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MENTAL HEALTH SERVICES TO DEAF PERSONS IN MAINE
A Biennial Report

submitted in accordance with
34B MRSA §3005

by

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BACKGROUND

Until recent years, the Maine mental health system had been almost totally unavailable to deaf persons. This was partly due to a lack of awareness to the special communication needs of persons who are deaf. Developments of mental health services for deaf persons to date have resulted from the collective efforts of deaf citizens, families and private and public professionals having a special interest in the field of deafness.

Traditionally, the federal Rehabilitation Services Administration has spearheaded the growth of services for deaf persons. Its efforts culminated with the publication of the Model State Plan for Vocational Rehabilitation of Deaf Clients (1973) which, in addition to recommendations for rehabilitation, identified the need to establish mental health services and facilities that would appropriately serve deaf consumers. This need was also later emphasized within the Maine State Plan for Vocational Rehabilitation of Deaf Clients (Bureau of Rehabilitation, 1981).

In 1978, the Governor's Mental Health Advisory Council began to give attention to the mental health needs of deaf persons in Maine. In mid-1981, the Council approved a resolution indicating its concern for all handicapped individuals to receive "appropriate mental health care" and recommended the inclusion of this emphasis within future state mental health plans.

The Maine Mental Health Plan 1981-1986 reported that "approximately 85% of those deaf persons in need are not receiving appropriate care, due to the lack of trained professionals, coordination weakness in the service system, and the lack of adequate support services." In late 1981, the Director of the Bureau of Mental Health convened the first meeting of the Advisory Committee that would assist the Department in examining mental health needs of the deaf community.

The initial efforts of the committee were highlighted by the establishment of a position within the Bureau of Mental Health for a Deaf Services Coordinator which was staffed in June of 1984. Since the inception of the Deaf Services Coordinator position, a number of developments have occurred within the Department to make a range of services accessible to deaf persons. The most significant of these are listed on the following 2 pages, MILESTONES. Additional service needs are described later in this report.

MILESTONES

MENTAL HEALTH SERVICES FOR DEAF PERSONS IN MAINE

- 1981 -- ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES TO DEAF PERSONS
ESTABLISHED
- 1983 -- TRAINING WORKSHOPS PROVIDED TO MENTAL HEALTH PROVIDERS AND SIGN
LANGUAGE INTERPRETERS
- 1984 -- INTERPRETER SERVICES CONTRACTED FOR MENTAL HEALTH SERVICES
DEAF SERVICES COORDINATOR HIRED
TELECOMMUNICATIONS (TDD) FOR THE DEAF ESTABLISHED IN THE DEPARTMENT
"YOU CAN GET HELP" VIDEOTAPE MADE
- 1985 - LEGISLATIVE ENACTMENT OF L.D. 1543 - ESTABLISHING AND 8-BED COMMUNITY
RESIDENTIAL PROGRAM FOR DEAF PERSONS WITH MENTAL HEALTH PROBLEMS
- 1986 - AMHI DEAFNESS REHABILITATION POSITION ESTABLISHED
COMMUNITY MENTAL HEALTH SUPPORT WORKER ESTABLISHED
MAINE CENTER ON DEAFNESS ESTABLISHED
SUBSTANCE ABUSE AND DEAFNESS WORKSHOP
- 1987 - LEGISLATIVE ENACTMENT OF S.P. 351: AN ACT TO ENSURE ACCESSIBILITY TO
MENTAL HEALTH SERVICES FOR DEAF PERSONS
PSYCHIATRIC PROGRAM FOR HOSPITALIZED DEAF PATIENTS ESTABLISHED
PARENT EFFECTIVENESS TRAINING/SUPPORT FOR DEAF PARENTS
ACTIVITIES INITIATED TO DEVELOP DEAFNESS SKILLS FOR SERVICE PROVIDERS
- 1988 - DEAF SERVICES COORDINATOR POSITION VACANT: PART-TIME COORDINATOR
WORKING IN ACTING CAPACITY
CLINICIAN/INTERPRETER TRAINING HELD
PRESENTATIONS TO DEAF CLUBS
- 1989 - 2ND ANNUAL CONFERENCE FOR CLINICIANS/INTERPRETERS
RESOURCES FOR DEAF SERVICE RECIPIENTS IN MAINE BROCHURE PRINTED AND
DISTRIBUTED
DEAF SERVICES COORDINATOR HIRED IN NOVEMBER
CONFERENCES ON MENTAL HEALTH AND THE HARD OF HEARING HELD
PEER SUPPORT GROUP FOR THE DEAF ESTABLISHED
- 1990 - 3rd ANNUAL CONFERENCE FOR CLINICIANS/INTERPRETERS
WORKSHOP BY DR. FRAN DEMINANY
OUTREACH TO BUREAU OF MENTAL RETARDATION AND PINELAND CENTER
2 REGIONAL WORKSHOPS ON SEX ABUSE TREATMENT
CONTRACTUAL ACCESSIBILITY REQUIREMENTS FOR 10 MENTAL HEALTH CENTERS
- 1991 - 4th ANNUAL CONFERENCE FOR CLINICIANS/INTERPRETERS
"A VISUAL-GESTURAL APPROACH TO COMMUNICATING AND THINKING"
WORKSHOP CO-SPONSORED WITH PINELAND CENTER
DEAF PROFESSIONALS GROUP ESTABLISHED
LEGISLATIVE ENACTMENT OF L.D. 1663: AN ACT TO PRESERVE THE
CONFIDENTIALITY OF COMMUNICATION BY INTERPRETERS FOR THE DEAF, AND
L.D. 940 AND ACT TO INCREASE THE AVAILABILITY OF SIGN LANGUAGE
TRAINING
CO-SPONSORED ADA & DEAFNESS TRAINING
ADVISORY COMMITTEE 10th ANNIVERSARY RETREAT
AMHI DEAFNESS REHABILITATION POSITION CUT

MILESTONES
(continued)

1992 - 5th ANNUAL CONFERENCE ON DEAFNESS AND MENTAL HEALTH
"ADVOCACY: GETTING NEEDED SERVICES"
"UNDERSTANDING THE DYNAMICS OF DEAF CONSUMER -
INTERPRETER RELATIONS"
HOLY INNOCENTS ADDS CASE MANAGER FOR THE DEAF
POSITION
DEAF CULTURE WEEK POSTER PRINTED AND DISTRIBUTED

1993 - 6th ANNUAL CONFERENCE ON MENTAL HEALTH & DEAFNESS
"BREAKING DOWN THE WALLS"
4 "FALL TRAINING OPPORTUNITIES" WITH SEAC & GOODWILL
"WHAT VOCATIONAL SERVICE PROVIDERS NEED TO KNOW"
CASE MANAGEMENT/OUTREACH POSITION AT PTS CUT
RIGHTS VIDEOTAPE COMPLETED AND DISTRIBUTED
DEAF CULTURE WEEK POSTER PRINTED AND DISTRIBUTED
CAMP SIGN-A-WATHA FOR 16 DEAF ADULTS WITH MR

CURRENT SYSTEM SUMMARY

SPECIALIZED SERVICES

Specialized services are programs designed specifically to meet the unique needs of deaf clients. Typically, these programs have the following characteristics

- 1) equipped with ADAPTIVE EQUIPMENT such as TTYS (Telecommunications Devices for the Deaf), caption decoders for televisions, and signal lights for telephones, door-bells, fire alarms, and alarm clocks;

- 2) hire STAFF WHO ARE DEAF or HEARING STAFF WHO HAVE FLUENCY IN AMERICAN SIGN LANGUAGE and other communication modes utilized by deaf persons; and

- 3) are KNOWLEDGEABLE about the mental health needs of the Deaf Community in Maine. These services were originally developed based on information compiled by the Department showing outstanding needs in particular service areas. They have adapted throughout their existence to reflect the changing needs of this dynamic community. These specialized services are described according to each of the following service types.

Residential Services:

Goodwill Industries of Maine continues to administer the CARON STREET TRANSITIONAL PROGRAM which is located on the outskirts of Portland. The program was developed by the Bureau of Mental Health via Legislative appropriation and in cooperation with the Bureau of Rehabilitation and the Division of Residential Care. It opened its doors in April of 1985 as an eight-bed facility and downsized to 6 beds in 1991. It is designed to include programming in three essential areas: INDEPENDENT LIVING, VOCATIONAL REHABILITATION and other aspects of PSYCHOSOCIAL REHABILITATION. During the period covered by this report, a shift in the funding mechanism was completed, maximizing Medicaid reimbursement and LESSENING RELIANCE ON DIRECT STATE RESOURCES. A total of 21 individuals were served with residential and after-care services, including class members of the AMHI Consent Decree.

Though this therapeutic program continues to serve as a model to other states seeking to develop residential services which are completely accessible and appropriate to the needs of Deaf persons with mental health needs, plans are underway to refine the service delivery system. Based on feedback from consumers, observations by professionals working in the community and current philosophy in provision of mental health services, this program plans to become less tied to the physical location of the 26 Caron Street building. Caron Street group home is exploring options in PROVIDING A MORE COMMUNITY BASED PROGRAM OF SUPPORT. Possibilities include clustered, staffed apartments;

supports to individual independent apartments; Goodwill ownership of an apartment building; and/or pursuing federal low-income housing funding grants.

Motivational Services, Inc. (MoCo) administers the second residential program, SUNRISE HOUSE, located on the grounds of AMHI in Augusta. Originally established with an appropriation from the Maine Legislature in 1987, the program opened its doors in January of 1988 as a FIVE-BED FACILITY and is designed to serve Deaf persons who have been hospitalized at state psychiatric hospitals for long periods of time, and/or who have more intensive psychiatric needs than can be met at the Caron Street program. Four of the current residents are class members of the AMHI Consent Decree. The overall mission of the program is to PREPARE THE CONSUMERS FOR WORK AND LIVING ARRANGEMENTS THAT ARE LESS RESTRICTIVE in nature.

During this reporting period Sunrise House has implemented many of the recommendations included in the report by consultant Karen Graham of Thresholds, Inc, an agency running a similar program in Chicago. These changes have resulted in a more cohesive treatment team, stronger ties with the local comprehensive mental health center, and for the first time ever, NO HOSPITALIZATIONS FOR ANY RESIDENT IN OVER ONE YEAR. MoCo's vocational program, WORC, has a Deaf professional providing pre-vocational services to the five residents. The LINC social club has been increasingly utilized by Sunrise House residents. The Program Director position has been vacant for a year, it remaining extremely difficult to recruit qualified professionals with background training and/or experience in all three aspects of the job: mental health, Deafness and administration.

Clinical:

Maine has very few clinicians with expertise in mental health and Deafness. Mental health clinicians who are knowledgeable in Deafness and proficient in American Sign Language include a Ph.D. level psychologist in private practice and an MSW working as the Mental Health Counselor at Governor Baxter School for the Deaf in Falmouth. Both are graduates of Gallaudet University (the world's only liberal arts college for the Deaf), and both are members of the DMH Advisory Committee on Mental Health Services to Deaf Persons. Two other MSW-level counselors proficient in ASL are working in private practice in the greater Portland area. One psychiatrist has taken an active interest in serving Deaf persons: he has taken beginning sign classes, completed part of his internship in an inpatient unit for the Deaf in England, and attended all appropriate training opportunities in Maine. A special service agreement has been written with Shoreline Care Mental Health Center to permit him to perform evaluations and assessment for Deaf

persons outside of Shoreline's catchment area. Though an ideal solution would be to provide qualified services in a consumer's local community, at least appropriate diagnostic testing is now available to all of Maine's Deaf citizens in need of mental health services, regardless of location, if transportation, scheduling and interpreters can be arranged.

All other clinical needs are met by providing a sign language interpreter to facilitate communication between clinician and client.

Case Management, Support and Outreach:

In 1992, a FULL-TIME CASE MANAGER FOR THE DEAF was hired by Holy Innocents to COORDINATE SUPPORTS AND LINKAGES FOR DEAF CONSUMERS and to work with deaf persons in need of mental health treatment, easing their transition into treatment. A Deaf professional, holding an MSW from Gallaudet, was recruited to fill the position. Holy Innocents had learned that case management services delivered by persons - not specially trained in Deafness - through a sign language interpreter was not truly meeting their consumers' needs. To assure the agency was as welcoming and accessible as possible to both Deaf consumers and their Deaf employee, Holy Innocents also provided classes in American Sign Language for staff who work closely with this case manager; key personnel have been sent to trainings both in-state and out; and extensive use has been made of sign language interpreters. The case manager was instrumental in successfully transitioning one consumer (who has historically been very difficult for the system to serve) from the group home in Augusta to her own independent apartment in Portland. With the case manager's support, she has maintained her independence for over a year.

Unfortunately, the half-time CASE MANAGEMENT/OUTREACH position based in Portland administered by Pine Tree Society for Handicapped Children and Adults was CUT DUE TO BUDGETARY CONSTRAINTS. It had been envisioned that after the full-time position at Holy Innocents came into being, the PTS position would be freed up to provide ADVOCACY AND SERVICE SYSTEM CONSULTATION to mental health providers regarding the special needs of Deaf service recipients. This service continues to be needed

- 1) in the outpatient mental health counseling arena where there are additional issues to be considered and skills needed outside the scope of mental health clinicians' training;

- 2) in the inpatient arena where communication, adaptive safety equipment and other accommodations are often lacking and where consumers are least able to advocate for themselves; and

- 3) in the community, where barriers to everyday services, common for all deaf persons, become insurmountable

obstacles for Deaf persons with mental illness to maintain their physical health, mental well-being, and their living situation.

There is a great need for this service to be available in the Portland area and for similar services to be established in other parts of the state.

A Deaf family has been certified as a provider under the PARTNERS IN COMMUNITY LIVING program of Mid-Coast Mental Health Center. The program provides safe, natural community living experience, offering skills and personal care training while treating the individual as an integral part of the household. This option provides an opportunity for a deaf person in the mid-coast area to receive residential and life skills support without necessitating a move to Portland.

An update page for the brochure RESOURCES: A GUIDE TO DEAF SERVICES IN MAINE was developed, providing current and accurate information without the cost of reprinting and redistributing the entire 29-page brochure. Listings are divided into service categories such as Governmental, Agencies, Interpreting, Educational, Residential, and Organizations of the Deaf, and contain information such as contact person, phone numbers (indicating TTY accessibility), and a brief description of the program or services provided. This brochure is appropriate for reference use by service providers, family members and the Deaf community. To date, over 3,000 copies have been distributed. It is anticipated that the GUIDE will need to be updated and reprinted in the spring of 1994.

INFORMAL NETWORKING has been facilitated by the periodic gathering of professionals working in the field of mental health and Deafness in Portland (the Breakfast Club). These meetings provide a forum to support one another in special projects, to keep abreast of developments in services, and to draw other interested professionals into the field.

Involvement of the Deaf Community:

Throughout its efforts to develop mental health services for Deaf persons, the Division has recognized the importance of working with the Deaf community on several levels

- 1) EDUCATING the Deaf community regarding mental health issues;
- 2) INFORMING the Deaf community of the availability of accessible services;
- 3) PROVIDING THE NECESSARY SUPPORT to help them connect with targeted agencies; and
- 4) using their insight to DEVELOP MORE RESPONSIVE SERVICES. This has been addressed several ways.

