

Signs of Mental Health

ODS

Making the Dream Work With Teamwork





DEAF SERVICES DIRECTORY

Alabama Department of Mental Health

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Editor's Notes

This will be a very short issue, but don't worry. We will be back to full-sized in the fall. Instead, we hope you will enjoy reading about what ODS staff members are doing.

Kim Thornsberry has been in the spotlight a lot this quarter! And rightfully so. She is an incredible ball of energy.

MHIT is just a few weeks away and everyone is working hard to make it then best Institute ever. The class has been full and in waiting list status since February.

There have been other things related to interpreter training that have been percolating under the radar that we hope to report in the next issue.

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Our People are Making a Difference

Kim Thornsberry, who joined the ODS family in November, 2014, has been making her presence felt in Alabama.

She is one of 14 Master Trainers for the Deaf Self Advocacy Training (DSAT) developed by National Consortium Interpreter Education Centers (NCIEC). She conducted Train the Trainer workshops in several states, including Alabama in February 2016. The goal of the Train the Trainer workshop is to train Deaf/Hard of Hearing consumers to be DSAT Consumer Trainers so they could conduct DSAT consumer workshops in their communities. In the Alabama Train the Trainer workshop group, there was 17 consumer trainers who participated. One of them, Rickey Clemons, was selected to team with Thornsberry to provide the DSAT consumer training in series format to staff at the Jackson Place group home in Woodville. They both believed that training needed to be available to consumers and staff working with those consumers. They started monthly DSAT modules (total of 7) and completed in May 2017.



DSAT Graduates, Front left to right row: Boris Garth, Beth Hartman, Mark Moore. Back left to right row: Teana Campbell, Lisa Stevens, Kim Thornsberry and Rickey Clemons



Thornsberry won the RESPECT Award at the recent Alabama Institute for Recovery this past April. Respect Awards are given each year at the Annual Alabama Institute for Recovery (formerly The Alabama Recovery Conference) to individuals who are consistently respectful and supportive to individuals with mental illness. RESPECT is an acronym for the characteristics of the recipients of the award. The award winners are chosen by a committee made up entirely of consumers. She is the

second ODS staff person to be named for this consumer given honor.

Thornsberry's response was posted to her Facebook account and was touching.

"It always seem impossible until it's done" by Nelson Mandela. That's my case when I work for Office of Deaf Services with AL Dept of Mental Health. Many many times I face with situation I m not sure what to do or move forward. What I love about working for ODS is we have a great team of professionals with a variety of expertise skills and a great supervisor to rely on to provide an appropriate service to individuals we serve. Thank you Kent and Katherine for nominating me for this award. You two are part of this award as well. I'm honored and humbled to receive this award, to work with great people and individuals we work with. Thank you. ❤️

Thank you, Kim!

To cap off a momentous year for Thornsberry, the Council of Organizations serving Deaf Alabamians (COSDA) presented her with their *Professional of the Year* award, which is given to a faculty or staff member of a professional or educational program serving Deaf/Hard of Hearing individuals. If it sounds like we are proud of her, we are.



Kent Schafer is increasingly in demand as a trainer by our sister agencies. In February, he teamed with Kim Thornsberry to do a training at the Talladega Regional Office of the Alabama Institute for the Deaf and Blind for a sensitivity training. Teaching young professionals is important to Schafer, as demonstrated by a late February lecture to undergraduate communication disorders students. His "Establishing L1: Cultural and Linguistic Minority View of Deafness" is one example. More recently, he gave a workshop on May 11, to the Deaf Services Unit of the Alabama Department of Rehabilitation Services annual



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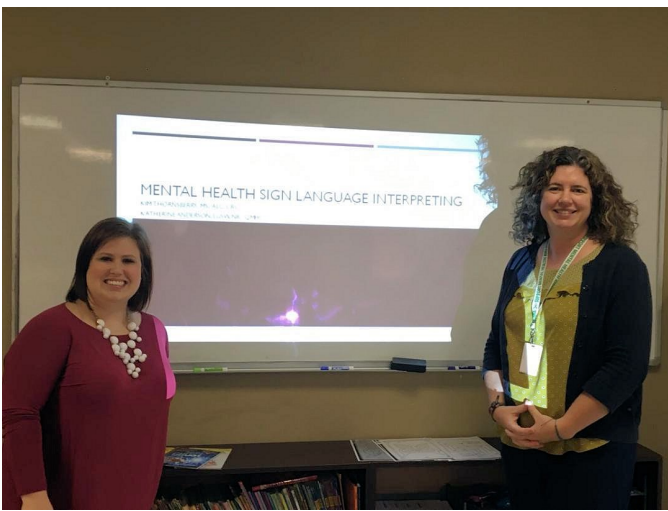
Make a Difference

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retreat, where he focused on Mental Health in Deaf Adolescents.

