

Signs of Mental Health

'Tis the Season



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Alabama Department of Mental Health
Office of Deaf Services
P.O. Box 301410, Montgomery, Alabama 36130



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Signs of Mental Health
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On The Cover:

ODS staff members gather for a rare time to all be together! Commissioner James Perdue joined us too! Happy Holidays to all our friends, co-workers, partners and most of all people we serve.

Former Mental Health Center CEO Diane Baugher Assumes Reins at MHSAS Division

Diane Baugher assumed duties as the Associate Commissioner of Mental Health and Substance Abuse Services on October 1, 2016, replacing Dr. Beverly Bell-Shambley.



Baugher has been involved in the public mental health system for many years. She was the Chief Financial Officer at the Mental Health Center of North Alabama, in Decatur, Alabama from 1994 until 2009. She was then tapped as executive Director of the South Central Mental Health Board in Andalusia, Alabama.

An Andalusia native, Baugher earned her bachelor's degree in accounting from Athens University, her MBA from Liberty University, and is a Certified Public Accountant.

"Diane brings experience and a proven track record of success in the delivery of mental health services, which will be invaluable in attaining the Alabama Department of Mental Health's, goals and objectives," Jim Perdue, Commissioner of the Alabama Department of Mental Health, said.

"I am confident that Diane will be an excellent match for this position; she is a visionary leader and will be a powerful asset to the department's team," he said.. ✍

Operation Deaf Santa Claus Spreads Holiday Cheer to Deaf Residential Consumers

For the past eight years, ODS staff has strived to make Christmas a little merrier for the consumers who are residing in group homes around the state. Many of these consumers do not have families involved in their lives. It is also a way for us to give back a little.



Dr. Bell-Shambley Retires After More Than 31 Years at DMH

Associate Commissioner for Mental Health and Substance Abuse Services Beverly Bell-Shambley, Ph.D. retired September 30, 2016, after a 31-year career with the Department of Mental Health that at both the state and local level.

As Associate Commissioner, Dr. Bell-Shambley promoted the reestablishment of strong regional services for mentally ill deaf Alabamians, authorizing the filling of all position on the staffing plan.

She was feted with two separate events, one on Montgomery and one in Tuscaloosa, where she began her career and spent the bulk of it.

Appointed Associate Commissioner for Mental Health and Substance Abuse Service in 2014, Dr. Bell-Shambley was a steadfast supporter of Deaf Services. That support became increasingly evident to outsiders in terms of how resources were deployed to support deaf people with mental health and substance use disorders. Under her direction, ODS was able to reopen long frozen positions and reactivate regional offices that have been closed for many years.

“Her support for our work inside the Department has been invaluable to us, and equally important, has been a morale booster as we have navigated some trying times,” said ODS Director Steve Hamerdinger. “There have been days when knowing that Dr. Bell-Shambley had our back made gave us the strength to keep up the fight. There were also days when she quietly saved us from ourselves!”



*The staff of ODS presented Dr. Bell-Shambley with a bowl engraved:
Dr. Beverly Bell-Shambley: a True Friend of the Deaf Community. Presented with Gratitude for all You Have Done to Support Deaf People with Mental Illness.*

The Alabama Department of Mental Health
invites you to celebrate the career of
Beverly Bell-Shambley, Ph.D.
on the occasion of her retirement.

September 27 11:30 am - 1:30 pm	September 29 1:00 pm - 3:00 pm
Bryce Hospital 1651 Ruby Tyler Parkway Gymnasium Tuscaloosa, 35504	MHSAS Division 100 North Union Street Suite 420 Montgomery, 36130
RSVP to Dora Chandler 205-507-8300	RSVP to Jackie Smith 334-242-3200

Please RSVP no later than September 23
Sign our group greeting card - <http://www.openme.com/Zivh>

Dr. Bell-Shambley completed her doctoral training in Psychology at the University of Georgia in 1985 and immediately began her professional career with the Alabama Department of Mental Health as a Staff Psychologist at Taylor Hardin Secure Medical Facility.

Taking the experience gained as a Staff Psychologist, Dr. Bell-Shambley became the Director of Neuropsychology for Bryce

Hospital, the state’s oldest psychiatric institution. From there she was promoted to the position of Clinical Director at Taylor Hardin Secure Medical Facility. After serving in the clinical capacity for many years, she served as Administrator for S.D. Allen Nursing Facility and Facility Director of the Mary Starke Harper Geriatric Psychiatry Center, all of which are or were operated by the Alabama Department of Mental Health.

In 2007, she was appointed as the Director of Mental Illness Facilities with the Alabama Department of Mental Health with the duties of supervising the operations of all state hospitals under the Mental Illness Division. She held that position for nearly 7 years and was responsible for the orderly downsizing and closing of three of the state-operated psychiatric facilities, North Alabama Regional Hospital, Greil Memorial Hospital and Searcy. ↻

Staff Moves and Realignment

This fall, ODS made several staff moves. These moves meant that some staff would be serving different areas of the state than they previously served.

Scott Staubach, who has carried a caseload in central Alabama, will take over cases in Region V. Region V, which covers counties served by J-B-S Mental Health Authority, Chilton-Shelby Mental Health Center, AltaPointe East (formerly Cheaha), and Highland Health Systems (formerly Calhoun-Cleburne Mental Health Center). He will be based in Birmingham. For the short term, he is being housed at J-B-S Mental Health Authority, although there are plans for him to be based permanently in the Developmental Disabilities Region V offices when spaces are ready.

Staubach has covered half the state during the five years since he moved to community services. Before that, he was the director of the Bailey Deaf Unit from 2006 until it closed in 2011.

This move made it possible to split Regions III and IV and bring Barry Critchfield to focus solely on Region IV, which includes counties served by East Alabama Mental Health Center, Montgomery Area Mental Health Authority, East Central Alabama Mental Health Center and SpectraCare.

Jag Dawadi, who joined the ODS staff in November, will be handling Region III, which include counties covered by AltaPointe, Southwest Alabama Mental Health, and South Central.

Rounding out the coverage, Kim Thornsberry retains the northern tier of the state, which include counties served by Wellstone, North Central Mental Health Center, CED Mental Health Center, Cullman Mental Health Center and Riverbend Mental Health Center. Kent Schaffer will retain areas under Indian Rivers Mental Health Center.

For the first since 2008, there are four deaf therapists and a psychologist on staff. This comes at a time when interpreter resources are particularly stretched. ODS has seven positions on its Communication Access Team. At this time, three of them are vacant, which has created difficulty meeting all the demands.

To help address this, an interpreter position was created for Region V. Katherine Anderson has transferred from the Bryce Hospital Interpreter position to this regional job.

Newly hired Summer LeCain is on site at Bryce full-time. Since she is not yet certified, other ODS interpreter are rotating daily on the Bryce Campus. There is a full-time position for a certified interpreter open and recruiting.

Brian McKenny is now covering Region IV, while Lee Stoutamire (Region III) and Sereta Campbell (Region II) continue in their current coverage. Region I is still recruiting for a

Katherine Anderson Snags Regional Honor

ODS staff interpreter Katherine Anderson was named Interpreter of the year by the Southeast Regional Institute on Deafness on October 11, 2016, at their annual conference, held in Atlanta, Georgia.

The Marie Griffin Interpreter of the Year Award is presented to an individual who has demonstrated outstanding community leadership, personal achievement, or contributions to individuals who are Deaf or hard of hearing. Anderson, was presented with this award by Council of Organizations Serving Deaf Alabamians this past summer.

The award caught everyone by surprise. As a result, she was not there in person to receive it! "I was truly honored and surprised. I had no idea that I was nominated for SERID Interpreter of the Year. It was an honor to be selected and even more of an honor that a coworker nominated me for it. I'm looking forward to continuing to learn and grow as an interpreter," Anderson said.



New Staff Join ODS as the 14th Year of Service Begins

Interpreter Trainee (Extern) Summer LeCain



My name is Summer LeCain and I am the newest member of the communications team with the Office of Deaf Services. I began my experience with ODS as an intern working to complete a Bachelor's Degree in ASL/English interpreting from Maryville College. I was graciously welcomed by the

team, as they encouraged me to expand my horizons and challenge myself in a variety of settings. During my internship, I saw the demands that mental health interpreting presents, while having the support of the staff to direct me in how to control such challenges. The staff gave me the encouragement and motivation to complete my degree and enter the work force with confidence. I was blessed to be given the opportunity to sign on with ODS as a staff interpreter for Bryce Hospital, and graciously accepted the position.

The staff at ODS is constantly encouraging each other to develop their skills, further their educations and expand their understanding of the massive spectrum of clientele that we work with. There is always support from coworkers, as well as words of advice and encouragement. The emphasis that ODS places on the importance of continuing to grow and learn more about this field is why I chose to start my career as an interpreter with the Office of Deaf Services.

