Signs of Mental Health

STAFF INSTRUCTORS KEEP ODS STAFF CURRENT IN REQUIRED TRAINING

Volume 19 Number 3 Fall 2022

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On The Cover:

Jennifer Kuyrkendall-Watts (seated) and Brian Moss (standing far right) are Crisis Prevention Institute certified trainers. Here they are working with (let to right) Allyssa Cote, Dr. Kent Schafer, and Claudia Mansilla on intervention techniques.

Editor's Notes

This issue will be a little shorter than usual. We wanted to get it out in time to wish everyone Season's Greetings.

Program certification standards for community mental health centers set certain training requirements for staff having direct contact with consumers. Office of Deaf Services interpreters and therapists are required to adhere to the same training expectation that the Alabama Department of Mental Health has set for the community mental health centers. These requirements include things like first aid, CPR, and de-escalation, crisis prevention and intervention — we use Crisis Prevention and Intervention (CPI).

Because there is an on-going need to train and recertify ODS and deaf group home staff, and because it is more efficient to have sign-fluent instructors than using interpreters for non-signing instructors, several ODS staff members are certified as trainers in these areas. These include Shannon Reese (First Aid and CPR), Jennifer Kuyrkendall-Watts and Brian Moss (CPI). The cover picture shows Kuyrkendall-Watts and Moss working with ODS staff on CPI refresher training.

We have a great article on Deaf Recovery Coaches co-authored by MHIT Alumni Faculty member Dr, Deb Guthmann and Karran Larson, who is the Coordinator of Statewide SUD and Recovery Service (Massachusetts) .

Notes and Notables features a short piece on Hannah Aherns, who spent the fall as an Art therapy intern with ODS.

Region I Interpreter, Keshia Farrand has left us to pursue other opportunities. In her time here she was deeply involved in QMHI certification and practicum. She will be sorely missed.

Speaking of Region I, Jaime Gentzke (nee Condon) started as Regional therapist there October 3rd. We are excited about this, especially because she was a former intern. Welcome aboard!

The MHIT Interpreter Institute will be in-person for the first time in three years in 2023. We are looking forward to that event, scheduled for July 31—August 4.

Beginning on page eight, you will find in this issue the Office of Deaf Services annual report for the fiscal year 2022.

And finally, on behalf of the entire ODS family, the Signs of Mental Health wishes you and yours a wonderful holiday season and a prosperous New Year.

Jaime Gentzke Joins ODS Staff as Region I Therapist

Jaime Gentzke assumed the position of Regional Therapist in Region I on October 3, 2022. She covers the northern-third of Alabama.

Gentzke hails from Cleveland, Ohio, home of LeBron James and is a proud fan of the Cleveland Guardians.

Growing up as a child of Deaf adults (CODA), Jaime took on the role of being an interpreter at a young age. Unsure of what she wanted to be when she got older, Jaime decided to accept her role as an interpreter and attended Kent State University in ASL/English Interpreting. She obtained her bachelor's in 2013 and began working in the community. During her senior year of undergrad, she attended a two-day workshop on mental health interpreting presented by Steve Hamerdinger. Recalling the impactful workshop, she recognized her interpreting career bred her empathy and understanding of human emotions.

Gentzke was a social work intern with ODS from January to May, 2021, where she quickly earned the respect of supervisors and staff alike.

Upon graduating from Gallaudet University in 2021 with her Master's in Social Work, Gentzke relocated to Little Rock, Arkansas as an educational social worker for Arkansas School for the Deaf.

As soon as Gentzke saw the opening at ODS, she eagerly applied, excited to return to the organization and the people who had poured their knowledge and expertise into her during her internship. She is elated to be here and for the opportunities that lie ahead.

During her free time, Jaime is exploring Huntsville and spending time with her husband and new kitten, Ivy. When she has the time, she is an avid traveler. She believes traveling provides personal growth.

Save the Dates

July 31—August 4, 2023

MHIT Interpreter Institute

In-Person in Montgomery Alabama

Details and registration will be released in January. See you this summer.

Deaf Recovery Coaches (DRC) an Important Part of Recovery

By: Deb Guthmann, Ed.D., NIC, National Consultant, and Karran Larson, LADC1, LMHC, Coordinator of Statewide SUD and Recovery Service (Massachusetts)

SAMHSA defines recovery as: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is the intentional redirection of our life energy avoiding the things and behaviors that cause us suffering.

Deaf recovery coaches have recently begun providing services in several communities around the United States and there has been some confusion as to what the role of a recovery coach is and what services they provide. A recovery coach is not a clinician and is not licensed like a therapist, psychologist, or counselor. Recovery coaches believe that each individual is the expert in their own recovery journey. There are three primary core principles of a Recovery Coach. First, you are in recovery if you say you are; second, the recovery process is self-directed; and third, recovery is forward-facing.

Research has shown that achieving and maintaining recovery happens if a person has something called 'recovery capital'. Recovery capital refers to resources, both internal and external. Internal capital means the person has good self-esteem, feels confident, and has a strong emotional and spiritual foundation. External capital includes having housing, financial resources, a network of friends and family, a job, and good physical and mental health. Recovery coaches assist individuals in identifying, developing, and retaining recovery capital so the individual is in a good position to attain and maintain sobriety. Treatment opens the door for recovery, and recovery coaches walk you into a thing called life! Recovery coaches meet each individual where they are, even if n some cases it means the person is still using. Using a harm reduction approach is considered one recovery pathway and this model can keep people alive until they are ready to stop using and ready to work on their recovery.

Recovery coaches know that there is not just one path to recovery that is universal. There are a variety of paths which includes faith-based, 12-Step, Buddhism, dharma, or a regimen of physical exercise. There are a number of recovery options that a person may use. This includes: Abstinence-based which is the complete and sustained cessation of one's primary drug(s), any other non-medical psychoactive drug and/or gambling with nicotine and caffeine historically allowed, Moderation-based recovery which is the sustained deceleration of alcohol, other drug use and/or gambling to a sub-clinical level, that is, a level that no longer meets diagnostic criteria, and Medication-assisted recovery which is the use of medically monitored pharmacological drugs to support recovery from addiction.