The Maine Center on Deafness (MCD) is contracted as a CENTRALIZED INFORMATION/REFERRAL AND ADVOCACY AGENCY ASSISTING DEAF INDIVIDUALS TO SEEK AND RECEIVE THE SERVICES THEY NEED. Established in 1987 with funds from the Maine Legislature, the Bureau of Rehabilitation, the Maine Independent Living Center, and the Bureau of Mental Health, MCD is a product of the efforts of the Deaf community and is governed by a board made up of a majority of Deaf persons. The MCD Newsletter has carried a column on Mental Health and Deafness to all their readers for the past several issues. (See Appendix A)

Since 1989 MCD has also administered a PEER SUPPORT GROUP for Deaf persons with serious mental health problems, sponsored by the Division of Mental Health. The group meets twice a month and is facilitated by Deaf staff. Attendance averages 5 - 10 Deaf participants, drawn from both of the specialized residential programs, graduates of the programs, and other individuals such as deaf persons with mental retardation who find this forum to be one that meets their PSYCHOSOCIAL NEEDS. Activities include outings to Hot Shots, an indoor recreational center, summer picnics at Sebago Lake State Park, guest speakers on educational topics, and attending a public forum on the AMHI Consent Decree. (See Appendix B) The Peer Support Group also hosted the Gala Premiere Opening Night showing of the Rights videotape, described below. (See appendix C) Because the opportunity for socialization with peers is limited to four hours a month in this forum, consumers have reported a need for more frequent social events. The Amity Center in Portland is beginning to look at the feasibility of hiring a Deaf staff member in its social club and, perhaps, offering a "Deaf Night" on the weeks that the Peer Support Group does not meet. To date, however, it remains an unmet need.

Another mechanism to work with the Deaf Community in the provision of mental health services is DEAF PROFESSIONALS, a group of 10 Deaf persons who are currently working in the mental health field or who have recently left the field. Through this forum the Deaf Services Coordinator gathers new ideas on how to make the MENTAL HEALTH SYSTEM WORK BETTER FOR DEAF CONSUMERS, how the system can become MORE RESPONSIVE TO THE NEEDS OF THE DEAF PROFESSIONALS IN THE FIELD, and lead to INCREASED JOB RETENTION RATES AND A STRONGER SENSE OF PROFESSIONALISM AND SELF-WORTH ON THE JOB. The Deaf Professionals meet sporadically, and have undertaken a special project, the Rights videotape, described below.

A VIDEOTAPE, YOUR RIGHTS IN MENTAL HEALTH SERVICES, has been produced and distributed. It was a two year collaborative effort between the Division, the Deaf Professionals, their sponsoring employers, the Peer Support Group, MCD, and the

AMHI Video Consultant. The tape is a condensation of the Rights of Recipients document, translated into American Sign Language. Skits demonstrating consumers exercising their rights are included, performed by the Deaf Professionals, and a section on the unique rights of Deaf consumers has been added. To publicize the availability of the new tape, a flier was sent to all comprehensive mental health centers, and a Gala Premiere Opening Night Party was hosted by the MCD Peer Support Group. A "formal" affair, it was attended by 25 individuals, Deaf and hearing, professionals and consumers. The Gala provided not only a screening of the Rights tape to a large audience, but a social opportunity for Deaf consumers to dress up, if they so chose, and to mingle with other members of the Deaf Community.

To help the Deaf Community celebrate the DEAF CULTURE WEEK, decreed annually by the Governor to be the last full week in September, the Deaf Services Coordinator has attended the reception and tea at the Blaine House, successfully nominated individuals and agencies to receive awards, planned events for inclusion in the Deaf Culture Week calendar, and designed, produced and distributed a special POSTER each year (See Appendix D). The posters are intended to educate the general mental health community about the availability of specialized services and supports to service providers, and to promote the cultural view of Deafness.

MENTAL HEALTH PRESENTATIONS TO MAINE'S DEAF CLUBS have been made in 1992. Together with a Deaf professional working in the field, the Deaf Services Coordinator provided basic information about mental health, mental illness, and accommodations to serve Deaf Persons. Approximately 50 sign language-Deaf individuals were reached.

Department-wide consultation:

Efforts are underway to create a BROADER BASE OF DEAF SERVICES WITHIN THE DEPARTMENT. A systemic approach is needed to properly serve those whose diagnoses and service needs cross bureau/division and institutional boundaries. However, the Deaf Services Coordinator position is unique to the Division of Mental Health and no similar centralized approach exists in the other branches of the Department. Consultation was provided to both the Bureau of Children with Special Needs and the Division of Mental Retardation, and to parents of their deaf consumers.

Staffing was provided to the DEAFNESS FOCUS GROUP, a consortium of parents, a legislator, representatives of private agencies, interested Deaf persons, and DMR advocates, resource developers, and case workers. The group is working to encourage the Division of Mental Retardation to develop specialized Deaf services similar to those in DMH. The group has PROPOSED LEGISLATION to that effect, LR

2607 (See appendix E), and has contacted the media for press attention to the situation. MAINE PUBLIC TELEVISION WILL DEVOTE THE JANUARY 27 EDITION OF MAINEWATCH AND A JANUARY 31 DOCUMENTARY to that topic.

The Deafness Focus Group has also organized CAMP SIGN-A-WATHA, a 4-day SUMMER CAMP EXPERIENCE FOR DEAF ADULTS WITH MENTAL RETARDATION. An experimental pilot project for people on the fringe of both the mental retardation and deafness worlds, camp was designed to

- 1) explore the feasibility of creating a specialized residential option;
- 2) provide a fun, language-accessible camp experience;
- 3) create a peer group and social network;
- 4) provide exposure to appropriate leisure and potential vocational activities; and
- 5) provide language-awareness workshops.

There were 16 "campers", most of whom live in communication isolation as the only deaf person in programs scattered throughout the southern half of the state. They enjoyed events such as African Dancing, tie-dying camp T-shirts, wearable-art hat making, wood carving, swimming, and a bon fire/marshmallow roast and were able to fully participate in every barrier-free event.

CAMP SIGN-A-WATHA is expected to be held again in August 1994. As many campers as possible will be accommodated, and a language expert will be hired to conduct basic language assessments and conduct a needs survey of Deaf adults with mental retardation. The goal is for the camp to be running independently in 1995.

ACCOMMODATIONS TO EXISTING SERVICES

The chronic shortage of mental health service providers who can communicate with Deaf persons using sign language requires that a number of accommodations be made to services for this population. For the Deaf community, ACCOMMODATION MEANS COMMUNICATION ACCESSIBILITY AND CULTURAL AFFIRMATION from agencies and individuals providing direct services, as well as TRAINING for those providers to orient them to issues and considerations for work with Deaf persons.

Communication Accessibility - Interpreters:

The Division maintains contracts with 3 INTERPRETER REFERRAL AGENCIES and writes special services contracts with private practice interpreters as necessary to PROVIDE SIGN LANGUAGE ACCESS TO MENTAL HEALTH PROGRAMS. Fees for interpreter services in the 50 mental health agencies licensed or funded by the Department, and in private practice settings with prior approval of the Deaf Services Coordinator, are billed directly to the Division for reimbursement. This streamlines the process for coordinating and reimbursing interpreters and lessens the obstacles a Deaf person must overcome to obtain mental health services. As the Deaf consumers of mental health services have moved to less restrictive environments and have become more involved in community-based services such as outpatient counseling, case management, and supported employment, the demand for interpreting services has doubled. Division funding has, to date, kept pace with the increased demand.

The Division has provided comment and feedback to the Bureau of Medical Services regarding MEDICAID REIMBURSEMENT OF INTERPRETER EXPENSES for accommodations to Medicaid eligible services. During this reporting period, rules have been promulgated that will reimburse MEDICAL AND DENTAL service providers for the cost of interpreter services. This rule was clarified to include the coverage of services provided by a psychiatrist, and was further refined to reimburse the FULL COST of the interpreter up to \$38/hour (rather than a flat fee of \$38 as was initially instituted). Incredibly, despite full reimbursement, some physicians and dentists still refuse to provide interpreters so that they can communicate with their patients! This affects all Deaf consumers of mental health services as they must also interact with the medical and dental community. Much time of the Deaf Services Coordinator, the case manager for the Deaf, and the support staff at the two group homes is spent on educating the medical community of their obligations to accessibility under the Americans with Disabilities Act.

The Division has proposed further rule changes to the Bureau of Medical Services to cover the cost of sign language

interpreter services for ALL MEDICAID-COVERED MENTAL HEALTH SERVICES as well.

There remains, however, a nation-wide SHORTAGE OF QUALIFIED SIGN LANGUAGE INTERPRETERS, and Maine is no exception. This shortage is intensified by the specialized nature of mental health interpreting and the additional training and experience required to accurately convey sensitive, personal information, to translate technical or medical information to someone who may have poor language skills, to work with individuals in crisis, and to maintain professional distance throughout. The lack of qualified interpreters is most strongly felt in Aroostook county and in other rural areas, though services can at times be difficult to obtain in Portland, as well.

This is being addressed by active involvement with the MAINE REGISTRY OF INTERPRETERS FOR THE DEAF, an affiliate chapter of the national organization, Registry of Interpreters for the Deaf, Inc. The Deaf services Coordinator is immediate past president, and currently serves on the Professional Development Committee, is co-editor of the state-wide newsletter, and is Chair of the Fundraising Committee for the Region 1 Biennial Convention to be jointly hosted by the Maine and NH chapters. Further, the Division supports workshops aimed at improving the skills of Maine's professional interpreters, such as the annual ASL IMMERSION WEEKEND, and a component of the annual mental health conference is devoted to interpreting issues.

Communication Accessibility - TTYs:

In 1987, the Bureau placed TTYs, (Telecommunication Devices for the Deaf) in 10 MENTAL HEALTH AGENCIES and established a TTY LINE IN THE BUREAU'S CENTRAL OFFICE. In 1990, the Department purchased 12 ADDITIONAL TTYs MAKING ALL DEPARTMENT LOCATIONS TTY ACCESSIBLE. During this reporting period, the preference of the Deaf community for the term TTY, rather than TDD or TT, has been honored resulting in all Departmental stationery and communications reflecting that change.

- All mental health centers are now contractually required to
- a. maintain a TTY accessible phone line
 - b. publicize the TTY accessible line in the statewide TTY directory, New England TTY directory and local telephone books
 - c. the TTY accessible number be noted on all stationery, brochures, business cards, etc.

Periodic phone calls are made via TTY to ensure that lines are properly answered and that staff are familiar with TTY protocol.

Professional Development:

Since 1983 the Division has sponsored training opportunities for mental health professionals throughout the state regarding the provision of services to Deaf Persons. NATIONAL EXPERTS HAVE BEEN BROUGHT TO MAINE TO CONDUCT WORKSHOPS on a variety of topics of interest to consumers, families and mental health professionals. Though training continues to be a priority, budget constraints continue to limit the number and scope of trainings offered. The Annual Mental Health and Deafness conference, for example, continues as a one-day event, rather than the two days it had been in the past. Further cost savings were realized by utilizing presenters whose agency was able to sponsor their trip or who live in New England. (See appendices F - J regarding trainings offered during this reporting period.)

The 5th ANNUAL (1992) CONFERENCE ON MENTAL HEALTH AND DEAFNESS was entitled ADVOCACY: GETTING NEEDED SERVICES. The speaker was Margaret Bibum of DeafPride, a Deafness advocacy organization in Washington D.C.. The 6th ANNUAL (1993) CONFERENCE was entitled BREAKING DOWN THE WALLS: SEARCHING FOR COMMUNITY, and dealt with the topic of where deaf people with mental illness or mental retardation can find a sense of community and belonging. The keynote speaker was Patti Wilson from the North Shore ARC in Massachusetts, where specialized services are provided to 12 deaf adults with mental retardation. Both conferences attracted over 100 attendees.

A workshop entitled UNDERSTANDING THE DYNAMICS OF DEAF CONSUMER - INTERPRETER RELATIONS was presented in November of 1992 by Eileen Forestal, a Deaf interpreter trainer. The program, with 46 attendees, was well received.

In the fall of 1993, a new audience was targeted for training in Deafness orientation: VOCATIONAL SERVICE PROVIDERS. A series of four trainings offered in conjunction with the SUPPORTED EMPLOYMENT ADVANCEMENT CENTER (SEAC) and Goodwill of Maine Inc. provided information on the Americans with Disabilities Act as it relates to Deaf persons with mental illness, Social Security Benefits, Introduction to Supported Employment and Marketing approaches. A session on Self Esteem and Assertiveness was designed for consumers. The series brought together over 50 vocational service providers and consumers, both Deaf and hearing.

A program designed by two Vocational Rehabilitation Counselors for the Deaf and the Division, WHAT VOCATIONAL SERVICE PROVIDERS NEED TO KNOW ABOUT DEAFNESS was held at the Amity Center in Portland and featured a speaker from the American School for the Deaf in Hartford, CT. 50 Vocational service providers currently working with Deaf persons, and

those who would like to in the future received a 4 hour orientation to working with Deaf consumers.

Additional support was provided to the following programs: LEADERSHIP AND FELLOWSHIP: WHAT DEAF YOUTH NEED TO KNOW BEFORE BECOMING ADULTS & LEADERSHIP TRAINING FOR DEAF ADULTS (over 100 attendees); Governor Baxter School for the Deaf FAMILY LEARNING VACATION; 2 SCHOLARSHIPS were awarded to interpreters who work in mental health settings to attend the ASL Immersion Weekend in 1993. A training in Non-Aggressive Physical and Psychological Intervention (NAPPI) specifically for Deaf trainees was offered at the Governor Baxter School for the Deaf; 14 slots were reserved for GBSD staff and 6 slots were set aside for deaf mental health workers.

The Deaf Services Coordinator has made PRESENTATIONS TO 20 ORGANIZATIONS AND INDIVIDUALS, ranging from the mental health centers to psychosocial clubs to regional offices of the Division of Mental Retardation to reporters from Maine Public Television PROVIDING A BRIEF ORIENTATION TO DEAF SERVICES TO OVER 150 INDIVIDUALS.

In addition to these activities, the Division has continued to provide PERIODIC INFORMATIVE MAILINGS to almost 400 persons who have attended trainings and serve on committees. These mailings typically include articles of note, announcements of upcoming workshops, and an update from the Deaf Services Coordinator.

Inpatient:

There exist NO SPECIALIZED HOSPITAL SERVICES in Maine, in public or private hospitals, for Deaf persons in need of psychiatric hospitalization. This lack of specialized services centered in any one facility results in Deaf admissions of to any hospital around the state without consideration to the hospital's ability to provide quality accessible services. The Deaf Services Coordinator has intervened in several situations where Deaf persons were either denied admissions based on their Deafness, denied interpreter services, and where staff were so ignorant of Deafness that they ignored the Deaf patient's attempts to communicate.

In-service trainings are provided by the Deaf Services Coordinator wherever hospitals will permit, Deaf Culture Week posters have been sent to selected hospitals, and a collaborative working arrangement has been established with the U S Department of Health and Human Services Office of Civil Rights. Plans for a poster campaign in collaboration with a service promotion by one of the interpreter referral agencies will hopefully improve the outlook for Deaf persons in need of inpatient treatment.

ACTIVITIES PLANNED FOR 1994 AND 1995

There is demonstrated on-going need for all the services currently available. They will be continued to the extent the Division budget and outside resources will allow. Activities, plans and changes for many of the programs have been listed in the appropriate description of the program. Other anticipated activities, in addition to those included in the text above include:

The Deaf Services Coordinator will be attending a 6 WEEK TRAINING PROGRAM ON MENTAL HEALTH AND DEAFNESS at the UNIVERSITY OF CALIFORNIA CENTER ON DEAFNESS in San Francisco in February and March 1994. Unfortunately, despite the benefits this program will provide, Department funds do not include training, so the Coordinator will be attending at her own expense and time off without pay.

The third NATIONAL CONFERENCE ON DEAFNESS AND MENTAL HEALTH, BREAK OUT, will be held in South Carolina in April of 1994. The Deaf Services Coordinator and the case manager for the Deaf will be co-presenting a paper on CASE MANAGEMENT SERVICES FOR THE DEAF IN A HEARING AGENCY.

August 1994 will be the first meeting of all STATE COORDINATORS OF MENTAL HEALTH SERVICES FOR THE DEAF throughout the nation in Washington, D. C.. The meeting was organized by the American Deafness and Rehabilitation Association and will be sponsored by federal funds. It should prove to be an excellent opportunity for networking and exchange of information.

