

Michelle Niehaus Welcome, all!

Stacie Bickel Hi

Loraine Is this were the meeting is tonight

Michelle Niehaus Yes. The article discussion starts at 6:30.

steve hamerdinge The mental health specialists working with deaf people anonymous meets here

Michelle Niehaus I may have to log out early. Our Internet was down and so was my backup. I'm at a Panera that closes at 8 your time.

Michelle Niehaus I plan to look pathetic and hope they don't kick me out.

charlene crump Thank you for joining us tonight. The recording of the discussion starts automatically. The moderators may be working with other individuals wanting to join the discussion. We will be back at 6:30 PM Central Standard Time (CST). Just fyi â€” the chat room saves all conversations, including private conversations.

Michelle Niehaus How many of you have participated in one of these chats before?

mklanker I have. This is my second one.

Loraine First time, Ya

charlene crump i've been here once or twice :)

Michelle Niehaus Haha, Charlene!

Ellen Trimble I have when I can, and they are awesome

charlene crump We ask that you use YOUR NAME to log in. (If you have logged in with a pseudonym, please log off and re-login.) This allows everyone to see whoâ€™s online and helps us to identify who you are, especially for ceu purposes.

lynne lumsden oooooo! I've been participating for the past five years! absolutely love it!

Stacie Bickel This is my first one

charlene crump While we have had monthly online discussions for several years through Blackboard, we are still new to running the discussion on our own chat program. There will undoubtedly be opportunities for improvement. We appreciate your cooperation and patience in this is my third or fourth

Denise Wetzler It's such a great platform for learning from one another

Michelle Niehaus yeah, these sessions are set in stone in my calendar...ive missed only one in the past five years

lynne lumsden We ask that you use YOUR NAME to log in. (If you have logged in with a pseudonym, please log off and re-login.) This allows everyone to see whoâ€™s online and helps us to identify who you are, especially for ceu purposes.

shannon reese Yes wow it is a great test it really made me think.

june walatkiewicz i have participated in several.

june walatkiewicz While we have had monthly online discussions for several years through Blackboard, we are still new to running the discussion on our own chat program. There will undoubtedly be opportunities for improvement. We appreciate your cooperation and patience in this process.

shannon reese We are approaching 7:30, so, ladies (and Steve!) choose your color and let's get going!

Michelle Niehaus ODS will complete the paperwork necessary for continuing education credits. You are responsible for ensuring that ODS has the appropriate information in order the process the paperwork in a timely manner. Note deadline for all paperwork. If this is the first time that you will be participating or requesting continuing education through RID, the "Permission to file CEUS form" must be completed and returned to Shannon.reese@mh.alabama.gov

Denise Wetzler this topic is salient because we have some deaf people in the system...

charlene crump IMPORTANT NOTE: Individuals receiving continuing education through the Department of Mental Health must be present for the entire activity and must have completed all pre-discussion requirements; including reading the article and reviewing any required supplemental readings. Participants must make a substantial posting or contribution to the group discussion. Postings which will not be counted are those which just say "I agree", etc. CERTIFICATES will be e-mailed to all participants fulfilling specified requirements by the end of the month. If you feel that you should have received a certificate and do not receive one by the end of the month, please contact our office.

charlene crump *The purpose of the discussion is to allow for a round table type of discussion related to the knowledge that you have gained from reading

the article and your training and experience. It is also an opportunity for you to ask questions from others in the field of mental health and deafness. It is not meant to be a lecture-type format. Your participation is necessary to ensure the quality of the discussion and to enable you to secure continuing education credit.

charlene crump

How to participate: The moderator will begin the discussion and guide the discussion in areas covering the pertinent points of the article. Participants should make comments or ask questions that help to expand on those points and that are based on your own areas of interest and/or experience. Please help the discussion stay on one thread at a time, so that it is easier to follow. If you would like to bring up a different topic related to the article, do so by simply announcing the change in topic. If you would like to refer to a previous topic, please include the reference in your comment. If you are addressing a particular individual, please do so by including their name in your comment. Sometimes the discussion will be faster paced than others, and a comment may be missed or overlooked. If you don't get a sufficient response the first time, try again.

charlene crump

*Related URLs or article citations have been and will be made available upon request. Please email Shannon Reese at Shannon.reese@mh.alabama.gov

**charlene crump
shannon reese**

As a reminder: Please be mindful of using acronyms without first explaining what they are. Not everyone is aware of the same information. I would like for everyone to introduce themselves and where you are from. Feel free to share as little or as much as you would like. After everyone has completed introductions, our moderator will introduce themselves and begin tonight's discussion.

lynne lumsden

Hi! i am lynne, from eastern washington state...sc:l and qmhi girl...and mh it groupie

june walatkiewicz

I am June Walatkiewicz, I am clinical social worker for Beaumont Health Systems in Michigan.

charlene crump

charlene crump, alabama department of mental health. interpreter coordinator.

Nancy Riley

Nancy Riley here, from hot Texas. Looking forward to this discussion since I work with several deaf people who describe in detail their perceptions of the "voices". In light of the article, will be curious to see different perspectives on this

janine young

janine young interpreter georgia

Barry Critchfield

Barry Critchfield, Director of Deaf Services, Georgia Dept of Behavioral Health

Ellen Trimble

Hey, I am Ellen Trimble from Virginia. Currently an interpreter for Dept of Defense, gave up social work.

Kathleen Lanker

Kathleen from Los Angeles, CA (aka LA LA Land) I work, independent contractor, with deaf patients who has stated they hear voices. Almost every deaf person who has come into the facility has said this, voice hallucinations. I will be heading out to Troy University for the 1 week of mental health interpreter training. I am so excited.

dawn vanzo

Dawn Vanzo ALA Dept of MH - Interpreter

Stacie Bickel

Stacie Bickel, I'm the Coordinator of Interpreting Services at Fulton State Hospital in Missouri (state forensic mental health hospital). I'm also an ASL/English interpreter.

Dorothy Hodge

Hi Everyone, I am Dorothy Hodge from Providence, Rhode Island.

Wendy Darling

Wendy Darling AL DMH Interpreter for Region 3

seretacampbell

Alabama Dept of Mental Health-Interpreter

Denise Wetzler

I am Denise Wetzler, from the Phoenix AZ area...I specialize in legal, medical and mental health interpreting

steve hamerdinger

Steve Hamerdinger, Director, Deaf Services, AL DMH, webmaster, MHIT.org, Resident curmudgeon

Michelle Niehaus

Welcome, everyone!

shannon reese

shannon reese coordinator for dept of mh AL office of deaf services and coordinator of MHIT online discussions

shannon reese

thanks everyone for coming tonight!!!

Michelle Niehaus

I am Michelle Niehaus, the Program Administrator for Deaf and Hard of Hearing Services in KY. I'm thrilled that you all were interested in the article and I look forward to where the discussion takes us tonight.

seretacampbell

Hey Michelle!!! :)

Michelle Niehaus

Hi Sereta! It's wonderful to see friends on here as well as friends - to - be!

shannon reese

ok michelle the floor is yours-

Michelle Niehaus

As we get started, I'm curious if anyone has a specific question or issue they want to make sure we address tonight. Thanks, Shannon, for coordinating this!

Denise Wetzler

Yes, I do

Michelle Niehaus

Please go ahead, Denise.

Kathleen Lanker

What is the meaning of 'hearing' and 'voices'? I am getting the impression there are two different meanings in this article.

Denise Wetzler often a deaf person will be evaluated for competency to stand trial, and a psychological eval is done. I would like to look at this topic and how it intersects

Michelle Niehaus OK, we will try to look at competency evals and how they related to diagnosis

Denise Wetzler kathleen, i am with you on that. are they hearing actual voices, or 'seeing' voices

Michelle Niehaus Based on your reading of the article, what did you think? "Hearing" and "voices" seemed to be defined differently.

Kathleen Lanker Also I have a confusion on the terminology of subvocal articulation? Can you elaborate on that please?

Michelle Niehaus Ok. I can do that too as we go along.

Barry Critchfield Neither Hearing or Deaf people "Hear" voices -- its a very inaccurate description of an internal psychodynamic process that people experience

june walatkiewicz I thought the article was very interesting. Since I have deaf patients at the the hospital who have reported hearing voices. I am curious what that really means to them

Pamela Burr Thus far, the participants have articulated questions I have had about these issues -- thank you, folks!

Nancy Riley i'm not a neuroscientist, but I kept wondering about the "sensation" of hearing voices (or noise that is linked with communication) that's something that all humans trigger those synapses when 'communicating'?

Ellen Trimble Can you mention how it impacts DeafBlind?

Denise Wetzler the article was written in '06, so I would also be interested in any developments in the last 5 years

Michelle Niehaus For now, let's start at the beginning of the article. I chose it because most people want to know "Do Deaf People Hear Voices?" Do you feel comfortable in your position as a clinician or interpreter answering that?

Kathleen Lanker My thoughts were, hearing meaning a sound coming into the ear and being transmitted into the brain. Voices are a sound that is neurologically generated not via the channel of the ear (such as the sound vibration coming in via the ear channel). Voices are more in line with a chemical signal sent via the dendrite that for some reason is labelled as a sound to the deaf individual - a voice.

Michelle Niehaus If so, what do you say? Barry gave us an excellent beginnign that also ties to the point of the article.

Denise Wetzler the other thing the article pointed out was somatic sensations in Deaf individuals co-occurring with 'hearing voices' which i found interesting

steve hamerdinger Denise, not much. That British article was one of the few that dared go there.

Barry Critchfield Ellen -- DeafBlind people (with severe mental illness) experience the same thing... they don't "hear" or "see" anything -- they respond to a brain message that they cannot control

dawn vanzo i found it facinating how the source of the "voice" was quite simular if not the same source region as hearing persons avh.

lynne lumsden neurological vs auditory

charlene crump Thanks Michelle. Where shall we start?

Ellen Trimble Thanks Barry

Michelle Niehaus I like that summary - they respond to a brain message they cannot control.

june walatkiewicz Depends on the when the deaf person became deaf. Latent deaf or someone who has some hearing. would express that differently. The article focus on those who are born deaf.

Dorothy Hodge Apologies. I was booted off. Dorothy Hodge, CI, Ct from Providence, Rhode Island.

lynne lumsden hello, dorothy!

Michelle Niehaus The authors begin with the assumption that, since a Deaf individual experiences perceptions differently, they would also experience hallucinations differently.

Denise Wetzler so what we are talking about is how an hallucination manifests itself, subjectively described (and that description influenced by how the question is interpreted) and relayed through an interpreter

Dorothy Hodge Hey sc: I Girl!

june walatkiewicz One deaf person describe it as a voice in her chest.

Michelle Niehaus The subjective experience is described differently by each individual.

Denise Wetzler right

Michelle Niehaus Let's go to the Introduction.