A person's recovery can include a number of different focuses. There is the Solo (natural) recovery approach which Involves the use of one's own intrapersonal and interpersonal resources (family, kinship and social network) to resolve addiction problems without the benefit of professional treatment or involvement in a recovery support group. Some individuals use a Treatment-assisted recovery approach which involves the use of professional help in the initiation and stabilization of recovery. Other people may use Peer-assisted recovery which involves the use of structured recovery mutual aid groups to initiate and/or maintain recovery.There are also different frameworks of Recovery. This may be a religious framework which is when severe

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Deaf Recovery Coaches

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addiction problems are resolved within the rubric of religious experience, religious beliefs, prescriptions for daily living, rituals of worship and support of a community of shared faith. Another framework of recovery is spiritual which comes from the understanding of the consideration that the human condition or wounded imperfection, involve experiences of connection with resources within and beyond self and involves a core set of values (e.g., humility, gratitude, and forgiveness). Religious and spiritual frameworks of recovery can closely co-exist and overlap. Finally, there is a secular framework of recovery which does not involve reliance on any religious or spiritual ideas (God or Higher Power), experiences (conversion), or rituals (prayer).

We increasingly see how the Harm Reduction movement has, as a social movement, created new opportunities in Recovery for People Who Use Drugs as a person-positive way to identify, rather than "addicts".

Historically, beliefs around 12-Step and abstinence-based programs have been and continue to be barriers to Harm Reduction. Within several Recovery Oriented Systems of Care, such as Justice Programs, Child Protective Services, Treatment and others, the benefits of Harm Reduction are being acknowledged and encouraged as a pathway of recovery. The goal of Harm Reduction is to reduce negative consequences associated with drug or alcohol use. Harm Reduction sees any increase in good and reduction of harm as progress in recovery, even if the person is still using substances. The focus is on long-term health by keeping people alive or mitigating harm for the person and families. The belief that the person decides what recovery looks like for them could mean something as basic as brushing your teeth every morning, or eating healthy food, or seeing a doctor. That is Harm Reduction, which focuses on increasing good and reducing harm.

Deaf Recovery Coaches in Massachusetts are trained to ask persons using drugs, "Where do you want to go and how can you get there, and can I go with you?" This may include Harm Reduction approaches such as a clean needle exchange program. Medication Assisted Treatment (MAT), supervised consumption sites, the use of Naloxone to reverse opioid overdoses by emergency personnel, which, since 2019, is legally available without a prescription in 41 states, saves lives, and helps them to have access to treatment if desired. This is all part of the Housing First Model which focuses on basic human rights, whether the person is still actively using or not.

Harm Reduction through activism and education has made significant gains in policy, public and professional acceptance, and reducing stigma. Recovery Coaches are agents of change through advocacy and connection to the community, with the mission, "People are in Recovery if they say they are." All pathways to recovery are supported.

The role of the recovery coach includes honoring all pathways of recovery. The coach must remember that what works for some may not work for others. Recovery coaches guide and help to find what works best for the person in recovery which may include pathways the recovery coach is not familiar with or may not agree with. When working with a "Recoveree", the Recovery Coach develops a wellness plan which is broken into parts that are individually developed for each person. It is important to remember that simply stopping the drug or behavior is not enough to sustain recovery.

It is important to know how to identify legitimate recovery coaches. Recovery coaches receive re-certification trainings every two years. The State of Massachusetts requires education and training, and prefers that coaches obtain CARC certification. The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) has 13 CARC-certified recovery coaches able to assist the Deaf community and their families through the journey of recovery. Recovery Coaches are required to take continuing education courses to maintain their certification. A Deaf recovery coach (DRC) advocates and creates recovery opportunities in the community, open recovery meetings, access to treatment, and access to meetings. The DRC is also a community organizer and works to connect, mentor, and establish a recovery network. The DRC is a lifestyle consultant and can be a peer companion if that is needed. DRC's are trained in mental wellness and dual diagnosis, and have strong backgrounds in Addiction and Recovery.

We Are Still Hiring!

Deaf Services at the Alabama Department of Mental Health has a number of positions open. Highlights include a social worker and two interpreter positions. See page 22 for a full listing. Come join one of the most exciting teams in Deaf Mental Health Care.

MHIT Alumni Sessions At A Glance

The 2022 edition of the Interpreter Institute Alumni Sessions was held October 17—21, 2022. It was the third time it was held virtually and was very well attended. Allyssa Cote, in her second year as coordinator, pulled together a stellar lineup of presenters that included such nationally known presenters as Sanjay Gulati, Neil Glickman, Robyn Dean, and Robert Pollard. This format works so well that future sessions will remain virtual.

Vital Statistics

- MHIT Alumni is in its eighth year and constitutes a week-long training consisting of 37.5 live hours conducted remotely, and 8.5 hours of asynchronous classes.
- 139 individuals (106 Registered Participants and 33 presenters, staff, and volunteers) participated in the Alumni training this year. Several individuals have taken the training more than once.
- Participants: 18 Deaf, 2 HH, and 119 Hearing participants.
- Participants hailed from 31 states, Spain, Canada, and Australia at the Alumni session.
- 18 different workshops were offered during the live MHIT Alumni sessions and an additional six courses in the asynchronous component.
- One student worker from Alabama assisted this year.
- Continuing education was offered for interpreters, counselors, rehabilitation counselors, and social workers.
- 69 Participants hold the Qualified Mental Health Interpreter (QMHI) certification

Alumni Course List	
988: Crisis Response Systems	*Neurodevelopment: Social Alchemy*
Archetypes of Alcoholic Families	*Diagnostic Differentials*
Interpreting and Mental Status Exams	*LDS and its Implications for Deaf Communication Specialists Working with Mental Health Clinicians*
Parents and Children in Family Therapy	*Therapy with Deaf People with Language Deprivation Syndrome*
Content and the Discontents: Part 1	*Cultural Competency: Diagnostic Intervention for Deaf Individuals in Forensic Settings*
Content and the Discontents: Part 2	*Parent/Child Estrangement*
Forensics and the Deaf Population	*Language Deprivation Syndrome (Pt 1 and 2)*
Language Deprivation and Rehabilitation	*Interpersonal Skills with Hearing Providers*
VRI and Mental Health	*Supervision Best Practices*
Substance Use and the Deaf Population	

Alumni Instructors: Robert Pollard, Robyn Dean, Steve Hamerdinger, Roger Williams, Brian McKenny, Dr. Kent Schafer, Meghan Fox, Elizabeth Adams Costa, Judy Shepard-Kegl, Romy Spitz, Deb Guthmann, Jaime Wilson, Neil Glickman, Tomina Schwenke, Olivia Subramani, Damara Goff Paris, Basil Kessler, Sanjay Gulati, and Bridget Sabatke .

