and Analysis | July 2014, Vol. 3, Issue 7

Behavioral Health Integration: An Analysis of Service Utilization

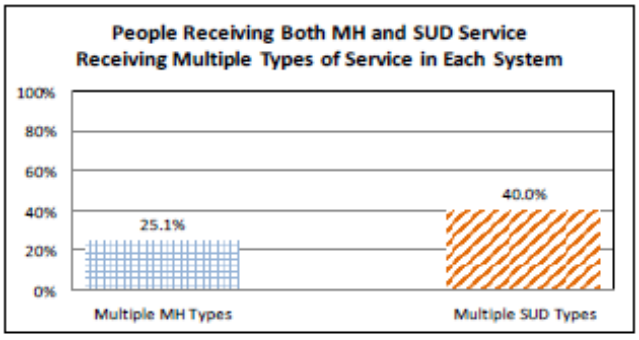
The June 2014 Data Short (Vol. 3, Issue 6) examined the characteristics of individuals ages 15 and over who received services in FY 2013 from the Public Mental Health System (PMHS) (n=110,790), who received a Substance Use Disorder (SUD) service from a publicly funded Alcohol and Drug Abuse (ADAA) program (n=51,139), and the cohort who received services in both systems (n=12,688). This cohort accounts for 11% of those served in the PMHS and about 25% of those who received an SUD service in FY 2013. The current Data Short examines the types of services used by these groups in the two service systems.

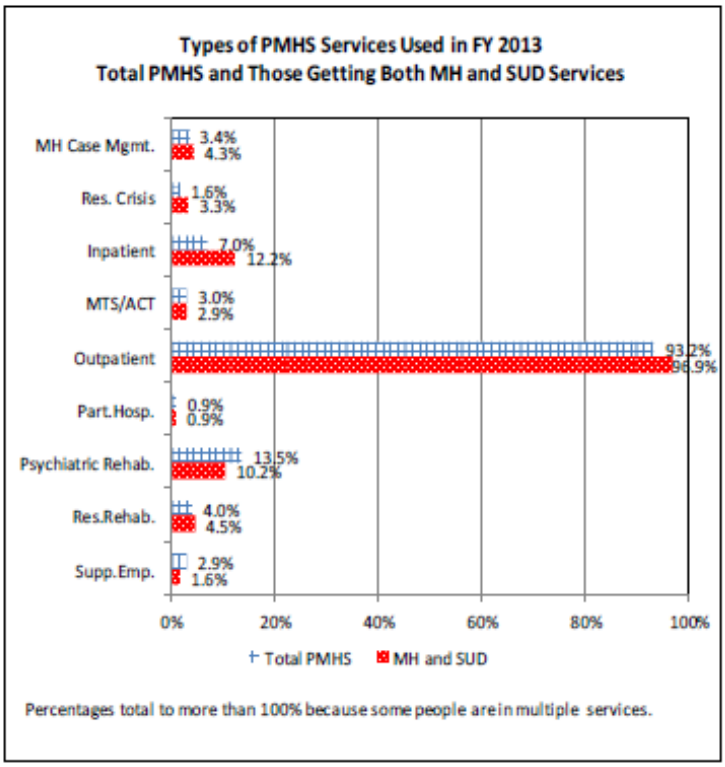
The first graph compares the types of service used by everyone in the PMHS with those in the cohort active in both systems. Those in the cohort were somewhat more likely to have received Case Management, Outpatient, and Residential Rehabilitation services than PMHS participants in general. However, cohort members were much more likely to have received Residential Crisis services and psychiatric inpatient services, two of the most intensive service types in the PMHS.

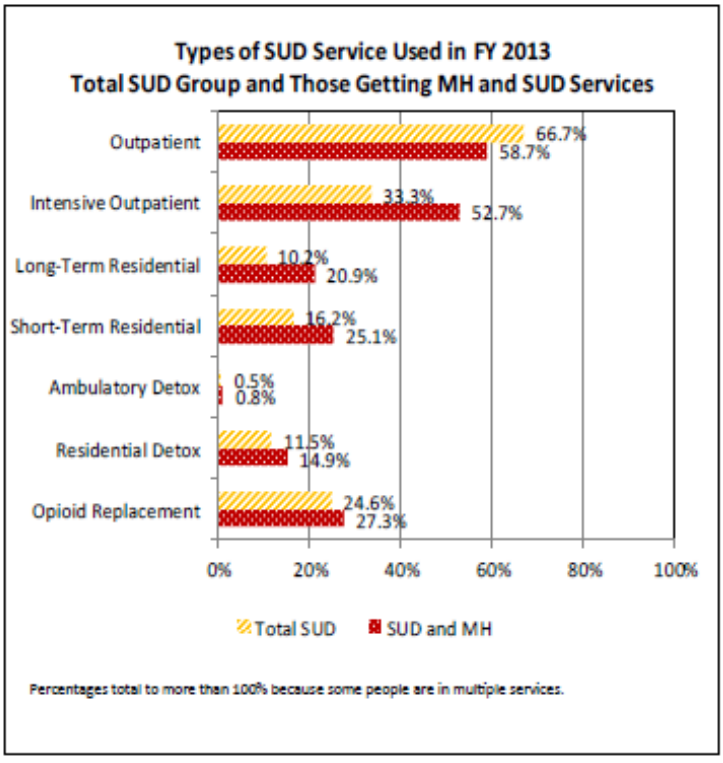
The second graph shows a comparable analysis for SUD service utilization. The cohort was more likely to have received every type of SUD service except outpatient. As in the PMHS, the cohort was much more likely to receive the most intensive service types, including Intensive Outpatient and Short- and Long-Term Residential services.