The Division will be one of the sponsors of REGISTRY OF INTERPRETERS FOR THE DEAF REGION 1 CONVENTION to be held just across the border in New Hampshire in November of 1994. Though each region of the country hosts a biennial convention, this will be the first in northern New England, and the first to conduct all business in American Sign Language.

AMITY CENTER, a social club and vocational program in Portland, has interviewed potential Deaf staff for their social club program. If this position becomes a reality, it will greatly improve the opportunities for Deaf adults with mental illness to socialize with their peers, both Deaf and hearing.

The 7TH ANNUAL CONFERENCE: MENTAL HEALTH AND DEAFNESS is being planned for the spring of 1994, for the first time in cooperation with the Governor Baxter School for the Deaf.

HOLY INNOCENTS will be interviewing candidates for the ADVOCACY AND SERVICE SYSTEM CONSULTANT position in early 1994.

The SOUTHERN MAINE REGIONAL PLANNING BOARD will be up and running mi-1994. The Deaf Services Coordinator has agreed to provide orientation training to the board members.

As state hospitals decrease in size, local community hospitals are being increasingly utilized. An AWARENESS OUTREACH CAMPAIGN will be initiated involving the interpreter referral agencies and DMH, generating training programs and a POSTER that can be displayed in public areas for awareness and as a COMMUNICATION TOOL for Deaf persons seeking treatment services.

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The Atlantic

A POST-COLD WAR FOREIGN POLICY / FICTION BY JOHN SAYLES

DEAFNESS AS CULTURE

In a sense, a new "ethnic" group has emerged in this country: the deaf. They see their condition as a cultural identity, and they don't want to be "fixed"

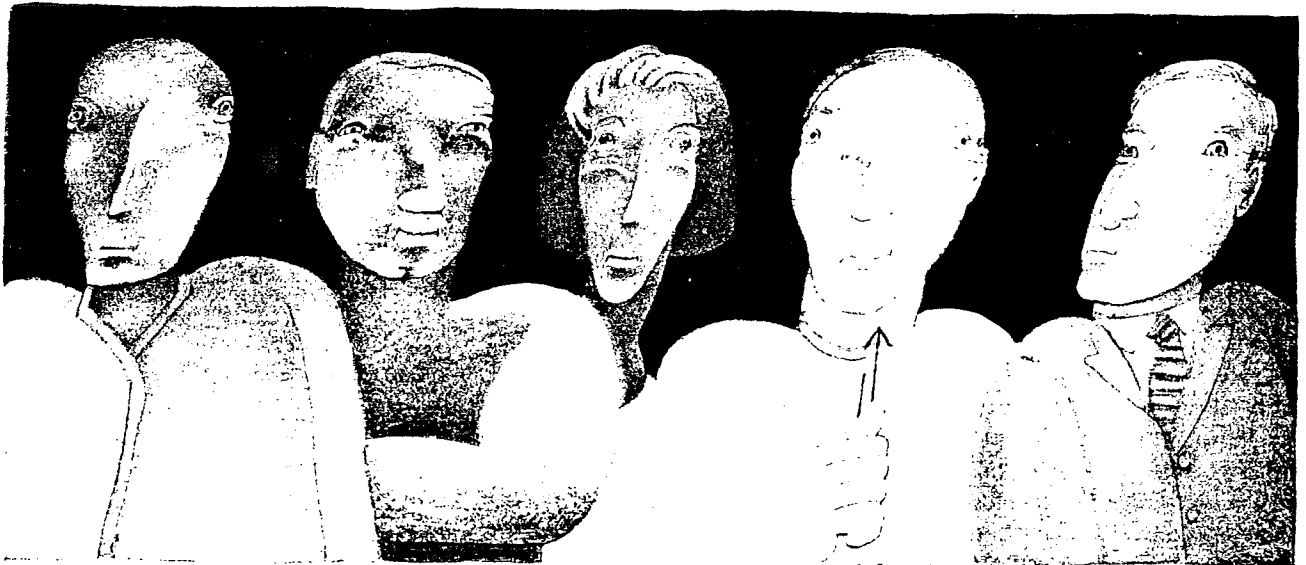
BY EDWARD DOLNICK

\$2.95

Well-meaning efforts to integrate deaf people into conventional schools and to help them learn to speak English are provoking fierce resistance from activists who favor sign language and an acknowledgment that the world of deafness is distinctive, rewarding, and worth preservation

DEAFNESS AS CULTURE

BY EDWARD DOLNICK



IN 1773, ON A TOUR OF SCOTLAND AND THE HEBRIDES Islands, Samuel Johnson visited a school for deaf children. Impressed by the students but daunted by their predicament, he proclaimed deafness "one of the most desperate of human calamities." More than a century later Helen Keller reflected on her own life and declared that deafness was a far greater hardship than blindness. "Blindness cuts people off from things," she observed. "Deafness cuts people off from people."

For millennia deafness was considered so catastrophic that very few ventured to ease its burdens. Isolation in a kind of permanent solitary confinement was deemed inevitable; a deaf person, even in the midst of urban hubbub, was considered as unreachable as a fairy-tale princess locked in a tower. The first attempts to educate deaf children came only in the sixteenth century. As late as 1749 the French Academy of Sciences appointed a commission to determine whether deaf people were "ca-

pable of reasoning." Today no one would presume to ignore the deaf or exclude them from full participation in society. But acknowledging their rights is one thing, coming to grips with their plight another. Deafness is still seen as a dreadful fate.

Lately, though, the deaf community has begun to speak for itself. To the surprise and bewilderment of outsiders, its message is utterly contrary to the wisdom of centuries: Deaf people, far from groaning under a heavy yoke, are not handicapped at all. Deafness is not a disability. Instead, many deaf people now proclaim, they are a subculture like any other. They are simply a linguistic minority (speaking American Sign Language) and are no more in need of a cure for their condition than are Haitians or Hispanics.

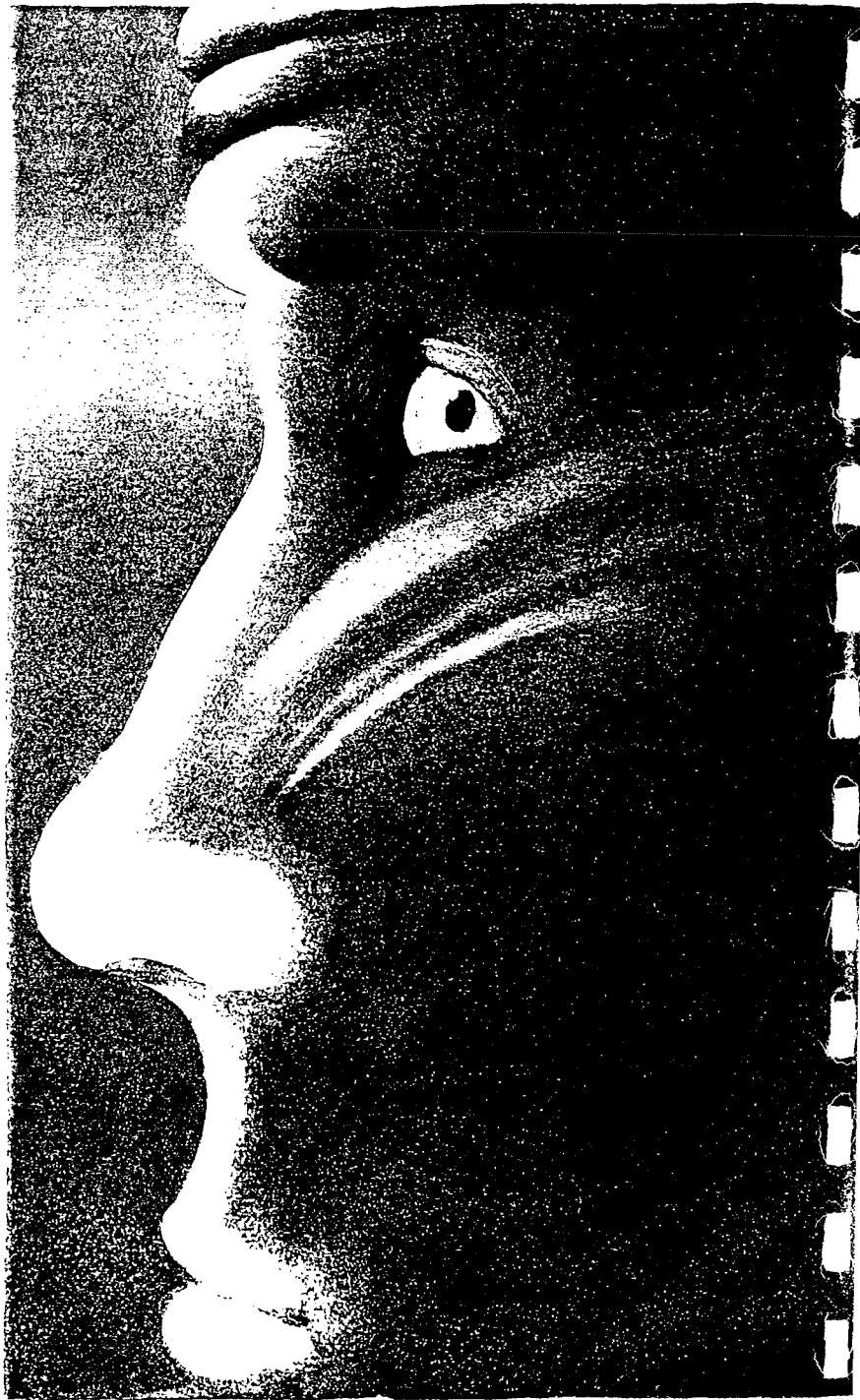
That view is vehemently held. "The term 'disabled' describes those who are blind or physically handicapped," the deaf linguists Carol Padden and Tom Humphries

write, "not Deaf people." (The upper-case D is significant: it serves as a succinct proclamation that the deaf share a culture rather than merely a medical condition.) So strong is the feeling of cultural solidarity that many deaf parents cheer on discovering that their baby is deaf. Pondering such a scene, a hearing person can experience a kind of vertigo. The surprise is not simply the unfamiliarity of the views; it is that, as in a surrealist painting, jarring notions are presented as if they were commonplaces.

The embrace of what looks indisputably like hardship is what, in particular, strikes the hearing world as perverse, and deaf leaders have learned to brace themselves for the inevitable question. "No!" Roslyn Rosen says, by shaking her head vehemently, she *wouldn't* prefer to be able to hear. Rosen, the president of the National Association of the Deaf, is deaf, the daughter of deaf parents, and the mother of deaf children. "I'm happy with who I am," she says through an interpreter, "and I don't want to be 'fixed.' Would an Italian-American rather be a WASP? In our society everyone agrees that whites have an easier time than blacks. But do you think a black person would undergo operations to become white?"

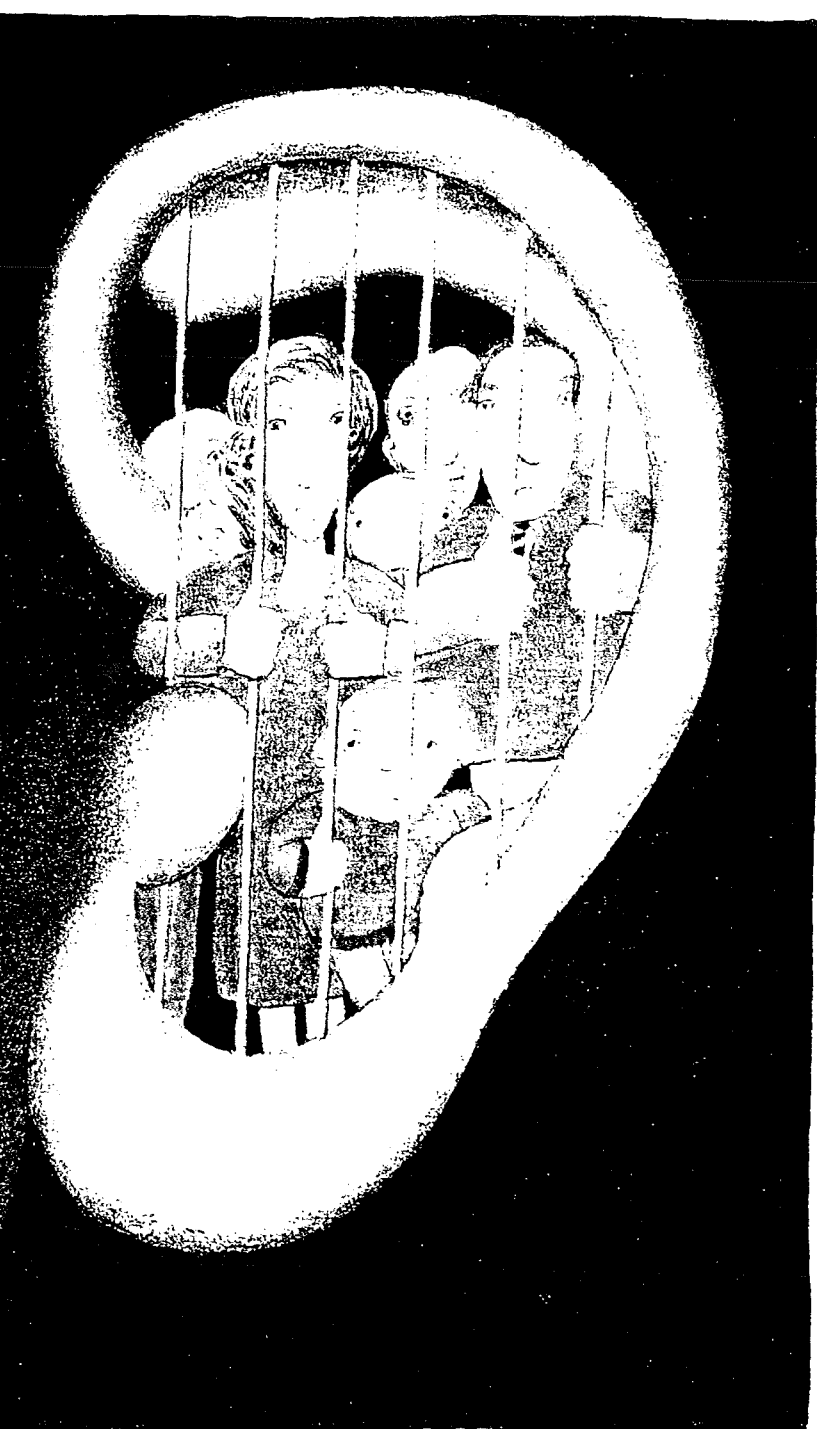
The view that deafness is akin to ethnicity is far from unanimously held. "The world of deafness often seems Balkanized, with a warlord ruling every mountaintop," writes Henry Kisor, the book editor for the *Chicago Sun-Times* and deaf himself. But the "deaf culture" camp—Kisor calls it the "New Orthodoxy"—is in the ascendancy, and its proponents invoke watchwords that still carry echoes of earlier civil-rights struggles. "Pride," "heritage," "identity," and similar words are thick in the air.

Rhetoric aside, however, the current controversy is disorientingly unfamiliar, because the deaf are a group unlike any ethnic minority: 90 percent of all deaf children are born to hearing parents. Many people never meet a deaf person unless one is born to them. Then parent and child belong to different cultures, as they would in an adoption across racial lines. And deaf children acquire a sense of cultural identity from their peers rather than their parents, as homosexuals do. But the crucial issue is that hearing parent and deaf child don't share a means of communication. Deaf children cannot grasp their parents' spoken language, and hearing parents are unlikely to know sign language. Communication is not a



gift automatically bestowed in infancy but an acquisition gained only by laborious effort.