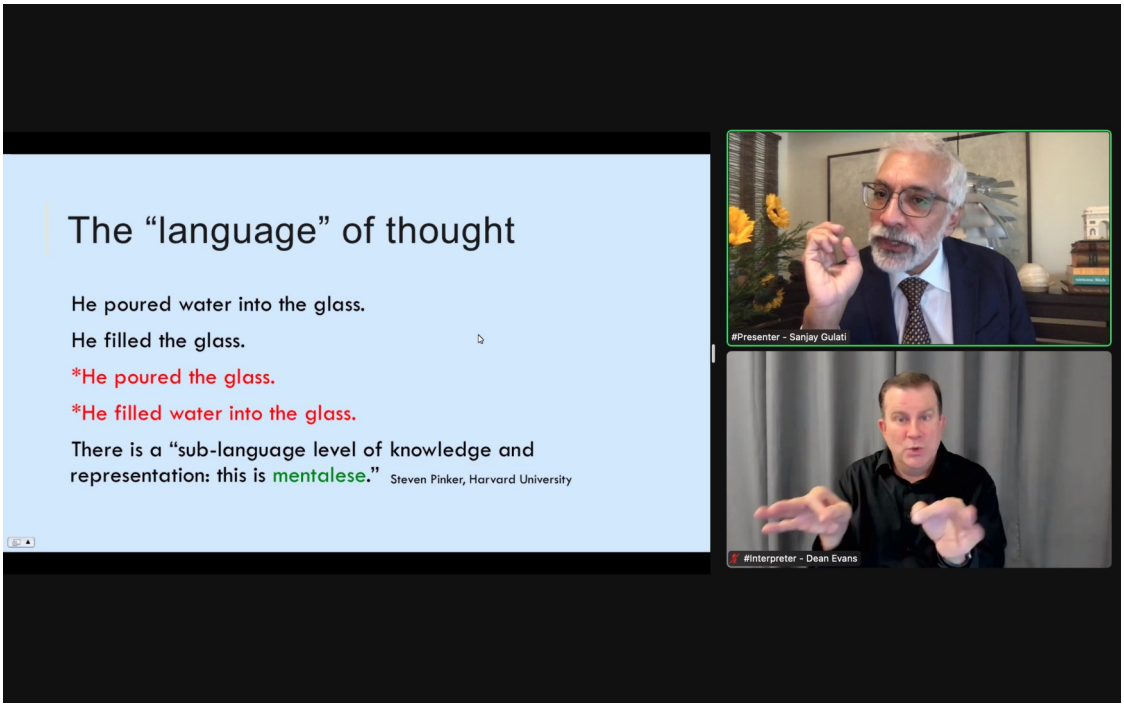
Residency Status (Alumni)

43	Southeast
9	Southwest
32	Midwest
21	Northwest
17	Northeast
0	US Territory
3	Other Country

Countries and States in attendance:

Participants and staff from 31 different states and 3 additional countries were represented in the core sessions including:

Alabama (22)
Arizona (2)
California (5)
DC (2)
Georgia (9)
Hawaii (1)
Idaho (2)
Indiana (1)
Kansas (1)
Kentucky (1)
Massachusetts (2)
Maine (1)
Michigan (1)
Minnesota (9)
Missouri (1)
Oklahoma (1)
Oregon (5)
New Jersey (2)
New Mexico (1)
New York (8)
North Carolina (2)
Ohio (5)
Oklahoma (1)
Pennsylvania (2)
South Carolina (3)
Tennessee (4)
Texas (5)
Utah (3)
Virginia (1)
Washington (5)
West Virginia (1)
Wisconsin (14)
Australia (1)
Canada (1)
Spain (1)



Alabama Department of Mental Health
Office of Deaf Services

FY 2022 ANNUAL REPORT

The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of DMH consumers who are Deaf or hard of hearing. Services are designed to be affirmative and supporting to consumers who traditionally have not been able to benefit from services offered by the department.

Highlights of Fiscal Year 2022:

- ODS has 17 staff positions based in five regions across Alabama (See ODS Directory at the end of this report).
    - There is one clinical and three communication access team positions assigned to Tuscaloosa at this time.
    - Two communication access positions and one clinical position were vacant for much of the year. At the beginning of FY23 all positions were filled.
    - There are 10 Deaf Care Workers authorized to Bryce. Only four positions were filled during FY22.
    - There is now a recreation specialist at Bryce.
- The Office of Deaf Services provided community-based services with 10,177 consumer contacts throughout the year. ODS clinical staff had significantly increased contacts and caseloads driven primarily by staff vacancies though much of the year.
    - ODS provided 3,034 hours of direct clinical services. Through agreements with all state contracted Community Mental Health Centers.
        - Appointments were increasingly face-to-face as more and more CMHCs opened up to in-person services.
        - Both Region III and Region V provided significant in-school services.
- Last year 1,605 people with hearing loss were reported in community mental health programs. Of these, 265 were deaf. ODS oversees the operation of four group homes as well as several special supported living projects. These projects employ numerous deaf staff members.

    - Three-bed home in Woodville
    - Three-bed home in Birmingham
    - Six-bed home in Clanton
    - Three-bed home in Mobile

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    - During FY 2022 ODS worked with Mountain Lakes Behavioral Health Center to expand During FY22 ODS worked with Mountain Lakes Behavioral Health Center to expand Jackson Place with the addition of two MOM apartments on the property. These opened in the summer of 2022.