Michelle Niehaus The idea that "audiocentric frames of Understanding" influence assessment.

Michelle Niehaus What do you think is meant by that phrase?

shannon reese forgot--this will be saved automatically?

Kathleen Lanker With the subjective description, do hearing people do the same type of subjective description?? I have not been around hearing people who have voice hallucinations so I am curious if this too happens with the hearing folks. Or is it more of a deaf individual attempting to describe what they believe they are 'hearing' or 'feeling' when the sensation manifests itself?

janine young how each one perceives voices

janine young or sound?

dawn vanzo the question are framed seeking answers in an "hearing world view" of possible answers

Stacie Bickel undoubtedly it does, a hearing clinician is baffled by the idea that a deaf person may have auditory hallucinations and I find get caught up in that rather than really assessing the individual

Kathleen Lanker Audiocentric is based on sound. Sound is the main center or reason for the understanding

Denise Wetzler hearing people that have explained auditory hallucinations to me have said that it is like someone having a conversation with them that no one else can hear.

Barry Critchfield I don't like that term "audiocentric" since it implies that something is happening that involves SOUND -- and there is no sound involved in these "voices" ..

janine young right barry

janine young that's why I said perceived sound

Denise Wetzler it is real to them, much as we hear an actual conversation

Michelle Niehaus Kathleen, you bring up a good point. Due to the heterogeneity of deaf individuals' experiences with language, the sample can also teach about how hearing people have individualized experiences

Nancy RileyThe focus on "communication" as requiring vocal /auditory input...and the evaluators who place that at the top of the communication hierarchy

steve hamerdinger hearing clinicians + deaf psychotic = chaos

Michelle Niehaus Do you think the authors were looking at the difference between Deaf or Hearing clinicians?

Barry Critchfield Stacie -- you're absolutely right on that... I too have seen many clinicians get totally off-track in debating whether a Deaf person can experience auditory hallucinations ...

june walatkiewicz If a deaf person has no idea of sound how would they know it's a voice??

Stacie Bickel I think audiocentric is a valid description of the frame of reference that most clinicians are using, not necessarily about the actual hallucinations

janine young thank you steve

Denise Wetzler june, it can be how the interpreter chooses the signs to represent the concept 'hearing voices'

Kathleen Lanker I didn't get that impression, deaf clinicians vs hearing clinicians

Michelle Niehaus From my perception, part of that intro was building the case for the deaf researcher as having a different perspective

Kathleen Lanker I got the impression the article was about hearing clinicians working with deaf patients. I have rarely experienced a deaf clinician working with a deaf patient.

Nancy Riley I think part of her point is there have been few deaf clinicians involved in these studies, so these are always filtered through the perceptions of people who can hear

seretacampbell and Denise that is something I work with the clinician on doing..the concept of "hearing voices"

Michelle Niehaus The "deaf-led research design" - to me - attempted to work from a different frame of reference

Barry Critchfield Deaf clinicians doing diagnostic work doesn't happen nearly often enough, IMHO

Wendy Darling we all do, Sereta

steve hamerdinger Exactly. Part of the issue is we have few or no deaf researchers in this area

charlene crump assessments are usually filtered through the perceptions of hearing people, regardless if a hearing or deaf assessor is present

Denise Wetzler I think that for us who are interpreters, it comes down to understanding the concept behind "hearing voices" and how to translate that concept in a culturally appropriate manner

Barry Critchfield Good point, Charlene

Kathleen Lanker I agree Denise

Michelle Niehaus Whether it's direct or indirect, the challenge is filtering rather than getting at the true experience of the Deaf individual

dawn vanzo yes good point charlene

Wendy Darling everything is filtered through our own perceptions. we have to be careful of that.
seretacampbell not all interpreters do Wendy! :) ideally we all "should"
Kathleen Lanker Sadly Serta that is true.
dawn vanzo nor clinicians :)
shannon reese So michelle-filtering improve how?
Denise Wetzler ah sereta, some of us live in an ivory tower where everyone does what they 'should'
Michelle Niehaus Ok...so from our perspective as hearing or deaf individuals, how we understand and express information impacts the assessment.
Michelle Niehaus I want to be in that ivory tower!
Wendy Darling often the clinician will start to ask about hearing voices, then stop themselves and say to me "deaf people don't hear voices, right"
Dorothy Hodge Perhaps 'sensory feedback' or perceptual representations' should be used rather than 'hearing voices'.
Denise Wetzler it all goes back to the idea of you cannot interpret what you do not understand
Wendy Darling I like that, Dorothy.
Michelle Niehaus Right, denise.
Barry Critchfield Great point, Denise
Michelle Niehaus So, for the point of this article, they looked at concepts necessary to diagnosing schizophrenia
Stacie Bickel Wendy, that's what I meant by the clinicians getting caught up in details and losing track of the actual assessment
dawn vanzo is that like the audiocentric frame of understanding coming into play
Denise Wetzler not sure if this relates, but does anyone have the DSM criteria at their fingertips for schizophrenia?
Michelle Niehaus They mention glosses such as HEARD and SHOUT VOICES or TALK being differently used by members of the Deaf community
shannon reese seems hearing deaf abt the same for prevalence of schizophrenia and auditory hallucinations
steve hamerdinger often clinicians will get uptight about interpreters who are offering observations as to what is happening linguistically and how that might translate into data that can be use for diagnosis. When you have a clinician who is intimidated by having a deaf patient and is insecure, youhave toruble. Tat least if you have the "Qualified mental Health Interpreter" after your name you can make a case that you have some credentials behind you and the observations you are offering.
Denise Wetzler right but those words have been picked up by the deaf community from exposure to hearing culture and language
june walatkiewicz It not just looking at voices in diagnosis it also how long this has been occurring.
Nancy Riley Deaf people have used phrases like "I hear my father shouting" (especially deaf relatives), or the devil, or politicians seem popular too-- many just report "shouts", but some actually report messages...similar to hearing-reportees....
Denise Wetzler and there are many different types of hallucinations - thought insertion, broadcasting...to name a few
Dorothy Hodge Inquiry into auditory hallucinations are a routine part of the Mental Status Exam (MSE). Asking about perceptual hallucinations makes more sense.
Nancy Riley I meant to say "DEAD" relatives (in the voices), sorry (not "deaf")
Denise Wetzler LOL
Michelle Niehaus Let's stop and look at the diagnostic criteria before we continue looking at how to interpret
Denise Wetzler Thanks, Michelle, that would help a lot
steve hamerdinger Dorothy, *that* would be even harder to convey to a language deprived deaf person!
Michelle Niehaus Two or more of the following must be present during a significant portion of time during a one month period...
Dorothy Hodge I agree, Steve.
Kathleen Lanker Where I interpret there is the sign which is done behind the ears to denote the voices. That adds to the mix too. Many understand that meaning but if the voice hallucinations are coming from the chest, a different concept has entered the picture.
charlene crump Denise - signs and symptoms: at least 1 month - have two or more of the following - delusions, hallucinations, disorganized speech, disorganized behavior, negative symptoms, functional disturbances that continues for 6 month.....
shannon reese delusions hallucinations
Wendy Darling i read in the article that people also report feeling a touch or vibrations. perceptual hallucinations is much better than "hearing voices"
Denise Wetzler Can I just ask for those of us who are Deaf to identify themselves? Your perspective on this issue to me is critical
steve hamerdinger The Google Queen strikes again
Michelle Niehaus delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms

janine young charlene, explain negative symptoms please.
Barry Critchfield There are more types of hallucinations than auditory --
seretacampbell BAM
Dorothy Hodge Interpreters would be watching for 'darting eyes' and other characteristics that would suggest perceived hallucinations.
Michelle Niehaus Thanks, Denise, for asking that. I had it in my notes!
Denise Wetzler we have to stop reading minds this way...;-)
Barry Critchfield Some people report strange smells that other people dont experience...
Pamela Burr DSM says "negative symptoms, I.e., affective flattening, alogia, or avolition.
shannon reese negative as in catonic...staring into deep space...no affect at all
Michelle Niehaus Still looking at other pieces of the diagnosis....social/ occupational dysfunction, duration for at least six months...
Denise Wetzler possibly looking at the types of hallucinations would give a basis from which to then look at 'voice' hallucinations
janine young thanks shannon
charlene crump simple def - something that isn't there that should be. blunted affect, apathy, etc.
Wendy Darling some people report hearing someone knocking on their door all the time
janine young thanks charlene
Michelle Niehaus Sometimes I've seen clinicians and/or interpreters look for part of the overall picture but not get the whole thing.
steve hamerdinger Negative symptoms are important and have to be assessment from a deaf-centric POV.
Nancy Riley Different types of tactile hallucinations I've heard described: snake bites, ghost in belly, being touched
steve hamerdinger I'm one of the Deafies, BTW
Michelle Niehaus So, how does one get to the deaf-centric POV?
janine young makes sense steve
dawn vanzo increased relative rate of tactile hallucinations was a shock..
Denise Wetzler steve, i take it you are Deaf?
steve hamerdinger Yup, I is, Denise
Denise Wetzler a little behind in my reading there
lynne lumsden people high on meth report olfactory hallucinations as well as tactile
Barry Critchfield Deaf-centric POV -- it helps to be Deaf... :}
Denise Wetzler I would say so in this discussion
dawn vanzo steve, like socializing with hearing people who dont sign is often viewed as a negative symptom....
Michelle Niehaus In your Deaf consumers, what features have you most seen?
shannon reese be aware of deaf culture and know what is appropriate and what isnt for deaf schizophrenics
dawn vanzo i mean NOT socializing
steve hamerdinger And Michelle, I'm not saying you have to be Deaf to be able to make that assessment, but you sure as hell have to have a LOT of experience in what is culturally normative for deaf people
Michelle Niehaus I totally agree, Steve!
Denise Wetzler another thing is that if you don't know what is 'normal
charlene crump slower signs, flatter affect
june walatkiewicz Deaf person had some understanding of his illness would often ask if that wall was moving or if I saw God standing over there
charlene crump slower processing speed
Denise Wetzler 'normal' deaf behavior, how can you identify 'abnormal' deaf behavior?
Nancy Riley Visual: I've seen descibed as described as ghosts/shadows/ blinking light/ a specific person in the room, including signing person(s)
steve hamerdinger Dawn. Social maladjustment maybe, but hey, *I* socialize with hearingpeople, I am proudly maladjusted but definitely not psychotic
Denise Wetzler ah, june but not everyone has insight into their illness and its symptoms, Deaf or hearing
charlene crump paranoia
Kathleen Lanker The deaf patients i ahve been with, look around to try to figure out where that voice is. Or they say the voice has been telling him/her things such as someone is watching you or look out they are following you. Or tell them how to behave
Stacie Bickel but the interpreting process can through off the clinicians perspective on "processing speed", we slow down the process and unless we

explain that it can be misinterpreted by the clinician

Stacie Bickel can throw off, not through

dawn vanzo darting eyes, signing to spaces in conversation, paranoia,

Michelle Niehaus Do you think individuals will have more insight if they have specialists, work with Deaf clinicians, hearing clinicians??

june walatkiewicz That true. I was just commenting about the deaf patient I was working with.