As an entry-level interpreter, I know that my education is far from over. I am constantly looking for ways to understand a variety of perspectives, cultural backgrounds, intellectual levels and diagnoses. Working in mental health allows me to gain first hand experience in these areas, and learn from the years of experience my coworkers have in this profession. Not only do I have the opportunity to work with several highly skilled mental health interpreters who reinforce the development of my interpreting skills, but I also have the

advantage of working alongside Deaf clinical staff. This exposes me to the unique scenario of Deaf-on-Deaf direct therapy. Kent Schafer, Deaf Psychologist, has been an outstanding model for this. I have been able to see a vast variety of language modules among our clients, and seen Kent adapt to each client as an individual based on their diagnoses, background and communication abilities. He uses drastically different techniques with each client in order to effectively engage the client. This has highlighted the importance of knowing the needs of each client in order to provide successful therapy. I can now take those techniques I have observed and use them as controls when I am in a scenario as an interpreter where such demands are present. Seeing Kent engage in Deaf-on-Deaf direct therapy has been an enormous benefit to my own understanding of the vast variety of demands in this field and the importance of being able to code match each client on more than just a linguistic level.

The staff at the ODS has provided everything I could possibly ask for as a new interpreter. I continue to be challenged, giving me the opportunity to develop new skills and controls every day. They continue to support me as I work towards certification, which gives me the motivation to achieve that goal and continue my career development in the future. I feel safe in this field, knowing that I have such a phenomenal group of professionals in my corner. Thank you to everyone at the Office of Deaf Services for your encouragement and support!

Region IV Therapist Jag Dawadi

I was born and raised in medieval Kathmandu City in Nepal and chose to initially come to USA for college education back in mid 90s. I have ever since been hooked on USA and became an American citizen four years ago!

I graduated from the Rochester Institute of Technology with a bachelor's degree in Social Work in 1998. Upon graduation from RIT, a call of the wild made me venture out far north to Alaska where I worked for six years as an itinerant worker bringing mental health and addiction services to consumer's home communities, often flying with bush pilots. My years in Alaska were quite an adventure in itself, especially engaging in snow activities such as snowmobiling and snowboarding which I miss very much.

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Region IV Therapist Jag Dawadi

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It was while working in Alaska I witnessed firsthand chronic fragmentation in mental health and substance abuse service delivery. That experience led me to pursue my master's degree in community mental health counseling with specialization in co-occurring psychiatric and substance use disorders at Southern New Hampshire University, graduating in 2004. I have since been a staunch advocate of integrated mental health and substance abuse services delivery and have incorporated integrated service principles in my clinical work from admission, treatment, discharge and aftercare for deaf and hard of hearing including individuals who presented with two or more psychiatric disorders. Prior to relocating to Alabama, I worked for 11 and a half years at a specialized residential treatment center in Florida where 'hard to treat' both deaf and hearing child, adolescent and adult patients with variety of psychiatric, behavioral and addictive disorders were admitted from almost every state in the country.

Now my career has brought me and my family here in Mobile, Alabama where I hope to continue doing what I have been doing before – promoting integrated services delivery for deaf consumers where warranted and providing training to future clinicians or interested parties through the various programs at ODS, including the Mental Health Interpreter Training program.

The State of Alabama and I happen to use the same language. When I say same language, I do not mean English or ASL or any other spoken or written language, but the language of integrated services. So this perfect alignment in lan-

guage, I hope to be able to be of help in the State's efforts to expand integrated services for our population – the Deaf Community – in the future.

My wife and I have two small children, a son who is 2 years old and a daughter, who is just 3 months old. We enjoy our family time together. We love traveling and photography as well and hope once we are settled a bit more in our new digs and town, we will begin exploring the state and put to good use our Nikon D90 digital camera, which of late, has been sitting idle. ✍

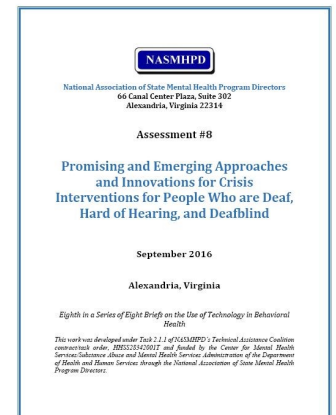
ODS Staffers Pen NASMHPD Paper

For a hearing person who is at risk of self-harm, help is as close as a phone call. For deaf people, there are fewer appropriate resources available to intervene and the same opportunities do not currently exist.

ODS director, Steve Hamerdinger, and psychologist, Kent Schafer, have teamed to author a technical report, [Promising and Emerging Approaches and Innovations for Crisis Intervention for People who are Deaf, Hard of Hearing, and Deafblind](#), for the National Association of Mental Health Program Directors about the issue of suicide in the deaf community and how technology might be used to help reduce it. It was published in September, 2016.

The paper addresses the need for linguistically and culturally appropriate crisis interventions for people who are deaf, Deaf, late-deafened, deafblind, and, to some degree, hard of hearing. These interventions often include the use of technology. Due to its relative brevity, it paints in broad strokes, and focuses on a specific subset of people with hearing loss – those whose preferred language is American Sign Language (ASL).

Research in suicide and suicide prevention in the Deaf Community is scant. As a result of this limited research, it is generally unknown that deaf people are at significant risk for depression and they do attempt or consider suicide at a significant rate. A study at the Westborough (Massachusetts) State Hospital Deaf Program found that, among patients there, 30% attempted and another 30% seriously considered suicide. Among deaf people with substance use disorders or co-occurring mental illness and SUD, the numbers are even more troubling. According to Jared Embree, more than 4 out of every 10 people who are deaf will attempt suicide a one point in their life and more



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ODS Staffers Pen NASMHPD Paper

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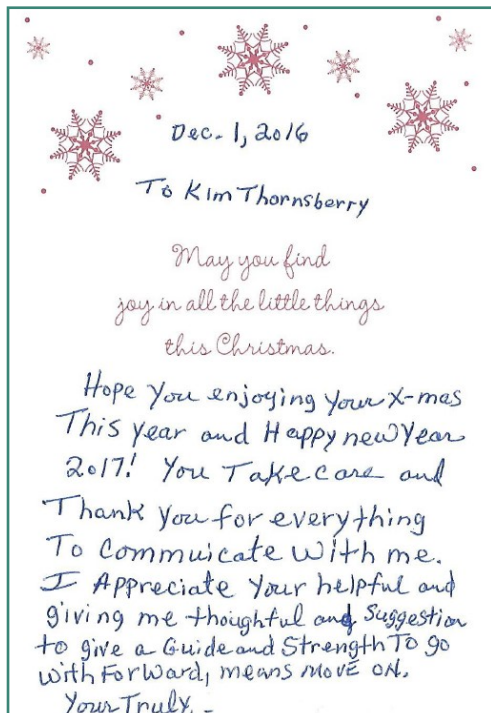
than half will consider it. Among deaf women, the rate is 65.1% for suicidal ideation.

This paper provides background on the use of technology in communication for deaf people; highlights technological approaches that work and show promise; and provides recommendations for establishing linguistically and culturally appropriate crisis services for people who are deaf. Further, it underscores the need to understand the lived experience of deaf people to effectively implement crisis service response for this population. Implementation of the recommendations in this paper will require creativity, leadership, and commitment, but are achievable.

It's not the first NASMHPD paper Hamerdinger has authored or co-authored. In 2002, he was one of the writers who wrote [Reducing the Use of Seclusion and Restraint Part III: Lessons From the Deaf and Hard of Hearing Communities](#). He has been involved in several other NASMHPD initiatives.