This gulf has many consequences. Hearing people tend to make the mistake of considering deafness to be an affliction that we are familiar with, as if being deaf were more or less like being hard of hearing. Even those of us with sharp hearing are, after all, occasionally unable to make out a mumbled remark at the dinner table, or a whispered question from a toddler, or a snatch of dialogue in a movie theater.



To get a hint of blindness, you can try making your way down an unfamiliar hall in the dark, late at night. But clamping on a pair of earmuffs conveys nothing essential about deafness, because the earmuffs can't block out a lifetime's experience of having heard language. That experience makes hearing people ineradicably different. Because antibiotics have tamed many of the childhood diseases that once caused permanent loss of hearing, more than 90 percent of all deaf children in the United States today were born deaf or lost their hearing before

they had learned English. The challenge that faces them—recognizing that other peoples' mysterious lip movements *are* language, and then learning to speak that language—is immeasurably greater than that facing an adult who must cope with a gradual hearing loss.

Learning to speak is so hard for people deaf from infancy because they are trying, without any direct feedback, to mimic sounds they have never heard. (Children who learn to speak and then go deaf fare better, because they retain some memory of sound.) One mother of a deaf child describes the challenge as comparable to learning to speak Japanese from within a soundproof glass booth. And even if a deaf person does learn to speak, understanding someone else's speech remains maddeningly difficult. Countless words look alike on the lips, though they sound quite different. "Mama" is indistinguishable from "papa," "cat" from "hat," "no new taxes" from "go to Texas." Context and guesswork are crucial, and conversation becomes a kind of fast and ongoing crossword puzzle.

"Speechreading is EXHAUSTING. I hate having to depend on it," writes Cheryl Heppner, a deaf woman who is the executive director of the Northern Virginia Resource Center for Deaf and Hard of Hearing Persons. Despite her complaint, Heppner is a speech-reading virtuoso. She made it through public school and Pennsylvania State University without the help of interpreters, and she says she has never met a person with better speech-reading skills. But "even with peak conditions," she explains, "good lighting, high energy level, and a person who articulates well, I'm still guessing at half of what I see on the lips." When we met in her office, our conversation ground to a halt every sentence or two, as if we were travelers without a common language who had been thrown together in a train compartment. I

had great difficulty making out Heppner's soft, high-pitched speech, and far more often than not my questions and comments met only with her mouthed "Sorry." In frustration we resorted to typing on her computer.

For the average deaf person, lip-reading is even less rewarding. In tests using simple sentences, deaf people recognize perhaps three or four words in every ten. Ironically, the greatest aid to lip-reading is knowing how words sound. One British study found, for example, that the average deaf person with a decade of practice was no better

at lip-reading than a hearing person picked off the street.

Unsurprisingly, the deaf score poorly on tests of English skills. The average deaf sixteen-year-old reads at the level of a hearing eight-year-old. When deaf students eventually leave school, three in four are unable to read a newspaper. Only two deaf children in a hundred (compared with forty in a hundred among the general population) go on to college. Many deaf students write English as if it were a foreign language. One former professor at Gallaudet, the elite Washington, D.C., university for the deaf, sometimes shows acquaintances a letter written by a student. The quality of the writing, he says, is typical. "As soon as you had lend me \$15," the letter begins, "I felt I must write you to let you know how relievable I am in your aid."

Small wonder that many of the deaf eagerly turn to American Sign Language, invariably described as "the natural language of the deaf." Deaf children of deaf parents learn ASL as easily as hearing children learn a spoken language. At the same age that hearing babies begin talking, deaf babies of parents who sign begin "babbling" nonsense signs with their fingers. Soon, and without having to be formally taught, they have command of a rich and varied language, as expressive as English but as different from it as Urdu or Hungarian.

At the heart of the idea that deafness is cultural, in fact, is the deaf community's proprietary pride in ASL. Even among the hearing the discovery of ASL's riches has sometimes had a profound impact. The most prominent ally of the deaf-culture movement, for example, is the Northeast-

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ern University linguist Harlan Lane, whose interest in the deaf came about through his study of ASL. When he first saw people signing to one another, Lane recalls, he was stunned to realize that "language could be expressed just as well by the hands and face as by the tongue and throat, even though the very definition of language we had learned as students was that it was something spoken and heard." For a linguist, Lane says, "this was astonishing, thrilling. I felt like Balboa seeing the Pacific."

Until the 1960s critics had dismissed signing as a poor substitute for language, a mere semaphoring of stripped-down messages ("I see the ball"). Then linguists demonstrated that ASL is in fact a full-fledged language, with grammar and puns and poems, and dignified it with a name. Anything that can be said can be said in ASL. In the view of the neurologist and essayist Oliver Sacks, it is "a language equally suitable for making love or speeches, for flirtation or mathematics."

ASL is the everyday language of perhaps half a million Americans. A shared language makes for a shared identity. With the deaf as with other groups, this identity is a prickly combination of pride in one's own ways and wariness of outsiders. "If I happened to strike up a relationship with a hearing person," says MJ Bienvenu, a deaf activist speaking through an interpreter, "I'd have considerable trepidation about my [deaf] parents' reaction. They'd ask, 'What's the matter? Aren't your own people good enough for you?' and they'd warn, 'They'll take advantage of you. You don't know what they're going to do behind your back.'"



Blind men and women often marry sighted people, but 90 percent of deaf people who marry take deaf spouses. When social scientists ask people who are blind or in wheelchairs if they wish they could see or walk, they say yes instantly. Only the deaf answer the equivalent question no. The essence of deafness, they explain, is not the lack of hearing but the community and culture based on ASL. Deaf culture represents not a denial but an affirmation.

Spokespeople for deaf pride present their case as self-evident and commonsensical. Why should anyone expect deaf people to deny their roots when every other cultural group proudly celebrates its traditions and history? Why stigmatize the speakers of a particular language as disabled? "When Gorbachev visited the U.S., he used an interpreter to talk to the President," says Bienvenu, who is one of the directors of an organization called The Bicultural Center. "Was Gorbachev disabled?"

Uneasy Allies

DESPITE THE CLAIMS MADE IN ITS NAME, though, the idea that deafness is akin to ethnicity is hardly straightforward. On the contrary, it is an idea with profound and surprising implications, though these are rarely explored. When the deaf were in the news in 1988, for instance, protesting the choice of a hearing person as president of Gallaudet, the press assumed that the story was about disabled people asserting their rights, and treated it the same as if students at a university for the blind had demanded a blind president.

The first surprise in the cultural view of deafness is that it rejects the assumption that medical treatment means progress and is welcome. Since deafness is not a deprivation, the argument runs, talk of cures and breakthroughs and technological wizardry is both inappropriate and offensive—as if doctors and newspapers joyously announced advances in genetic engineering that might someday make it possible to turn black skin white.

Last fall, for example, *60 Minutes* produced a story on a bright, lively little girl named Caitlin Parton. "We don't remember ever meeting [anyone] who captivated us quite as much as this seven-year-old charmer," it began. Caitlin is deaf, and *60 Minutes* showed how a new device called a cochlear implant had transformed her life. Before surgeons implanted a wire in Caitlin's inner ear and a tiny receiver under her skin, she couldn't hear voices or barking dogs or honking cars. With the implant she can hear ordinary conversation, she can speak almost perfectly, and she is thriving in school. *60 Minutes* presented the story as a welcome break from its usual round of scandal and exposé. Who could resist a delightful child and a happy ending?

Activists in the deaf community were outraged. Implants, they thundered in letters to *60 Minutes*, are "child

abuse" and "pathological" and "genocide." The mildest criticism was that Caitlin's success was a fluke that would tempt parents into entertaining similar but doomed hopes for their own children. "There should have been parades all across America," Caitlin's father lamented months later. "This is a miracle of biblical proportions, making the deaf hear. But we keep hearing what a terrible thing this is, how it's like Zyklon B, how it has to be stopped."

The anger should have been easy to anticipate. The magazine *Deaf Life*, for example, runs a question-and-answer column called "For Hearing People Only." In response to a reader's question well before *60 Minutes* came along, the editors wrote, "An implant is the ultimate invasion of the ear, the ultimate denial of deafness, the ultimate refusal to let deaf children be Deaf. . . . Parents who choose to have their children implanted, are in effect saying, 'I don't respect the Deaf community, and I certainly don't want my child to be part of it. I want him/her to be part of the hearing world, not the Deaf world.'"

The roots of such hostility run far deeper than the specific fear that cochlear implants in children are unproved and risky. More generally, the objection is that from the moment parents suspect their child is deaf, they turn for expert advice to doctors and audiologists and speech therapists rather than to the true experts, deaf people. Harlan Lane points to one survey that found that 86 percent of deaf adults said they would not want a cochlear implant even if it were free. "There are many prostheses from eyeglasses and artificial limbs to cochlear implants," Lane writes. "Can you name another that we insist on for children in flagrant disregard of the advice of adults with the same 'condition'?"

The division between the deaf community and the medical one seems to separate two natural allies. Even more surprising is a second split, between deaf people and advocates for the disabled. In this case, though, the two sides remain uneasy partners, bound as if in a bad marriage. The deaf community knows that whatever its qualms, it cannot afford to cut itself off from the larger, savvier, wealthier disability lobby.

Historically, advocates for every disabled group have directed their fiercest fire at policies that exclude their group. No matter the good intentions, no matter the logistical hurdles, they have insisted, separate is not equal. Thus buildings, buses, classes, must be accessible to all; special accommodations for the disabled are not a satisfactory substitute. All this has become part of conventional wisdom. Today, under the general heading of "mainstreaming," it is enshrined in law and unchallenged as a premise of enlightened thought.

Except among the deaf. Their objection is that even well-meaning attempts to integrate deaf people into hearing society may actually imprison them in a zone of silence. Jostled by a crowd but unable to communicate, they are effectively alone. The problem is especially acute

in schools, where mainstreaming has led to the decline of residential schools for the disabled and the deaf and the integration of many such students into ordinary public schools. Since deafness is rare, affecting one child in a thousand, deaf students are thinly scattered. As a result, half of all deaf children in public school have either no deaf classmates at all or very few.

"Mainstreaming deaf children in regular public-school programs," the prominent deaf educator Leo Jacobs writes, will produce "a new generation of educational failures" and "frustrated and unfulfilled adults." Another deaf spokesman, Mervin Garretson, is even harsher. The danger of mainstreaming, he contends, is that deaf children could be "educationally, vocationally, and emotionally mutilated."

The Case for ASL

IN HIS BRILLIANT AND POLEMICAL book *The Mask of Benevolence*, Harlan Lane, the chief theoretician of the deaf-culture movement, makes his case seem as clear-cut as a proposition in formal logic. Deaf children are biologically equipped to do everything but hear, he argues; spoken language turns on the ability to hear; therefore spoken language is a poor choice for deaf children. For good measure, Lane throws in a corollary: Since an alternative language, ASL, is both available and easy for the deaf to learn, ASL is a better choice for a first language. QED.

For the parents of a deaf child, though, matters are far from simple. (Lane is childless.) Parents have crucial decisions to make, and they don't have the luxury of time. Children who learn a language late are at a lifelong disadvantage. Deafness is, in one scholar's summary, "a curable, or rather a preventable, form of mental retardation."

Osmond and Deborah Crosby's daughter was born in July of 1988. "Dorothy Jane Crosby," the birth announcement began, "Stanford class of 2009, track, academic all-American, B.S. in pre-astronautics, Cum Laude. 2008 Olympics (decathlon), Miss Florida, Senate hopeful."

"You can chuckle about that announcement," Oz Crosby says now, "but we all have expectations for our kids. That card was a message from my unconscious—these are the kinds of things I'd like to see, that would make me proud, in my child. And the first thing that happened after DJ's deafness

was diagnosed was that I felt that child had died. That's something you hear a lot from parents, and it's that blunt and that real."

Crosby, fifty, is tall and athletic, with blond hair and a small, neat moustache. A timber executive who now lives in the suburbs of Washington, D.C., he is a serious and intelligent man who had scarcely given deafness a thought before it invaded his household. Then he plunged into the deafness literature and began keeping a journal of his own.



He found that every path was pocked with hazards. The course that sounds simplest, keeping the child at home with her parents and teaching her English, can prove fantastically difficult. Even basic communication is a constant challenge. In a memoir called *Deaf Like Me*, a man named Thomas Spradley tells of raising a deaf daughter, Lynn. One Saturday morning shortly after Lynn had begun school, Spradley and his wife, Louise, found her outdoors, waiting for the school bus. Lynn stood at the end of the driveway, scanning the street every few sec-

onds. After half an hour she gave up and came indoors. For weeks Lynn repeated the same futile wait every Saturday and Sunday, until her parents finally managed to convey the concept of "weekday" and "weekend." Words like "car" and "shoes" were easy; abstractions and relationships were not. The Spradleys knew Lynn loved her grandparents, for instance, but they had no idea if she knew who those devoted elderly people were. When Lynn once had to undergo a spinal tap, her parents could not explain what the painful test was for.

As much trouble as Thomas and Louise Spradley had in talking with their daughter, she was just as frustrated in trying to communicate with them. "How do you tell Mommy that you don't like your cereal with that much milk on it?" Spradley writes. "How do you ask Daddy to swing you upside down when all he seems to understand is that you want to be held? How do you tell them that you want to go to other people's houses like [her older brother]? How do you make them understand you want the same kind of Kool-Aid that you had two weeks ago at your cousin's house and just now remembered? How do you say, 'I forgot what I wanted?'"

Making matters more frustrating still, no one seems able to tell parents how successful their child will be in speaking and understanding English. "I'd ask, 'What's the future for us?'" Crosby says, "and they'd say, 'Every deaf child is different.'" Though given to measured, even pedantic, phrasing, Crosby grows angry as he recalls the scene. "It seemed like such a cop-out. I wanted to grab them by the throat and shout, 'Here's the bloody audiogram. How's she going to talk?'"

The truth, Crosby has reluctantly come to concede, is that only a few generalizations are possible. Children who are born deaf or who lose their hearing before learning to speak have a far harder time than those deafened later. Children with a profound hearing loss have a harder time than children with a mild loss. Children who cannot detect high-pitched sounds have problems different from those of children who cannot detect low pitches. Finally, and unaccountably, some deaf children just happen to have an easier time with spoken English than others.

Hence few overall statistics are available. Those few are not encouraging. In one study, for example, teachers of the deaf, evaluating their own pupils, judged the



speech of two thirds of them to be hard to understand or unintelligible. Timothy Jaech, the superintendent of the Wisconsin School for the Deaf, writes, "The vast majority of deaf children will never develop intelligible speech for the general public." Jaech, who is deaf, speaks and reads lips. "To gamble 12 to 15 years of a deaf child's life is almost immoral," he says. "[My sister] and I were among the lucky ones. What of the other 99 percent?"

Still, it is indisputable that many profoundly deaf adults participate fully and successfully in the hearing world, as lawyers and engineers and in dozens of other roles. Do these examples show what parents might expect for their own child? Or are they inspiring but irrelevant tales that have as little bearing on the typical deaf child as Michael Jordan's success has on the future of a ten-year-old dreaming of NBA glory?

The case for ASL has problems of its own. ASL is certainly easier for the deaf child to learn, but what of the rest of the family? How can parents say anything meaningful to their child in a foreign language they have only begun to study? Moreover, many hearing parents point out, even if deaf culture is rich and vital, it is indisputably not the majority culture. Since spoken language is the ticket to the larger world, isn't giving a child ASL as a first language a bit risky?

The choices are agonizing. "I understand now how people choosing a cancer therapy for their child must feel," Crosby says. "You can't afford to be wrong." To illustrate the dilemma, Crosby wrote what he calls a parable:

Suppose that your one-year-old, who has been slow to walk, has just been diagnosed with a rare disorder of the nervous system. The prognosis is for great difficulty in muscular control of the arms and legs due to tremors and impaired nerve pathways. With the help of special braces, physical therapy, and lots of training, she will be able to walk slowly, climb stairs haltingly, and use her hands awkwardly. In general, she will be able to do most of the things other kids do, although not as easily, smoothly, or quickly. Some children respond to this therapy better than others, but all can get around on their legs after a fashion. Even though they will never run or play sports, they will have complete mobility at a deliberate, shuffling pace.