Wendy Darling how are the voices telling them? do they tell you that?

shannon reese oh yes michelle! and less deaf people misdiagnosed too!

Michelle Niehaus When I started, several of the people I worked with had never been told their diagnosis

charlene crump problems with hygiene, being homeless, etc.

Barry Critchfield Control hallucinations are quite common as well -- "The TV is talking to me, telling me what I MUST DO"

Denise Wetzler Kathleen, are they saying auditory voices, or signed voices, if you know what I mean

dawn vanzo skipping appts, withdrawing from community

seretacampbell Taht is where pre session comes in handy Stacie! If you are fortunate enough to have a clinician who will give you that two minutes!

Denise Wetzler when they aren't taking their meds anymore because the voices have gone away

Barry Critchfield Denise -- neither auditory or signed -- a mental experience that they can't control

dawn vanzo right on sereta

charlene crump true barry!

Stacie Bickel I'm fortunate enough that they HAVE to give me time, I'm part of the treatment team...others don't have that luxury

lynne lumsden being a part of the treatment team...crucial

Dorothy Hodge Referential delusions, Barry?

Michelle Niehaus Ok. So let's pause a minute. IF you were asked "How might a Deaf individual experience schizophrenia differently than a hearing individual, how would you respond?"

Denise Wetzler I do 99% outpatient work, and there is little here where an interpreter is actually considered part of the treatment team, we are at a disadvantage there

Kathleen Lanker Denise, they have been auditory voices. I haven't worked with a deaf patient who had sign voices. They were either visual or auditory hallucinations.

Michelle Niehaus (Thinking in terms of a two minute pre-session)

Denise Wetzler umm, Deaf folks? care to clue us hearies in?

charlene crump experience or exhibit michelle?

Michelle Niehaus Or..."What should I know as a clinician trying to assess a Deaf individual?"

charlene crump their experiences would be confounded with other potential issues that may emulate schizophrenia and be difficult to tease out

Michelle Niehaus exhibit is a better word.

lynne lumsden it is challenging to explain the need for the treatment team mentality...luckily, if I can get one member to hear me out, that goes a long way

Denise Wetzler I don't think we can truly speculate on the experience, but I think we can identify how they exhibit the inner experience

Kathleen Lanker Michelle, I don't know how to answer that question. I haven't been around a hearing person who is schizophrenia. So I don't know the difference or similarities they would have.

janine young I think it might be harder to dx in a Deaf person. is this right? or old news?

Michelle Niehaus Ok...so after we each give a shot at the pre-session, let's talk about the experiences as described in the article.

charlene crump they may have a flatter facial affect (which may look normal compared to hearing norms)

Denise Wetzler there is an overlap of symptoms between different diagnoses, which has to be considered as well

dawn vanzo eyes returning to a spot while not in expressive sign..

steve hamerding The one question you can ask is, "Are you familiar with what is normal behavior and emotional affect in a psychologically healthy deaf person?"

seretacampbell many times when a client is exhibiting symptoms--signing to someone that isn't in the room for example--to clue the clinician in on what they are signing...many times the clinician just sees that signing as their normal communication

charlene crump some of the non bizarre delusions could also be attributed to fund of knowledge deficits making it more cumbersome

lynne lumsden I like that, steve, 'cause it is to the point and concise

Dorothy Hodge Depends on how the person makes sense of their perceptions. Deaf and hearing perceptions will be different.

Nancy Riley I try to inform the clinician: there will be linguistic issues and we are a team in sharing information about those

dawn vanzo darting eyes at times or closing eyes in quints

Michelle Niehaus Do you do that during the session, before, or after, Sereta?

Denise Wetzler sereta, that is where we as interpreters have to be able to add in that extralinguistic information

charlene crump also psycholinguistic errors may be confused for asl

Denise Wetzler that the deaf person is not responding to something that the clinician and the interpreter are privy to

Michelle Niehaus How could you simplify or give examples of "linguistic issues?"

Nancy Riley I love that qq, Steve

dawn vanzo and often are if left to the clinician without that interpreter team member

Dorothy Hodge I depends on how the Deaf or hearing person makes sense of their perceptions, Michelle. Deaf and Hearing have different experiences, and thus will have different perceptions.

shannon reese cld one say its like hearing a hearing person talk while drunk or some sort of aphasia?

seretacampbell depends

Michelle Niehaus If a hearing clinician can't answer Steve's question, that's a great starting point.

Kathleen Lanker Steve, sometimes i can see a difference betw a normal behavior and not, but there are times when the deaf individual seems to have figured out how to behave in such a way to appear normal. Are the meds working or is this a rouse? I dont know.

seretacampbell if first time meeting client often it happens during..in a third person frame of reference

charlene crump other difference - the deaf person may exhibit linguistic (facial) markers that may seem like normal emotive markers in hearing norms

Nancy Riley some of those linguistic issues are being floated in this conversation, I true to use examples such as those

Michelle Niehaus I think it also helps to recognize that diagnosis may take more than one session - especially due to the other factors that may be involved.

seretacampbell if I know this client and knows this is probable to happen, then in a pre session.....and if all else fails in post..many times if I need to do something during I also go back to it in post session

Stacie Bickel sometimes it's a simple as reminding the clinician that the deaf person will look at me not them to receive information...they don't always remember that and think eye gaze is "off"

Denise Wetzler and sometimes in an eval for competency, they don't get more than one, two hour session max to determine a diagnosis and competency

Michelle Niehaus Clinicians seem more willing to do post-session and future pre-sessions once they are completely lost once or twice!

Barry Critchfield Good point, Stacie, since that's a mistake OFTEN made by diagnosticians

seretacampbell Right Michelle!

charlene crump true michelle! :)

Dorothy Hodge I agree, Denise.

dawn vanzo In pre and post sessions, the identifying of hallucinations takes us several visits unless its just obvious and the person can report about the hallucinations

june walatkiewicz That is true

Michelle Niehaus Good point, Denise. What do you put in place before you take one of those assignments?

Denise Wetzler and sometimes you have to put the entire process on hold to explain to the clinician what you wished they would have listened to in a pre session

lynne lumsden absolutely, michelle! and i always cart my professional portfolio with me

Denise Wetzler when I get such an assignment i call the clinician, identify myself and ask to meet with them about half an hour before the eval

shannon reese lynne-doesnt hurt to bring copies of articles, too!!! :-)

steve hamerdinger If you have never looked at it, the "MH Interpreter Portfolio resource on the MHIT website is really helpful

Denise Wetzler sometimes i get that, sometimes i get 10 minutes, most of the time I get two minutes

Nancy Riley Some issues cant wait for post-session, especially if there is a "hurry" to diagnose and prescribe meds

lynne lumsden those are included in my portfolio...copies to give to them...

Michelle Niehaus Right. We do the best we can with the time we have.

Barry Critchfield In this area of interpreting (like none other), carrying documentary evidence of your qualifications is an absolute MUST

Kathleen Lanker I am concerned NOT part of the team so during the sessions, I try to info the clinician of what I am seeing betw the interpreting. Many

clinicians dont want to do a pre- or post session with me. They are too busy.

lynne lumsden it's a hefty notebook

Denise Wetzler in an ideal world, i discuss the salient issues before the appointment, and set up an arrangement how to deal with issues that will come up during the evaluation

Michelle Niehaus Do you think the consumer has any responsibility in how the clinician and interpreter are prepped?

june walatkiewicz Language assessment is tool also

Denise Wetzler especially since it is critical for a competency eval

shannon reese michelle-no--they are too busy being so sick

Denise Wetzler and i try to meet with the Deaf individual to do that language assessment

shannon reese heck they prob wont even know it themselves

seretacampbell hmmm..never thought of that michelle

Kathleen Lanker Lynne where I am, no one seems to be interested in a portfolio at all. Sad.

Stacie Bickel in an assessment there is no way to put that on a client, they are too sick

janine young i dont think michelle that the consumer thinks about it honestly

charlene crump asking for a consultation before or asking to see the therapist for a minute before calling in the consumer is often effective. (sneak that minute in).

shannon reese chocolate doesnt hurt, either!

shannon reese they love that for some reason

Michelle Niehaus It was interesting to me that the study excluded people who couldn't give informed consent or had a learning disability, but many of our clients fit that description

dawn vanzo Nancy- yes and a challenge to voice the psychotic symptom you are seeing , not offend clients if they are alert to catch what you are saying, and do it in the few min med check with a doc who just wants to move on.

Barry Critchfield Unless you've got a long-term relationship with the clinician/unit, your services may be viewed as no more meaningful than the custodial staff... Arrogance abounds in this field

Denise Wetzler i often experience what Kathleen does, they don't have the time or the interest for pre or post

dawn vanzo i will have to try chocolate:)

Nancy Riley Sometimes I include the deaf person in the "post session" discussion about some language/terp issues that come up..

seretacampbell I take chocolate to ALL of my centers/clinicians!!!

lynne lumsden (note to self...go to store and buy chocolates...)

steve hamerdinger So that's your secret!

Barry Critchfield Very good point, Michelle....

Denise Wetzler must be hershey's special dark, please

june walatkiewicz Barry I agree with you. Many clinican may not take the time to meet with the interpreter

seretacampbell absolutely! :)

Stacie Bickel mental health interpreting is one of the few places that I consistently use credentials as part of any communication....clinicians like letters, lots and lots of letters

Kathleen Lanker Michelle, when you say consumer do you mean the deaf patient? Because the clinician is my consumer too? I would say no. Prepping I feel isnt number 1 on their minds. They ahve other things to deal with, the ones that I have been interpreting for.

charlene crump that's true Michelle. how many of our clients don't fit that description?

Denise Wetzler so, if a clinician cannot or will not make time to talk to us pre or post, how do we 'punt' in a way that doesn't harm the deaf person?

steve hamerdinger You have to grab them by the lapels, June, If they won;t listen to the chocolate, bitch slap 'em

shannon reese id say almost all of them!