For Schafer, the paper strikes a deeply personal note. "Two of my deaf collegiate peers chose to end their lives after the paper was published. I can only guess at how little was what was available at the time of their deaths. There is a need to assist deaf people with latent suicidal tendencies as they stare into their person the pit of despair ." ✍

A Reminder of Why We Do This



Major Awards Won by ODS Staff

2004

- SERID Interpreter of the Year - Charlene Crump
- COSDA Leadership - Steve Hamerdinger

2005

- COSDA Professional - Shannon Reese
- NAD Golden Hand - Steve Hamerdinger

2007

- COSDA Professional - Wendy Lozynsky
- Consumers' RESPECT Award - Dawn Marren
- AAD Outstanding Service - Steve Hamerdinger
- AAD Citizen of Year - Charlene Crump
- AAD President's Award - Shannon Reese
- SERID Deaf Professional of the Year - Wendy Lozynsky

2008

- COSDA Interpreter of the Year - Dawn Marren
- Deaf Life's November Deaf person of Month - Steve Hamerdinger

2010

- ADMH employee of year - Charlene Crump
- ADMH employee of quarter - Shannon Reese
- MHA "Heroes in the Fight" - Steve Hamerdinger
- Gallaudet University Alice Cogswell Service Award- Steve Hamerdinger
- State Executive Branch Employee of Year - Charlene Crump
- COSDA Interpreter of the Year - Sereta Campbell
- Sherri Van Pelt - Shannon Reese

2011

- Interpreter of the Year - Sereta Campbell

2012

- ADMH Employee of Quarter - Wendy Darling

2012

- ALRID - Mary Lou Bingham Lifetime Achievement Award - Charlene Crump
- COSDA interpreter of the Year - Wendy Darling

2013

- COSDA Deaf Professional of the Year - Scott Staubach
- COSDA Interpreter of the Year - Brian McKenny
- NAD Golden Hand Award - Vyron Kinson

2015

- COSDA Earl Lindsey - Charlene Crump
- COSDA leadership - Vyron Kinson
- ADARA Frederick Schreiber - Steve Hamerdinger

2016

- NAD Knights of the Flying Fingers - Steve Hamerdinger
- COSDA Interpreter of the Year - Katherine Anderson
- SERID Interpreter of the Year - Katherine Anderson

My Experience Observing the “Unicorn” of Interpreting, Q-MHI-Certified Hearing Interpreter Teaming with Q-MHI-Certified Deaf Interpreter Team

By Leia Sparks, NIC-Master Milwaukee, Wisconsin
Candidate for Q-MHI



My personal journey of becoming qualified to work in mental health settings, has been an eye opener for me. Before starting this process, I had no desire to work in mental health settings. I soon realized in my studies to get my legal certification there is no such thing as specific settings. Our job as interpreters and

the work we do all overlap. We have to be qualified to work in any setting at any given time.

Throughout my practicum I have observed interactions between hearing and hearing consumers, hearing and Deaf consumers and Deaf and Deaf consumers. My most profound observation was the “Unicorn” of all mental health opportunities; a Certified Hearing Interpreter with her Q-MHI (Q-CHI) and a Certified Deaf Interpreter with her Q-MHI (Q-CDI).

Diving into why Steve Hamerdinger called this the “Unicorn” of all observations, I found myself researching not only the horse itself but the horn of the unicorn. The horse symbolizes travel and movement. The spirals on the horn signify endless, repeating cycles of time and the unity of thought. When observing the Q-CHI and Q-CDI’s work they are “one” interpreter. Their travel is not in regards to movement but more about the moving parts of the job and their ability to work in sync with each other from the pre-assignment discussion regarding placement of themselves in relation to the patient and psychologist to the type of interpreting they provide to each other for the effectiveness of work.

The interpreters’ pace and control of the information on the intake and outtake allows mistakes to be minimized while keeping all parties a part of the process. Sign posting between the two interpreters showed logical process of discourse within both English and American Sign Language (ASL). The Q-CHI was able to provide “a clue” that would allow the Q-CDI to know that a topic change was occurring or the subject was done being discussed and another question was being posed to the consumer.

As I continued on my journey researching this mythical animal and relating it to my opportunity of observing the Q-CHI and Q-CDI, I realized the magic was held in the horn itself. As I watched the two interpreters work, their cycle of time management, cadence in their voice and signs as well as the measurement of their silence all related to time. With each new question the psychologist asked the consumer, the cycle started and ended with consecutive interpreting. The question being asked in its entirety, the Q-CHI interpreting to the Q-CDI and the Q-CDI interpreting to the consumer. The cycle then reversed itself emphasizing silence and time. I came to the conclusion, the time lapse used in this setting is different than any other setting I have worked within. Time lapse in the mental health setting is used for accuracy of the message being conveyed and delivered, team discussion during the interpreting process, and team decisions being shared with the psychologist in real time.



The end of this journey brought me to the last part of the Unicorn’s horn, the spiral and what it represented; unity of thought. The Q-CHI and Q-CDI were in unison with many aspects of the assignment. One part stood out the most to me. The Q-CHI and the Q-CDI both felt the diagnosis of the consumer could be a misdiagnosis. Both interpreters stated the same observations, behaviors and language development patterns of the consumer which showed me they were two individuals thinking as one interpreter. The ability for these two interpreters to be amalgamated in thought, time and movement can only mean there are more “Unicorns” to be discovered not only in Mental Health Settings but in the field as a whole.

References:
www.seekersthought.com
www.merriam-webster.com



Things People Ask Us

Real Issues—Real Answers

Question: Hey, Kent! I really appreciate your help and insight on this! This is for my Small Groups Sociology class. Pretty much, I would just like your feedback as someone within the Deaf and hard of hearing community. What are your thoughts on hearing aids and/or CI? I know opinions are all over the place when it comes to this. - Brady

Greetings Brady,

I am super proud of you becoming more assertive as you advance through UW-Milwaukee to get that degree. Education is critical for people with hearing loss. It creates additional opportunities when we increase our fund of information and demonstrate that we can achieve our goals.

Technology is not advanced enough to cure deafness. Technology is not a panacea for hearing loss.

If you peel back the layers, you will learn that the biggest problem is not hearing loss but rather society's attitudes when accommodating deafness. Deaf people learn differently. They do not learn through a passive learning process of using the ears. Instead, they use the active muscles in the eye, which is more tiring than passively listening. Society wants speech and spoken language. I have found that some hearing people believe that if a deaf person cannot use spoken language, the deaf person's IQ is lower.

I have used hearing aids for 30+ years. Hearing aids amplify sound for me. They do not produce clarity. First on my left ear before that ear became completely deaf. Now I wear one on my right ear. I use it to detect sound at the 90dB level. I have a progressive hearing loss.

There are times when I consider getting a cochlear implant but I have not committed to doing so. I'll revisit that idea if my right ear ever goes deaf. It is challenging when parents have to make decisions to implant their babies. The babies have no choice. I often tell parents that they have two choices: 1) they can take the hard route and learn sign language to promote visual communication to make it easier on the child or 2) the child can take the hard route to attempt (note: attempt) learning speech and spoken sounds while making it easier on the parents.

Studies have proven that introducing a visual language first actually reinforces language acquisition, both spoken and visual. Baby signs, in other words

Studies have not proven that cochlear implants or hearing aids actively reinforce language acquisition. Some author do try to torture the statistics make that argument, though.

Our challenge now, is to convince society to promote American Sign Language first, then reinforce learning later with technology of the deaf person's choice (say hearing aids or cochlear implants) in a form of "bi-modal" learning. I like to use Christen Szymanski's work to reference bimodal learning.

There are neuroscience laboratory studies that have shown that acquiring language later in life will result in decreased gray matter. This means students with hearing loss are more likely to have challenges on defining information or develop strength in reasoning. Processing language will appear in a different part of the brain. Early language forms within the temporal lobe. Acquiring language later in life will shift towards the visual processing area of the brain. People who develop language later in life, are more likely to view the world in pictures, not language. A person whose brain develops this way is capable of function but will not process information as quickly. Acquiring language later results in weaker literacy, difficulty in socio-emotional coping skills, more primitive behavior displays – acting out instead of using language to navigate everyday situations, in other words. Perhaps the educational focus needs to stop being the hearing loss, and instead, shift towards making sure the child has language. Should you be interested in looking for journal articles on neuroscience and deafness to reinforce your research articles for the classroom, I would recommend looking into articles written by Peter Hauser, Laura-Ann Petitto, and Rachel Mayberry.