    - In an average month, ADMH served 71 hard of hearing and 9 deaf people in the state facilities. Most deaf consumers are served on Phase 7 at Bryce Hospital. Three consumers were at Taylor Hardin Secure Medical Center.

        - Underreporting of hard of hearing consumers remains a concern.

- ODS Direct Service Staff (clinicians and interpreters) have an average monthly caseload of 28.16 consumers. There is some duplication as clinicians and interpreters may both serve the same consumer.

- ODS Staff conducted 760 assessments of various types during the fiscal year. These include communication assessments, clinical assessments, and other needed testing and evaluations such as the Sign Language Proficiency Interview.

- Last year, 8,716.25 hours, up from 6,455.25 hours last year, of interpreter services were provided for deaf consumers. Of this, 7,449.25 hours were provided by staff interpreters. Two staff positions were vacant through most of the year.

- ODS staff have a presence in the DD Regions I, II, III, and V offices.

    - ODS and the Division of Developmental Disabilities have worked together on several cases. There is increased collaboration with dually diagnosed consumers, especially those with intact language (signs) and/or ability to acquire language through exposure to ASL.

    - Autism and ODS have established a new fund dedicated to interpreting services for individuals who are Deaf with Autism.

- ODS has had the lead responsibility for ensuring communication access for deaf and hard of hearing consumers of substance abuse treatment services.

    - 76.75 hours of interpreter service were provided to 11 deaf people seeking treatment for substance use disorders.

    - Two staff ODS staff members, Dr. 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 were provided to 5,771 people and programs.

    - NASMHPD convened a meeting of all the state directors of deaf mental health programs. From that discussion, it was decided to put together a policy guidance related to crisis

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response to be published under NASMHPD. Steve Hamerdinger was one of the people steering this effort.

- Charlene Crump and Amanda Somdal provided Communication Skills Assessment (CSA) training to several states which are now officially using this tool, which was developed by Charlene in collaboration with Roger Williams, former state director of deaf mental health services in South Carolina.

- Dr. Kent Schafer did his dissertation on psychometric studies of the CSA furthering the reliability of the CSA.

- The staff provided 42 different training events throughout the year, attended by 2,580 people. Highlights include:

    - Mental Health Interpreter Training Project, under the overall coordination of Charlene Crump, held its 20th week-long Interpreter Institute in August. The event was once again held virtually. The main Institute (CORE) ran August 1 – 5. The Alumni Session was held in October 11 - 15. To operate MHIT virtually meant the program staff had to become highly proficient with the use of our chosen platform, Zoom.

        - The annual Institute was "sold out" months before the opening session. Altogether, 141 individuals (113 Registered Participants and 28 presenters, staff, and volunteers) participated in the core training this year. Over 1,633 unique individuals have been trained since its inception. Several individuals have taken the training more than once.

        - The alumni track drew 96 participants.

        - Participants hailed from 35 states and one territory in the core session.

        - Twenty different workshops were offered during the week during the live core sessions for a total of 37.5 contact hours and an additional seven courses in the asynchronous component, which were shared by both the core and the alumni tracks.

        - There are 121 Qualified Mental Health Interpreters currently active.

        - We have 10 Qualified Mental Health Interpreter – Supervisors

        - A new practicum and testing site was established in Georgia through a cooperative agreement with the Georgia Department of Behavioral Health and Developmental

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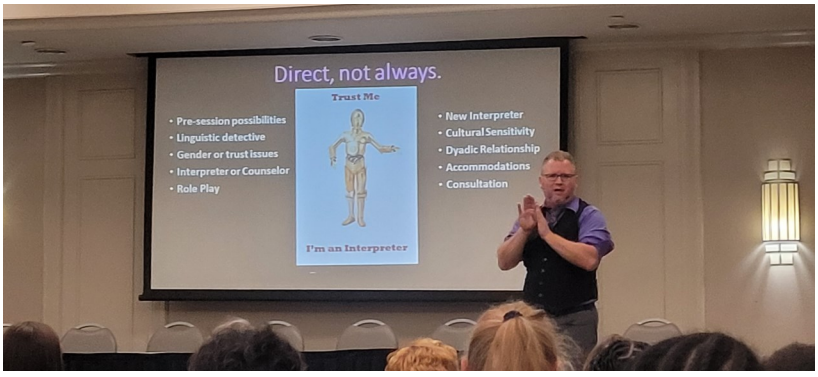

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Disabilities, Deaf Services.

- Several staff members have become trainers for in-demand core training required by program certification standards. This allows ODS to offer this needed training directly to deaf staff being trained, without using interpreters.
    - Jennifer Kuyrkendall and Brian Moss are certified to teach CPI.
    - Keshia Farrand and Shannon Reese are certified to provide First Aid and CPR training.
    - Brian Moss is certified as a trainer for Conducting Serious Incident Investigations.
    - Amanda Somdal is certified to provide Mental Health First Aid to both adults and adolescents.

Top left: ODS staff at the December 16th staff meeting. First row, left to right: Sandy Pascual, Jamie Gentzke, Lee Stoutamire-Ramirez, Second row: Shannon Reese, Charlene Crump, Allyssa Cote, Amanda Somdal, Jennifer Kuyrkendall-Watts, Brian Moss. Top row: Steve Hamerdinger, Mary Ogden, Christina Costello, Brian McKenny, Dr. Kent Schafer, Claudia Mansilla. Top Right: Steve Hamerdinger, Sandy Pascual, Claudia Mansilla and Brian Moss at 2022 DeaFest in Decatur, Alabama, on September 24. Bottom left, Allyssa Cote coordinating the 2022 Alumni Sessions from the ODS Studio, October 17—21, 2022. Bottom right: Claudia Mansilla discusses trilingual interpreting as co-presenter Sandy Pascual looks on.