Ellen Trimble It has been a while, but most of the hearing clinicians I worked with welcomed the pre-sessions once the relationship was cleared up.

dawn vanzo :) my hubby is baking a chocolate cake. yummm the smell. hhow fitting hhaha

Michelle Niehaus Other than chocolate and pre-sessions, what can we do as professionals to try to get at the experience of the consumer? (thinking about the method of the article now)

lynne lumsden ha, steve!

janine young bitch slap? haha!
shannon reese Denise-thats a good question
dawn vanzo hahah i missed that in orientation boss.
Michelle Niehaus We can always count on Steve!
june walatkiewicz :) Steve I like your way of working with those professionals who dont listen
Barry Critchfield A long-term relationship with the clinicians is Very HELPFUL, especially if you've proven your worth in previous cases...
Denise Wetzler the article talked about brain imaging as a way to evaluate if there is a similarity when hearing and deaf have auditory hallucinations...
Ellen Trimble Makes me want to move to AI
shannon reese Michelle-maybe try to do an in service on deafness?
Michelle Niehaus Kathleen...good point. Technically, the clinician is also the consumer / client. Most don't see it that way.
seretacampbell Now that I think about it Michelle, the only time I have seen a client contribute to prepping the clinician/terp is with personality disorder clients....
janine young yes, but brain imaging is something that is so specialized unless there is something new?
Denise Wetzler barry, in the legal system, there is no long term relationships
seretacampbell that hasnt always been a good thing though!!
Denise Wetzler clinicians come and go, because pay and hours are less than impressive
Denise Wetzler PET scans have been used extensively for years
Michelle Niehaus Good point, Sereta. I think we've seen it but only with long term clients who are further in their recovery
janine young i was thinking more about daniel amens type of imaging
lynne lumsden Spokane is a big train town...one of the good things in that we tend to work with the same clinicians
Denise Wetzler for the sake of the discussion, can we say this is a deaf person for an initial evaluation?
Denise Wetzler janine, amens has done some exceptional work
june walatkiewicz In my office at the hospital, I feel forunate that I have been able to train them (without force) on deaf culture. We have a training video for the hospital staff as manitory on how to use interpreters
seretacampbell YES Barry, my experience is Good rapport with center staff/clinicians makes for much more success..
Denise Wetzler i wish it could be applied here
Barry Critchfield I know what you mean Denise -- but we do the best we can...
janine young yes denise, i agree
Michelle Niehaus We all struggle to get the basics across to clinicians unfamiliar with people who are Deaf. If we are lucky, we can try to employ techniques for those with language and learning challenges.
Kathleen Lanker But when it comes to imagining, dont they ask the hearing person to say what the voices are telling them??? If so, how can they do the imagining on deaf people who sign???? Hum If they move while being scanned wont is blur the image???
Denise Wetzler so is this a situation where we can advocate for a CDI?
charlene crump it depends denise, we work with the spectrum. there may be valid and varied questions/perspectivs
steve hamerdinger Ellen, please come one down! We need more good people here. Our little staff has a huge job!
Ellen Trimble June, you might want to share the names of your videos
lynne lumsden a cdi with mental health training
seretacampbell How can we get that group of clients into that process..of prepping for sessions? I like the idea...
Denise Wetzler assumed, lynne, but we all know what happens when we assume...
Barry Critchfield I strongly support CDI work, but only when the CDI is very familiar with the diagnostic process themselves...
Michelle Niehaus In KY we have few CDIs. Honestly,sometimes their involvement in mh feeds into the problems
Denise Wetzler ah
Michelle Niehaus Sometimes they are invaluable, though.
charlene crump a cdi with mental health training, as appropriate for the setting.
charlene crump agreed michelle
june walatkiewicz It is one they use for hospitals You can down load it. It is trainign video on how to use interpreters in the hospital. I think St catherines has it on their web site

steve hamerdinger Neil Glickman has done a lot of work in "pre treatment" training. We have a bunch of articles on what he has done

lynne lumsden spokane...zilch cdi's...or even qdi's

Ellen Trimble Thanks

Michelle Niehaus In the methodology of this article, they used line drawings a lot like Neil's.

Denise Wetzler or perhaps consulting with a CDI, not necessarily having them there if you feel it is an impediment to the process...which i would hope is not the case

Denise Wetzler steve, can you give us a link to those articles? that would be invaluable

charlene crump it does sometimes denise, just like having a hearing interpreter does. as always, it depends on the situation.

Michelle Niehaus Inclusion of a CDI or Deaf clinician can certainly get at that Deaf experience better, in my opinion'

Denise Wetzler i agree

Kathleen Lanker So True

Denise Wetzler native language communication - direct communication - while not perfect, is better than going through a third party

Michelle Niehaus Has anyone used the pictures from Neil's books for diagnosis or treatment?

steve hamerdinger Denis, email us and remind us. we can either post othem or email them to you

Kathleen Lanker No I havent

janine young not me

seretacampbell ahhh..deaf clinicians...the ivory tower...

Denise Wetzler so, barry and steve, which of you are going to become our next deaf clinician to do this research?

june walatkiewicz Yes it well with dysfluent clients

steve hamerdinger All The time! It's invaluable

Denise Wetzler thanks steve

Loraine Where can one view that video

shannon reese michelle-i have.... invaluable but it depends on the client....some clients cant really tell what the picture is about until someone points it out to them

charlene crump yes, i love neil's and mikey's work

Denise Wetzler ok, so back to the 'hearing voices' part

Michelle Niehaus I recommend that you pick up both of his books. There are CDs in the back with thousands of images.

Kathleen Lanker What are their full names so I can do research on their work to read please?

lynne lumsden glickman's articles...in my portfolio

Denise Wetzler kathleen says her deaf clients tell her they actually hear the voices

Michelle Niehaus I've had the same experience, Shannon.

shannon reese for example-mike's art on hearing voices look like cartoon with "cloud" if you know what i'm talking about?

Denise Wetzler kathleen, i am curious, are these pre or post linguually deaf people...or do you know that info?

charlene crump the pictures are meant to be representative, in conjunction with sign language or gestural language.

shannon reese a deaf person might think its a cartoon, not an actual demonstration

Michelle Niehaus Ok...so in the article they use drawings like Mikey's to get at the concept of whether a person truly hears a voice or not.

charlene crump not necessarily used on their own (referencing)

shannon reese true charlene-like i said it depends on the person

Michelle Niehaus They were shown in conjunction with an interview done by a deaf researcher

Kathleen Lanker Most of them are pre-lingually deaf

Denise Wetzler if a deaf person is not in touch with reality, they might not understand that the cartoon is a representation

seretacampbell I have used pictures on several occasions for different purposes...has been very beneficial for me--with supported sign, explanation, interpretation... etc..

Denise Wetzler hmm...2...5...8

Denise Wetzler so here is a question i want to throw out there...

Michelle Niehaus I think the pictures have to be used in conjunction -as part of a tool box.

june walatkiewicz I have used the pcitures to teach skills

steve hamerdinger We use a lot of manipulables too

charlene crump good point june.

Kathleen Lanker Michelle can you tell us the names of these books and/or CDs so I can get a hold of them??

Denise Wetzler does it matter if the hallucination is truly auditory like a voice, or if it is a signed or other type of communication related hallucination?

seretacampbell Used pictures in a locked facility when discussing the criminal act that reportedly took place..

janine young i would like the name of the books also

Denise Wetzler they are going to get labelled and medicated irregardless

charlene crump we hire vgs (visual gestural communication specialists) to work with language development.

Michelle Niehaus In the study, there were 27 individuals, most pre-lingually deaf. Looking at the demographics charts, what else do you notice about the etiology?

dawn vanzo IT was a huge lightbulb when we stopped trying to give verbage/sign to an experience and used ink swirled on paper. light bulb for client and US!

Denise Wetzler which page is that on michelle?

Kathleen Lanker Does the type of hallucination mean there is something malfunctioning in that part of the brain? Whether chemically or physcially (e.g., tumor)?

charlene crump google neil will bring them up, but....Culturally Affirmative Psychotherapy With Deaf Persons

Michelle Niehaus "Mental Health Care of Deaf People" by Neil Glickman and "Cognitive Behavior Therapy" and I forget the exact title, but it has Language and Learning Challenged in it. Both are on Amazon.com

charlene crump and Mental health care of deaf people: a culturally affirmative approach

charlene crump and he has a new one coming out in 2012

Barry Critchfield But the larger question in the lives of Deaf individuals is "Is this person competent to stand trial?" and "Is this person NOT GUILTY by reason of insanity?"

dawn vanzo the darker the picture swirled madly was his "voice" hallucination. lighter on some days than other. odd and fascinating

Denise Wetzler I don't see the demographic charts in the article

Michelle Niehaus I am on pages 342 and 343

Michelle Niehaus Competence becomes a sticky question.

Denise Wetzler this article pages are in the 700's...did i miss something

Loraine What book are you in Michelle

Nancy Riley And Barry, "what meds might help control these symptoms?"..I see that more often than the more "high stakes" situations

Denise Wetzler or are you talking about a different article?

Kathleen Lanker My pages are in teh 700's too

lynne lumsden me, too

Wendy Darling me too

Stacie Bickel Kathleen--I think that the article pointed out that even without knowing if they are truly experiencing auditory hallucinations the same part of the brain is activated according to brain imaging

Ellen Trimble not guilty by reason of insanity would really be sticky

Dorothy Hodge I think it matters whether the hallucination is auditory, so as to know whether they are visual or motor representations, Denise.

Denise Wetzler nancy, meds are a crap shoot and we know it.

june walatkiewicz 701 to 708 is all I have

dawn vanzo right barry how to you apply info learned from pictures to our frame of NGRI? or other mh disgnostic criteria ?

Denise Wetzler dorothy can you explain more about that?

janine young ngri?