Steve Hamerding spoke to the Alabama Society of Healthcare Risk Management on the “Effects of Communication Barriers on Effective Provision of Medical Treatment.” It was attended by about 50 Risk Managers from healthcare facilities around the state. It seemed to go over well, even though the perspective was the flip side of the presentation given by the sponsoring legal firm moments earlier.

Jag Dawadi did a follow up on his training with deaf senior citizens in Mobile by talking about depression in the summer months and how to protect yourself. His work with seniors has been well received in the Mobile area.



Above: Katherine Anderson and Kim Thornsberry team up for a training. Top Right: Summer LeCain talks about mental health interpreting to a class at Maryville College.

Kim Thornsberry teamed up with Katherine Anderson to do a lunch and learn training for Mountain Lakes Behavioral Health center. They talked about how hearing clinicians can work more effectively with mental health interpreters and why it is important to recognize that not all interpreters are trained to do mental health work.

Even our younger staff members are getting the bug. This past March, Pre-Certified Interpreter Summer LeCain gave a presentation at her Alma Mater, Maryville College in Maryville, Tennessee. The presentation, titled “Get the Ball Rolling,” was developed by Summer with the intention of enlightening ITP students about the demands of Mental Health interpreting from the perspective of a young professional. Many Interpreter Training Programs touch on mental health interpreting briefly, but do not get into the nitty-gritty and real-life experiences.

Summer discussed how the controls that may apply in other settings may not apply or be the best option in mental

health settings due to the nature of the environment. She helped to clarify the scope of practice that is expected of a mental health interpreter and how to meet those expectations by applying best practices. She added the importance of understanding the various roles that play a part in mental health such as psychiatrists, medical doctors, therapists and social workers.



Summer addressed the Introduction to Interpreting course as well as graduating seniors in upper level skills courses. The presentation sparked questions regarding scope of practice in mental health interpreting, how to handle the burden of mental health, and a variety of theoretical scenarios. Students took the opportunity to ask questions of a recent graduate about internships, transitioning into the work force, certification process, and challenges of being a new interpreter.

MHIT got a [nice shout out on Twitter from InDemand Interpreting](#), plus a very laudatory [write up on their website](#).

Mistie Owens, a certified Deaf interpreter (CDI) and QMHI, offers this about her perspective

on mental health interpreter training: “It has impacted not only my life, but my work, my daily relationships, my world-view, my interactions and my level of awareness about what I do when I am in a variety of settings.” In other words, everything she has gained as a CDI increased hundredfold on every plane after her attendance at the 13th Institute (2015) and QMHI certification in the same year.

This year’s MHIT cohort again looks very strong. The class filled up within a few weeks of registration being posted,

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Making a Difference

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and has been in wait list status since mid-February. At the time of this writing there are 90 confirmed participants. The final number may be a little lower depending on drop outs and replacements. The wait list is currently at 39, despite a rigorous screening process.

This year marks our second year featuring a full Alumni track running concurrently with the main session. MHIT has run a single alumni session on Wednesday afternoon since 2006. In 2016, the MHIT team decided to expand the alumni opportunities into a track specifically targeting individuals who had previously attended a core MHIT class and desired to expand or deepen their understanding of work within the mental health setting. Originally assuming that the majority of participants would be from Alabama, it quickly blossomed into a national response. 14 alumni classes, running concurrent to the MHIT core session, were offered in 2016 and was limited to 35 participants. In 2017, the alumni options were expanded to 17 with three optional core classes made available to the alumni track participants. These three classes were new classes that had not been offered in previous cohorts and included sessions such as Power, Privilege, and Oppression in Mental Health and Communication Assessments in Mental Health. The alumni class cap was doubled and set at 70 for this year and has again maxed out and like the core MHIT training, has a waiting list. Returning core participants, having previously attending the core MHIT training, have the option on a class-by-class basis to attend a core class or an alumni class. MHIT has been fortunate to have presenters such as Angela Kaufman, Robyn Dean, Bob Pollard, Kate Block, Kendra Keller as well as ODS staff, etc. be involved in the alumni endeavor. ✍

Tamera Fuerst Is ODS Summer Intern

Tamara Fuerst is interning at ODS this summer. She is a full-time student at University of Wisconsin-Madison, and works as a Certified Deaf Interpreter (CDI). She is also one of two active CDIs in the country who have earned certification as a Qualified Mental Health Interpreter. A wife and a mother of two awesome sons, ages 17 and 19, she will be graduating in December of 2017 with a Bachelor's degree in psychology and social welfare along with a criminal justice certification. She aims to pursue her education in Master of Social Worker specializing in mental health.