Notes and Notables

Events and Honors in the ODS Family

For a third year in a row, Jennifer Kuyrkendall-Watts was invited to present 'Utilizing Interpreting Services with Deaf Populations' at the University of Alabama – Birmingham's Physicians Assistant Special Topics class. A special thanks to Erin Dorman, PA-C, for making this onsite training possible for over 50 of her students. In the early spring of 2023, Jennifer will also be providing her annual remote Introduction to Mental Health Interpreting presentation at Tulane University in New Orleans.

Dr. Kent Schafer was invited to be the keynote speaker for Southeast Regional Institute on Deafness (SERID) this past Fall in Florida.

ODS Staff members Brian "BAM" Moss, Mansilla and Sandy Pascual were invited to present at the Potomac Chapter of the Registry of Interpreters for the Deaf (PCRID) 2022 Symposium, "Together We Rise." Their topic of "Multicultural Perspectives in Mental Health Settings," allowed for an open discussion regarding the multicultural lens that needs to be considered when interpreting in mental health settings.

Sandy Pascual and Claudia Mansilla also conducted a training for ODS staff members in December on Trilingual Interpreting and hosted a virtual workshop in November for trilingual interpreters working in mental health — offering a first of its kind safe space for trilingual interpreters to have open discussions. A special thanks to Mano-a-Mano for sponsoring the November event.

An unassuming B.A. intern, majoring in Art Therapy from Seton Hill University, Pennsylvania, chose the Office of Deaf Services to do her fall internship. The impact Hannah Ahearn made on the deaf clients of Bryce Hospital and |residents of Civitan House, CAW (Central Alabama Wellness) was infectiously positive and powerful. Clients and residents had initially resisted to participate because they didn't know Ahearn. She was patient, calm and encouraging with them as she showed the task for the day's session. The clients' and residents' facial expressions became lively and animated as they participated in art therapy group sessions. Their faces lit up as they described what they drew or made – sharing memories their artwork evoked. Towards the end of Ahearn's internship, clients, and residents often times would be ready and clamoring for Ms. Ahearn to begin group session. Ahearn started out with free drawing on a 4x4 white square, gradually changed to drawing an object of their choice, folding papers (origami or paper airplanes), and clay molding. Their last project was tracing their hand, coloring the hand cut-out, and putting the finished artwork on a drawn tree. Ahearn's calm and peaceful demeanor drew out clients and residents to express their thoughts and feelings through art. We look forward to more art therapy students doing their internship with Office of Deaf Services.

Important Recent Articles of Interest

SOURCE: Mansutti, I., Achil, I., Rosa Gastaldo, C., Tomé Pires, C., & Palese, A. (2022). Individuals with hearing impairment/deafness during the COVID-19 pandemic: A rapid review on communication challenges and strategies. Journal of Clinical Nursing.

ABSTRACT: AIMS/OBJECTIVES: This study aimed (a) to identify the communication issues and problems faced by individuals with hearing impairment (HI)/deafness during the COVID-19 pandemic and (b) to describe strategies to overcome the issues/problems and/or prevent their negative impact. BACKGROUND:
Individuals with mild or severe HI face everyday communication problems, which have been worsened during the COVID-19 pandemic. However, no studies have summarized the available evidence to better understand the communication challenges faced by them and strategies allowing better interactions. The long duration of the outbreak—more than 2 years, with policies that have just been lifted in some countries—and the possible return of restrictions in the next Winter suggest the need to summarize evidence in the field. DESIGN METHOD: A rapid review is reported here in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines. Medline, CINAHL and Scopus databases were searched, including (a) primary or secondary studies published from January 2020 to 12 January 2022, (b) involving individuals with HI/deafness, (c) during the COVID -19 pandemic and (d) written in English. Data were extracted and summarized by using a content analysis approach. RESULTS: Fourteen studies were included as follows: three non-systematic reviews, seven cross-sectional, three quasi- experimental and one qualitative study, performed mainly in the US and the UK. Face mask covering use; physical and social distancing; and information, education, rehabilitation, and healthcare accessibility have emerged as the main challenges triggering consequences such as social isolation, loneliness, poor knowledge regarding the prevention and mental health issues. Strategies mitigating these challenges are as follows: (a) adopting transparent face masks, (b) using basic skills while interacting (e.g. maintaining eye contact), (c) improving the availability of sign language interpreters, (d) allowing the presence of family members and (e) teaching basics of sign language to healthcare professionals. CONCLUSION AND RELEVANCE TO CLINICAL PRACTICE: Individuals with HI/deafness live with several challenges, suggesting that their vulnerability has increased tremendously during the COVID-19 pandemic. The effectiveness of strategies to overcome these difficulties should be scrutinized by conducting more research. Moreover, there should be increased awareness among all citizens by equipping them with simple strategies to communicate effectively with individuals with HI, an approach that may increase inclusiveness and prevent further negative consequences and burden.

SOURCE: James, T. G., Argenyi, M. S., Guardino, D. L., McKee, M. M., Wilson, J. A., Sullivan, M. K., Schwartzman, E.G. & Anderson, M.L. (2022). Communication Access In Mental Health And Substance Use Treatment Facilities For Deaf American Sign Language Users: Study examines communication access to mental health and substance use treatment facilities for deaf American Sign Language Users. Health Affairs, 41(10), 1413-1422.

ABSTRACT: Deaf and hard of hearing (DHH) American Sign Language users experience significant mental health–related disparities compared with non-DHH English speakers. Yet there is little empirical evidence documenting this priority population's communication access in mental health and substance use treatment facilities. This study measured mental health and substance use treatment facilities' noncompliance to Section 1557 of the Affordable Care Act (ACA), which requires health care facilities receiving government funds to provide effective communication access, such as a sign language interpreter, to DHH patients. Using nationally representative data from the Substance Abuse and Mental Health Services Administration, we found that 41 percent of mental health facilities and 59 percent of substance use treatment facilities receiving public funds reported not providing services in sign language in 2019 and were thus noncompliant with the ACA's mandate to provide accessible communication to DHH patients.

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From On the ODS Bookshelf

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We mapped these data to display state-level noncompliance, and we make detailed recommendations at the policy, facility, and provider levels. These include monitoring noncompliance among government-funded facilities, expanding state-by-state mental health licensure reciprocity and telehealth policies to improve access to American Sign Language–fluent mental health professionals and addiction counselors, establishing systematic processes to collect information on disability-related accommodation needs, and increasing the workforce of DHH American Sign Language–fluent providers.