There is an alternative, however. If her legs are amputated right away, the tremors will cease, and the remaining nerve pathways will strengthen. She will be able to use a wheelchair with ease. She can even be a wheelchair athlete, "running" marathons, playing basketball, etc., if she desires. Anywhere a wheelchair can go is readily available to her. There is easy access to a world that is geographically smaller. On the other hand, she can't climb simple stairs, hike trails slowly, or even use public transportation without special assistance.

"Now, Mr. and Mrs. Solomon," Crosby concluded, "which life do *you* choose for your child?"

Cued Speech

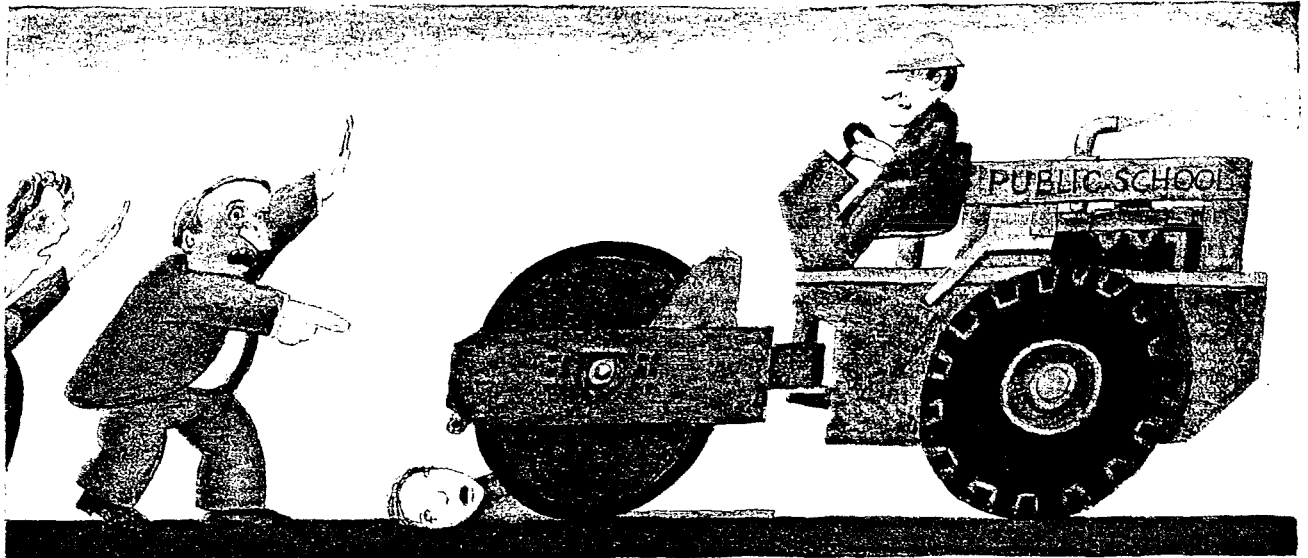
CROSBY AND HIS WIFE HAVE CHOSEN A COMPROMISE, a controversial technique called cued speech, in which spoken English is accompanied by hand signals that enable a deaf person to distinguish between words that look alike on the lips. The aim is to remove the guesswork from lip-reading by using eight hand shapes in different positions near the face to indicate that the word being spoken is, say, "bat" rather than "pan."

The technique, which is spread by a tiny but zealous group of parents with deaf children, has several advantages. It's easy to learn, for one thing, taking only twenty or so hours of study. A parent who sets out to learn American Sign Language, in contrast, must devote months or years to the project, as he would have to do in order to learn any foreign language. And since cued speech is, essentially, English, parents can bypass the stilted, often useless phrases of the beginning language student. Instead of stumbling over "*la plume de ma tante*," they can talk to their deaf child from the beginning about any subject in the world.

Moreover, because cued speech is simply English transliterated, rather than a new language, nothing has to be lost in translation. A deaf child who learns cued speech learns English, along with its slang and jargon and idioms and jokes, as his native language. "It's a way to embrace English, the language your whole country runs on, instead of trying to pretend it doesn't exist," says Judy Weiss, a woman in Washington, D.C., who has used cued speech with her son since he lost his hearing as a ten-month-old.

This method, which was invented at Gallaudet in 1965-1966, is nonetheless out of favor with the deaf community. It's seen as a slap at ASL and as just a new version of the despised "oralism," in which deaf students were forced for hour upon hour to try to pronounce English words they had never heard. But the proponents of cued speech insist that these objections are political and unfounded. They point to a handful of small studies that conclude that deaf children who learn cued speech read as well as hearing students, and they mention a small group of highly successful deaf students who rely on cuing. Perhaps the most accomplished of all is a Wellesley undergraduate named Stasie Jones. Raised in France by an American mother and a British father, she speaks French and English and is now studying Russian and Spanish.

But the system is no godsend. "The trap I see a lot of cuing families fall into," Crosby says, "is to say, 'Johnny understands everything we say, we understand everything he says, he's getting As at school—what's the problem?' The problem is, Johnny can't talk to someone he meets on the street and Johnny can't order a hamburger at McDonald's."



Total Communication

CUED SPEECH IS USED ONLY IN A RELATIVE HANDFUL of schools. By far the most common method of teaching the deaf today is called "total communication." The idea is that teachers use any and all means of communication with their students—speech, writing, ASL, finger-spelling. Total communication was instituted in the 1970s as a reaction to a century of oralism, in which signing was forbidden and the aim was to teach the deaf child to speak and lip-read.

Oralism still has zealous adherents, but today it is used mainly with hard-of-hearing students and only rarely with deaf ones. Its dominance began with the Congress of Milan, an international meeting of educators in 1880, which affirmed "the incontestable superiority of speech over sign" and voted to banish sign language from deaf education. The ban, notorious to this day among the deaf, was effective. In 1867 every American school for the deaf taught in ASL; by 1907 not a single one did.

When total communication came along, the two rival camps in deaf education accepted it warily. Those who favored English reasoned that at least teachers would be speaking to their students; those who preferred ASL were pleased that teachers would be signing. Today hardly anyone is pleased, and one of the few points of agreement in the present debate is that deaf education is distressingly bad. The Commission on Education of the Deaf, for example, which reported to the President and Congress in 1988, began its account,

"The present status of education for persons who are deaf in the United States is unsatisfactory. Unacceptably so. This is [our] primary and inescapable conclusion."

The explanation for these dreary findings, depending on who is carrying out the analysis, is either that deafness is so debilitating that poor results are inevitable or that something is wrong with current teaching methods. Total communication, its critics contend, is unworkable. No teacher can speak in English and simultaneously sign the same message in ASL, which has a completely different grammar and word order. "In practice," Harlan Lane writes, "'total communication' merely means that the teacher may accompany his spoken English with some signs from American Sign Language, if he knows a few. While the teacher is speaking, he occasionally 'shouts' a sign—that is, signs a prominent noun or verb if he knows it, in the wrong order and without using the complex grammar of ASL."

Lane and his allies support an approach called bilingual-bicultural. In this new and still rare program (so new that few measures of its success or failure are available) students are taught in ASL and eventually build on that knowledge to learn English as a second language. Since learning to speak is so difficult and time-consuming, the emphasis in English courses is on reading and writing rather than on speaking.

Neither this new approach nor any other single method may prove right for everyone. Take Cheryl Heppner, the director of the Northern Virginia Resource Center. She was deafened by meningitis as a second-grader, long after she had become ex-

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WAYS AND WARINESS
OF OUTSIDERS.

pert in English. Today Heppner is a great admirer of ASL, which she learned as an adult, but she says nonetheless that classes taught in ASL would not have been best for her. "Why should they have stripped English away from me?" she asks. "I already had to learn to cope with deafness."

The objections of many hearing parents to the bilingual scheme are far more strenuous. ASL is not simply a different language, they note, but a language without a written form. Partly as a consequence, deaf culture has a marked anti-book bias. (Lane himself confesses that he is "really frustrated" that so few deaf people have read his eloquent but lengthy accounts of deaf culture.) "If you give your child, as a first language, a language that has no written form," Oz Crosby says, "and if that language on average does not lead to good reading skills, then you're giving that child a life in which she reads at a third- to fifth-grade level. She will be in danger of being exploited, because low-end jobs are all that will be available to her."

Two deep and related fears lie at the heart of the resentment of the bilingual approach. First, many hearing parents suspect that bilingualism is a Trojan horse. Once ASL has been smuggled in, they fear, talk of English as a second language will dry up. Second, and more important, they resent the implication that deaf adults know better than a deaf child's own parents what is best for her.

This is more than parental paranoia. Lane has written, for instance, that "most hearing parents make a botch of having a Deaf child."

Deaf leaders do their best to defuse such fears. "We don't say that hearing parents aren't qualified to make decisions about their deaf children," says Roslyn Rosen, of the National Association of the Deaf. "We say that they need to have contact with deaf people if they're going to make educated decisions. The way the system works now is that the first people the parents see are doctors and audiologists, who see deafness as a pathology. What we need are partnerships between hearing parents and the deaf community, so that parents can meet deaf people who are doing well."

Even deaf adults who don't identify with deaf culture often feel that they have important but untapped expertise on growing up deaf. "There is a strong feeling of community, and deaf people feel ownership of deaf children," Cheryl Heppner says. "I admit it. I feel it too. I really struggle in not wanting to interfere with a parent's right to parent and at the same time dealing with my own feelings and knowing that they have to accept that the child can never be one hundred percent theirs."

Such concessions rouse dark fears in hearing parents. Time and again their talk turns to laments about "giving up" or "losing" or "turning over" their child to the deaf

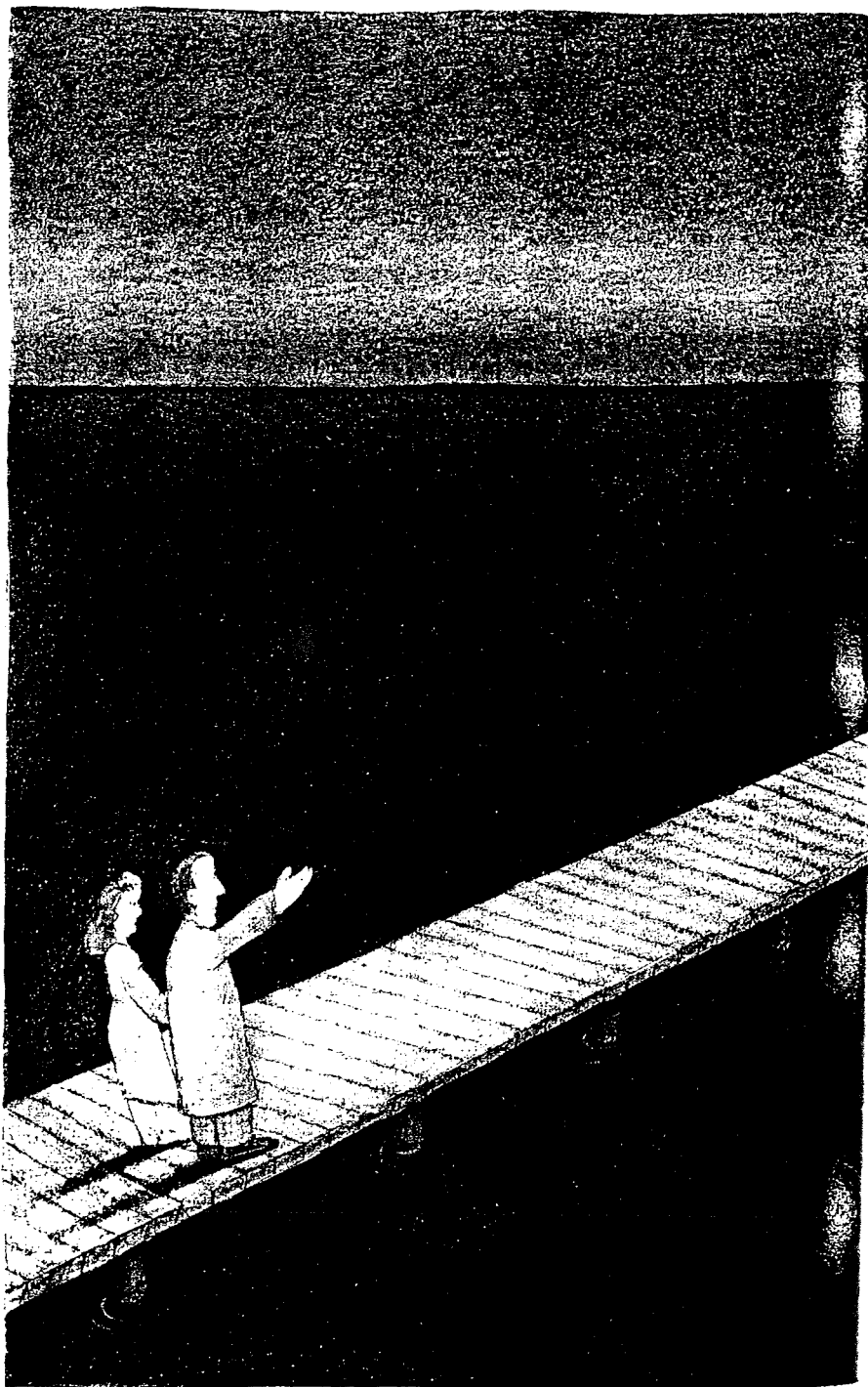
community. Even Oz Crosby, who strives to be open-minded, observes that "sometimes Deaf Culture looks like the Moonies to me: 'Your child will be happy, just don't expect to see her anymore, she's too busy being happy.'"

These fears crystallize around the issue of residential schools for the deaf, which have far different associations for deaf and hearing families. Hearing parents think of residential schools and conjure up the bleakest scenes in Dickens or the angriest images in a Frederick Wiseman documentary, with their child stuck away in a human warehouse. But among the deaf, residential schools have tremendous support. Here deaf children will not "drown in the mainstream," as Lane puts it, but will instead flourish among their peers. The schools provide a lifesaving chance to escape from isolation into community.

Patrick Graybill, a prominent figure in the deaf community and a former member of the National Theatre of the Deaf, attended a residential school in Kansas starting at age five. His enthusiastic memories of those years are typical. "I was really happy at school," he says, through an interpreter. "I saw my first plays there, and I knew that's what I wanted to do when I grew up. There were deaf adults I looked up to, and a good support system."

The classes were by no means uniformly excellent. "The emphasis was on English, and we were hit if we were caught talking with our hands. The speech teacher couldn't sign, and I used to hate having to touch her throat and neck, to learn the sounds to make, and smelling her breath." But pedagogy wasn't the point. "ASL was allowed in the dormitories," Graybill says, "and that's where we learned Deaf culture. Now I see kids in public schools, and some accept themselves as Deaf people, but others have a problem with it. We knew who we were, but I'm afraid they'll be lost between two worlds, because they can't speak well enough to be understood by hearing people and they're ashamed to use ASL."

Residential schools play such an important role in deaf culture that when two deaf adults meet, they tell each other not only their names but also the names of the schools they attended. "These schools were the place where their culture was transmitted to them," Lane says. "If they had hearing parents, they weren't going to find out how to be deaf in their homes or in the local schools."



This was where it happened, and frequently it's where they found their spouses, too. The schools are what Israel is to the Jews, the land of a minority without a land."

THE WORLD OF THE DEAF IS HETEROGENEOUS, AND the fault lines that run through it are twisted and tricky. Now politics has worsened the strains. Frances Parsons, for example, is a much honored Gallaudet professor who, though deaf herself, has denounced "the extremists fanatically hawking ASL and Deafism."