When Fuerst gave birth to her sons, she decided to put her education on hold to enjoy raising them along with her husband. She worked as a Compliance/Arbitration specialist in Dispute Resolution at Metavante for 14 years. In 2007,

she was asked to join Professional Interpreter Enterprises (PIE) as a deaf interpreter. PIE provided her the opportunity to be able to work in the deaf community and to experience the role of providing equal access to information by breaking down communication barriers through mediating cultural and linguistic differences between the Deaf and Hearing Communities. Working as a Certified Deaf Interpreter (CDI) led Fuerst earning her QMHI and Conditional Legal Interpreting Permit-Relay (CLIP-R) certifications, and this fed her passion for working directly with the Deaf Com-



munity in mental health and legal settings. Deciding to return to her education when her boys were older, she attended Madison Area Technical College (MATC) and transferred to University of Wisconsin-Madison, where she is working to complete her Bachelors.

To earn her certification in criminal justice, Fuerst needed to complete a 300-hour internship. While there were many places available in Madison, Wisconsin, she chose to come to ODS. While earning her QMHI, she attended two summers of 40-hour trainings and a practicum. Despite this exposure, Tamara felt that there is still much more she can learn, especially after observing a deaf psychologist doing therapy with deaf clients during her practicum. This experience opened her mind and heart to realize that interpreting only limited her in what she could do for deaf people. She is excited to experience first-hand working with Deaf professionals and to absorb all she can during the ten weeks she will be here.

After completing her master's degree, her goal is to provide direct counseling service to deaf people. As a Deaf person and a CDI, she has seen numerous situations where deaf people did not get adequate service from hearing providers, even with a CDI and HI trained to mediate cultural and linguistic differences. Tamara wants to change that by educating other hearing professionals so that they will be familiar with Deaf culture and language. She feels strongly the need to spread awareness of the desires and needs of the Deaf Community and to collaborate with both deaf and hearing people in a wide variety of mental health programs to promote direct and effective service.

When Fuerst is not working or studying, she can usually be found reading, exercising, watching Netflix or camping and spending time with her amazing husband, sons and two labrador retrievers. ✍

New Interpreter Joins Staff

Jennifer Kuyrkendall joined the ODS staff in April, 2017. She is based at Bryce Psychiatric Hospital and fills the position vacated by Katherine Anderson, who transferred to the Region V Interpreter Coordinator position.



Kuyrkendall is a native of Baton Rouge, Louisiana and comes to the Office of Deaf Services from the United States Department of Agriculture (USDA), National Finance Center in New Orleans.

After several years of acquiring extensive knowledge in federal employment law, mediation and discrimination complaints processing as an Equal Employment Opportunity Specialist/Interpreter with the USDA, she decided to expand her knowledge in mental health interpreting by joining one of the most renowned interpreting services for this specialized setting in the country.

Kuyrkendall is a native language user who, in the summer of 2005, chose to begin interpreting professionally. The interpreting experiences that she has been fortunate to have in her 12-year career include work in mental health, legal, medical, performing arts, residential schools, K-12 education and post-secondary, among others. Kuyrkendall obtained national interpreter certification in 2008 and currently holds NIC Advanced and Ed: K-12 certificates. She was a participant in the final cohort of the 2009 Theater Development Fund's Interpreting for the Theater program in New York City at the Juilliard School, the most exciting and eye-opening experience of her career thus far. She also has extensive experience with cruise interpreting, which she finds incredibly rewarding work and fortunate to do because it provides individuals with communication access to an enjoyable and possibly once-in-a-lifetime vacation experience. Kuyrkendall has also been a beneficial asset by mentoring colleagues and Interpreter Training Program students in the New Orleans area and has begun presenting professional workshops for interpreters, the public, students, and other interested groups.