SOURCE: Moriarty, E., & Kusters, A. (2021). Deaf cosmopolitanism: Calibrating as a moral process. International Journal of Multilingualism, 18(2), 285-302.

ABSTRACT: Cosmopolitanism theory was mostly developed separately from the study of multilingualism: while language is central to cosmopolitanism as a practice, only a few scholars focusing on cosmopolitanism have taken a language-centered approach. We further theorize the relationship between cosmopolitanism and translingual practice with our focus on morality in relation to the use of the semiotic repertoire. The use of resources of the semiotic repertoire in translingual practice is infused with morality in that resources (such as languages, individual signs, mouthing, fingerspelling alphabets) are value laden and have particular associations or meanings in a given context. We explore and define deaf cosmopolitanism by offering examples from three international settings: deaf tourism in Bali, a sign language conference in Brazil, and a Bible translation center in Kenya. Deaf people engaging in international mobilities align in communication by what they call 'calibrating'. In this process, mobile deaf people quickly adopt new semiotic resources by engaging in rapid, immersive and informal (sign) language learning, acquiring (bits of) new sign languages, mouthing, written words, and fingerspelling alphabets, and including them in their practice of calibrating. Our analysis centers language ideologies about these practices, demonstrating moral ideas about what strategies and semiotic resources are most appropriate in specific contexts and/or with/by whom.

SOURCE: Roman, G., Samar, V., Ossip, D., McKee, M., Barnett, S., & Yousefi-Nooraie, R. (2022). The occupational health and safety of sign language interpreters working remotely during the covid-19 pandemic. Preventing Chronic Disease: Public Health Research, Practice, and Policy, 19(E30), 1-9.

ABSTRACT: INTRODUCTION: The COVID-19 pandemic has caused a dramatic shift in work conditions, bringing increased attention to the occupational health of remote workers. We aimed to investigate the physical and mental health of sign language interpreters working remotely from home because of the pandemic. METHODS: We measured the physical and mental health of certified interpreters who worked remotely 10 or more hours per week. We evaluated associations within the overall sample and compared separate generalized linear models across primary interpreting settings and platforms. We hypothesized that physical health would be correlated with mental health and that differences across settings would exist. RESULTS: We recruited 120 interpreters to participate. We calculated scores for disability (mean score, 13.93 [standard error of the mean (SEM), 1.43] of 100), work disability (mean score, 10.86 [SEM, 1.59] of 100), and pain (mean score, 3.53 [SEM, 0.29] of 10). Shoulder pain was most prevalent (27.5%). Respondents had scores that were not within normal limits for depression (22.5%), anxiety (16.7%), and stress (24.2%). Although disability was not associated with depression, all other outcomes for physical health were correlated with mental health ($r \geq 0.223$, $P \leq .02$). Educational and community/freelance interpreters trended toward greater adverse physical health, whereas educational and video remote interpreters trended toward more mental health concerns.

CONCLUSION: Maintaining the occupational health of sign language interpreters is critical

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From On the ODS Bookshelf

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for addressing the language barriers that have resulted in health inequities for deaf communities. Associations of disability, work disability, and pain with mental health warrant a holistic approach in the clinical treatment and research of these essential workers.

SOURCE: Baschnagel, J. S., & Bell, J. S. (2023). Drinking to cope and coping strategies in Deaf/Hard of hearing college students. Addictive Behaviors, 136 (2023) 107485, 1-7.

ABSTRACT: INTRODUCTION: Deaf and hard of hearing (DHH) students experience unique stressors as a minority linguistic and cultural group that may contribute to problematic substance and alcohol use behavior. Proper coping strategies may be one protective factor to avoid reliance on alcohol as a means to reduce stress. METHODS: The current study compared the endorsement of coping strategies by DHH students and hearing individuals and their relationship to drinking to cope behavior. Data was collected among DHH (n = 126) and hearing students (n = 349) at a large university. RESULTS: While these two groups did not differ in their levels of problematic drinking behavior, there were differences observed in drinking to cope motives as well as in the levels of coping styles used. DHH students were found to endorse greater levels of emotion-oriented and task-oriented coping than hearing students. Drinking to cope motivations were also higher for DHH students, particularly those who endorsed greater emotion focused coping. CONCLUSIONS: Interventions and educational efforts involving coping skills is a potentially important area of focus for the DHH student population. Further implications for understanding drinking behavior in this population are discussed.

SOURCE: Burke, T. B. (2022). Risk and Dignity in Requesting Signed Language Interpreter Accommodations. Perspectives in Biology and Medicine, 65(2), 179-188.

ABSTRACT: Requesting accommodations such as signed language interpreters in health-care settings is an activity that can present risk to the deaf patient. By providing space for considerations of risk-taking for particular kinds of experiences that are not universally shared, such as interpreter-mediated experiences, the notion of the dignity of risk can be expanded. The author uses two examples of signed language interpreting in health-care settings to demonstrate how the dignity of risk emerges. This is followed by an analysis of the concept of epistemic injustice as applied to insider knowledge of the deaf community and the potential harms to one's dignity resulting from this asymmetry of knowledge. The essay concludes with an evaluation of concerns about dignity and risk for deaf individuals.

SOURCE: Aguiar, E. D. B. F., & de Aguiar, K. G. M. (2022). Orientação Psicológica como apoio à saúde mental para pessoas surdas em período de covid-19: Psychological Guidance as support for mental health for deaf people in the covid-19 period. Revista Cocar, 17(35), 1-14.

ABSTRACT: In the quarantine period due to the pandemic, the demand for psychological services, mainly online, grew considerably. With regard to deaf people, they suffer as a result of the communication barrier, therefore, this article aims to address issues related to the difficulties encountered by deaf users of the Brazilian Sign Language, for access to care with the psychologist, in order to investigate the need for these services in the quarantine period. The research has as a methodological assumption the qualitative study under the aspect of content analysis, a group of Six deaf students from three state schools in the city of Imperatriz Maranhão participated in the research, the interviews were conducted through the Google Duo platform. As a result, the research finds that deaf people need the assistance of a professional Psychologist, however a specific professional qualification is necessary for communication through Libras to happen.