Such views have brought her hate mail and denunciatory posters and, once, a punch in the neck. Parsons sees her attackers as cultists and propagandists; they call her and her allies traitors and Uncle Toms.

Much of the dispute has to do with who is authentically deaf. Parsons is suspect because she speaks and has hearing parents. To be the deaf child of deaf parents has cachet, because this is as deaf as one can be. (The four student leaders of the 1988 Gallaudet protest were all "deaf of deaf.") To use ASL is "better" than to use a man-

ual language that mimics English grammar and arranges ASL signs in English word order. "Those born deaf deride those who become deaf at six years or twelve years or later," the Gallaudet psychologist Larry Stewart observed last year in a bitter essay titled "Debunking the Bilingual-Bicultural Snow Job in the American Deaf Community." "ASL-users who do not use lip movements scorn those who sign with mouthed English, or, the other way around. Residential school graduates turn up their nose at mainstream graduates, or the reverse. And so it goes; a once cohesive community now splintered apart by ideology."

Still, there is some common ground and even room for optimism. Captioning on television is universally welcomed; so are TTYs, keyboard devices that allow the deaf to use the telephone, provided the person called also has a TTY. In most states phone companies provide a free "relay" service, in which an operator with a TTY serves as a link between a deaf person with a TTY and a hearing person without one.

"Things are getting better," Roslyn Rosen says. "When I check into a hotel, because of the Americans With Disabilities Act, I expect the TV in the room will have captions, there'll be a TTY, the phone and the fire alarm will have flashing lights, and all that. And soon there will be TV-phones, which will be a wonderful boon for people who use sign language."

What's the difference between these technologies, which Rosen welcomes, and such a device as the cochlear implant, which she denounces? "An implant," she says, "alters *me*. The critical point is, it changes me instead of changing the environment. Therefore the problem is seen as belonging to the deaf person, and *that's* a problem."

To an outsider, this sounds a bit forced. Do eyeglasses, say, belong to one moral category and eye surgery to another?

A more useful distinction may be between approaches that allow deaf people to participate in the world and those that leave them stranded on the sidelines. "Part of the odyssey I've made," Cheryl Heppner says, "is in realizing that deafness is a disability, but it's a disability that is unique." It is unique in that a deaf person, unaided and independent, can travel wherever he wants, whenever he wants. The question is whether he will be able to communicate with anyone when he gets there. □



THE NEWSLETTER OF THE MAINE CENTER ON DEAFNESS • SPRING 1993

NET Updates TTY Directory

New England Telephone will be printing a new TTY Directory to be available in the Summer of 1993. This directory will include the five state area which includes Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

The Customer Contact Center for Individuals with Disabilities (CCCC) at New England Telephone is responsible for the new Directory. Please check your listing in

Mental Health Corner

The Bureau of Mental Health has moved! Meryl Troop, Deaf Services Coordinator, can now be reached 287-7285 TTY or 287-4240 Voice. The mailing address is State House Station 165, Augusta, ME 04333.

The 6th annual Mental Health and Deafness Conference will be on April 30 at the Sky Hy Conference Center in Topsham. The title this year is BREAKING DOWN THE WALLS, and we will look at the idea of COMMUNITY, where Deaf people with mental illness or mental retardation can find friends and feel they belong. The key note speaker is Patti Wilson from the North Shore Arc in Mass. The cost is only \$10.00 and that includes lunch! If you did not get a flier call Meryl or MCD for a registration form.

Some bad news: the Bureau of Mental Health has had to cut some services because of the state budget problems, and Joan Hale's position as Case Manager for the Deaf at Pine Tree Society was cut, as of March 1st. Those of us who have worked with Joan, as clients and as co-professionals, will miss Joan, both personally, and for the valuable services she has provided. We wish Joan the best of luck for her future job.

Maybe you have already heard: Diane McGinley is back in Maine! A former GBSD student, Diane is now working for Holy Innocents as Case Manager for the Deaf. The phone number for Holy Innocents is 871-7431 V/TTY.

774-HELP is a 24-hour emergency crisis hotline run by Ingraham Volunteers (IV). You can call 774-HELP any time you have a problem or just need someone to talk to. Many times reaching out and asking for help can make you feel better!

Did you know that the Bureau of Mental Health will pay for the interpreter for mental health counseling? If you are an adult and would like to get professional help for emotional problems, family issues, or to feel better about yourself, you can either contact a counselor yourself or call Meryl for some recommended counselors.

How can I foster independence in my child? How can I foster social growth? Emotional growth?

Deaf children grow just as hearing children do... by being exposed to experiences and opportunities. Giving a deaf child opportunities to participate in making plans and decisions allows the child to think creatively, develop independence, and learn that every behavior has a consequence.

Many people believe that society tends to do too much for deaf children that they can do for themselves. This makes it difficult for deaf children to take responsibility for their behavior. You can encourage your child to become more independent and responsible by giving the child appropriate responsibilities. In addition including your deaf child in family discussions of behavior and its consequences also offer a child a valuable learning experience.

You can encourage emotional growth by providing a vocabulary for the child to use in talking about feelings. Children must not only be free to experience and express emotions, they must learn to manage them as well. A vocabulary which will help a child to distinguish between the emotions and the behaviors which express them can aid the child in developing an understanding of the complex world of the emotions.

Such a vocabulary includes appropriate words to identify emotional behaviors in a non-threatening

A - 1

feelings and emotions, words which help, saying "I see that you're feeling

March on Augusta

Held February 17, 1993

There was a rally and a march around the State House on that cold, snowy morning from 11:00 to 12:00 noon before a public hearing at 1:00 p.m. about the proposed budget cuts for GBSD. There were about 60 people at the rally.

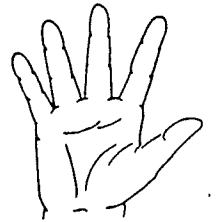
The following people gave testimony at the public hearing: Commissioner Leo Martin, Kathleen Fries (Superintendent of GBSD), Bill Nye (Director of Adult and Community Education at GBSD) and two parents of students at GBSD. They all shared their concerns that the programs at GBSD would not survive with the quality intact if the proposed budget cuts truly happen.

One mother told her story of her child who goes to the Communication Garden at GBSD to fulfill her need for communication development and learning about Deaf Culture. She said before she found the Communication Garden at GBSD that "outsider experts" told her to get a hearing aid for her child but that it does not work for the kids. She feels strongly that the Communication Garden must be preserved so that parents can be aware of their children's needs.

Another program in danger is the American Sign Language classes being taught in the Falmouth public schools. Three Deaf instructors from GBSD teach ASL to more than 120 kids of all ages in this shared program within the community.

There are 70 students at GBSD now with a very long waiting list of others from all around the state that want to go there. That is a 24%

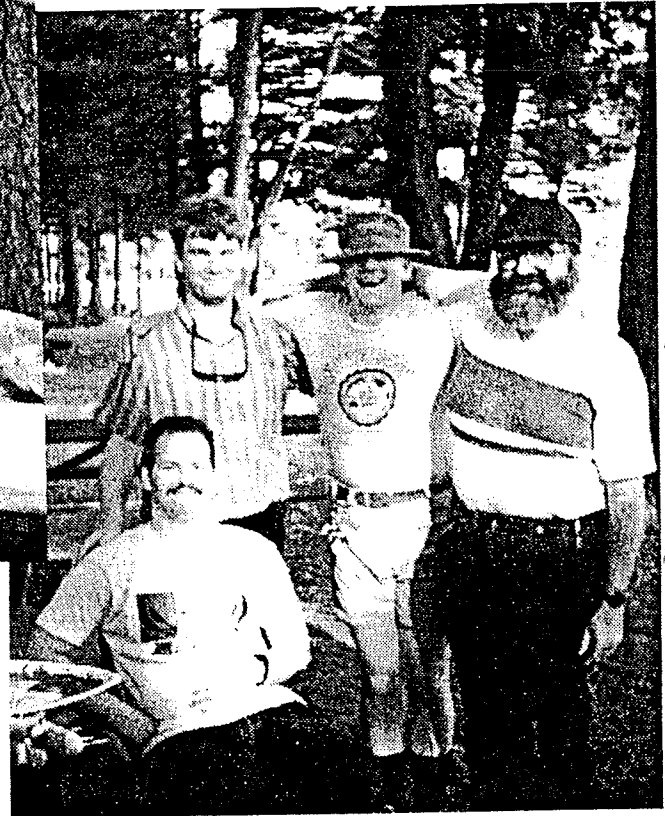




THE MCD NEWS

FALL '92

Peer Support Group



Cookout... Sebago Lake

See anyone
you know?



*Don Sirois and members of the MCD Peer Support Group
enjoyed summer outings at Sebago Lake State Park!*



PEER SUPPORT GROUP

Maine Center Deafness

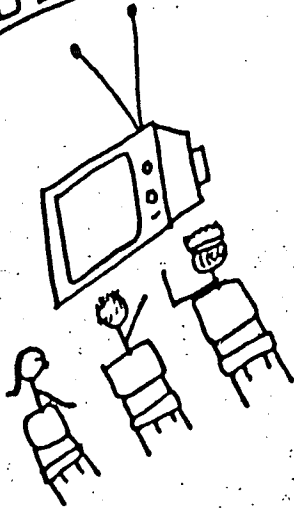
March 2, 1993

at

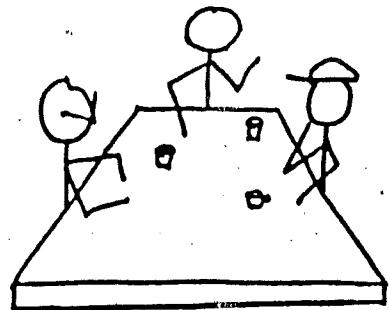
Conference Room at MCD from six p.m. to eight p.m.

What will we be doing there ?

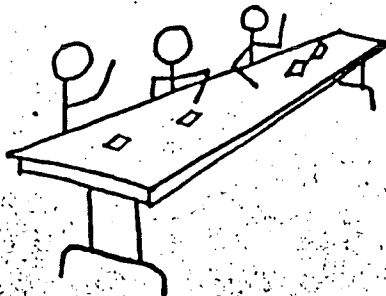
VIDEOTAPE



CHAT



GAME



SNACK



Any Questions?

Call MCD 761-2533

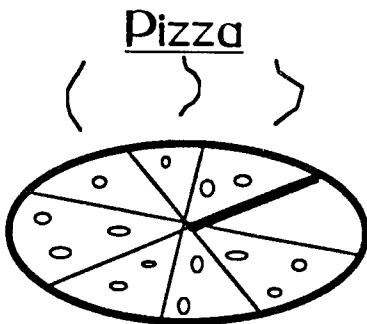
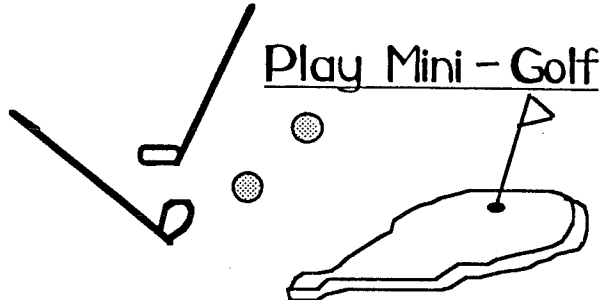
PEER SUPPORT GROUP

Maine Center Deafness

June 1, 1993

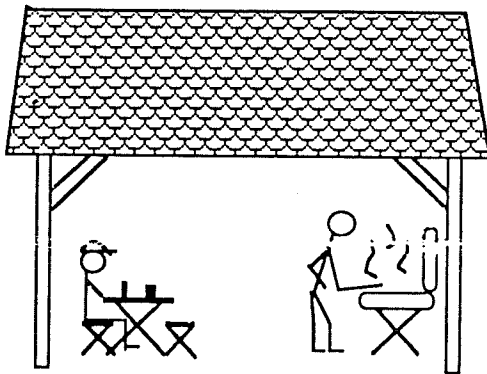
Go to the *Hot Shots Golf*

MCD will pay 1/2 cost, consumers will pay 1/2 price for golf.



June 15, 1993

Sebago Lake STATE PARK



COOK OUT

Hamburgers
Hot dogs
Salad
Chips
Soda

Any Questions?
Call MCD...761-2533

PEER SUPPORT GROUP

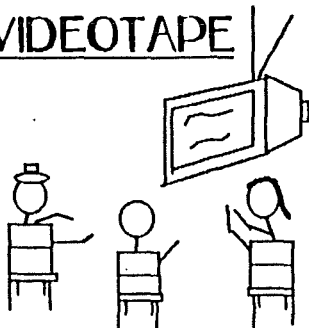
Maine Center Deafness

→ May 4, 1993 ←
at

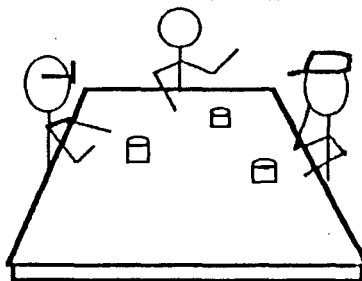
Conference Room next to MCD from 6:00 to 8:00 p.m.

What will we be doing there ?

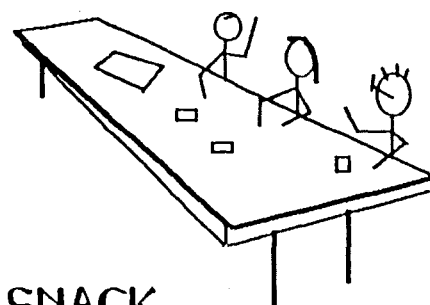
VIDEOTAPE



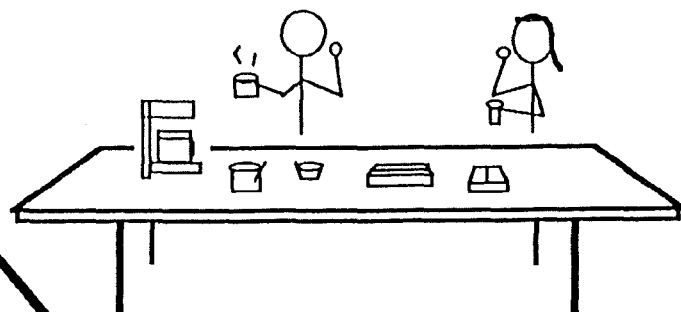
CHATTING



GAME



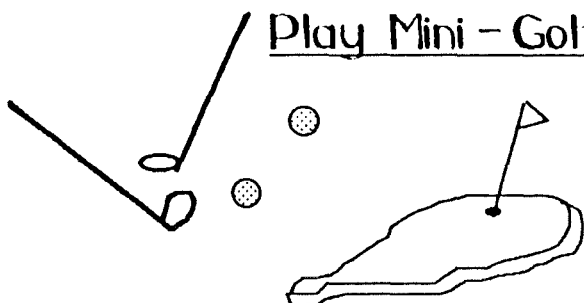
SNACK



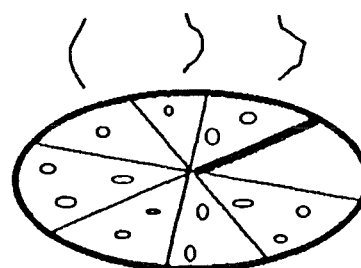
→ May 18, 1993 ←

MCD will pay 1/2 cost, consumers
will pay 1/2 price for golf.

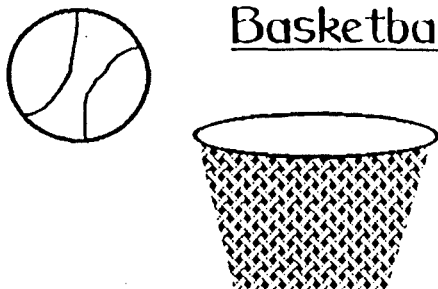
Play Mini - Golf



Eat Pizza



Basketball Game



Any Questions ?