Kuyrkendall says that, "I was raised in a family where I saw compassion and patience on a daily basis. If my family was

able to help those around them, then they would in any way possible. I was fortunate to have ample opportunities to interact with a wide range of sign language users by their age, degree of hearing loss, race, gender, and education method, then see how all members of my family would engage with them differently. This has proven to be very beneficial in my current work as a sign language interpreter." This is also what she has shown she is the most passionate about, working with the wide range of deaf individuals who are language disfluent and/or language deprived. "Transitioning from federal service into the mental health setting, I felt would provide me with more challenging opportunities where I could continue to grow and use my current skills more effectively," she shares.

She is currently preparing for certification as a Qualified Mental Health Interpreter and is also a full-time student in the Interpreter Training Program at Troy University, with the Master Mentor concentration. Additionally, she has shared that she is looking forward to working with an incredibly skilled Communication Team that will be able to provide great support and knowledge towards these endeavors.

Beyond interpreting, she is an animal lover, avid gardener, and antique hunter. She is looking forward to not only discovering what the Alabama outdoors has to offer - when football season comes around because she knows absolutely nothing about the sport, but also coming to know the Alabama Deaf community. Despite having the delusion that the cuisine in Alabama is lacking compared to what she is accustomed to in Louisiana, she is also prepared to learn a thing or two about barbeque. The staff have assured us that she will be very thoroughly taught the errors of her thinking—both on cuisine and football. ✂

Watch for More Exciting Staff News

As this is being written, we are close to announcing new additions to the ODS staff. The next Signs of Mental Health should feature two and perhaps three new folks. Not to give away secrets, but after two years of looking we may finally have a Communication Specialist and a Region I interpreter. What's more, we think they will be excellent additions to what is shaping up to be a "gold standard" team. Keep an eye on our social media for more news!





Things People Ask Us Real Issues—Real Answers

Morning Kent and Kim,

I am in the middle of working with a family that has a deaf child. I am reaching out to ask for more ideas to encourage healthy family relationships. I am reaching out to you two to inquire for more possible insight to help me work with this family to develop.

There's a book written by Mark Drolsbaugh, "Madness in the Mainstream" written in 2013 that immediately comes to mind. In this book, Mark has a few notable quotes such as: "skill in ASL does not interfere with development of English," "Everyone needs a place to belong," "Instead of options, we consider opportunity," and "unconditional support from parents toward deaf children's healthy deaf identities." Mark also discusses how fitting in, belonging, and 100% communication accessibility to highlight a "visceral experience" is critical for healthy development. This may be a good book for you and the parents to read as an assignment.

Another concept worth knowing: the "dinner table syndrome." Every parent of a child with hearing loss needs to be aware of this common occurrence. A typical cliché for relationships is to have supper at the family table. Experiences, jokes, or light-hearted conversations occur at this dinner table to strengthen the family. This is often where a child learns how to interact with people. A child with hearing loss will not have access to this information. Often confusion sets in and the child will ask somebody "what did you just talk about?" It is time consuming and frustrating for another person to repeat what just occurred. It becomes tougher if they cannot communicate with that child or filter this information. Two of the most debilitating phrases that occur for a deaf child are: "nevermind" and "tell you later." There is a fantastic painting by artist, Susan Dupor, that is titled "Family Dog" that portrays the dinner table for a child with hearing loss. All too often, the message ends up being lost while the child watches helplessly.

Some children with hearing loss often end up earning approval for pronouncing a word correctly. As a result, they have been conditioned to identify and pronounce a word to earn approval from adults. With a focus on pronunciations, there is a lack of parental/adult communication with these children and explore ways to validate feelings. The socio-emotional

delay becomes more evident as the child struggles to develop something in common other than correctly saying a word.

That being said, there is also need to think about how discipline, natural consequences, behavior contracts, and logic will be different since communication barrier is evident. A student with hearing loss will not process language the same way a normally hearing child will. They are often linguistically delayed and will frequently remain behind the learning curve. Comprehension check-ins and concrete examples may be necessary to help the child develop executive functioning skills, akin to turning on the light switch, of their brain to process and sharpen their informed decision making skills.

To further complicate matters, there is the social dynamic in relationships. A child of divorce will be different from a blended family. Imagine custody retained by grandparents instead of paternal/maternal lineage. How about adoption? Each has their own aspect that challenges the family to develop. Now, overlay deafness and you start to get the idea how overwhelming it can seem.