So, it is more important to ensure people with hearing loss acquire visual language as fast as they can. Then we can address hearing aids or cochlear implants. Should you be interested in younger authors; Matt Hall, Wyattte Hall, and Jon Henner are up and coming research activists regarding language acquisition. - Kent Schafer

The Office of Deaf Services 2016 Annual Report: Highlights of the Year

- The Office of Deaf Services provided community- based services directly with 3,945 consumer contacts throughout the year.
 - Last year 1,910 people with hearing loss were reported in community service programs. Of these, 239 were deaf. ODS oversees the operation of five group homes as well as several special supported living projects.
 - Three-bed home in Woodville
 - Six-bed home in Clanton
 - Two three-bed homes in Birmingham
 - Three-bed home in Mobile
- In an average month ADMH served 27 hard of hearing and 10 deaf people in the state facilities. Most deaf consumers are served on Unit 7 at Bryce Hospital.
 - Barry Critchfield, PhD. and Jag Dawadi were hired as Regional therapists.
 - ODS has five communication access team members based in Tuscaloosa at this time. Four positions are filled, one is vacant
 - There are 5 Deaf Care Workers authorized to Bryce. Four are currently filled.
- Last year, 6,687.25 hours of interpreter services were provided for deaf consumers. Of this, 5,497.25 hours were provided by staff interpreters. This is in spite of having one interpreter vacancy the entire year, and the Communication Specialist position vacant for the entire year and another interpreter position vacant for 6 months. Filling these positions is a priority for FY 2017.
 - To ease the demand on interpreters, ODS piloted a remote interpreting option at Wellstone. This pilot has worked very well and is being expanded.
 - Makes it possible to respond to requests for interpreters in areas where it would be difficult to get a live person in a timely manner.
 - In contrast to video remote interpreter schemes on the commercial market, the ODS project uses only interpreters who are certified as Qualified Mental Health Interpreters.
 - ODS is working with the Alabama Hospital Association to improve interpreter access in medical hospitals. This effort will make it easier for ADMH consumers who are deaf to access medical services, as well as reduce demands on ODS interpreter staff, who are sometimes compelled to interpret medical appointments for consumers for lack of any other option.
 - ODS has realigned its Regions to more closely follow services areas for the Division of Developmental Disabilities. There are now five regions.
- ODS and the Division of Developmental Disabilities have begun working together on several cases. There is increased collaboration with dual diagnosed consumers, especially those with intact language (signs) and/or ability to acquire language through exposure to ASL.
- Visits to DD Regional offices have begun with the intention of increasing cross-division collaboration. Beginning April 4th, ODS will have a physical location inside the Region III office, with the possibility of other co-locations.
- ODS has had the lead responsibility for ensuring communication access for deaf and hard of hearing consumers of substance abuse treatment services. Twelve deaf people were served.
 - Two staff ODS staff members, Kent Schafer and Jag Dawadi, hold master's degrees in addiction counseling.
- The Office of Deaf Services is nationally recognized as one of the outstanding mental health programs for deaf people. Agencies around the country seek assistance from ODS. Technical assistance and consultation was provided to 5,301 people and programs. The staff provided 42 different training events throughout the year, attended by 1,338 people. Highlights include:
 - Charlene Crump, Shannon Reese and Steve Hamerdinger gave well-received presentations at the Breakout 2016 in Colorado Springs in March. Breakout is a national conference on Deaf Mental Health care.
 - Kent Schafer gave an all-day presentation at the Southeast Regional Institute on Deafness, an annual conference that rotates among seven states in the southeast .
 - Charlene Crump has provided several workshops across the nation on Etiology, Linguistics, and Communication Assessment.

- Kim Thornsberry and Shannon Reese lead a Deaf Advocates training in Mobile.
- Steve Hamerdinger and Kent Schafer wrote a technical paper for the national Association of State Mental Health Program Directors, *Promising and Emerging Approaches and Innovations for Crisis Interventions for People Who are Deaf, Hard of Hearing, and Deafblind*. Hamerdinger also edited a National Association of the Deaf Position Statement on *Preservation of Mental Health Services that Meet the Needs of Deaf People in an Integrated Health Care Including Managed Care Environments*.
- ODS is committed to increasing the number of professionals working in mental health and deafness in various disciplines.
 - We provided Sign Language Proficiency Interviews for the Interpreter Training program at Troy University. We also assisted with communication access to events on campus.
 - There are now two Troy Interpreter Training Program students receiving DMH stipends. They will come to work for mental health programs on graduation.
 - DMH is providing a stipend for a doctoral level psychology student (deaf) who is currently the ODS staff psychologist based at Bryce as well .
 - Two other ODS staff members are attended Troy for advanced degrees.
 - ODS provided several internships in FY 2016, including two counseling and two interpreter internships. Other internship applications are being considered for FY 2017 .
 - Scott Staubach is the Lead clinical supervisor of ODS
 - Summer LeCain, an interpreter intern, was hired to work as an interpreter extern at Bryce.
- Charlene Crump and Roger Williams have published their new Communication Skills Assessment, which is now in used Alabama and South Carolina. Training on the assessment has been provided to Pennsylvania, Michigan, Utah and Texas, in additional to national conference venues. This data-driven assessment will hopefully lead to a national model on how to measure and assess language dysfluency in deaf people with mental illness.
- Several ODS staff members earned significant recognition for their work
 - Katherine Anderson was named Interpreter of the Year at both the Council of Organizations Serving Deaf Alabamians and the Southeast Regional Institute on Deafness.
 - Steve Hamerdinger was presented Knights of the Flying Fingers award from the National Association of the Deaf. This award led to special proclamations by the Governor and the Alabama House of Representatives.
- ODS staff continue to represent DMH and ODS on various state and national committees, task forces, and work groups.
 - Steve Hamerdinger leads the National Association of the Deaf Mental Health sub-committee. They published a position statement on managed behavioral health care.
 - Charlene Crump is President of ADARA (American Deafness and Rehabilitation Association).
 - ODS continues to be active in COSDA.
- The Annual Deafness and Clinical Training Series event was held February 18 – 19, in Montgomery Alabama. The 18th, focused on people who are sign language fluent, drew a record-breaking 123 participants. The 19th, focused on people who work with deaf consumers occasionally but are not specialists in deafness, drew a respectable 72 participants. The training, *Optimizing Outcomes: Substance Use Disorder and the Deaf Population Understanding Unique Needs and Service Spectrums*, was presented by Dr. Deb Guthmann and Cindi Sternfield.
- Mental Health Interpreter Training Project held its 14th week-long Interpreter Institute August 4-8, 2015 at Troy University at Montgomery. The annual Institute, with attendance, was "sold out" months before the opening session. Altogether 127 individuals (88 Registered Participants and 39 presenters, staff and volunteers) participated in the training this year and a total of 1,032 individuals have been trained since its inception, an average of 74 new people every year.
 - For the first time, an alumni track was added to the program. This track, designed especially for people who have previously attended the Institute, teaches advanced topics.
 - There are 83 Qualified Mental Health Interpreters currently active.
 - We have 6 Qualified Mental Health Interpreter – Supervisors, including Brian McKenny and Sereta Campbell
 - They successfully supervised 8 candidates for certification as Qualified Mental Health Interpreters during Fiscal Year 2018.

As I See It

John Hamersinger



“Events, dear boy, events,” Harold Macmillan, who was the British Prime Minister 1957–1963, was purported to have said when asked what could disrupt government.

While the quote may be disputed, the sentiment most certainly is not. In the just the past three weeks, we have seen the ship of state slip its moors and drift off into uncharted seas. The chart we expected to follow, and for which we diligently worked to prepare, has been torn up, set afire, and the ashes scattered to the winds. Three big things contribute to this feeling of disorientation.

The fate of the Affordable Care Act is now uncertain. The much derided “death spiral” is a reality and an ever increasing number of people who were promised “choices” are faced with the fact that there is one and only one healthcare plan in their area – if that. Prices for coverage have skyrocketed and, no, we were not able to keep our doctor, no matter how much we liked her. Now, we are told that if we do not select a plan, we will be placed in one by some “navigator” who, you can bet, will make no effort to communicate with deaf people.

Whither goes Medicaid? It appears that the impasse between the Alabama Legislature and the Executive branch has not been resolved. The cat and mouse game effects millions of dollars set as “transition money” that would, in theory allow those who are now receiving Medicaid to be moved into a managed care entity. The problem is, which entity? As with the ACA, more and more players are planning to “sit this one out” rather than to risk their financial positions. This is creating some interesting undercurrents. No one knows what will happen other than the “roll out date” has been rolled down the road, yet again. This is making the Centers for Medicaid and Medicare Services impatient. Of course, the election has tossed a wrench into the mental planning of Federal bureaucrats of all stripes, so we can understand if CMS becomes more... rigid.

For the past year the Department was preparing for the major changes to the rules under Fair Labor Standards Act that the Federal Department of Labor imposed on everyone. We saw some of our positions go from exempt to non-exempt with the dividing line seeming to be salary – or at least pay ranges – rather than responsibilities. We had begun to make adjustments to staff work schedules to ensure that they would limit the amount of overtime they would accrue. The

issue wasn't so much trading time for time as the fact that the instantly went from straight time to time and a half. That means for every hour over 40 hours they work, they will have to take off one and a half hours. That is a loss of 30 minutes of contact time when they could be serving consumers. We spent the past month trying to figure out how to cover assignments when we were already stretched thin. Then, right before Thanksgiving, a federal judge issued an injunction halting the implementation of those rules. The state of Alabama, being of some 22 states party to the suit which gave rise to the injunction, promptly reversed itself and all of those who were once exempt, then became non-exempt, are now exempt again. The federal rules are still on the book however.

There other things that are contributing to the overall state of uncertainty. I was particularly interested in the fate of Amendment 8, which was on the ballot statewide in Alabama. The provisions of the amendment are simple.