Barry Critchfield Nancy --yes, you're right of course.... But being able to walk out as a "free" person with medications is a lot better than being locked up for the rest of your life, until you are "RESTORED TO COMPETENCE"

shannon reese not guilty by reason of insanity

dawn vanzo i am talking of art not brain imaging:) sorry

Stacie Bickel janine not guilty by reason of insanity

janine young thanks
Michelle Niehaus We apparently have different articles. Is yours titled "Exploring the perceptual characteristics of voice hallucinations in deaf people?"
Wendy Darling no
Stacie Bickel no
Denise Wetzler ellen, sometimes we don't even get to that point, the person doesn't make it to being competent to stand trial
Nancy Riley so true barry, high stakes indeed
charlene crump the article posted is The Perceptual Characteristics of Voice-Hallucinations in Deaf People: Insights into the Nature of Subvocal Thought and Sensory Feedback Loops
june walatkiewicz No
june walatkiewicz That is the one I have
Ellen Trimble no
Denise Wetzler Michelle, I want that article too
Stacie Bickel I have the one Charlene posted
lynne lumsden i couldnt download from the site so i found it in my stacks and stacks and stacks of articles from my mhit and practicum a qmhi testing process
Kathleen Lanker Nope. It is the perceptual characteristics of voice hallucinations in deaf people: insights into the nature of subvocal thought and sencory feedback loops
Ellen Trimble Denise, I am sure of that. That's why I said it would be sticky.
Dorothy Hodge Kathleen, I think you're on to something regarding from which lobe of the brain does the hallucination stem?
Michelle Niehaus Well, that's a problem. I don't have the article with the subtitle. Is it by Atkinson, Gleeson, Cromwell, and O
Michelle Niehaus Rourke?
shannon reese atkinson
Stacie Bickel just atkinson I think
shannon reese sorry i thought i had the one you told me?
Kathleen Lanker Just Atkinson
dawn vanzo joanna r atkinson
lynne lumsden that's the one i have...but by atkinson
shannon reese thats ok-lets work from what people are asking?
Michelle Niehaus Nope. Not sure what happened.
charlene crump this one is just joanna, the other is similiar
Denise Wetzler Atkinson in Schizophrenia Bulletin, advance publication 2006
Nancy Riley ditto
Michelle Niehaus Sure. We'll make it work!
shannon reese and we can go from there
shannon reese sorry if we missed something
shannon reese ok folks-that is ok! we still are on somewhat similar subjects--
Michelle Niehaus Let's go to the question of imaging and competency. Is imaging part of the assessments your individuals get?
lynne lumsden how funny...the exact same title!
Denise Wetzler michelle, where did you get that article? it sounds like it would be good info to add
dawn vanzo its fascinating topic at that!
Kathleen Lanker Ellen, yes. I am wondering if a voice type hallucination is located in a different place in the brain compared to a visual or olfactory or tactile
Denise Wetzler around here, definitely not
steve hamerdinger Cromwell did something on the topic before that if memory serves. Jim is one of the few people to really think hard about what is going on. I don;t necessarily argee with his conclusions but he was willing to take on the topic. AAAtkiinso worked with him for w while.
Stacie Bickel no, I have not seen imaging as part of competency
shannon reese michelle-i wish! but i dont think any of them have the luxury of having imagings?
Denise Wetzler they grudgingly hire the clinician, they won't spend money on imaging...

janine young no, no imaging from what i have seen
charlene crump no, unfortunately. unless they are seeing a primary doctor (rather than mh system) and he is doing a medical rule out
Denise Wetzler so if we don't have access to the imaging, what else can we fall back on?
Nancy Riley I've never seen imaging used in the diagnostic venues I've been to!
Kathleen Lanker Nope. Imaging isnt. Many of the deaf patients are on medicare and the clinicians have found they wont pay for it. most what is done is blood work and talking
Denise Wetzler or, charlene, participating in a research study
Michelle Niehaus Mine is from Cognitive Neuropsychiatry (2007). It looked at assessment using more of a visual method supplemented with interview. The way hallucinations were experience mapped to the individuals' own experiences of hearing, for the most part.
Ellen Trimble Kathleen, Me too But as Barry said it is a response to a brain message.
shannon reese well that is a grand idea for researchers to do on! :-)
Denise Wetzler so right now all we have to go on is what the Deaf person is able to describe using sign language or their preferred mode of communication
Michelle Niehaus Given that processes will probably get more truncated with managed care, creativity will probably replace more high tech methods
Loraine Were did you find it Michelle
Michelle Niehaus Or the "fast win"
Michelle Niehaus Google Scholar
Denise Wetzler and the sign choices and concepts may or may not be influenced by the interpreter's sign choices
charlene crump or the signing clinicians :)
Denise Wetzler yay for signing clinicians...IF they are fluent...which some are, many are not
shannon reese that too charlene
Kathleen Lanker Or denise the illness of the deaf person too. I had one deaf person who was taught how to sign by a hearing person who had no idea what they were doing. i had to learn another sign system just to communicate with him.
Dorothy Hodge The frontal lobes is where speech is generated. If a an individual is having hallucinations of someone signing, one could conclude further investigation is warranted.
seretacampbell not just signing clinicians but DEAF clinicians...
Michelle Niehaus In my article, the individuals who were profoundly pre-lingually deaf primarily described nonauditory voice hallucinations
Michelle Niehaus like a person signing to them
Kathleen Lanker Many of the signing clinicians i have worked with are just signers and not very good ones either
Stacie Bickel I wonder though if by getting caught up in how they are experiencing the brain messages (voices, etc) if we are missing they forest for the trees, they are experiencing it. The article points out that the same parts of the brain are activated for Deaf patients as hearing patients when they are talking about "hearing" voices. So how important is it to know if it is the same experience as hearing people have, or is the more important thing that they are experiencing it?
Denise Wetzler the frontal lobe is also the gatekeeper for impulse control
shannon reese michelle--im sure some of deaf people wld tell you-they think theyre hallucinating behind the hearing test wall thing in the lab-
shannon reese "did i hear that"
shannon reese or was that a sound? yep ill raise my hand..
Denise Wetzler stacie, good point
Stacie Bickel I think Sereta makes a good point, the language can be accomadated for much easier than the cultural component.
shannon reese no i didnt hear that-was i supposed to?
Denise Wetzler we know they are experiencing it, how do we deal with that as interpreters?
Nancy Riley Some of the deaf patients I have worked with have uncertain etiology reporting...so it sometimes is unclear if they really were "born deaf" vs "had a fever at a young age" (and that's when it was noticed? or causation post-lingually?)
Michelle Niehaus Stacie, I think that learning how a person experiences it is important since it points to treatment strategies
janine young michelle, i have had the experience that the more often a patient is seen in a mental health environment, the quicker they will say they are hearing voices.
Denise Wetzler nancy, often no one knows that, since many kids are diagnosed as deaf at 2 when they should be moving on from babbling, and the

parents finally suspect something is amiss

seretacampbell Ive never really been able to understand "how" the deaf clients experience it..although they are...

Michelle Niehaus The authors also discussed the hypothesis that voice hallucinations are really misdirected subvocal thoughts, so teaching people to distinguish inner voice from hallucination once more stable on medicine could be possible

seretacampbell that is why I was so interested in this discussion

Ellen Trimble Janine, are they more accepting of it after a while? Or is it something that the Deaf person perceives as the "norm"?

dawn vanzo our article seems to support that voices can be experienced by prelingual or those with who had some time experiencing sound. the subvocal thought hypothesis.

Denise Wetzler janine, so the environment influences their symptoms?

Barry Critchfield "She seems to be responding to a controlling impulse that I cannot see or understand"

janine young this is what i was thinking michelle.

Dorothy Hodge Denise, clinicians need information about how the individual's statement was made, so as to shed light on the cognitive process.

Ellen Trimble Denise, you said it so much better

Michelle Niehaus They saw it as a breakdown in self-monitoring that could be taught

Michelle Niehaus It could be environmental deprivation, life experience as well

janine young ellen, i think it is more accepted as the norm. often it is reported early on, even before being asked.

Stacie Bickel Barry, what is that in response to? I think I'm losing track of who is responding to what.

dawn vanzo sereta - what did you think of that hypothesis. takes some of the mystery out of it for me.

shannon reese i never saw it that way before michelle-that s agreat way to explain it!

Kathleen Lanker Michelle, if having a subvocal thought (inner voice) wouldnt that be a signing inner voice for a deaf person???? Meaning they are seeing their inner voice talk to them about a concept/thought and a voice would be something more of a sound they believe they are perceiving???

Loraine Me too, Stacie

Dorothy Hodge "He appears to be talking to someone who is invisible." Interpreters cn go into 3rd person narrative in such cases.

janine young i dont know denise. i just think they are so used to the system that they say that first off...it is expected maybe.

seretacampbell im thinking dawn!

Barry Critchfield Stacie -- I'm hearing voices LOL

Dorothy Hodge Interpreters can go into 3rd person narrative in such cases.

Denise Wetzler so distinguish between the normal 'talking to oneself' versus someone else?

Stacie Bickel there are meds for that :p

seretacampbell that would be much easier for me to understand it...and easier for clinicians to understand it...

Barry Critchfield Yeah, but those meds just make me sleepy ... GRIN

Denise Wetzler dorothy, that is why the pre meeting with the clinician to set up those protocols is critical

janine young ha!

Michelle Niehaus The subvocal thought hypothesis "attributes the perception of 'voices' to a breakdown in self-monitoring, which results in an individual failing to recognize their own subvocal thoughts and perceiving them as having an external locus of control"

Denise Wetzler so you don't have to hold up the whole session to explain them

seretacampbell I LIVE in 3rd person!

shannon reese so michelle-how is one supposed to learn to distinguish that (the deaf person i mean)?

Michelle Niehaus Isn't that the million dollar question?

shannon reese by observation or....

seretacampbell good question shannon...michelle...??

Barry Critchfield Michelle -- what beautiful succinct description!! I especially like the locus of control aspect

seretacampbell :)

Denise Wetzler so someone with schizophrenia or other MI lose the ability to self monitor?

Dorothy Hodge Yes, indeed, Denise.

janine young i can see where that could happen michelle. often i wonder if it can be confused with an OCD kind of unwanted thought?

Michelle Niehaus the article doesn't go into that, but I'd wonder if it's a combination of getting as stable as possible on meds, getting psycho-ed on the symptoms, then working to be able to describe the experiences and gain skills to be more self-aware and able to care for oneself

janine young yes michelle..but the medication takes so long to maneuver...hope i didn't spell that wrong.

Denise Wetzler so the individual being able to identify the locus of the communication - within or without?

shannon reese michelle--correct me if im wrong-but onset of schizophrenia usually college-age and late 40s?

Michelle Niehaus The DBT materials done by Deaf Wellness Center have self-monitoring as a tool and skill

Denise Wetzler and meds are a crap shoot, we know that

Stacie Bickel Michelle--in my experience that describes exactly what our hospital does with schizophrenic patients

Dorothy Hodge I worked with a clinician, and witnessed a communicative event where the patient was echoing his own words. Turned out to be parilalia.

Denise Wetzler one med will work for one, and not for another

seretacampbell one example of mine..client has govt people sometimes aliens telling him he is going to work for them..on the spaceship..

Denise Wetzler they don't even know how most psych meds work, they just know they do

charlene crump true michelle. i've also seen deaf individuals who have experience auditory hallucinations before able to differentiate based on past experiences.

Michelle Niehaus In this study it was younger - late teens. From what I've read, onset is usually late teens to mid-twenties.

seretacampbell when asked they "tell you??" his response.."yes"

june walatkiewicz I had a situation where a deaf person told the doctor she was having problem with voices, actually when it was further explored. Her complaint was her children did not like how loud her voice was when she talked with them .

Barry Critchfield Usual age at onset is before 30... later onset may be dementia

shannon reese so that might help to clarify the million dollar question or am i way off point?

Ellen Trimble Dorothy what is parilalia?

Denise Wetzler dorothy are you meaning echolalia?

seretacampbell When asked they talk to you" response yes..in words..response is no.. sign to you no..they tell me...

june walatkiewicz Lucky for her the doctor took the time to ask her to explain her voices.

dawn vanzo i know this is probably unreal but it makes unmonitored "inner voice" makes me think of DID (disassociative identity disorder) i am not a clinician obviously by that statement. :)

janine young ha june.