There is a story, recounted by Paddy Ladd in his 2003 book *Deafhood*, about children in families that do not communicate visually. A lack of language or delayed development in quality communication, may lead to social maladjustment or poor emotional growth. The child will find ways to compensate, not all those ways will be "good".

Consider how you have parties or social conversation. Too often the deaf child ends up on the periphery, helping prepare the food, or setting the dinner table, but being fully attuned to why all this activity is happening. The child has no clue on what stories were shared or if there are any new updates in the family. Imagine celebrating a recent graduation or wedding while the child is busy making cheese and crackers for an appetizer. The child sees the eruption of glee and wonders if something was good on the television while being completely unaware of what the family was celebrating. It's important to devise ways to clue the child in regarding notable accomplishments or stories occurring in the family.

One challenge the parents may face is that the child may

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Things People Ask Us

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forego their direct family and adopt the deaf community instead due to access to visual language. They may end up staying longer with people who are capable of communicating in their language because they are information deprived and want to fill up their knowledge. Families may struggle to understand why their child prefers to stay at a place that has visible communication and not want to go home back to a place that may be language deprived.

One idea is to develop a picture chart or book. Have the family learn how to sign various pictures. "When, What, Where, and How" are all good words to learn. Questions invite discourse. Consider getting a glass cover for your dinner table. Put a picture between the table and the glass so you can point at various items and try to sign them. If the child gets a little bit older, substitute the picture with a map of America. Start learning the first two letters of the states. Ask the child: "Where is A-L?" and have them point to Alabama. Later on, the map of the states becomes a world atlas. Imagine the role playing activities as you try to describe various natural terrain or driving. How about identifying landmarks using Charades. If the child struggles with thinking skills and may end up on the developmental disability track, using picture boxes to demonstrate 1st, 2nd, 3rd may help with processing order for cause/sequence. Even a chart filled with facial emotions may help them work towards identifying the difference between frustration and angry.

P.S. Tell the families to turn the captions on their TV at all times. ✂



Important Recent Articles of Interest

McDonnall, M. C., Crudden, A., LeJeune, B. J., & Steverson, A. C. (2017). Availability of Mental Health Services for Individuals Who Are Deaf or Deaf-Blind. *Journal of Social Work in Disability & Rehabilitation*, 16(1), 1-13.

Abstract: A survey of state mental health agencies found that a majority have no specific policy or procedure regarding how to provide mental health services to persons who are deaf or who are deaf-blind. Agency representatives report that staff lack knowledge of how to provide mental health services to persons who are deaf-blind and the agencies lack qualified interpreters. They recommend training for social workers and counselors to address best prac-

tices in working with people who are deaf-blind concerning communication methods and strategies, physical interaction, cultural issues, everyday life, sensory deprivation, ethics, use of an interpreter, and other general issues.

Øhre, B., Volden, M., Falkum, E., & von Tetzchner, S. (2017). Mental Disorders in Deaf and Hard of Hearing Adult Outpatients: A Comparison of Linguistic Subgroups. *Journal of Deaf Studies and Deaf Education*, 22(1), 105-117.

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.

Walls, R. (2017). The Accessible Information Standard and the Deaf community. *Mental Health Practice*, 20(6), 24-26.

Abstract: Deaf people often struggle to access healthcare services, which can have a detrimental effect on their health. The Accessible Information Standard identifies that services need to ask everyone referred to them about communication needs and meet those needs. For the Deaf community, meeting communication needs requires more than just ensuring a British Sign Language (BSL) interpreter is present at appointments.

Zaidman-Zait, A., & Dotan, A. (2017). Everyday Stressors in Deaf and Hard of Hearing Adolescents: The Role of Coping and Pragmatics. *The Journal of Deaf Studies and Deaf Edu-*

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Abstract: The current mixed-methods study examined everyday problems among deaf and hard of hearing (DHH) adolescents across various life domains. To better understand the factors influencing levels of perceived stress, the impact of DHH adolescents' coping and pragmatic abilities was also examined. Thirty DHH adolescents completed questionnaires about everyday stressors and coping, and 13 of these respondents were interviewed regarding their everyday problems. All participants used spoken language and attended mainstream high schools. Teachers evaluated the pragmatic skills of each participant through a communication assessment tool. The quantitative-based results showed that DHH adolescents perceived greatest stress related to the future, peers, and school, in that order. Considerably less stress was experienced with regard to parents, leisure, and romantic relationships. The qualitative data reflected the context-specific everyday stressors experienced by DHH adolescents and suggested they have been generated by problems related to having a hearing loss, experiences in social interactions, classroom environment, and academic challenges. Importantly, lower pragmatic abilities and increased level of withdrawal coping style were found to be associated with higher perceived stress. The conclusions focused on ways in which schools, teachers, and professionals can implement prevention and intervention efforts to adequately support DHH adolescents in facing everyday challenges.