It establishes Alabama as a right-to-work state with constitutional protections that prevent labor organizations from forcing employees to join a union, and also prohibit employers from denying union membership to workers who wish to join.

The amendment passed 70% to 30%. This is not a surprising result, if you understand southern people.

I am curious, though, about one particular class of workers in Alabama that seem to be treated as if there is no “right to work.” Sign language interpreters are, with a few narrow exceptions, required to join a de facto union. Actually, it may be more properly called a guild. The difference may lie in where the particular interpreter works, since a guild is a collective bargaining organization for independent contractors while a union is a collective bargaining organization for employees. For the purposes of this discussion, let's ignore the technical difference.

In order work as an interpreter in Alabama, one must obtain a license to work from the Alabama Board of Licensure for Interpreters and Transliterators. This is not different from many other professions in the state. That is different, though, is that it is not usual for a practice profession to require membership in an organization in order to be licensed. Most all require the prospective licensee to pass some sort of test demonstrating competency in order to be licensed. In practicing professions, the typically means some kind of certification. The certification may or may not have continuing education requirements. Almost all licenses do have continuing education requirements.

Interpreters are different, though. To be licensed in Alabama, they have to be certified. That's all well and good. However, with some minor exceptions, the licensure body

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AS I See It

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only recognizes some form of Registry of Interpreters for the Deaf certification – which is one problem. The other is that in order to maintain certification once earned, interpreters must be current members of the RID. If they are not members, RID, deems them uncertified. Thus they cannot be licensed. That's right. To be licensed, the interpreter must present a current RID membership card. This, in effect, constitutes a form of unionism.

Whether you call it a guild or a union, interpreters must join RID to work. This, to me, is not in line with “right to work.”

With a deeply conservative judiciary in Alabama, and a likely increasingly conservative Supreme court on the horizon, the canary in the coal mine to watch just might be *Ivy v. Morath*, a Texas case involving whether the state can pass a mandate that impact deaf people without also specifying how communication access is provided.

Or, if you can bear it, keep an eye on Wisconsin, where the legislature is trying to do away with several occupational licenses, including for interpreters.

The lawmakers said they would review all licensing requirements and pare back those that exceed what other states require while also seeking "to eliminate licenses in Wisconsin that do not provide legitimate public safety benefits." <http://reason.com/blog/2016/11/18/sign-language-interpreter-licenses-and-w>

There is considerable pressure on lawmakers to look like they are doing something, and interpreters are a tempting target. The number of deaf people and interpreters who contribute to their re-election campaigns is not huge compared to other occupational guilds that seek to control access to their profession. That makes arguments such as the one thrown out by the author of the blog post above seem like a winner.

It's hard to imagine any health and safety benefits to mandatory licensing for sign language interpreters, which is one of eight licenses highlighted in a new report from Wisconsin Institute of Law and Liberty, a conservative group.

The writer of this ill-considered comment has obviously never had to deal with a life and death medical issue where he could not talk to his physician, stood trial where he could not understand what was said in the room, or received electroshock therapy because some psychiatrist thought the way he talked was psychotic. It would not be a winner for deaf people who suffer at the hands of ill-trained and incompetent “interpreters”.

Interpreters do have power of life and death over deaf people. I am not saying that we should not certify or license interpreters. I am saying we should be able to do this without forcing them to join a *de facto* union.

All in all, it has been an interesting Fall. As we head into winter, it remains to be seen if it will be one of discontent or something else. Either way, *As I See It*, we in for a ride.



DMH Partners with the CATIE Center at St. Catherine University

The CATIE Center at St. Catherine University was awarded two U.S. Department of Education Rehabilitation Services Administration grants totaling \$6 million to advance interpreter education, one of which will be used to partner with The Alabama Department of Mental Health's Office of Deaf Services to expand on the highly acclaimed Mental Health Interpreter Training program.

The expansion looks to address needs of participants for certain knowledge sets prior to participating in the Institute and to expand the number of places where participants may do practica needed to meet experiential component for certification as Qualified Mental Health Interpreter. At present, there are only three potential sites for practicum experiences. Traveling to those sites is an added cost that becomes a barrier to some potential applicants.

St. Catherine is one of 13 baccalaureate degree interpreter education programs in the nation accredited by the Commission on Collegiate Interpreter Education (CCIE). In 2016, the University launched the first master's degree in interpreting studies and communication equity. It was the first institution to establish a medical interpreter program in 1983, and has continued to be a leader in healthcare interpreting education.

Essentially, the partnership looks to build a foundation for entry and provide support during and after the MHIT program. Over the years, participants in the institute have shown great variation in knowledge of mental health before taking the training. This has meant the training had to start with more basic information than many participants would have preferred. Part of the grant looks to establish modules that can be taken before arrival to “level the playing field.” Since these modules will be available online, potential participants would be able to complete them at home.

(Continued on page 14)

DMH Partners with the CATIE Center

(Continued from page 13)

The other part looks to help make the practicum experience more accessible to participants. It seeks to accomplish this by focusing on two areas.

First, it will fund specialized training for the practicum supervisors. There are currently seven people who are considered QMHI - supervisors. There are a number of other experienced QMHI interpreters who might be interested in becoming supervisors if there were a demand in their area. This part of the project would look to greatly increase the number of supervisors.

The second area of focus is to increase the number of locations that can provide all the elements required of practicum participants. QMHI interpreters need a well-rounded experience and this can be difficult to provide outside of a system of care, such as the ODS or Deaf Services at the South Carolina Department of Mental Health. There are a few places that can, however, and having supervisors work at or with those locations can increase the capacity and reduce the costs for practicum.

The project will also look at distance continuing education opportunities for alumni of the program as well as QMHI-certified interpreters. ✂

Using Joint Commission Standards to Improve Language Access

ODS is part of the Mental Health and Substance Abuse Services division at the Alabama Department of Mental Health. One of the units in the Division is the Office of Performance Improvement, which among other duties, monitors facilities and providers to ensure they can meet standards published by the Joint Commission, an accreditation organization which sets healthcare performance standards.

Our two units have been involved in discussions about language access and what is expected of providers. One PI staff member, Pam Ward, found an interesting checklist around language access. It is a series of ten questions, all of which are tied to the current standards. Some of them emphasize things we have been stressing for years. One example is "The medical record contains the following demographic information: The patient's communication needs, including preferred language for discussing health care." Another, "Have you determined how to obtain informed consent from your Limited English Proficient patients?"

Read the whole thing! Go to <http://www.cyracom.com/blog/resource/joint-commission-10-question-checklist/>. Thanks for sharing it, Pam! ✂

Current Qualified Mental Health Interpreters

Becoming a *Qualified Mental Health Interpreter* in Alabama requires a rigorous course of study, practice, and examination that takes most people nearly a year to complete. It involves 40 hours of classroom time, 40 hours of supervised practica and a comprehensive examination covering all aspects of mental health interpreting. (*Alabama licensed interpreter are in Italics*) *Denotes QMHI- Supervisors

Charlene Crump, Montgomery*
Denise Zander, Wisconsin
Nancy Hayes, Remlap
Brian McKenny, Montgomery*
Dee Johnston, Talladega
Lisa Gould, Mobile
Gail Schenfisch, Wyoming
Dawn Vanzo, Huntsville
Wendy Darling, Montgomery
Pat Smartt, Sterrett
Lee Stoutamire, Mobile
Frances Smallwood, Huntsville
Cindy Camp, Piedmont
Lynn Nakamoto, Hawaii
Roz Kia, Hawaii
Kathleen Lamb, North Carolina
Dawn Ruthe, Wisconsin
Joy Thompson, Ohio
Judith Gilliam, Talladega
Stacy Lawrence, Florida
Sandy Peplinski, Wisconsin
Katherine Block, Wisconsin*
Steve Smart, Wisconsin
Stephanie Kerkvliet, Wisconsin
Nicole Kulick, South Carolina
Janet Whitlock, Georgia
Sereta Campbell, Tuscaloosa*
Thai Morris, Georgia

Lynne Lumsden, Washington*
Tim Mumm, Wisconsin
Patrick Galasso, Vermont
Kendra Keller, California*
June Walatkiewicz, Michigan
Melanie Blechl, Wisconsin
Sara Miller, Wisconsin
Jenn Ulschak, Tennessee
Kathleen Lanker, California
Debra Barash, Wisconsin
Tera Vorpal, Wisconsin
Julayne Feilbach, New York
Sue Gudenkauf, Wisconsin
Tamera Fuerst, Wisconsin
Rhiannon Sykes-Chavez, New Mexico
Roger Williams, South Carolina*
Denise Kirby, Pennsylvania
Darlene Baird, Hawaii
Stacy Magill, Missouri
Camilla Barrett, Missouri
Angela Scruggs, Tennessee
Andrea Nelson, Oregon
Michael Klyn, California
Cali Lockett, Texas
Mariah Wojdacz, Georgia
David Payne, North Carolina
Lori Milicic, Pennsylvania
Amber Mullett, Wisconsin