Denise Wetzler hm, dawn, it COULD be a symptom of DID

Barry Critchfield Hi Dawn -- Sadly, there's a big difference between Schiz and DID... even though both may "hear voices"

Denise Wetzler what is your million dollar question, shannon?

Michelle Niehaus I think it's different, Dawn. But, I think we still have to consider the importance of helping the consumer describe his/her experience rather than putting our judgment into it...a big challenge with this population!

Dorothy Hodge Denise, I thought it was echolalia, but it wasn't. Parilalia is the echoing of one's own spoken words. Almost as if checking everything the patient had just said to himself.

janine young dawn i was thinking the same thing. it can be misdiagnosed and has been in the hearing population over and over again. schizophrenia is very often misdiagnosed when the real diagnosis is DID

shannon reese shannon reese] so michelle-how is one supposed to learn to distinguish that (the deaf person i mean)?

shannon reese (inner locus of control)

Denise Wetzler and take into consideration that the deaf population is already an oppressed minority, that affects how they describe the experience

Stacie Bickel Sereta--I think that gets to the audiocentric view we were talking about. "Tell" for a hearing clinician means a person talking and may not mean that for a deaf person or it may mean that

seretacampbell ha

Nancy Riley I have seen some consumers who can separate that the "voices" aren't real (or the snake bites, etc)..

Denise Wetzler thank you for clarifying the difference in the terminology, dorothy

Michelle Niehaus I think it goes back to skill building around self esteem, giving more choices and control in life, allowing the person to practice in "real world" situations

Denise Wetzler i just learned something new

janine young barry DID'ers really think voices, not hear them
dawn vanzo michelle - barry - yes. i have one clinician who is geared up to diagnosis DID. i keep those symptoms in mind when working with this person and the Schz client.
Denise Wetzler so we as interpreters have to know something of the DSM ourselves...
steve hamerding I hate it when clinicians get on a "diagnosis of the month" kick
janine young yes denise def.
janine young seems many of them do steve
Michelle Niehaus Sometimes peer specialists can help people begin to describe their experiences based on hearing others' stories
Kathleen Lanker i have seen that too steve
dawn vanzo oh and they do
Barry Critchfield Dawn -- DID is VERY tough to diagnose through an interpreter -- cuz of the nature of the disease, nothing to do with the terp or their skills...
Stacie Bickel but don't you get points that lead to a cruise or something for certain dx
Denise Wetzler also, many people with DID have trust issues and are not going to let their alters out of the closet
janine young agree barry. but dont you think that those with schiz can be dx that way when in fact they could have DID
Michelle Niehaus There's a Diagnosis of the Month punch card with rewards...
Barry Critchfield Janine -- DID folks are not "controlled" by the voices -- but they experience them just the same... (or so I've been told) smile
Michelle Niehaus DID is pretty rare, though. Remember that schiz is also rare
janine young i looked for research on DID with deaf clients and i couldn't find any.
Denise Wetzler similar to bipolar, borderline and PTSD having overlapping symptoms...it happens with schizophrenia and some of the other thought disorders
Wendy Darling but there are probably black-out dates...
Nancy Riley ..rewards from the drug reps :| :|
Denise Wetzler michelle, not as rare as you think
dawn vanzo Barry know you have had some experience with it in the past. i myself have not worked with DID. Might i phone you at a later date for valued advice?
Barry Critchfield I've treated several Deaf DID's over the years... VERY complicated and overwhelming... its why I quit doing therapy!!
Denise Wetzler the DSM-V is heading towards spectrums and not discrete diagnoses
Kathleen Lanker janine i attended a workshop many years ago that discussed DID with deaf patients. there arent many workshops or seminars discussing that topic
Wendy Darling Barry, providing or receiving?
dawn vanzo Michelle - i know reports say its rare. our area has high prevalence rate it seems. :)
janine young i think denise cuz so much is overlapping.
janine young right kathleen
Michelle Niehaus I wonder if Deaf folks get overdiagnosed with Axis II personality disorders and under-diagnosed with the appropriate Axis I. I also think that the high rate of abuse contributes to the PTSD and, possibly, DID.
Denise Wetzler ah barry then you understand why most DID don't allow there alters to be seen or known
Denise Wetzler their, i mean
charlene crump dorothy - Palilalia also can be associated/caused by(?) rubella - just an fyi. (sorry for the delay)
shannon reese michelle-it also has to do with their upbringing, too
Barry Critchfield Dawn... If you're calling to talk about DID, I have an unlisted number!! LOL Of course you can call any time..
Barry Critchfield Seriously, I'd love to share what little I've learned
Denise Wetzler so howzabout the impact of the diagnosis/label?
Dorothy Hodge Thanks Charlene. I didn't know that.
dawn vanzo hahah can run but in this field ... no hiding :) thank you!
Denise Wetzler if it is on target or off, will affect the individual for life
shannon reese which diagnosis denise?

Denise Wetzler good bad or indifferent

shannon reese DID or schizophrenia?

Nancy Riley WHat I hear so often from the psychiatrist I work most often with is: "there is so much we don't know about how the brain (mal) functions..."

Michelle Niehaus Absolutely, Shannon. thanks for bringing up the rubella too. In the article I read, over half of the individuals had Congenital Rubella Syndrome. Another complicating factor...

Denise Wetzler if they are diagnosed with schizophrenia and it is or isnt accurate

charlene crump that's true denise. any diagnosis can have long lasting impact

june walatkiewicz Especially if it is the wrong diagnosis.

Michelle Niehaus Exactly

Denise Wetzler someone with PTSD that is misdiagnosed as Borderline is going to have a rough time getting appropriate treatment...

Barry Critchfield Nancy -- Great insight -- its the great professional "defense" when they screw up

Denise Wetzler just for example

Dorothy Hodge What about Schizophrenia or 'autism'? Hard to differentiate?

shannon reese ah-sadly it takes a while before it gets corrected if at all!

Denise Wetzler but you know what i mean...

Dorothy Hodge ...or Tourette's

Michelle Niehaus Autism and schizophrenia look different to me.

Barry Critchfield Dorothy .. Schiz and Autism are very different... Tourette's is more closely related to Schiz

shannon reese michelle-would it help to know the age of onset symptoms or is that moot?

Dorothy Hodge Would you elaborate, Michelle?

Michelle Niehaus I think Autism Spectrum Disorder is another one of the pouplar ones, now.

Denise Wetzler the article talked about sensory feedback loops...can we put that on the agenda?

june walatkiewicz It is important to gather information from day one from birth to present, school information,, old test evaluations and family perceptions. it help to gather a multi team of information to help with determine the illness

Denise Wetzler june, we don't always have that luxury...but in that ivory tower....YES!

Dorothy Hodge Thanks, Barry.

Michelle Niehaus Autism has a much earlier presentation - by age 3. An individual with schizophrenia generally doesn't show symptoms until adolescence or afterwards.

Stacie Bickel Age of onset should help differeniate Autism and Schz

Dorothy Hodge Thank you, Michelle.

lynne lumsden asperger's...ages 10 to 12

dawn vanzo with some of the language barriers we see, history is often patchy at best.

janine young autism has completely diff affect than schizo

Michelle Niehaus Denise, what did you read about the feedback loops?

Denise Wetzler aspergers most of the time gets based on lack of social skills

Dorothy Hodge I didn't mean to get us off topic. Sorry.

janine young yes denise

Barry Critchfield Aspergers sometimes into the 30's (he says from family experience)..

charlene crump true june. and records/psycho social history can be a godsend.

lynne lumsden my oldest is Aspergian

Nancy Riley Back to what to ask or tell the clinician in that magic 2 min pre-conference, I often ask the etiology of the hearing loss, their schooling. Info on Dx. The preconference, I have learned is as much about me asking that critical info as me sharing some quick "how this will work tips"

Denise Wetzler they talked extensively about the auditory feedback loops in hearing people

janine young one of mine too lynn...we should talk.

june walatkiewicz It really helps if you can take the time. I know in ER or other crisis it is impossible but in practice setting it is workable.

Denise Wetzler but i had a hard time following how they were trying to apply it to deaf...unless i am tired and dense tonight

lynne lumsden diagnosed at 11...going on 14 now...he is an interesting human being!

shannon reese michelle-what i understood of the sensory auditory loops--it seems the mechanisms are different such as in that deaf SEE it while hearing HEAR it

lynne lumsden yes, let's, janine!

janine young mine is 15 and we are having a hard time now.

Michelle Niehaus Were they talking about the sensory feedback loops somehow getting disconnected or interrupted?

Barry Critchfield Denise -- the feedback loops are very helpful, but they're not limited to auditory input... Deaf can learn them too, through ASL or language boards...

Nancy Riley Michelle< I am curious what "take away" key points " you are hoping we'd all get out of this article?

shannon reese michelle-yes

charlene crump then begins the discussion shannon auditory or visual hallucination? ;)

Ellen Trimble Michelle, disconnected "how"?

Michelle Niehaus Well, honestly, Nancy, it looks like we read two different articles, so my takeaway points are different than yours.

Denise Wetzler they talked about deaf speech readers with spoken English as a first language...

Barry Critchfield Lynne... people with Aspergers absolutely fascinate me...

shannon reese charlene--good one!

Stacie Bickel Denise---yes then they compared to ASL users

lynne lumsden my son is the most interesting person i know! and i'm his mama, barry! :-)

Denise Wetzler the hallucination is one of speech reading someone...fascinating

janine young agree lynne.it is fascinating.

Michelle Niehaus In the article I have, their hypothesis was that a deaf individual would generally experience (technically) an auditory hallucination whether or not they described it as being "heard."

Barry Critchfield Steven Spielberg is one of the most successful people with Aspergers around today... Can't argue with his success

Denise Wetzler page 705 uses the word 'articulators'

janine young right barry. i didn't even know that.

Nancy Riley Michelle, good point, but the topic is the same, so maybe there's a piece that will entice us even more to read your article :o

Denise Wetzler and I am not clear what they are using that to define...

shannon reese basically the article suggests that both deaf and hearing hallucinators misattribute articulatory representations

seretacampbell yes but HOW do they experience it...

Kathleen Lanker I am reading on the feedback loop that there could be a disconnect between the frontal and temporal lobes. if so, what does this look like? the hearing voice situation? Or something else. She said a delay in auditory feedback which is shown as a developmental stutter (in hearing people???) what of deaf?

Stacie Bickel and they talk about the increased incidence of tactile hallucinations being attributed to the sensory feedback loop

dawn vanzo sereta - the rub.