Kushalnagar, P., Ryan, C., Smith, S., & Kushalnagar, R. (2017). *Critical health literacy in American deaf college students. Health Promotion International.*

Abstract: This study investigates the relationship between critical health literacy (CHL) and discussion of health information among college deaf students who use American Sign Language. CHL is crucial in making appropriate health-related decisions for oneself and aiding others in making good health-choices. Research on general youth population shows that frequent health-related discussions with both friends and family is associated with higher health literacy. However, for our sample of deaf college-aged students who might have had less access to communication at home, we hypothesize that health-related discussions with same-age peers may be more important for critical health literacy. We asked two questions to assess the frequency of health-related discussions with friends and families: "How often do you discuss health-related information with your friends" and "How often do you discuss your family medical history with your family?". Participants rated their experience on a scale

from 1-5 (1=never, 5=always). To assess CHL, 38 deaf and 38 hearing participants were shown a short scenario that showed a woman confiding in her friend after finding a lump in her breast. Participants were then asked what the friend should say. Responses were scored by a team of 3 raters using a CHL rubric. As predicted, results showed a strong relationship between discussion of health-related information with friends and CHL in both deaf and hearing samples. Discussion with family was linked to CHL only for hearing participants, but not deaf participants in our study. These findings underscore the importance of socializing with health-literate, accessible peers to improve the health literacy and health outcomes of all deaf people.

Positions Available in Community Programs

MENTAL HEALTH TECHNICIANS

Deaf Services Group Home (Clanton, AL)

SALARY RANGE: Competitive

Positions Available:

Part-time position <u>Schedule:</u> Sat-Mon 8a-4p

Full-time position <u>Schedule:</u> Tues-Sat. 12a-8a
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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

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As I See It

John Hamedinger



“Change is inevitable - except from a vending machine.” Robert C. Gallagher

This column is going to be as different from the norm as this whole issue has been. ODS is in the midst of significant change, both internal and external.

We will have our fifth Commissioner of Mental Health in six and a half years. Judge James Perdue came to DMH just a short two years ago. He proved to be a caring, sensitive man who was interested in what ODS was doing and encouraging us at every chance. He never failed to take a moment to talk with us when he saw us, which was quite frequently due to his management by walking around style.

DMH had been through a period of relative stability through the first decade of the 21st century. The average tenure of State Mental Health Program Directors is about 18 months, Kathy Sawyer was the Commissioner from 1999 to 2005. When she retired, she turned the reins over to her long-time deputy, John Houston, who was Commissioner until his retirement in 2010. He was followed by Zelia Baugh, James Reddoch and Judge Perdue. As of this writing, we just learned that Lynn Beshear will be the new Commissioner. She will undoubtedly have her own vision and goals as to what DMH should be doing.

In addition to that change, we expect other changes to come. New mandates are coming from Federal courts that are dealing with the recognized problem of mental health services in Alabama's jails and prisons. New priorities are coming from Washington in the form of rules governing Medicaid and block grants, which make up a huge portion of the funding for mental health services. The current focus on opioid abuse is becoming all-consuming.

All this means the nature of the business of mental health in Alabama will necessarily change as well. How will these changing mandates and rules and expectations change how we interact with our consumers, be they deaf people with mental health issues, or providers who depend on us to help serve them, we can only speculate.

As our population ages, we face increased demand for services not usually considered part of “deaf mental health.” Geriatric services in general and skilled nursing care loom large as challenges which we must address in the not too distant future. But we must address them without any good models for how to do so. To be sure, there are senior citizen programs for deaf people around the country. But none that focus on geriatric mental illness.

Technology is proving to be both a blessing and a curse. The same technology that allows ODS to do distance work also allows less competent interpreters to supplant ASL fluent therapists and interpreters who are certified as Qualified Mental Health Interpreters. That interpreter from Billy Bob's Bait and Video Remote Interpreting Company is likely to not be mental health trained and even less likely to be familiar with Alabama's “dialects”, both signing and spoken! If we had a buck for every time one of our deaf staff or consumers have had a video relay interpreter say she couldn't understand some professional hearing colleague because of the “heavy accent,” we would solve Alabama's chronic budget problems. Just to set the record straight, there is nothing lovelier than a sweet southern accent. It's them Yankees who don't talk right.