Nancy Pfanner, Texas
Jennifer Janney, Delaware
Stacie Bickel, Missouri
Tomina Schwenke, Georgia
Bethany Batson, Tennessee
Karena Poupard, North Carolina
Tracy Kleppe, Wisconsin
Rebecca De Santis, New Mexico
Nicole Keeler, Wisconsin
Sarah Biello, Washington, D.C.
Scottie Allen, Wisconsin
Maria Kielma, Wisconsin
Erin Salmon, Georgia
Andrea Ginn, New Mexico
Carol Goeldner, Wisconsin
Susan Faltinson, Colorado
Crystal Bean, Arizona
Mistie Owens, Utah
Claire Alexander, Minnesota
Amanda Gilderman, Minnesota
Jolleen Hudson, Washington State
Melissa Marsh, Minnesota
Bridget Sabatke, Minnesota
Adrienne Bodisch, Pennsylvania
Beth Moss, Tennessee
Jasmine Lowe, Georgia
Pam Hill, Georgia
Lori Erwin, Georgia

Job Announcement: Regional Interpreter Coordinator (Huntsville and Bryce) Office of Deaf Services Alabama Department of Mental Health

MH Interpreter I Huntsville and Bryce Hospital

SALARY RANGE: 73 (\$37,389.60 - \$56,685.60)

WORK LOCATION: Region I (Huntsville) Bryce Hospital (Tuscaloosa)

QUALIFICATIONS: Bachelor's degree in Interpreting, Linguistics, Deaf Studies, Psychology, Sociology, or a related human service field, plus (24 months or more) of paid experience interpreting in a variety of different settings.

OR

High school diploma or GED equivalency, plus considerable (48 months or more) of paid experience interpreting in a variety of different settings.

NECESSARY SPECIAL REQUIREMENTS: Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Translitrators. Must be certified or eligible to receive certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. **Certification must be obtained within 24 months of hire.** Must have a valid driver's license to operate a vehicle in the State of Alabama. Must be willing to work flexible hours.

KIND OF WORK:

This is professional level work in providing specialized services to individuals who are deaf and hard of hearing and who have mental illness, intellectual disability and/or substance abuse issues. Work involves interpreting between deaf or hard of hearing consumers, staff of the Alabama Department of Mental Health facilities or contract service providers. Other duties include providing communication training such as sign language classes to contracted service providers, and performing communication assessments of consumers who are deaf or hard of hearing.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES: Knowledge of American Sign Language. Knowledge of the function of a professional interpreter and interpreting code of Ethics. Knowledge of deafness and deaf culture. Knowledge of telecommunication devices and their use. Ability to interpret between consumers using a variety of dialects and fluency levels. Ability to communicate effectively both orally and in writing. Ability to interpret in situations where partial control by interpreter is possible. Ability to utilize computer, internet resources, and various software packages. Ability to provide training in the American Sign Language and the use of adaptive technology. Ability to work flexible work schedule to include nights and/or weekends as needed.

HOW TO APPLY: Use an official application for Professional Employment (Exempt Classification) which may be obtained from this office, other Department of Mental Health Facility Personnel Offices, or visit our website at www.mh.alabama.gov. Only **work experience detailed on the application will be considered.** Additional sheets, if needed, should be in the same format as the application. Resumes will not be accepted in lieu of an official application. Applications should be returned to Human Resource Management, Department of Mental Health, P.O. Box 301410, Montgomery, Alabama 36130-1410 or RSA Union Building, 100 North Union Street, Montgomery, Alabama 36104. Copies of License/ Certifications should be forwarded with your application. An official copy of academic transcripts is required and must be forwarded by the school, college, or university to the personnel office at the above address.

More positions listed on page 20.



Alabama Department of Mental Health-Office of Deaf Services
and ADARA PRESENTS



Optimizing Outcomes:
**Strategies for Working with Deaf Consumers
with Behavior Disorders and/or Mental Illness**

**Friday, February 24, 2017
9:30 am to 4:00 pm (5.5 clock hours)**

**Registration fee: \$35 paid prior to February 1, 2017
\$45 if paid after February 1, 2017 or at the door**

\$20 registration for full time ITP or Clinical Graduate Students (non-certified/licensed, non-working)

Registration waived for ADMH staff, CMHCs/SA Center contract providers, and QMHIs

***Lunch on your own**



Presenters

Jag Dawadi and Kent Schafer

**Alabama Public Library
6030 Monticello Drive, Montgomery, AL**



This session is targeted at service providers who specialize or want to learn about in some aspect of deafness (counselors, therapists, rehabilitation specialists, substance abuse providers, developmental disability providers, direct care staff, teachers, and interpreters, etc.). Dawadi and Schafer will discuss various aspects of strategies working with individuals with behavior disorders and/or mental illness and how it impacts individuals who are deaf or hard of hearing, their family, and the deaf community. This course will include a discussion of barriers that deaf/hard of hearing individuals face and unique characteristics of the population, best practice related to clinical approaches, interpreter strategies and techniques, behavior modifications and approaches for deaf and hard of hearing individuals and an exploration of resources available.

During this training, participants will have a thorough understanding of strategies used to modify behavior as it pertains to language dysfluency and distortion among the Deaf population and their unique service needs, preparing to work with deaf and hard of hearing persons through appropriate therapeutic approaches and resources.

- Develop population specific skills in recognizing thoughts, behaviors, and cultural influences of language dysfluency in the deaf population
- Discuss the barriers that are present for the deaf population
- Recognizing and shaping thought processes
- Noticing behaviors that are unique to the language dysfluent or distorted consumer
- Differentiating cultures of the deaf and hearing populations
- Discussing interpreting/counseling dilemmas that emerge from this field of work

After the training, participants will be able to:

- Identify different perceptions of social thinking deficits that affect the learning process for a person who relies on learning through Sign Language.
- Differentiate language from behavior processes.
- Identify behavior techniques unique to the cultural and linguistic minority of Deafness will be recalled.
- Discuss simultaneous and consecutive strategies and discuss strategies on how to incorporate interpreters into the service plan as a consultant.
- Analyze and discuss behavior strategies and best practices related to the unique risk factors presented with hearing loss
- Discuss case studies that incorporate challenges of adjusting language delivery services with difficult to serve deaf consumers.

5.5 Clinical Hours (0.55 CEs) pending. 0.55 RID CEUS provided for Interpreters.

AUDIENCE: ALL PROVIDERS

Currently eligible Drug/Alcohol Counselors, Certified Mental Health Professionals, Nurses, Social Workers, Counselors, Case Managers, Psychologists, Domestic Violence Providers, MH and SA Providers, Group Home Staff, Interpreters in Mental Health, Community Interpreters, Educational Interpreters, etc.

Friday, February 24, 2017 (All Providers)

Jag Dawadi, MS, MAC, graduated from RIT with a bachelor's degree in Social Work in 1998. Upon graduation, he ventured out far north in Alaska where he worked for six years as an itinerant worker bringing mental health and addiction services to consumer's home communities, often flying with bush pilots. It was while in Alaska he witnessed firsthand chronic fragmentation in mental health and substance abuse service delivery which led to pursuit of his master's degree in community mental health counseling with specialization in co-occurring psychiatric and substance use disorders at Southern New Hampshire University, graduating in 2004. Since then he has been a staunch advocate of integrated mental health and substance abuse services delivery from admission, treatment, discharge and aftercare, for deaf and hard of hearing including hearing individuals who present with two or more psychiatric disorders. Most recently he worked for 11 and a half years at a specialized residential treatment center in Florida where 'hard to treat' deaf patients with variety of psychiatric, behavioral and addictive disorders were admitted from almost all States in the country. His career has lead him to Sweet Home Alabama as a Regional Therapist in the Mobile area, where the hope is to continue promoting integrated services delivery for our consumers and training to future clinicians or interested parties.

Kent Shafer, MA, MSE, NCSP, started his career with his first master's in Alcohol and Substance Abuse from University of Illinois at Springfield. He worked with deaf adults who were dealing with addiction or require prevention education. He transitioned to working with youth with his second master's in Education/Psychology from University of Wisconsin at Whitewater. He currently is a nationally certified school psychologist working on his dissertation to complete the Educational Specialist requirement. He currently consults on mental health policy and interventions to a variety of youth based programs. When not working on his PhD dissertation for the University of Alabama, or working as a psychologist for the Alabama Department of Mental Health at Bryce Psychiatric Hospital, he can be found somewhere chucking round plastic objects towards metal encaged baskets in the sport called disc golf or spending time with his wife and four year old daughter.