Call MCD761-2533

**MAINE
CENTER**



**ON
DEAFNESS**

*"Bridging the Gap Between the Deaf and
Hearing Communities"*

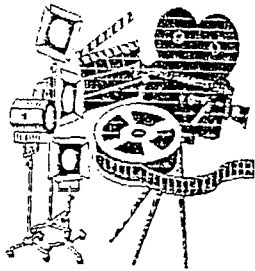
WHO ARE WE ?

- Statewide non-profit organization
- Promoting the welfare of Deaf and
Hard-of-Hearing citizens
- Providing the community with
information that will secure
the highest advantage
available to Deaf and
Hard-of-Hearing
People
- Offering American Sign
Language classes and
vaious workshops

Maine Center on Deafness

175 Lancaster Street
Suite 122
Portland, Maine 04101
(207) 761-2533 TDD/Voice

GALA
PREMIERE



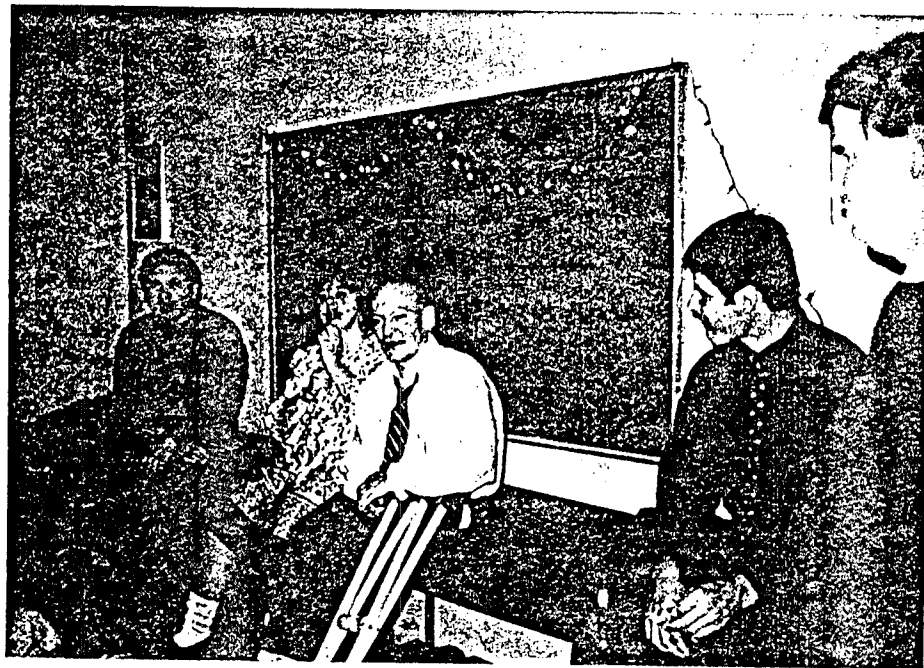
Opening night of the video
**YOUR RIGHTS
IN
MENTAL HEALTH
SERVICES**

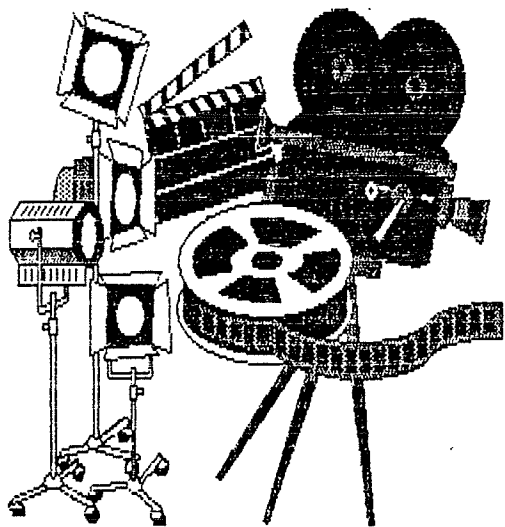
Fri.-Sept 17 7-9PM

Maine Center on Deafness
175 Lancaster St.
Portland, ME 04101
761-2533

**FORMAL ATTIRE OR
FANCY CLOTHES
PLEASE**







NEW

! JUST RELEASED !

- NOW ON VIDEO -

**YOUR RIGHTS
IN
MENTAL HEALTH SERVICES**



in American Sign Language



for Deaf Consumers only

40 Minutes

Perfect to be sure deaf consumers of mental health services understand their rights. Show tape in conjunction with providing a plain English written summary of the Rights of Recipients, and showing the green book, Rights of Recipients

To Borrow, contact

*Deaf Services Coordinator
Division of Mental Health
(207) 287-7285 TTY
287-4240 VOICE
State House Station #165
Augusta, Maine 04333*





We invite you to join as
MAINE'S BUREAU OF MENTAL HEALTH
• CELEBRATES •
DEAF CULTURE
WEEK

September 20-26, 1992



*"Deaf people can
do anything
...except hear"
I King Jordan,
President,
Gallaudet University*



to learn more contact ~
BUREAU OF MENTAL HEALTH DEAF SERVICES
207-289-2000 TDD 207-289-4230 VOICE

Celebrate Maine's DEAF CULTURE WEEK September 19-25, 1993



A PROUD HERITAGE

GARDINER, MAINE
August 26-27, 1993

Photo courtesy of Maine Association of the Deaf (MeAD), an affiliate chapter of the National Association of the Deaf (NAD).

A BRIGHT FUTURE

CAMP SIGN-A-WATHA
WELD, MAINE
August 26-27, 1993



Distinguished Service Award

The President of the United States
Cites
National Association of the Deaf
for
Distinguished Service to America
In Promoting the Dignity,
Equality, Independence
and Employment of People
with Disabilities

"... you of the National Association of the Deaf have refused to acquiesce in subhuman existence. You have refused to go quietly into the night of eternal dependency. You have refused to play the role of society's silent, smiling children, grateful for the material and cultural crumbs of an arrogant civilization. You of the NAD have had the will, the passion of genius - the gall to insist on creating your own culture based on American Sign Language.

Humanity has much to learn from a culture whose most prominent symbol is the sign for love..."

Justin Dart, chair of the President's Committee on Employment of People with Disabilities presenting the Presidential Distinguished Service Award to NAD President Roz Rosen.

DIVISION OF MENTAL HEALTH

DEAF SERVICES (207) 287-7285 TTY (207) 287-4240 VOICE

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 34-B MRSA §5004 is enacted to read:

§5004. Services to persons who are deaf or hard of hearing

The bureau shall provide accommodations and services ensuring access for persons who are deaf or hard of hearing to mental retardation programs funded or licensed by the bureau. These accommodations and services must include, but are not limited to, the following.

1. Assessments. The bureau shall provide appropriate assessments for clients who are deaf or hard of hearing. Assessments must be performed by a person who is proficient in American sign language and must include an assessment of mental retardation and an assessment of communication skills, including the capacity to communicate using American sign language. The bureau shall survey the current client population to determine which clients may be deaf or hard of hearing.

2. Interpreter services. For purposes of treatment, the bureau shall provide interpreter services by a person proficient in American sign language.

3. Staff education and training. The bureau shall ensure that mental retardation staff providing direct services to persons who are deaf or hard of hearing have education and training in American sign language and deaf culture.

4. Telecommunication devices. The bureau shall provide for the placement of telecommunication devices for persons who are deaf in comprehensive community mental retardation facilities.

5. Support and training for families. The bureau shall provide support and training for families with members with mental retardation who are deaf or hard of hearing.

6. Therapeutic residence options. The bureau shall establish therapeutic residence options for persons with mental retardation who are deaf or hard of hearing and in need of a residence. The therapeutic residences must be operated in conjunction with existing rehabilitation, education, mental retardation treatment and housing resources. The therapeutic residences must be staffed by individuals trained in mental retardation treatment and proficient in American sign language. Therapeutic residence options must be flexible and allow for individual choice.

2 7. Regional offices. The bureau shall provide in each
3 regional office at least one staff person who is proficient in
4 American sign language.

6 **Sec. 2. Coordination.** The deaf services coordinator within the
7 Bureau of Mental Health on the effective date of this Act shall
8 serve as a departmentwide coordinator of services for persons who
9 are deaf or hard of hearing, including clients of the Bureau of
10 Mental Health and the Bureau of Mental Retardation.

12 **Sec. 3. Report.** The Department of Mental Health and Mental
13 Retardation shall submit a report to the joint standing committee
14 of the Legislature having jurisdiction over human resource
15 matters by January 15, 1995. The report must describe:

16 1. **Bureau efforts.** The efforts of the Bureau of Mental
17 Retardation to provide accommodations and services for persons
18 who are deaf or hard of hearing, additional service needs and a
19 plan to address these needs. The report must also describe
20 strategies employed by other states to provide services for
21 persons who are deaf or hard of hearing. States described must
22 include, but are not limited to, Maryland, Massachusetts, New
23 Hampshire and Rhode Island; and

24 2. **Coordination of services.** The unmet needs for services,
25 including the coordination of services, for persons who are deaf
26 or hard of hearing who are not clients of the Department of
27 Mental Health and Mental Retardation and other communication
28 needs that could be addressed by the department.

30 The Commissioner of Mental Health and Mental Retardation
31 shall include representatives from deaf communities, families and
32 public and private service agencies in the preparation of the
33 report.

36 STATEMENT OF FACT

38 This bill requires the Bureau of Mental Retardation to
39 ensure that mental retardation programs funded or licensed by the
40 bureau provide appropriate accommodations and services to persons
41 who are deaf or hard of hearing. The bill requires
42 individualized assessments, a survey of the bureau's clients to
43 identify persons who are deaf or hard of hearing, staff training
44 in American sign language communication and deaf culture,
45 interpreter services, support for families, the provision of
46 opportunity for clients who are deaf or hard of hearing to live
47 in therapeutic residences with other clients who are deaf or hard
48 of hearing and the provision of staff in each regional office who
49 are proficient in American sign language.
50

2 The bill also requires the deaf services coordinator in the
3 Bureau of Mental Health to serve on a departmentwide basis. The
4 bill requires the Department of Mental Health and Mental
5 Retardation to report to the Joint Standing Committee on Human
6 Resources on efforts to implement the bill, similar efforts in
7 other states, the need for further coordination of services for
8 clients who are deaf or hard of hearing and other communication
9 needs.

10
11
12
13
14 This document has not yet been reviewed to determine the
15 need for cross-reference, stylistic and other technical
16 amendments to conform existing law to current drafting standards.

MENTAL HEALTH AND DEAFNESS

5th Annual Conference

ADVOCACY

Getting Needed Services

**Mental Health / Mental Retardation / Substance Abuse
and Deafness**

Friday, March 13, 1992

Topsham, Maine

AGENDA

9:00 - 9:15	Welcome
9:15 - 10:15	What is Advocacy? Understanding the Legal Rights of Deaf Persons to Accessible Services * 1973 Rehabilitation Act * Americans with Disabilities Act
10:15 - 10:30	Break
10:30 - 12:00	The Role of the Advocate Perceptions of an Advocate Perceptions of a Relay Interpreter Discussion of Roles
12:00 - 1:30	Lunch
1:30 - 2:45	Small Groups
2:45 - 3:00	Break
3:00 - 4:00	Small Group Reports and Where Do We Go From Here???

SPONSORS:

**Department of Mental Health & Mental Retardation:
Bureau of Mental Health, Bureau of Mental Retardation,
& Office of Substance Abuse**

**University of New Hampshire at Manchester:
Outreach Education Program**

Gallaudet University Regional Center

5th ANNUAL CONFERENCE ON MENTAL HEALTH AND DEAFNESS

The topic of this year's Mental Health and Deafness Conference was ADVOCACY: GETTING NEEDED SERVICES. The topic was of interest to many people, both Deaf and hearing, and over 100 people came to see the presenter, Margaret Bibum. Ms Bibum works for DeafPride, a Deafness Advocacy organization in Washington, DC. She was very pleased, and a little bit jealous, to see that in some ways Maine's Deaf Community is ahead of Washington DC's Deaf Community because we have our telephone relay service running for over a year, and ASL is legally the official language of Maine's Deaf Community, and it can be taught in all public schools for credit. This is not true in DC yet!

The audience was a mixed crowd: some people who have much contact with the Deaf, some who are just beginning to learn to sign; consumers of mental health services and service providers; lawyers and doctors and advocates and teachers and interpreters and prison guards and parents of deaf children. Many people enjoyed the role plays, where Willie Tarr, MJ Olson, Peter Martineau, Doug Newton and Jill McAlary showed the difference between the role of a Deaf relay interpreter and the role of a Deaf Advocate. Many people said they also liked the chance to network and socialize with other people who work with Deaf clients and with the Deaf participants.

Some of the things we worked towards is the creation of a Deaf Advocate position in Maine. This will be a long process, but we now have a start!

The conference was planned by the group, Deaf Professionals Working in the field of Mental Health. The sponsors were the Bureau of Mental Health, Bureau of Mental Retardation, and Office of Substance Abuse in the Department of Mental Health and Mental Retardation; Gallaudet Regional Center; and the University of New Hampshire at Manchester.

The same group is planning for another conference to be held on a Saturday in early November on the topic of Interpreters and Consumers - both Deaf and Hearing. Watch for details!

BREAKING DOWN THE WALLS

Deafness and / Mental Illness / Mental Retardation
Searching for Community
6th Annual Conference
Friday, April 30, 1993

8:30 - 9:00	Coffee and Registration
9:00 - 9:15	Welcome
9:15 - 10:00	What is Community?
10:00 - 10:15	Break
10:15 - 12:00	Workshops: Mental Retardation and Deafness Survivors of Sex Abuse-Families and Victims Interpreters Only: Stigma Clinicians Only: Case Consultation
12:00 - 1:30	Lunch & Literature
1:30 - 3:30	Panel Discussion: Community A Deaf Adult A Deaf Consumer of mental health services A Hearing Consumer of mental health services A Parent of a Deaf Consumer

PRESENTERS/PANELISTS:

Patti Wilson is Director of Deaf Services at North Shore Arc, Danvers, MA and has 15 years Human Services experience in the Deaf Community with mental health and mental retardation. Ms. Wilson is very active in the Deaf Community.

Steve Kimball, IC/TC, is Communication Department Supervisor at Westborough State Hospital, MA and has been involved in mental health interpreting for the past 14 years.

Gatherine Abernathy, Ph.D., "Maine's only signing Psychologist" is in private practice in Windham. Dr. Abernathy performs many psychological evaluations for Deaf Persons in Maine and was formerly the psychologist on staff at Governor Baxter School for the Deaf and Gallaudet University.

Melissa A. Watson, MA, Clinical Coordinator, National Mental Health Institute on Deafness, Tampa FL. Ms. Watson is profoundly Deaf and received her clinical training at Gallaudet University in the MH Counseling Program.

Claudia Anderson is Executive Director of the Portland Coalition, a consumer-run coalition of people with mental illness.

Jane Knox-Voina is a parent of a Deaf Consumer. She is Translator/Editor of "Principles of Abnormal Psychology and Learning Disabilities," by L. S. Zygotsky.

Robin Thayer is a consumer of Mental Health services and a graduate of Governor Baxter School for the Deaf.

Don Sirois is the Peer Support Group leader at Maine Center on Deafness and a teacher of American Sign Language. He is a graduate of Governor Baxter School for the Deaf.

BREAKING DOWN THE WALLS



UNDERSTANDING THE DYNAMICS OF DEAF CONSUMER - INTERPRETER RELATIONS

is a workshop designed to provide participants opportunities to explore the dynamics of the interrelationships among interpreters and Deaf consumers. Through lecture, demonstrations and discussions the interrelationships and the factors that affect the qualities will be examined. Ways to maximize the effectiveness of these interactions will be looked at and discussed.