Michelle Niehaus To me, the interesting part is the sub-vocal thought hypothesis and the idea that we could, as clinicians, influence how an individual looks at himself or herself by using both meds and therapy to help identify the external locus of control

charlene crump okay back on topic everyone :)

Barry Critchfield DANG... you caught me!!

steve hamerdinger the voices are talking to me, Denise!

Kathleen Lanker Steve is having a subvocal conversation. SMile

Dorothy Hodge I thought a good point was made when the researcher cautioned that "it cannot be assumed that what congenitally deaf individuals describe as a 'voice' is really the same phenomenon as that as described by hearing individuals.

Denise Wetzler so...as an interpreter, and not a clinician, what can i take away from others' perspective here to apply to the work?

shannon reese how can the clinicians influence??

Barry Critchfield Denise... are you trying to drag us back to reality???

Denise Wetzler and...there is a complicated relationship with the interpreter's knowledge or lack thereof...reality, barry? what a concept

Michelle Niehaus The experiences of "hearing" voices mapped onto their actual auditory experiences and experiences with sound. So...a person who is Deaf experienced it more as signing, a person HOH used more of the mixed speech and sign...,so treatment must also map to the person's lived experience of both the hearing loss and the schizophrenia rather than being one size fits all

dawn vanzo dorathy - and our interpreting and explanation of this needs to reflect that... challenge.

Denise Wetzler interpreter's knowledge, the clinician's knowledge of deafness and signed communication

Dorothy Hodge I agree, Dawn.

Stacie Bickel shannon---I think the clinicians/terps can influence how patients describe things by how we label things. If we ask about voices they may be more likely to describe their hallucination as a "voice" when maybe it's not exactly the kind of "voice" we are talking about.

Denise Wetzler and the deaf person's ability or lack thereof to conceptualize the inner experience

dawn vanzo dorathy - and our interpreting and explanation of this needs to reflect that... challenge.'

Denise Wetzler right dawn

shannon reese michelle can u provide an example on how a clinician can influence how an individual looks at himself to identify external locus of control?

Denise Wetzler when i first started i would actually use the signs 'hear' and 'voice'

Denise Wetzler not anymore

Stacie Bickel our vocabulary influences how they describe their experience

shannon reese oops stacie didnt see your comment--thanks!

june walatkiewicz Hav to be careful not to confuse inside thoughts to perception of someone talking to you

janine young denise, what signs would be appropriate?

dawn vanzo opps . i have seen clinicians thinkg clients hear voices cuz they "want to be hearing"

charlene crump but i think that's the crux of it. if we can't identify it (clinicians, researchers, folks in the mh field) how do we expect a deaf consumer who is experiencing it to label it for us?

Michelle Niehaus For interpreters, I think the pre-session becomes complicated because you often don't know the individual experience of the person you're interpreting for. Emphasize the "one size doesn't fit all" for communication. Advocate that the clinician probe about hearing status, experience, and learn to describe.

seretacampbell ug..good point Charlene..

Denise Wetzler janine, a lot of that depends on what info i get in a language assessment

janine young right charlene. the whole of the experience can be overwhelming itself

seretacampbell but I want a definitive answer!!!! (knowing one doesnt exist..) :)

janine young can you give an example denise?

Denise Wetzler and that preconference that michelle talked about too

steve hamerdinger back to the lack of research in this area by people who understand deafness

june walatkiewicz How many clinicians understand the purpose of communication assessment

Denise Wetzler sereta, didn't your ITP teachers use 'it depends' as much as mine did?

Nancy Riley yes, interesting point, charlene, especially when a clinician is approaching it as "going down the checklist/yes-no answers"

dawn vanzo true june

charlene crump what language assessment do you use denise?

seretacampbell and how many clinicians pay a seconds attention to it...

Wendy Darling ours in Alabama do. it's in the standards of care, they have no choice :)

Denise Wetzler june, that is the FIRST thing i explain to any clinician, police officer, etc

Michelle Niehaus A quick example that comes to mind...if a person signs "oh, she knows. ask her" and is referring to the interpreter being able to give history, then the interpreter should voice that so that, over time, the individual becomes more able to voice his or her own concerns and not expect the clinician or a parent to do it.

Wendy Darling they might not read it..

seretacampbell oh, I know, i know...everything "depends" booooo

Barry Critchfield Steve.... sounds like we need a national research agenda....

Michelle Niehaus That doesn't really get at the heart but is a beginning step.

Pamela Burr Ugh. I've avoided using "it depends" as much as possible, but I do use that phrase, as well.

lynne lumsden me, too, pamela

Denise Wetzler when i do a language assessment, i start with things like family, do they know if they were born deaf, did family sign, where did they go to school

Michelle Niehaus I've seen patients be able to say "Oh, I see so and so signing over there" and then tell me that they can choose to ignore it. that was with a lot of meds and therapy, though

june walatkiewicz Many clinicians do not think they need to hire interpreters

Kathleen Lanker When I interpret sessions, I am called in by the clinicians that s/he is ready. I do my language assessment on the fly. I am not given any time before hand. It is hard and challenging.

Denise Wetzler that not only gives me a language sample but gets the crucial background information i need as well

janine young isnt that true june. they can 'write'

Denise Wetzler kathleen, i so wish that were not the case

Denise Wetzler but i experience it here too

charlene crump when do you do the assessment and what do you do with the information gained?

Denise Wetzler time is money to a lot of govmt agencies

june walatkiewicz :) :) Yes the clinician writes and the deaf person bluffs like they understand

Barry Critchfield Time is Money to everybody...

Nancy Riley Michelle, yes, I've seen consumers use that phrase" I can ignore it" when discussing the disruptive sensory experiences

Denise Wetzler i do the assessment when i get there, clearly telling the nonsigning clinician what i am asking, my goal and why

Dorothy Hodge Do you have any supporting documents on Language Assessment, Charlene?

Kathleen Lanker June I had one clinciiian have me sit right next to the deaf patient. It looked the whole time like we were ahving a conversation and that the clinician was just an observer. The deaf patient thought i was talkign to them and not the clinician. I couldnt get the clinician to understand the importance of them bonding with their patient and not me.

Michelle Niehaus Clinicians need to "get" that it still isn't an equivalent assessment experience with an interpreter present. It's hard for an interpreter to preach that, though! The language assessment piece is critical.

Denise Wetzler the information allows me to catch their signing style, pse asl or english, sign assisted oral, conceptually accurate -- or not

seretacampbell ME too Michelle, Nancy..."Does it bother you?" client: "NO" and so it is left...

dawn vanzo michelle - i have encountered that on few occations. Ignoring it became a constant with one and was all they could seem to do. it consumed all their attention. A challenging condition to live.

june walatkiewicz I understand many clinicians have had no training how to use interpreters

dawn vanzo occasions :0

charlene crump yeah, email me dorothy, glad to share.

dawn vanzo oh i give up on speeeeling tonight

Denise Wetzler as well a some SMI (seriously mentally ill) don't know how to use an interpreter either

Dorothy Hodge Thanks.

shannon reese dorothy-you'd have to move down here to know all our secrets :-)

Denise Wetzler or a nonsigning clinician thinks they ought to treat the deaf patient different, 'because they are handicapped'

shannon reese kidding!

lynne lumsden dorothy, have you gone to mhit week?

Michelle Niehaus Good point, Denise. I think that, as a person gets healthier, s/he should be more informed about treatment, processes, etc and take more responsibility for how the sessions go

Dorothy Hodge I'd love to!

shannon reese that goes for everyone else in the room, too except our ODS staff

janine young that is just part of the healing process right michelle?

shannon reese 8)

Dorothy Hodge Yea, Lynne. In 2007. I've been on almost every online discussion (except three or four) since!

june walatkiewicz I attended MHIT week and it was great learning experience for me.

charlene crump that's got to be a part of it michelle or we just continue to go down the same (circular) road

lynne lumsden i highly recommend it...the second most transformative interpreting experience i have e.v.e.r had...number one being my practicum in montgomery

Michelle Niehaus exactly. but i think many deaf patients aren't expected to do that and aren't fully empowered

Dorothy Hodge I loved it!

Barry Critchfield MHIT should be morphed into a graduate level MAJOR at a highly respected institution of higher learning...

Denise Wetzler many clinicians also rail at the fact that the interpreting process doubles the time it will take to do the assessment

seretacampbell Right...that is one of the key things I am leaving with tonite..oneof the several! that a healthy client should/could have input into their session...and ow I can nurture that idea...

Stacie Bickel PhD please :)

Michelle Niehaus Agreed, Barry!

janine young right, so i agree that empowering them, if we can get them to stay long enough in therapy, is a great idea.

Dorothy Hodge Indeed, Barry!

june walatkiewicz Problem with time. Health care only allows 45 min sessions

shannon reese janine and to stay on their meds!!!

shannon reese June-talk to Obama about that... :-D

Denise Wetzler sereta, the question now becomes, how do we empower them to be able to do just that in a system that doesn't know how to handle deafness?

Michelle Niehaus So...we have had all kinds of musings. I apologize for the article mix up. Despite that, what are your "take homes" from tonight?

janine young yes shannon, isn't that the truth?

Nancy Riley Michelle, to increase that kind of self-awareness in treatment, do you use dbt (or cbt, I admit I get them mixed up in my mind at times), or other techniques?

Denise Wetzler june, 15 for a med check here

seretacampbell just told youi one of mine...

Denise Wetzler 15 minutes is not enough time

shannon reese the mind is a fascinating thing!!!

june walatkiewicz I agree not enough time

charlene crump depending on your state billing - some allow more time to be billed (for the clinician) when using an interpreter - for example medicaid/medicare.

Dorothy Hodge This area was my weakest, knowledge-wise. I have learned quite a bit tonight.

Michelle Niehaus Nancy, i use some DBT but a lot of role play, CBT, and also practice experiences

Denise Wetzler dialectical behavioral therapy versus cognitive behavioral therapy

Wendy Darling I find it odd that I wait for the appointment for sometimes 2 hours but we are only in with the doc for 10 minutes or less. hmm....

seretacampbell the other is that the thought is the concept of the inner thought being the "voice" for deaf folk

Kathleen Lanker What I will be taking away with me tonight is, keep talking to your peers to help get ideas and tools to guide you through this maze of ignorance. It isnt an easy field.

charlene crump usually some of this is used to "pay" for part of the interpreter's time, but you might can negotiate it for more time. for example if they can bill for 1.5 hours....when an interpreter is present....

june walatkiewicz Medicaid only pays \$23.00 most doctors are not interested

dawn vanzo i see alot of the ' do for me " attitude that works against empowering. the clinicians seem to at times preceive that the client is well now because he she is not directly asking about the problems - cultural issue at times.