Pre-registration is strongly encouraged.

Eligible participants must be in attendance for the full program to receive credit for completing the course.

The Alabama Department of Mental Health

- is an approved RID CMP Sponsor. This activity has been awarded 0.55 CEUS in the area of Professional Studies by The Registry of Interpreters for the Deaf at the "some" Content Knowledge Level for CMP and ACET participants. Activity # 0263.0217.01.
- Clinical CEs are pending for Substance Abuse Counselors, Counselors, Nurses, Social Workers and Psychologists.

FOR ADDITIONAL INFORMATION, REFUNDS, SPECIAL ACCOMMODATIONS OR TO SUBMIT YOUR REGISTRATION:

Checks should be written to ADARA and mailed to:

Office of Deaf Services
Alabama Department of Mental Health
PO Box 301410, Montgomery, AL 36130
FAX: 334-242-3025
PHONE/VP: 334-353-7415 or 334-239-3780
charlene.crump@mh.alabama.gov



In the event the workshop is cancelled, you will be notified by email.

No refunds will be provided for participant cancellation.

Please print clearly.

Name		<input type="checkbox"/> Deaf	<input type="checkbox"/> Hearing	<input type="checkbox"/> H/H
Agency				
Address				
City		State	Zip	
Phone VP		Accommodations:		
E-Mail				

www.mhit.org



Important Recent Articles of Interest

Anderson, G. B., & Dunn, L. M. (2016). *Assessing Black Deaf History: 1980s to the Present. Sign Language Studies, 17(1), 71-77.*

Abstract: One of the challenges of gaining a broader appreciation of Deaf history is the need to examine the contributions of Deaf people of color. This article summarizes the contributions of black Deaf individuals to the scholarly and public history of the period from the 1980s to the present. We begin with the 1980s since that was the era when the landmark book by Ernest Hairston and Linwood Smith, *Black and Deaf in America: Are We That Different? Was published* and the National Black Deaf Advocates organization was founded. We then progress through the 1990s and 2000s, noting historical developments such as the advancement of black Deaf individuals to key leadership positions, expanded collaborative efforts between Gallaudet University and the black Deaf community, and the growth of black Deaf history scholarship, which addresses a broad spectrum of topics. We conclude that these historical developments, among others, during these three and a half decades gave impetus to the emergence of a dynamic collective of black Deaf scholars, leaders, and artists to further contribute to our understanding and appreciation of Deaf history.

Anderson, M. L., Wolf Craig, K. S., & Ziedonis, D. M. (2016). *Deaf People's Help-Seeking Following Trauma: Experiences With and Recommendations for the Massachusetts Behavioral Health Care System.*

Abstract: *Objective:* Deaf trauma survivors are one of the more underserved populations in behavioral health care and experience significant obstacles to seeking help. Repeated encounters with these barriers fuel negative perceptions and avoidance of behavioral health treatment. The current study sought to explore Deaf trauma survivors' help-seeking experiences and elicit their recommendations for improving Deaf behavioral health services in Massachusetts. *Method:* We conducted semistructured American Sign Language interviews with 16 trauma-exposed Deaf individuals that included questions from the Life Events Checklist and the PTSD Symptom Scale Interview and questions about Deaf individuals' help-seeking behaviors. Qualitative responses regarding help-seeking experiences were analyzed using a grounded theory approach. *Results:* In the aftermath of trauma, our participants emphasized a desire to work with a signing provider who is highly knowledgeable about Deaf culture, history, and

experience and to interact with clinic staff who possess basic sign language skills and training in Deaf awareness. Most stressed the need for providers to better outreach into the Deaf community—to provide education about trauma, to describe available treatment resources, and to prove one's qualifications. Participants also provided suggestions for how behavioral health clinics can better protect Deaf survivors' confidentiality in a small-community context. *Conclusions:* Deaf-friendly trauma treatment should incorporate the components of trauma-informed care but also carefully consider key criteria expressed by our participants: direct signed communication, understanding of Deaf history and experience, stringent practices to protect confidentiality, provider visibility in the community, and reliance on peer support and Deaf role models in treatment interventions.

Gerke, A. C. (2016). *A phenomenological examination of disability, microaggressions, and the experiences of deaf adults in mental health services (Doctoral dissertation, ALLIANT INTERNATIONAL UNIVERSITY).*

Abstract: The current study explored the experiences of or knowledge about mental health services by culturally Deaf adults in order to understand the presence or absence of disability microaggressions in psychology. Members of the Deaf culture are part of a linguistic cultural minority group who may be predisposed to experience microaggressions because of ableism and their nonhearing status. This study focused on a specific group of individuals and used phenomenological methods. Participants were viewed in the overall context of their lives and the impact of the examiner was recognized. Seven volunteers (five women and two men) 18 years and older, regardless of gender, ethnicity, and sexual orientation, were reviewed. The examiner's inclusion criteria were communication preference for ASL and willingness to share experiences related to or knowledge about mental health services. A total of five clusters with themes form an exhaustive description of their experiences. Three themes associated with microaggressions were discovered in this study.

Hall, W. C., Holcomb, T. K., & Elliott, M. (2016). *Using Popular Education with the Oppressor Class: Suggestions for Sign Language Interpreter Education. Critical Education, 7 (13).*

Abstract: The Deaf community is an oppressed sociolinguistic, collectivist minority that primarily uses sign language. Interpreters are frequently used to bridge the gap between the members of the Deaf community and hearing people. In the past, many of these interpreters were raised in Deaf households with Deaf family members, or had other close connections to the Deaf world. However, the establishment of

training programs in the 1970s reoriented sign language interpreter education to the academic classroom. This removed Deaf cultural values and norms from interpreter development. Deaf community members are increasingly unsatisfied with perceived culturally inappropriate and oppressive behaviors by academically trained interpreters. Popular Education is proposed as a way to remediate the negative effects of the individualist-based hearing academic reorientation, which can create Language Technicians. Allies, interpreters who strive for social justice and Deaf empowerment, can be created through Popular Education-centered interpreter programs.

Øhre, B., Volden, M., Falkum, E., & von Tetzchner, S. (2016). *Mental Disorders in Deaf and Hard of Hearing Adult Outpatients: A Comparison of Linguistic Subgroups.* *Journal of Deaf Studies and Deaf Education.*

Abstract: Deaf and hard of hearing (DHH) individuals who use signed language and those who use spoken language face different challenges and stressors. Accordingly, the profile of their mental problems may also differ. However, studies of mental disorders in this population have seldom differentiated between linguistic groups. Our study compares demographics, mental disorders, and levels of distress and functioning in 40 patients using Norwegian Sign Language (NSL) and 36 patients using spoken language. Assessment instruments were translated into NSL. More signers were deaf than hard of hearing, did not share a common language with their childhood caregivers, and had attended schools for DHH children. More Norwegian-speaking than signing patients reported medical comorbidity, whereas the distribution of mental disorders, symptoms of anxiety and depression, and daily functioning did not differ significantly. Somatic complaints and greater perceived social isolation indicate higher stress levels in DHH patients using spoken language than in those using sign language. Therefore, preventive interventions are necessary, as well as larger epidemiological and clinical studies concerning the mental health of all language groups within the DHH population. ✍

Did You Know....

Increased rates of mental health problems are reported in deaf people. Many regard themselves as members of a cultural minority who use sign language. About a quarter of deaf individuals have additional disabilities and a high probability of complex mental health needs. Research into factors affecting mental health of deaf children shows that early access to effective communication with family members and peers is desirable. From: *Fellinger, J., Holzinger, D., & Pollard, R. (2012). *Mental health of deaf people.* *The Lancet*, 379(9820), 1037-1044.* ✍

Deaf Educator Honored On USPS Stamp



The 16th stamp in the Distinguished Americans series honors Robert Panara (1920-2014), an influential teacher and a pioneer in the field of deaf studies. The stamp features a 2009 photograph of Panara. He is shown signing the word “respect.” During his 40-year teaching career, Panara inspired generations of students with his powerful use of American Sign Language.

Panara taught at Gallaudet University in Washington, DC for nearly 20 years and at the National Technical Institute for the Deaf (part of the Rochester Institute of Technology in New York state). Art director Ethel Kessler designed the stamp with an existing photograph by Mark Benjamin, official photographer of the National Technical Institute for the Deaf in Rochester.