Eileen Forestal is currently the Coordinator of the ASL Studies and Interpreters for the Deaf Program at Union County College, a position she has held for thirteen years. She has a B.A. degree in Sociology from the University of Missouri and a Masters in Education of the Deaf from Western Maryland College. Eileen holds RID certification (RSC) and has been a relay Deaf Interpreter in Mental Health, vocational, legal and court settings. She is a frequent presenter and consultant in areas of ASL Studies, American Deaf Culture, Deaf Women Studies, Deaf Consumer-Interpreter Relations, etc. In her free time, Eileen enjoys reading, cooking, camping, traveling, swimming, wildlife and visiting craft shows.

Cost of conference including brunch is \$20.

Scholarships available.

Vegetarian meal will be available.

Overnight accommodations may be available at no extra charge for those traveling long distances.

If there is sufficient demand, day care may be provided.

Conference site is wheelchair accessible.

For other concerns or questions, please call Meryl Troop at 289-4230 Voice or 289-2000 TDD.

SPONSORS:

Department of Mental Health & Mental Retardation:

Bureau of Mental Health, Bureau of Mental Retardation

University of New Hampshire at Manchester:

Outreach Education Program

Gallaudet University Regional Center

UNDERSTANDING THE DYNAMICS OF DEAF CONSUMER - INTERPRETER RELATIONS

featuring:
Eileen Forestal

SATURDAY, NOVEMBER 7, 1992

8:30 AM to 2:00 PM

Draper Hall, Governor Baxter School for the Deaf, Falmouth, ME

There were a total of 46 attendees. 39 completed evaluations.

Male: 10 Female: 29

Deaf: 11 Hard of Hearing: 2 Hearing: 24 MH: 1

Below 20: 1 20-35: 1 35-50: 24 50-65: 1

Paid working interpreter: 21

20+ hrs: 14 10+ hrs: 4 10- hrs: 2

Student terp: 2 Volunteer: 8 Church: 9

Parent: 0 Sign Student: 6 Consumer: 7 Teacher: 4

Professional: 13 crisis situations (once a year);
accessibility officer of mh agency; Goodwill/VR; direct care
- Caron St; VR; mh; psychiatrist; Deaf Adult role model in
GBSD parent/infant program; case manager; MILS; vocational
specialist; advocate

Almost everyone gave the quality of the workshop the highest ratings. Some specific compliments: very interesting, well informed presentation; useful; pleasureable; enjoyed entire program immensely; informal and informative; helped me to understand my relationship with deaf friends/consumers; I didn't realize!; frank discussion of sticky issues; thought provoking; enjoyed the day!; got more than I expected, it was great!; wonderful, excellent supportive information toward ADA & Deaf interpreter & vocal interpreter; 10; excellent job; really nice day; I thought there might be more favoritism to how deaf consumers felt. I was wrong. It was very fair.

Comments on the speaker: fantastic; enjoyed her experience, flexibility and thought; very personable and articulate; good rapport with audience, excellent communicator; very knowledgeable; very clear presentation, good examples used; well organized; wonderful; presenter was BRILLIANT!; very dynamic; Eileen was a great presenter w/ a lot of insight and compassion for both providers and consumers of interpreting services; good sense of humor; enjoyed her style, clarity of ideas; good use of examples, very

Fall Training Opportunities 1993

- ADA and Reasonable Accommodations:** Sept. 20th 1pm to 5 pm
Governor Baxter School for the Deaf, Macworth Island, Falmouth
Willie Tarr, Maine Independent Living & Bill Floyd, Supported Employment Advancement Center will be the speakers addressing: ADA and Deafness, Title I Employment under the ADA. The orientation will take an indepth look at reasonable accommadation, on the job.
- Introduction to Supported Employment & Marketing Approaches to Job Development:** Oct. 19th 1pm to 5 pm
Goodwill Industries of Maine, Cumberland Ave., Portland
Rod MacInnis, Motivational Services & Bill Floyd and Craig Anderson, Supported Employment Advancement Center will be the speakers. The training will cover the history of Rehabilitation Services, the value of work, and Supported Employment principles and outcomes. Craig's program will include strategies for marketing Supported Employment services.
- Self Esteem & Assertiveness Training:** Nov. 6th (Saturday) 9am to 1pm
Breakwater School, (corner of Brighton Ave. & Capisic), Portland
Linda Senechal, Supported Employment Advancement Center will be the guest speaker. The program is designed to help individuals understand what Self Esteem is and where it comes from and learn how to build Self Esteem for themselves. Asser-tiveness training will provide participants with the basic tools to express thoughts, feelings, and beliefs openly, honestly, directly and appropriately. Participants will learn the difference between ASSERTIVE, AGGRESSIVE, PASSIVE and PASSIVE AGGRESSIVE behaviors. Individuals will learn how to express themselves using "I Message." Special emphasis on issues concerning consumers with deafness.
- Managing Social Security Benefits:** Nov. 16th 6:30 pm to 8:30 pm
Maine Center on Deafness, Lancaster Street, Portland
Bill Floyd, Supported Employment Advancement Center will be the speaker. The program will discuss the importance of benefit planning prior to employment, the impact of work on SSDI & SSI, and the use of work incentives to maximize benefit levels. A special segment on how work incentives impact the deaf community will be presented.

**Register
Me Now!**

Fall Training Opportunities 1993

- ☐ September 20th 1:00 pm to 5:00 pm: ADA & Reasonable Accomodation
- ☐ October 19th 1:00 pm to 5:00 pm: Introduction to Supported Employment & Marketing Approach to Job Development
- ☐ November 6th 9:00 am to 1:00 pm: Self Esteem & Assertiveness
- ☐ November 16th 6:30 pm to 8:30 pm: Managing Social Security Benefits

Name: _____

Organization Name (if any): _____

Address: _____

Phone: _____

Do you need help with transportation? _____ yes

Do you need special accommodations? _____ yes

*Register today to reserve your spot at these exciting seminars.
Clip and Mail the registration form at the bottom of this page to:*

Goodwill Industries of Maine
PO Box 8600
Portland ME 04104

Training Announcement:

Deafness
Issues

A.D.A.

Supported
Employment

Social
Security

Self Esteem
&
Assertiveness

Fall Training Opportunities 1993

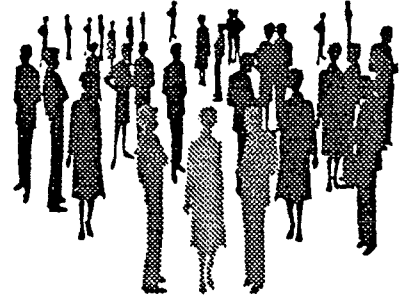
Sponsored by: Goodwill Industries of Maine,
Bureau of Mental Health, and
The Supported Employment Advancement Center

ALL SEMINARS WILL HAVE INTERPRETERS PRESENT

WORKSHOP REGISTRATION FORM

WHAT VOCATIONAL SERVICE PROVIDERS NEED TO KNOW ABOUT DEAFNESS

Location: Amity Center
66 State Street, Portland
Date: Monday, December 13th
(Snow date Thursday, December 16th)
Time: 8:15am Registration, coffee & muffins
8:45am - 11:45 Workshop
Cost: \$10 per person



Topics to be discussed include

Using an interpreter and who pays for it
Deaf culture and empowerment
Talking to employers about deafness
The difference between ASL and English
Methods of communication
Adaptations to a work site
Open discussion

Workshop Coordinators

	Voice	TTY
Meryl Troop	287-4240	287-7285
Betsy Hopkins	774-4581	800-492-0670
Anne-Marie Riley	282-6191	284-9397

Return to:

Sue Wells
Division of Mental Health
State House Station #165
Augusta, ME 04333



Name		
Organization/ Agency		
Address		
Social Security Number (If CEUs are desired)		
Payment	<input type="checkbox"/>	Check enclosed. Make check payable to Division of Mental Health
\$10 per person	<input type="checkbox"/>	Agency check to follow
Lunch	<input type="checkbox"/>	I am interested in purchasing a lasagna lunch at Amity Center (\$2 payable on lunch line).

WORKSHOP REGISTRATION FORM

WHAT VOCATIONAL SERVICE PROVIDERS NEED TO KNOW ABOUT DEAFNESS

Presented By

Anne Conboy

Former Director and Founder of the
Transitional/Supported Employment Programs
American School for the Deaf, West Hartford, Connecticut

Sponsored By

The Maine Bureau of Rehabilitation Services
and the Maine Division of Mental Health

Division of Mental Health
State House Station #165
Augusta, ME 04333

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On Mental Health Services to Deaf Persons

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Bob(message) - 934-3684 Voice

Rod MacInnes
Juniper East Apt D17
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846-3472 V/TTY

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1376B/11/93

HONORARY MEMBERS
Advisory Committee on Mental Health Services to Deaf Persons

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East Waterboro, ME 04030

Norm Perrin, Director *
Division of Deafness
Bureau of Rehabilitation
32 Winthrop Street
Augusta, ME 04330
626-5318 V, 626-5322 TTY

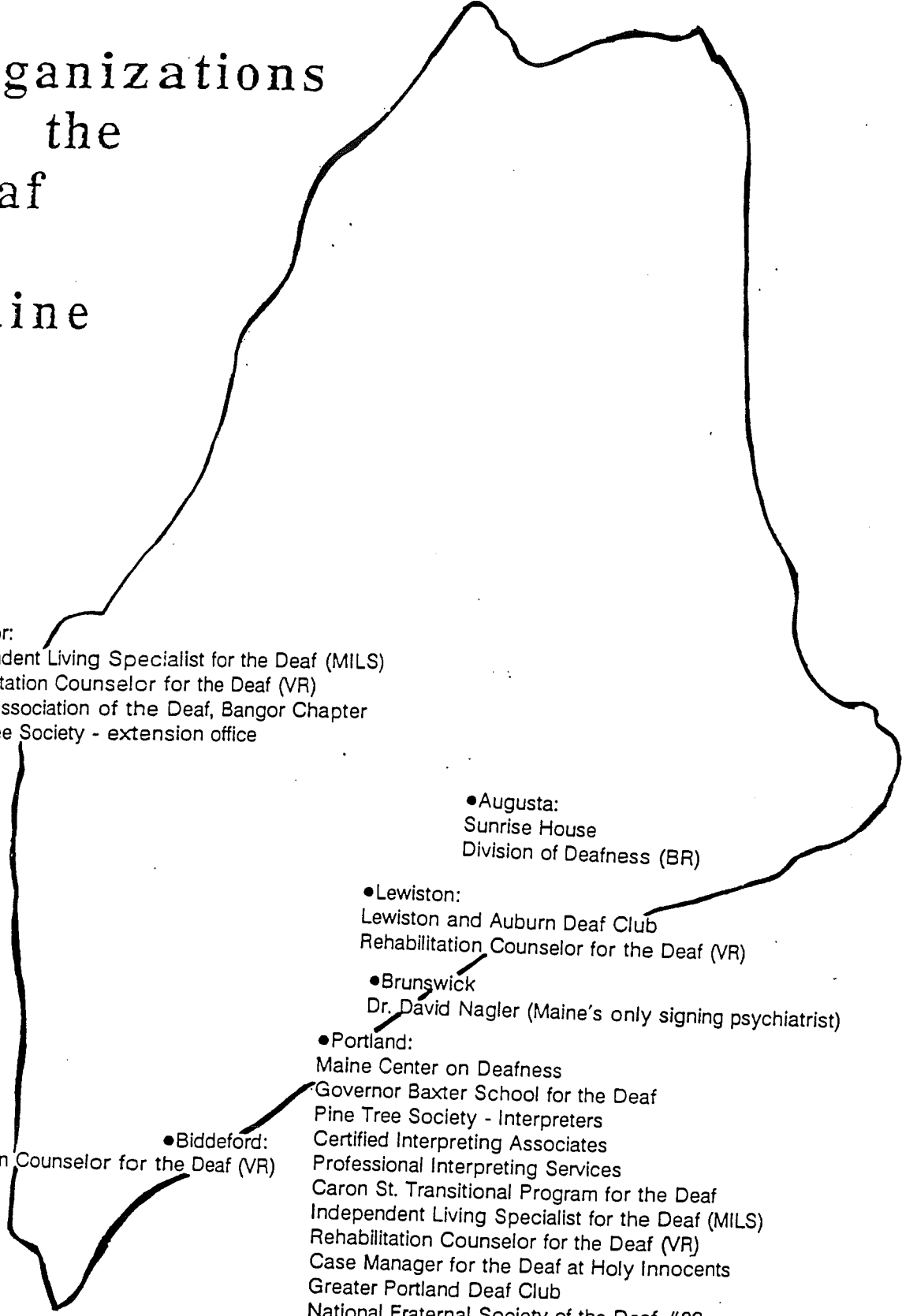
Dr. David Nagler *
Shoreline Mental Health
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Brunswick, ME 04011

Leigh Thistle *
23 Stone Street
Augusta, ME 04330

Linda Dowell *
Maine Advocacy Services
132 Winthrop Street
Augusta, ME 04330
1-800-452-1948 V/TTY

*=Honorary Member

Organizations for the Deaf in Maine

- 
- Bangor:
Independent Living Specialist for the Deaf (MILS)
Rehabilitation Counselor for the Deaf (VR)
Maine Association of the Deaf, Bangor Chapter
Pine Tree Society - extension office
 - Augusta:
Sunrise House
Division of Deafness (BR)
 - Lewiston:
Lewiston and Auburn Deaf Club
Rehabilitation Counselor for the Deaf (VR)
 - Brunswick
Dr. David Nagler (Maine's only signing psychiatrist)
 - Portland:
Maine Center on Deafness
Governor Baxter School for the Deaf
Pine Tree Society - Interpreters
Certified Interpreting Associates
Professional Interpreting Services
Caron St. Transitional Program for the Deaf
Independent Living Specialist for the Deaf (MILS)
Rehabilitation Counselor for the Deaf (VR)
Case Manager for the Deaf at Holy Innocents
Greater Portland Deaf Club
National Fraternal Society of the Deaf #39
Maine Association of the Deaf
GBSD Alumni Association
International Catholic Deaf Association #89
Maine Deaf Senior Citizens
Southern Maine Bible Church of the Deaf
Deafness Accessibility Support Services
Dr. Cathy Abernathy (Maine's only Signing psychologist)
 - Biddeford:
Rehabilitation Counselor for the Deaf (VR)

CHAPTER 331

S.P. 351 — L.D. 1043

AN ACT to Ensure Accessibility to Mental Health Services for Deaf Persons.

Be it enacted by the People of the State of Maine as follows:

34-B MRSA §3005, as enacted by PL 1985, c. 467, is repealed and the following is enacted in its place:

§3005. Services to persons who are deaf or hearing impaired

1. Accommodations and services. The Bureau of Mental Health shall provide accommodations and services for deaf or hearing impaired persons providing access to mental health programs funded or licensed by the bureau. These accommodations shall include, but are not limited to, the following:

A. Appropriate mental health assessments for deaf clients;

B. Provision of interpreter services for treatment;

C. Education and training for mental health staff providing treatment to deaf persons;

D. Placement of telecommunication devices for the deaf in comprehensive community mental health facilities;

E. Support and training for families with deaf members who experience a mental health problem; and

F. Establishment of a therapeutic residence program for persons who are deaf and in need of residential mental health treatment. The therapeutic residence program shall be operated in conjunction with existing rehabilitation, education, mental health treatment

and housing resources. The therapeutic residence program shall be staffed by individuals trained in mental health treatment and proficient in deaf communication.

2. Report. The Bureau of Mental Health shall prepare a biennial report which describes accommodations and services available and identifies additional service needs and a plan to address these needs. The Bureau Director shall include representatives from deaf communities, families and public and private service agencies in the preparation of the report. The report shall be submitted to the joint standing committee of the Legislature having jurisdiction over human resources by January 15th of every even-numbered year.

Effective September 29, 1987.