Denise Wetzler DBT is a specialized form of CBT developed by marsha linehan to work with borderline personality disordered individuals who self harm

Stacie Bickel that there needs to be a lot more researach

Michelle Niehaus Managed care will make things more difficult

Ellen Trimble Michelle, to insist on a pre an post confeence or they can seek another terp. And to keep being involved in this learning tool. I always learn so much from the participants.

dawn vanzo yes another case for dbt over cbt

lynne lumsden i thought it a great discussion that wasn't hampered by the article mishap at all!

Barry Critchfield Medicaid pays quite well in Georgia, but most Deaf have Medicare!!! DON'T GET ME STARTED
shannon reese i agree lynne-
Denise Wetzler i think discussion and mentoring by deaf individuals who are familiar with mental health issues is critical
janine young are you in georgia barry?
seretacampbell i like the future article discussion mentioned earlier...Michelle to moderate again...:)
Denise Wetzler so can we clone you, barry?
june walatkiewicz Medicaid does not pay well in Michigan.
Michelle Niehaus I think both DBT and CBT can be valuable. I rarely use one exclusive approach since our consumers are so diverse and mixing it up seems necessary and more effective.
charlene crump just saying- check your state regs for payment. if they can bill for longer time.
shannon reese the sensory loop-it doesnt really matter if auditory right?
lynne lumsden pre and post sessions...essential, even if it is just for a few minutes
Barry Critchfield Barry is definitely in HOTLANTA
janine young its been miserable here huh?
Denise Wetzler social workers and other MH clinicians have supervision...why not for interpreters working in MH?
charlene crump how often do you use role play michelle?
Wendy Darling I learned some good phraseology to use such as "responding to a brain message they cannot control" and "experience disruptive sensory experiences".
lynne lumsden i am headed to atlanta for rid's conference...hot, huh?
Denise Wetzler arizona is triple digits and humid. we had the mother of all rainstorms last night...
seretacampbell This has been one of the best article discussions--didnt even notice the article mishap!
Wendy Darling Very hot!!!
Nancy Riley Fascinating for me to think (more) about what it would look like to have deaf-centric eyes and brains doing this research...
janine young yes its bad lynne
dawn vanzo Michelle - we need clone you :) the blood pressure rises of everyone in the room when a different therapy approach is suggested.
Michelle Niehaus We are doing peer supervision groups for interpreters in KY. I think the discussion can really help.
Dorothy Hodge Will be looking out for you, Lynne!
Stacie Bickel we should have supervision, its amazingly invaluable
Denise Wetzler shannon, we ARE going to get a copy of the transcript, right?
Barry Critchfield Online supervision is better than none..
Kathleen Lanker Where I work, medicare will pay but only if the patient is on meds. It is hard for them to bill for therapy time. So all the patients are on meds.
lynne lumsden okay...sundresses for me! and i will look out for you! :-)
seretacampbell it applies to the daily work that we do in mh work-and is always challenging for me as the interpreter
Michelle Niehaus I did role play and use of the white board with my pathetic drawings all the time.
Barry Critchfield Who all is going to RID??
Denise Wetzler may i be excused, teacher, my brain is full
Dorothy Hodge LOL!
lynne lumsden are you, barry?
shannon reese well obviously it is working michelle because none of your clients are here in AL yet!
Dorothy Hodge I am, Barry.
Barry Critchfield I will probably be "lurking" at RID... smile
Stacie Bickel not going to RID, spent all my money on MHIT this year
Michelle Niehaus Hahaha. No one has suggested bus therapy recently!
Denise Wetzler we have county mental health here that is being decimated by a short sighted governor cutting medicaid
lynne lumsden i would love to meet you in person!
Denise Wetzler bus therapy?

Michelle Niehaus Not going to RID. Have fun!
Michelle Niehaus Sending the person who is hard to serve to another state via bus
seretacampbell THANKS Michelle for ur time! GREAT "seeing" you again!
Denise Wetzler ah, shipping out...as we calling
Barry Critchfield Lynne ... my email is abcritchfield@dbhdd.ga.gov
Denise Wetzler thank you everyone!
Stacie Bickel i'm also learning that I'm incredibly lucky to be a part of the team where I work and to not have to worry about medicare/medicaid and other such things
charlene crump thank you all for joining tonight
steve hamerdinger The transcript will be available, yes. Shannon and Charlene have the details
Michelle Niehaus In summary, you are all pretty amazing with lots of great points. I look forward to doing this again!
Denise Wetzler barry may I email you offline too?
charlene crump please don't forget to complete your evalautions
Barry Critchfield Denise... certainly...
Michelle Niehaus I am at Michelle.Niehaus@ky.gov if you want to be in touch.
Pamela Burr Here's a question for Charlene and Shannon: Will you ever be archiving chats since the chat has moved off Blackboard? I missed last time, and would love to get a transcript of what I missed.
charlene crump also we will be doing this again in a couple of months - hope you can join
lynne lumsden thank you, barry!
Kathleen Lanker We have one facility to covers at least 3 counties and the deaf dont like the long commutes. Not too many services for deaf where the clinicians are deaf.
charlene crump michelle any parting words?
dawn vanzo thankyou Michelle!
seretacampbell Tell my KY friends hello for me Michelle! nite nite!
Dorothy Hodge Thank you, Michelle!
charlene crump shannon is the archiving queen.
lynne lumsden thank you, michelle! a great evening!
charlene crump thanks so much michelle
janine young michelle, thanks millions. interesting discussion. i have lots to learn.
steve hamerdinger thanks for a great session Michelle!
shannon reese IMPORTANT NOTE: Individuals receiving continuing education through the Department of Mental Health must be present for the entire activity and must have completed all pre-discussion requirements; including reading the article and reviewing any required supplemental readings. Participants must make a substantial posting or contribution to the group discussion. Postings which will not be counted are those which just say "I agree", etc. CERTIFICATES will be e-mailed to all participants fulfilling specified requirements by July 26, 2011. If you feel that you should have received a certificate and do not receive one by July 26, 2011, please contact our office.
charlene crump it was a great topic
Ellen Trimble Michelle, Shannon, Charlene, thanks
Barry Critchfield Awesome discussion
Pamela Burr Thnaks to all for some very enlightening discussion.
lynne lumsden i {heart} mhit
shannon reese i will be sending you all evaluations to fill out this week
charlene crump we heart you too!
shannon reese thanks to all-
Loraine Thank you, Michelle
Wendy Darling Lynne - fyi... there is central AC all over the south so be aware although it is extremely hot outside, the AC is on inside and you might get cold during the sessions.
Michelle Niehaus Thank you, Team Alabama! You are wonderful. Thank you all!

Denise Wetzler barry, steve, shannon, you are the only ones i could definitely say are deaf...if there were others, i apologize for the oversight
june walatkiewicz I enjoyed tonights topic. Thanks Michelle and MHIT staff for great topics
Denise Wetzler thank you for your insight
steve hamerding Hey, Lynne, Write an article for Signs of Mental Health for me!
Nancy Riley Thanks, this was my 2nd webinar and so much better than the first disaster in Jan!
lynne lumsden okey dokey...i will bring a sweater
Denise Wetzler a deaf perspective is vital to accurate interpretation
lynne lumsden that's right! i was gonna do that, steve! and i shall!
Barry Critchfield Denise... Barry isn't deaf -- Hard of Listening, however
Denise Wetzler ouch
steve hamerding January's disaster is ewhy we installed our own chat room!
Denise Wetzler coda?
charlene crump we usually don't ask folks to self identify. some deaf prefer not to say. so we try to create a setting where they can self identify if comfortable.
lynne lumsden always have to try something new, steve...with the chat room thing
Barry Critchfield NERRDA... Not Even Remotely Related to a Deaf Adult
Denise Wetzler thank you charlene, i hope i didn't make anyone feel uncomfortable
lynne lumsden i had a blast in january
Denise Wetzler that's me, barry!
Michelle Niehaus Just has an amazing heart and mind!
Kathleen Lanker Michelle could you send us the full citation for your article so we can read that one? Thanks
lynne lumsden ha, barry!
Wendy Darling short attention span, lynne?
Kathleen Lanker Barry i am a haha
Michelle Niehaus I will send out the title of the article and the full citations for Neil's book.
Nancy Riley Thanks all< we are fortunate for the leadership of Alabama! (and its forerunners and cohorts)
Denise Wetzler i hope i didn't make anyone feel uncomfy by asking who is deaf. i apologize if i did
charlene crump btw, there is also a powerpoint by atkinson et al.
charlene crump if any of you are interested, email me.
Kathleen Lanker Hearing Adult of Hearing Adults (HAHA)
shannon reese next online discussion will be September 13th
Michelle Niehaus I'm interested, Charlene!
Dorothy Hodge Thank you, Steve, Shannon, and Charlene, for all you do! Good night!
shannon reese YES positively sure denise
shannon reese stay tuned and will be sending an email soon on more info
shannon reese thanks for checking :-D
Kathleen Lanker Charlene, cool. Can we take a look at that powerpoint??
lynne lumsden in my blackberry calendar! see ya soon at rid!
Michelle Niehaus Great! I'm getting kicked out of Panera. Have a wonderful night. Now...go out and do good!
lynne lumsden Prevail!
charlene crump if you email me so i don't forget, i will email it to you.
charlene crump downloaded from a listserv in england at a f2f presentation that atkinson and all did.
june walatkiewicz Charlene I am interested in seeing that pp aswell ok if i email also
Denise Wetzler there is still so many resources out there...
Denise Wetzler thank you all.
Wendy Darling good night
Denise Wetzler kathleen, are you busy?

Denise Wetzler wanna skype?

june walatkiewicz Ok good night

Kathleen Lanker Denise I will be eating dinner. It has been on hold while in this chat session.

Denise Wetzler no prob. enjoy

Kathleen Lanker Another night

Denise Wetzler sure

Ellen Trimble Did Shannon say where to find the eval?

shannon reese Ellen-i will email it to you

Denise Wetzler I think she sends it out

Kathleen Lanker Nope I didnt see anything that i why i am still in the chat lobby

shannon reese yes i will be sending those out this week

Kathleen Lanker Ahh so we can log out

Denise Wetzler charlene, how did you do the private messaging?

Ellen Trimble Oh ur still there, smile. The site is a bit different. Have a great evening. Thanks for everything.

dawn vanzo it was time well spent! enjoyed this very much. see you all in sept!

Denise Wetzler night, ellen

charlene crump clicked on your name, but only the moderators can.....sorry!

Denise Wetzler goodnight everyone

Kathleen Lanker good night

shannon reese im glad i was able to stay on despite the nasty storm outside

charlene crump great to "see" you again - see you in august!

Kathleen Lanker you bet i am excited in coming out

shannon reese good night to all-see yall thursday!

shannon reese bye

Denise Wetzler shannon, where did you say the transcript would be?

charlene crump okay everyone, good night. going to "turn off the porch lights" :)

steve hamerdinger night all