The final graph below shows the percentage of the cohort who received more than one type of service within each of the two systems. While 25% of the cohort received multiple PMHS service types, 40% of the cohort received multiple SUD service types. This, in conjunction with the type of service utilization seen in the second graph, suggests that those in the cohort have more serious SUD issues.

An examination of the cohort who received both mental health and SUD services in FY 2013 reveals that they tend to have received the more intensive service types in each of the systems. They were also more likely to be active in multiple types of SUD services than in multiple types of mental health services.

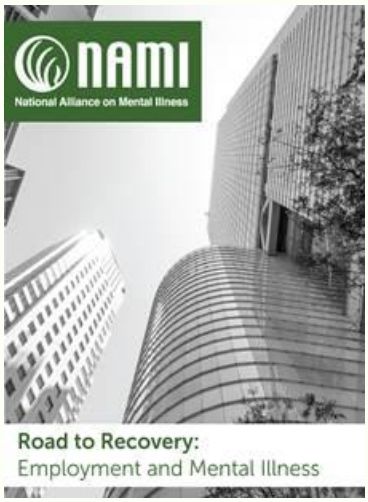






National Alliance on Mental Illness
NAMI | 3803 N. Fairfax Dr. | Arlington, VA 22203 | (703) 524-2600 (Main) | (800) 950-6265 (Help Line)

WEBINAR
Road to Recovery: Best Practices and Financing Strategies for Supported Employment



FEATURING EXPERTS:

Robert E. Drake, M.D., PhD, Dartmouth Psychiatric Research Center

Marc Fagan, Psy.D., Thresholds, Chicago

Virginia Fraser, C.R.C, L.C.P.C., Thresholds, Chicago

John O'Brien, Centers for Medicare and Medicaid Services (CMS)

Did you miss the webinar on July 10, 2014? Never fear! You can still listen to a recording of the event at:
http://nasmhpd.adobeconnect.com/p9e7pei5xud/

You can also view the slides from the webinar at:
http://nasmhpd.adobeconnect.com/p9e7pei5xud/

New NAMI Report Released!

Road to Recovery: Employment and Mental Illness at:
http://www.nami.org/work.

With Thanks to our Sponsor:

This webinar was sponsored by the National Association of Mental Health Program Directors (NASMHPD) as part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Technical Assistance Coalition.

The National Council is pleased to announce the Call for Applications for the 2014-2015 Addressing Health Disparities Leadership Program. Selected participants will join a highly-competitive 12-month leadership program comprised of mid-level managers from diverse ethnic backgrounds who currently work at community mental health and addiction provider organizations. Through participation, you will gain knowledge and skills to lead effective initiatives to improve health outcomes for the diverse populations you serve.

The National Council is committed to doing our part to foster a diverse mental health and addictions workforce, inclusive of development opportunities for emerging leaders within community behavioral health organizations. As such, we are pleased to continue to offer this program at no cost for applicants from member organizations, including all program activities (webinars, coaching, etc.), and all travel and hotel expenses for in-person meetings.

The National Council established the Addressing Health Disparities Leadership Program in 2010 to help participants leverage their growing leadership potential to benefit their colleagues, organizations, and communities throughout the length of their careers. Each year, we see the intense impact of workforce and training shortages on provider organizations and the people they serve. National Council members, similar to other healthcare providers, struggle to recruit and retain a diverse workforce that has the appropriate training to adapt clinical practices to individuals' backgrounds and health needs. In the context of implementation of the Affordable Care Act — the importance of a highly skilled and diverse workforce is all the more important.

PROGRAM OVERVIEW

From October 2014 through September 2015, the Addressing Health Disparities Leadership Program includes three in-person meetings in which participants will engage in a robust learning forum to enhance their management and leadership skills and knowledge regarding change strategies to reduce health disparities and improve health outcomes. During the first meeting, participants will begin developing a customized "stretch project" that directly relates to your organization's strategic priorities and your own leadership goals.