ODS Job Announcements

Positions Now Available in Deaf Services

All the following positions require Competency in American Sign Language.
Refer to individual announcements for full details.

Deaf Care Unit at Bryce (New)

Deaf Therapist I (Social Worker): Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 78 ($51,177.60 - $77,892.00)

To provide for the psychosocial needs of chronically, seriously mentally ill deaf adults and their families in linguistically and culturally appropriate ways, while ensuring that Medicare, Joint Commission, and hospital standards are being met.

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_201_22-14.pdf

Mental Health Interpreter: Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 80 ($56,433.60 - $86,037.60)

Works with individuals who are deaf or hard of hearing with severe mental illness, and who are patients in the deaf care unit or other hospital units in Tuscaloosa. Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified as a QMHI (Qualified Mental Health Interpreter) or its equivalent. (Option for hiring without QMHI certification is available)

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_DS2_22-19.pdf

Deaf Care Worker: Based at Bryce Hospital in Tuscaloosa, Alabama (2 positions open)
SALARY RANGE: 50 ($23,277.60 - $32,925.60)

This is beginning level work for the care, habilitation, and rehabilitation of deaf and hard of hearing (D/HH) persons with co-occurring disorders of mental illness and chemical dependency at Bryce Hospital.

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_201_21-17.pdf

Certified Peer Specialist I: Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 50 ($23,277.60 - $32,925.60)

The Certified Peer Specialist is to provide for the psychosocial needs of the seriously mentally ill, Deaf patients at the Bryce Deaf Unit by using their own personal experiences with mental illness and their own recovery experiences through sharing, building hope, and assisting patients with achieving their own personal recovery goal leading to discharge from an inpatient setting to the community.

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_201_22-13.pdf

Additional Job Announcements

(Continued from page 21)

MENTAL HEALTH TECHNICIAN

Job Location: Clanton, Alabama (Deaf Group Home)

Site: Central Alabama Wellness

Two positions available: Thursday - Sunday , 10 pm – 8 am

To Apply: E-mail your resume to: recruiting@centralalabamawellness.org

Job Application: Click here

MINIMUM QUALIFICATIONS: HIGH SCHOOL DIPLOMA OR GED; SLPI RATING OF AT LEAST INTERMEDIATE PLUS; VALID ALABAMA DRIVERS LICENSE AND ACCEPTABLE DRIVING RECORD REQUIRED; FIRST AID AND CPR CERTIFICATION PREFERRED. ABILITY TO LIFT HEAVY OBJECTS (100 POUNDS). EXPERIENCE WORKING WITH PEOPLE WHO HAVE SERIOUS MENTAL ILLNESS PREFERRED. RELATED POST HIGH SCHOOL EDUCATION MAY BE SUBSTITUTED FOR EXPERIENCE.

PHYSICAL AND MENTAL REQUIREMENTS:
While performing the duties of this job, the employee will be required to communicate with peers, clients and/or vendors.
Performs duties that require the employee to stand and walk for extended periods,
Requires ability to operate a vehicle and make sound judgement while driving.
Work requires lifting of up to 100 pounds.
While performing the duties of this job, the employee is regularly required to stand, sit; balance, walk, talk, hear, push, pull, bend, reach, lift, grasp and use hands and fingers to operate home equipment and computer and telephone equipment.

PRIMARY JOB FUNCTIONS AND PERFORMANCE EXPECTATIONS:
Learns and utilizes Chilton Shelby Mental Health Center policy and procedures.
Directly supervises the clinical care of clients.
Observes clients taking medications and provides verbal assistance to clients as needed.
Provides BLS training (individual and group) based on the clinical needs of the clients and submits documentation that meets DMH/Medicaid requirements.
Responds to client crisis or emergencies as needed.

LIFE SKILLS SPECIALIST- SIGN LANGUAGE PROFICIENT

Job Location: Woodville, Alabama

Site: Mountain Lakes Behavioral Health

Shift/Hours: Part-Time and PRN (as needed) positions available

Pay Grade: 11 ($12.73-$18.11) Starting pay is $14.32 per hour

REQUIRED QUALIFICATIONS:

This position minimally requires a high school diploma or equivalent, valid driver's license, CPR and First Aid certification (on-the-job training provided), and shall hold at least Intermediate Plus level fluency in Sign Language as measured by the Sign Language Proficiency Interview (SLPI).

SUMMARY OF RESPONSIBILITIES:

This is a direct service position for a group home for deaf and mentally ill residents. Duties will include assisting with day to day tasks of the home as well as helping develop basic living skills for the residents.

TO APPLY:

Resumes may be e-mailed to hr@mlbhc.com , faxed to 256-582-4161, or USPS to: MLBHC-HR, 3200 Willow Beach Road, Guntersville, AL 35976.

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 practicum and a comprehensive examination covering all aspects of mental health interpreting.

(Alabama licensed interpreters are in Italics) † Denotes Certified Deaf Interpreters . ***Denotes QMHI- Supervisors.***

Alabama
- *Cindy Camp*
- *Charlene Crump**
- *Wendy Darling*
- *Keshia Farrand**
- *Lisa Gould*
- *Mary Beth Grayson*
- *Nancy Hayes*
- *Jennifer Kuyrkendall–Watts*
- *LaShawnda Lowe*
- *Claudia Mansilla*
- *Dee McElroy*
- *Brian McKenny**
- *Kenton Myers*
- *Sandy Pascual*
- *Frances Smallwood*
- *Pat Smartt*
- *Lee Stoutamire*
- *Dawn Vanzo*
- *Debra Walker*