Some people adjust to change rapidly while others resist it with stubborn determination. In a time where we can handle any financial transaction on our smart phones, we work with some people who freak out if you use blue ink instead of black ink to fill out a progress note form that hasn't changed since Nurse Ratched rode roughshod over everyone at Salem State Hospital. Those folks have a difficult time understanding that the sliding thing that pops out of a computer is not a cup holder. But they end up being in places of responsibility that gum up the works when it comes to deaf mental health care.

Shifting priorities and changing needs means distribution of work must be adjusted. An area for which one therapist or interpreter was responsible today, another may need to take it next week. These changes trigger other demands. It takes a special group of people who can do all this day after day and remain a positive force for good.

Throughout this issue of Signs of Mental Health, these men and women have been highlighted. For the first time since 2008, it appears ODS may be fully staffed by the time MHIT rolls around. Just 6 months ago, we had 5 positions open with few prospects to fill them. How things change in such a short period of time. Those changes mean new people learning to fit in both their new roles and a strong existing team. But they also bring new ideas and energy.

(Continued on page 11)

AS I See It

(Continued from page 10)



Not all change is bad. Stressful perhaps, but not bad. Integrating that many new people into a team that has served together for many years is a challenge. But everyone on the ODS team is committed to continuing the good work for which ODS has been recognized many times in the past, and going forward to do new and exciting things. It's stressful, but it's a

good stress. One that drives us forward. It gives us direction and purpose. It promotes team cohesiveness.

That cohesiveness is what makes ODS what it is. It's not that we always see things the same way. We don't. But we do listen to each other and we learn. There is respect among us that allows for a free exchange of ideas. We adapt and adopt when presented with better ways to do things. When we incorporate these ideas into our practices, the beneficiaries are the people what we serve. And at the end of the day, that's what matters.

As we stand on the brink of yet another wave of change, we will do as we have always done. There is no doubt that we will link arms and go forward – together. **As I See It**, there is no group of people whom with better to make the journey than the staff of ODS. ✨



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*
Stacy Lawrence, *Florida*
Sandy Peplinski, *Wisconsin*
Katherine Block, *Wisconsin**
Jamie Garretson, *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 Luckett, *Texas*
Mariah Wojdacz, *Georgia*
David Payne, *North Carolina*
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*
Jenae Hanson, *Minnesota*
Katherine Anderson, *Tuscaloosa*
Christina Healy, *Oregon*
Becky Lukkason, *Minnesota*
Leia Sparks, *Wisconsin*
Roxanna Sylvia, *Massachusetts*
LaShawnda Lowe, *Georgia*
Leia Sparks, *Wisconsin*
Jamie Garrison, *Wisconsin*
Deb Walker, *Georgia*
Tara Tobin-Rogers, *New York*
Leah Rushing, *Georgia*
Keshia Farrand, *Minnesota*

SAVE THE DATE!

**MENTAL HEALTH
INTERPRETER TRAINING**
Summer 2017



Roger Williams, LCSW

**State Director
Deaf Services
South Carolina Dept. of
Mental Health**

- **Less than 2% of all people who are deaf and need mental health assistance ever receive it.**
- **Studies show that individuals who are deaf or hard of hearing are subject to a greater number of mental health risk factors as compared to their hearing peers.**
- **Several factors can impact the success of therapeutic work, among them the introduction of a third party (the interpreter) to the therapeutic relationship and issues of deaf/hearing trust.**

REGISTER:

https://tsd.formstack.com/forms/mobile_mental_health

- **QUESTIONS: LEE.GODBOLD@TSD.STATE.TX.US**



Charlene Crump, QMHI

**MHI Coordinator
Office of Deaf Services
Alabama Dept. of Mental
Health**

3 LOCATIONS TO CHOOSE FROM:

**7/10/17 Del Mar College, 4101 Old Brownsville Rd,
Corpus Christi**

**7/11/17 Providence Place, 6487 Whitby Rd,
San Antonio**

**7/13/17 McLennan Community College,
1400 College Dr, Waco**

Cost: \$35

BEI & RID CEU's Pending

****lunch included with registration****

Workshop



www.texasdeafed.org