In addition to in-person meetings, participants will engage in bimonthly webinars, monthly 1:1 calls with faculty trained in professional coaching, and peer-to-peer support through monthly calls and social media. All program activities support implementation of stretch projects, and the final in-person meeting highlights participants' successes and promotes sustainability.

Participants acquire knowledge and skills on a variety of topics including: adaptive leadership techniques, managing system change, building collaborations and working in teams, developing shared goals, change management, and conflict resolution. In addition, you will define your own professional growth and development goals and receive individualized support through coaching and peer-to-peer activities.

APPLICANT ELIGIBILITY

Individuals are eligible for the Addressing Health Disparities Leadership Program if they are a "middle manager" at a community mental health and addiction prevention, treatment, or recovery setting. Middle manager is defined as being an intermediate supervisor who has direct reports and reports to others within the organization. Applicants do not need to be clinicians, but must have the ability to directly influence practices to address health disparities.

This program is only open to National Council members; if you are accepted into the program without membership, your organization must join the National Council prior to the program introduction webinar on October 14, 2014.

APPLICATION SUBMISSION

For consideration, please complete the online application form by **5:00pm EDT on Wednesday, August 20th, 2014.** Questions about the application can be sent to Adam Swanson, Policy Associate, Policy and Practice Improvement. We will make every effort to select participants from provider organizations in varying states serving diverse communities.

For more information about the Addressing Health Disparities Leadership Program, please contact Mohini Venkatesh, Vice President, Practice Improvement, at (202)684-3730 or MohiniV@thenationalcouncil.org.

Follow the **National Council** on

SAMHSA

Comment on SAMHSA's Strategic Plan for 2015–2018

Feedback Deadline: Monday, August 18, 2014

SAMHSA is the agency within HHS that leads public health efforts to advance the behavioral health of the Nation. Our mission is to reduce the impact of substance abuse and mental illness on America's communities.

This strategic plan outlines work to increase the awareness and improve understanding about mental and substance use disorders; promote emotional health and wellness, and the prevention of substance abuse and mental illness; increase access to effective treatment; and support recovery. An important component of the plan is to prioritize six Strategic Initiatives and the linkages between these initiatives and SAMHSA's policy, programmatic, and financial planning. At its core, this plan offers a framework for common categories of initiatives that enables cross-collaboration and organization of SAMHSA's work.

Download Leading Change 2.0 [PDF – 737 KB]

Provide Feedback on the Strategic Plan

Understanding Deaf people in counseling contexts

Aimee K. Whyte, Alison L. Aubrecht, Candace A. McCullough, Jeffrey W. Lewis & Danielle Thompson-Ochoa
October 1, 2013

(ASL PRIDE created by De'VIA artist, Nancy Rourke. nancyrourke.com)

We, five Deaf counselors, have come together to write this article to educate our fellow counselors about Deaf culture, the Deaf community and working with Deaf clients. This article is written from the Deaf experience — a "Deaf center" — which reflects "a different normality" (as Irene Leigh explains in her book *A Lens on Deaf Identities*). This means the perspectives shared here are not from an audiological center or phonological constructs that include the views and terms of "deafness," "hearing loss," "hearing impaired" and "cannot hear." We discuss Deaf people from a social-cultural minority standpoint.

This article is only a starting point to understanding Deaf people in counseling contexts. It is not comprehensive. When meeting with a Deaf client, several important issues need to be considered, including cultural competence, assessing and working through personal biases, counselor advocacy and client empowerment, communication, confidentiality, service delivery, referral, consulting and connecting with professional Deaf counselors, and working with sign language interpreters.

Deaf culture, Deaf community and Deaf identity

Deaf people are part of an ethnic group — a cultural, linguistic minority. It is living in a nonsigning world that can be disabling, not the experience of being Deaf. Deaf people share a collective name, language, culture, history, values, customs and behavior norms, feelings of community and kinship, arts and literature, and social/organizational structures. Being Deaf is a biological characteristic — just like being Black or White, female or male — and is not a condition; it is a way of *being*.

We use "Deaf" with a capital D in this article as any author would when referring to other cultural or religious groups (Hispanic, Japanese, Jewish and so on). Our use of a capital D indicates, as Joanne Cripps explains in *Quiet Journey: Understanding the Rights of Deaf Children*, that Deaf culture "is the birthright of every Deaf individual by virtue of their having been born Deaf or having become Deaf in childhood, whether or not they have been exposed to Deaf culture."