Alaska
- Laura Miller

Arizona
- Crystal Lentz

California
- Meagan Kelly
- Michael Klyn
- Jessica Poitevin

Colorado
- Susan Faltinson

Delaware
- Jennifer Janney

District of Columbia
- Sarah Biello

Florida
- Stacy Lawrence

Georgia
- Persis Bristol
- *Sereta Campbell**
- Lori Erwin*
- Debbie Lesser
- Pam Loman
- Earnestine Lowe
- Jasmine Lowe*
- Thai Morris
- Leah Rushing
- Erin Salmon*
- Tomina Schwenke
- Aaron Shoemaker
- Janet Whitlock
- Mariah Wojdacz
- Anne Zimmerman

Hawaii
- Darlene Baird

Idaho
- Mistie Owens†□

Illinois
- Susan Elizabeth Rangel†□

Kansas
- Chris Beasterfeld

Kentucky
- Jessica Minges

Maine
- Judy Shepard-Kegl

Massachusetts
- Roxanna Sylvia

Michigan
- Denise Miller
- June Walatkiewicz

Minnesota
- Dixie Duncan
- Emily Engel
- Jenae Farnham
- Josephine Heyl
- Brandi Hoie
- Becky Lukkason
- Paula MacDonald
- Melissa Marsh
- Margaret Montgomery
- Nicollette Mosbeck
- Adeline Riley
- Bridget Sabatke*
- Sarah Trimble
- Tracy Villinski
- Shawn Vriezen†
- Henry Yandrasits□

Missouri
- Stacy Magill

New Jersey
- Kacy Wilber

New Mexico
- Cara Balestrieri
- Rebecca DeSantis
- Andrea Ginn*
- Rhiannon Sykes-Chavez

New York
- Danielle Davoli
- Julayne Feilbach
- Jamie Forman
- Tara Tobin-Rogers

North Carolina
- Kathleen Lamb
- David Payne

North Dakota
- Renae Bitner

Ohio
- Rebecca Conrad-Adams
- Kathleen Lanker

Oregon
- Claire Alexander
- Patrick Galasso
- Christina Healy
- Jolleen Ives
- Christina McDaniel
- Ali Ray Perrin
- Colleen Thayer□

Pennsylvania
- Denise D'Antonio
- Lori Milcic

South Carolina
- Nicole Kulick*
- Holly May
- Karena Poupard
- Roger Williams*

Tennessee
- Angela Scruggs
- Eric Workman

Texas
- Lee Godbold
- *Beth Moss*
- Nancy Pfanner

Utah
- Melody Fico
- Cody Simonsen

Virginia
- Rachel Effinger
- Christina Jacob

Washington
- Lacey Darby
- Melissa Klindtworth
- Andrea Nelson
- Donna Walker
- Eloisa Williams

West Virginia
- Amanda Dorsey

Wisconsin
- Scottie Allen
- Melanie Blechl
- *Katherine Block**
- Tera Cater-Vorpahl
- Tamera Fuerst†
- Amanda Gilderman
- Carol Goeldner
- Debra Gorra Barash
- Sue Gudenkauf
- Lisa Heglund
- Nicole Keeler
- Maria Kielma*
- Tracy Kleppe
- Sara Miller
- Tim Mumm
- Karen Nguyen
- Sandy Peplinski
- Amy Schroeder
- *Steve Smart*
- *Leia Sparks*
- Cailin Yorot
- Brandi Zalucki

Wyoming
- Gail Schenfisch

Spain
- *Camilla Barrett*

DEAF SERVICES DIRECTORY

Alabama Department of Mental Health
(Mailing Address) P.O. Box 301410
(Physical Address) 100 North Union Street, Suite 770, Montgomery, Alabama 36130

Central Office

Steve Hamerdinger, Director, Deaf Services
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Text : (334) 652-3783

Charlene Crump, State Coordinator Communication Access
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Cell: (334) 324-1972

Shannon Reese, Service Coordinator
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Office: (334) 239-3780
Text: (334) 355-0262

Mary Ogden, Administrative Assistant
Mary.Ogden@mh.alabama.gov
Office: (334) 353-4703
Cell: (334) 300-7967

Region I

DD Region I Community Services Office
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Decatur, AL 35601

Jaimie Gentzke, Therapist
Jaimie.Gentzke@mh.albama.gov
Cell: (205) 909-7307

Vacant, Interpreter
Cell: (256) 929-9208

Region II

1305 James I. Harrison Jr. Parkway E
Tuscaloosa, AL 35405

Dr. Kent Schafer, Therapist
(See Bryce based)

Sandy Pascual, Interpreter
Sandy.Pascual@mh.alabama.gov
Cell: (205) 732-0716

Region III

Jag Dawadi, Therapist
372 South Greeno Rd
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Jag.Dawadi@mh.alabama.gov
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Text: (251) 721-2604

Lee Stoutamire, Interpreter
Lee.Stoutamire@mh.alabama.gov
3280 Dauphin Street
Mobile, AL 36606
Office: (251) 283-6230
Cell: (251) 472-6532

Region IV

Alabama Dept of Mental Health
P.O. Box 301410
Montgomery AL 36130

Amanda Somdal, Therapist
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Text: (205) 909-7307

Brian McKenny, Interpreter
Brian.Mckenny@mh.alabama.gov
Office: (334) 353-7280
Cell: (334) 462-8289

Region V

Beacon Center Office Park
631 Beacon Pkwy W, Suite 211
Birmingham, AL 35209

Christina Costello, Therapist
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Office: (205) 238-6079
Text: (334) 324-4066

Jennifer Kuyrkendall, Interpreter
Jennifer.Kuyrkendall@mh.alabama.gov
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Bryce-Based

Bryce Psychiatric Hospital
1651 Ruby Tyler Parkway
Tuscaloosa, AL 35404

Dr. Kent Schafer, Psychologist
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Office: (205) 409-4858
Text: (334) 306-6689

Brian Moss, Visual Gestural Specialist
Brian.Moss@mh.alabama.gov
Office: (205) 409-9062
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Allyssa Cote, Interpreter
Allyssa.Cote@mh.alabama.gov
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Cell: (334) 303-0411

Claudia Mansilla, Interpreter
Claudia.Mansilla@mh.alabama.gov
Cell: (334) 399-7972

Vacant, ***Interpreter***
*@mh.alabama.gov
Cell : *

Season's Greetings

From the

Office of Deaf Services