Panara was born July 20, 1920 in the Bronx, New York City. Deafened by spinal meningitis at age 10, he turned this into an asset by diving into reading. He completed school in 1938, having no interpreters, notetakers or any other “accommodations” taken for granted in these post-*Americans with Disabilities Act* days. He enrolled in Gallaudet (then) College in 1940 after having picked up ASL from various community sources in Massachusetts and Connecticut. He majored in English and became one of the 20th century’s foremost deaf educators. In addition to teaching at the New York School for the Deaf at White Plains and returning to Gallaudet to teach English, Panara became the first deaf instructor at the newly established National Institute for the Deaf at the Rochester Institute of Technology in 1966. He was so influential that NTID/RIT named the college theatre for him and established a scholarship fund in his name.

The editor of this publication was one of the thousands of deaf leaders touched by Panara, who graciously spent several evenings over the years with him. “Bob was a virtual compendium of stories about deaf people and living as a deaf person. I really miss the dinners we had together we our paths crossed..”

Panara joins such Deaf notables honored on US postage stamps as Helen Keller, architect Frederick Law Olmsted, sculptor Daniel French, and Girl Scout Founder Juliette Gordon Low. ✍

Help Wanted Join Our Team

Office of Deaf Services, Alabama Department of Mental Health

MH Specialist I (Communication Specialist)

SALARY RANGE: 70 (\$33,086.40 - \$50,119.20)

Work Location: Bryce Hospital, 1651 Ruby Tyler Parkway, Tuscaloosa, AL 35404

MINIMUM QUALIFICATIONS: Bachelor's degree in Communications, Psycholinguistics, Deaf Studies or a human services field plus experience (24 months or more) interpreting, working with language dysfluent clients, communication specialist work or working with individuals who are mentally ill.

OR

Considerable (48 months or more) programmatic experience in the field of deafness with the Department of Mental Health, plus experience (24 months or more) interpreting, working with language dysfluent clients, communication specialist work, or working with individuals who are mentally ill.

NECESSARY SPECIAL REQUIREMENTS: Native or near-native signing skills equal to superior level or higher of signing skills in American Sign Language, as measured by a recognized screening process (SLPI). Certification in either sign language (RID), in teaching American Sign Language (ASLTA-Q or ASLTA-P), or equivalent must be obtained within three (3) years of employment. Must be able to obtain licensure or be exempt from licensure to interpret according to Alabama Licensure Board of Interpreters and Transliterators (ALBIT).

KIND OF WORK: Works within the Office Deaf Services of the Department of Mental Health providing culturally and linguistically affirmative services to deaf and hard of hearing (D/HH) to include consumers with disorders of mental illness and/or chemical dependency in inpatient, community and DMH related settings. Responsibility includes providing the specialized services of a communication assessment and facilitation of language for D/HH individuals. Participates as a member of an interdisciplinary treatment team, assisting in the development and implementation of treatment and discharge plans. Provides advisory services on sign language and alternative communication issues to D/HH individuals and professional staff. Teaches standardized sign language and alternative or augmentative communication methods to dysfluent individuals with functional hearing losses. Coordinates and teaches ASL to non-signing staff. Other work duties involve research and development of non-verbal or limited verbal types of communication tools and teaching materials. Provides some interpreting in conjunction with a Mental Health Interpreter.

HOW TO APPLY: Use an official application for Professional Employment (Exempt Classification) which may be obtained from this office, other Department of Mental Health Facility Personnel Offices, or visit our website at www.mh.alabama.gov. Only **work experience detailed on the application will be considered**. Additional sheets, if needed, should be in the same format as the application. Resumes will not be accepted in lieu of an official application. Applications should be returned to Human Resource Management, Department of Mental Health, P.O. Box 301410, Montgomery, Alabama 36130-1410 or RSA Union Building, 100 North Union Street, Montgomery, Alabama 36104. Copies of License/ Certifications should be for-

warded with your application. An official copy of academic transcripts is required and must be forwarded by the school, college, or university to the personnel office at the above address.

Community Programs

MENTAL HEALTH TECHNICIANS

Deaf Services Group Home (Clanton, AL)

SALARY RANGE: Competitive

Positions Available:

Part-time position Schedule: Sat-Mon 8a-4p
Full-time position Schedule: Tues-Sat. 12a-8a

Candidates must possess proficiency in American Sign Language

Duties:

Provide personal, direct care for consumers with mental illness diagnosis who are also deaf or hard-of-hearing.

1. Pass medications under the direction of a Medical Assistance LPN.
2. Provide transportation to day habilitation and/or consumer appointments.
3. Provide basic living skills training and assistance.
4. Provide communication assistance to the consumers through the use of Sign Language or language of the consumer's preference. Ensure that consumers have access to assistance by a qualified interpreter.
5. Maintain policy of confidentiality.

Qualifications:

- High School Diploma or equivalent required
- Current AL Driver License and safe driving record
- **Fluent in Sign Language as demonstrated through the Sign Language Proficiency Interview. A score of Intermediate Plus level or greater is required.**
- Prior experience serving clients who are deaf or hard-of-hearing preferred.
- Prior experience working with clients with mental illness or intellectual disabilities preferred.
- Excellent customer service skills and professionalism required.

For more information go to [our webpage](#) or contact

Judy Towner

Executive Assistant

Chilton-Shelby Mental Health Center

jtowner@chiltonshelby.org

office: 205/668-4308

cell: 205/914-6969

DEAF SERVICES DIRECTORY

Alabama Department of Mental Health

(Mailing Address) P.O. Box 301410

(Physical Address) 100 North Union Street Montgomery Alabama 36130

Central Office

Steve Hamerdinger, Director, Deaf Services

Steve.Hamerdinger@mh.alabama.gov

Office: (334) 239-3558

Text: (334) 652-3783

Charlene Crump, State Coordinator

Communication Access

Charlene.Crump@mh.alabama.gov

Office: (334) 353-7415

Cell: (334)324-1972

Shannon Reese, Service Coordinator

Shannon.Reese@mh.alabama.gov

VP: (334) 239-3780

Text: (334)-294-0821

Joyce Carvana, Administrative Assistant

Main Number: (334) 353-4703

FAX: (334) 242-3025

Region I

Kim Thornsberry, MA, CRC, Therapist

Kim.Thornsberry@mh.alabama.gov

WellStone Behavioral Health

4040 South Memorial Pkwy

Huntsville, AL 35802

Office: (256) 217-4308

Text: (256) 665-2821

Interpreter, Vacant

Region II

Kent Schafer, Therapist

(See Bryce based)

Sereta Campbell, Interpreter

Sereta.Campbell@mh.alabama.gov

Taylor Hardin Secure Medical

1301 Jack Warner Parkway

Tuscaloosa, AL 35404

Cell: (334) 328-7548

Region III

Jag Dawadi, Therapist

Jag.Dawadi@mh.alabama.gov

Region III DD office

3280 Dauphin Street, Building B, Suite 100

Mobile, AL 36606

Office: (251) 234-6038

Text: (251) 721-2604

Lee Stoutamire, Interpreter

Lee.Stoutamire@mh.alabama.gov

AltaPointe Health Systems

501 Bishop Lane N.

Mobile, AL 36608

Office: (251) 461-3447

VP: (251) 281-2258

Region IV

Barry Critchfield, Ph.D., Therapist

Barry.Critchfield@mh.alabama.gov

Montgomery Area Mental Health Authority

2140 Upper Wetumka Road

Montgomery, AL 36107

Cell: (334) 430-2449

Brian McKenny, Interpreter

Brian.Mckenny@mh.alabama.gov

P.O. Box 301410

Montgomery Alabama 36130

Cell: (334) 462-8289

Region V

Scott Staubach, LPC -S, Therapist

Scott.Staubach@mh.alabama.gov

JBS Mental Health Authority

604 27th Street South

Birmingham, Alabama 35233

Text: (334) 324-4066

Katherine Anderson, Interpreter

Katherine.Anderson@mh.alabama.gov

Bryce Psychiatric Hospital

1651 Ruby Tyler Parkway

Tuscaloosa, AL 35404

Office: (205) 409-4858

Bryce Based

Bryce Psychiatric Hospital

1651 Ruby Tyler Parkway

Tuscaloosa, AL 35404

Kent Schafer, Statewide Psychologist

Kent.Schafer@mh.alabama.gov

Office: (205) 409-4858

Vacant, Interpreter

Summer LeCain, Mental Health Interpreter Trainee

Summer.LeCain@mh.alabama.gov

Office: (205) 507-8493

Communication Specialist, Vacant

May Your Days Be Merry and Bright....

Sereta Campbell

Deanna

Bong

Chad

Steve Hambrick

Lebanon Denton, Jr.

Shannon Reese

William

Ray Citchfield

Kimberly Thomas

Summer Selvi

TKH

J

Joylee Camara

From all of us at Deaf Services