Like members of other ethnic groups, Deaf people come with a wide range of identities. It is common practice to use a capital D when identifying as culturally Deaf and a member of the Deaf community. Deaf people who have different experiences with vision may identify as Deafblind. Some use a lowercase d for "deaf," which stems from the medical model and focuses on audiological status, communication style and/or level of exposure to and experience in the Deaf community. Other examples include *hard of hearing*, *late-deafened* or *Deaf learning ASL later in life*. The term *hearing impaired* may seem politically correct, but for most Deaf people, it is insulting. Additionally, Deaf people have a range of intersections — racial/ethnic, sexuality, gender and so on (for example, African American Deaf or Black Deaf, Native Deaf, Latina Deaf lesbian, Deaf immigrant, Deaf with cerebral palsy). There are also hearing children of Deaf adults who identify with Deaf culture and as members of the Deaf community.

It is important for counselors to engage in readings about Deaf culture and Deaf identity development. Only 10 percent of Deaf people are born into Deaf families, meaning approximately 90 percent are born into families who are hearing and not aware of Deaf culture or American Sign Language (ASL). Often the latter grow up feeling they may be inferior and learn to accept labels born from the medical model. A great number of Deaf people share a common experience called the "dinner table syndrome," a term informally coined by counselors working with Deaf college students. It describes how, at the dinner table, hearing family members converse freely through speech about their day at work or school and other issues and, all the while, the Deaf person is missing out on these exchanges. (Susan Dupor's painting, *Family Dog*, which can be viewed at duporart.com/gallery/prints/familydog.html, phenomenally portrays these experiences.) Counselors working with

Deaf clients would want to educate themselves — as well as their Deaf clients and, when appropriate, the clients' families — about "Deafhood." Deafhood, as described by Paddy Ladd, is "to begin the process of defining an existential state of Deaf 'being-in-the-world.'"

ASL is the language of Deaf people in North America. ASL is not universal. There are different sign languages around the world just as there are different spoken languages. The multicultural aspect of the Deaf community may influence a Deaf person's signing style. Different signs are used in different regions for the same term. Deaf ethnic/racial minority groups may have their own unique signs and dialects (such as in Black ASL). Education and class may influence a person's signing as well. For example, the signing of Gallaudet University graduates is often a combination of ASL and English, while a purer from of ASL is retained by those less affected by the higher value academia has long placed on English.

In ASL, the use of nodding is important, as it is in the Japanese language. When a Deaf person is nodding, it means she or he is listening and sees what you are saying. It does not necessarily mean that person is in agreement with what you are saying. Like the Hebrew language, ASL is effective without use of the words "was," "are," "to," "be," "were," etc. ASL does not follow the grammatical or syntax structures of English.

Cultural competence and working through biases

In Deaf-centered counseling, the counselor provides culturally and linguistically affirmative services to Deaf clients. The counselor is conscious of how Deaf clients' lives are shaped by their identity and experiences and by being members of a cultural/linguistic minority group. The counselor uses ASL and communication that matches clients' preferences and is mindful of issues related to managing life in a small community (for example, dual roles/relationships and the possibility of backstabbing/grapevine talk being misunderstood as Deaf culture).

If a hearing counselor has minimal awareness of Deaf culture and the Deaf community and does not know ASL, this counselor can refer the Deaf client to a Deaf or signing counselor. Another option is for the hearing counselor to work with the Deaf client and a sign language interpreter. It is important to discuss this issue with the Deaf client to find out which option the client prefers. Usually, Deaf clients prefer to work with Deaf counselors. However, there are some Deaf clients who prefer to work with hearing counselors. There are a variety of reasons for either preference (for more on this, see the chapter "Deaf College Students" by Aimee K. Whyte and Kendra Smith in the second edition of *Psychotherapy With Deaf Clients From Diverse Groups*, edited by Irene Leigh).

As is the case when working with any client, working with Deaf clients requires cultural competence. Cultural competence is developmental, educational, community focused, family oriented, systemic and culturally relevant. Being culturally competent means understanding one's own worldviews as well as those of the client, and paying attention to the needs of individuals and groups. It involves the integration of cultural attitudes, beliefs and practices into the building of rapport, diagnosis and treatment, education and training, and the counseling office or agency itself.

Ongoing counselor advocacy, client empowerment and use of reframing with Deaf clients — meaning paying particular attention to how we frame things and how our own views of "Deaf" come through in sometimes harmful ways (biases) — fall under cultural competency. Ongoing self-assessment is a must, and this article can be used as a guide.

It is important to focus on how to advocate for Deaf clients and to teach self-advocacy with Deaf clients, both on an individual basis and with families and within systems. It is also important to learn to be *anti-audist*. Although the word appeared in the Deaf community in 1975, it was not until 2012 that the *American Heritage Dictionary* first published an official definition of *audism*: the belief that people with hearing are superior to those who are Deaf and/or that the English language is superior to ASL. Audism is essentially discrimination or prejudice against people who are Deaf. Acts of audism — much like racism, sexism, ageism and other isms — may be intentional or unintentional on the part of a hearing person toward a Deaf person.

Continue reading: http://ct.counseling.org/2013/10/understanding-deaf-people-in-counseling-contexts/