

Signs of Mental Health

Mental Health
Interpreter Training

Another MHIT In the Books



Volume 13 Number 2 & 3

September, 2016

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



In This Issue

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

Editor's Notes

Help Wanted

MHIT Interpreter Institute Showcases New Offerings

Student Workers at MHIT

Anderson Named COSDA Interpreter of the Year

Maryville ITP Intern LeCain Finds a Passion for Mental Health Interpreting

MHIT at a Glance

AS I See It

Stack of Stupid Stuff

Another Indispensable Book By Glickman

ODS Notes and Notables

Deaf-Friendly Starbucks in Mobile

Current Qualified Mental Health Interpreters

Help Wanted (Part II)

Signs of Mental Health
ADMH, Office of Deaf Services
James V. Perdue, Commissioner
Steve Hamerding, Director
P.O. Box 310410
Montgomery, AL 36130
steve.hamerding@mh.alabama.gov

On The Cover:

ODS staff members Brian McKenny (left) and Kent Schafer (right) present on Substance Use Disorders at the MHIT Interpreter Institute.

Signs of Mental Health

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

Dr. Beverly Bell-Shambley has been a steadfast supporter of Deaf Services since our doors opened. She worked her way up the ladder to become the Associate Commissioner for Mental Health and Substance Abuse Services where that support became increasingly evident to outsiders in terms of how resources were deployed to support deaf people with mental health and substance use disorders.

- 2** Her support for our work inside the Department has been invaluable to us, and equally important, has been a morale booster as we have navigated some trying times. There have been days when knowing that Dr. Bell-Shambley has our back made the difference in keeping on. There were also days when she quietly saved us from ourselves!
- 4** There are people you just can't help but like, admire, and appreciate for who they are.
- 7** Dr. Bell-Shambley will have a positive thing to say to everyone. She will find the good in any situation. She is a role model, and dare we say, a mentor.
- 8** Unfortunately for us, but happily for "Dr. B", she will be retiring effective October 1.
- 9** We will do a more complete write up about this very special person in the next edition of **SOMH**, as well as introduce the new Associate Commissioner.
- 10** For now, though, happy fishing and may your chiles always be hot enough. If you need more, you know where to find some! ☺
- 14**
- 15** **Editor's Notes**
- 16** We love hearing from our readers. Here's a sampling:
- 17** *Good publication! The book recommendation you gave me, Seeing Voices by Oliver Sacks was sort of a "life-changer" for me in that it kindled a desire in me to gain a deeper and more realistic understanding of the complexities of treating individuals who are deaf who have mental illnesses. I am grateful that my reading coincided with my taking the job at Chilton-Shelby, where, because of our group home, I've had the opportunity to really spend some time talking with these individuals. I am also very grateful for the interpreters who I get to collaborate with. Just wanted to say thank you!*



Timothy Stone, M.D.

Just wanted to drop you a line and say "Hi". I just read your "As I See It", and it struck so many chords with me. I find myself growing more and more frustrated by what I am seeing everyday in the different clinics...to the point that I sometimes wonder if I should continue. Guess I just wanted to say an "Amen" to your commentary...if nothing else, it was incentive to me for not giving up on the good fight. Thanks for speaking honestly.

Janet Whitlock, QMHI

Thanks for taking time to read our publication and letting us know what you think. ☺

Job Announcement: Regional Interpreter Coordinator (Two Positions)

Office of Deaf Services

Alabama Department of Mental Health

MH Interpreter I (Huntsville and Birmingham)

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

WORK LOCATION: Region I (Huntsville) Region V (Central Alabama)

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

OR

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

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

KIND OF WORK:

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

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

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

More positions listed on page 18.

Interpreter Institute Showcases New Offerings

[This] was honestly the best conference I have ever attended!! The presenters, the material, the wealth of knowledge obtained... Amazing.

The 14th annual Interpreter Institute of the Alabama Mental Health Interpreter Training Project ran July 24 – 29 in Montgomery Alabama. Altogether, 127 people attended, either as participants or faculty/staff, including 20 presenters.



The Institute, a partnership between the Alabama Department of Mental Health Office of Deaf Services and ADARA, was held at the Montgomery campus of Troy University. This year, several new things were introduced, including a non-certification track for alumni who wanted to gain new knowledge. With 21 attendees, there were 14 classes in this track.

The main track, which is the core of the annual training, was attended by 88 participants, of whom 12 were previous attendees. These participants represented 27 states and Scotland. Four states sponsored delegations: Georgia, Kentucky, Wisconsin, and Minnesota. There were 22 full-length classes in this track and 13 mini-classes, called early bird or brown bag sessions.

The Institute was opened by Commissioner of Mental Health, James Perdue and Associate Commissioner of Mental Health and Substance Abuse Services, Dr. Beverly Bell-Shambley. In a surprise, they presented ODS Director Steve Hamerdinger an Alabama House of Representatives resolution and a proclamation by Alabama Governor Robert Bentley, both of which congratulated him on his years of services and recent awarding of Knights of the Flying Fingers, by the National Association of the Deaf (See story on page 16).

Participants in the main track were able to earn as many as 43.25 contact hours through the week. Those wanting to work toward certification are required to have at least 40 hours.

Those in the alumni track could earn 27.75 contact hours. This track was also made available free of charge to interpreters who were certified as Qualified Mental Health interpreters. Long-time QMHI-certified Nancy Hayes wrote, “Thank you so much for inviting QMHI Interpreters to attend the special alumni classes for free. It was an offer I could not turn down. I thoroughly enjoyed the training.”

The alumni track, which was coordinated by Katherine Anderson, was designed to give previous attendees, especially those who are already QMHI certified, new skills and perspectives as well as deepen existing understanding of core MHIT principles. It is also, in many ways, a “proving ground,” where ideas and approaches developed by MHIT faculty and ODS staff can be tested. Highly rated alumni track sessions included Psychiatric Nursing with Deaf and Hard of Hearing People” by Yvonne Waddell, “Case Analysis,” by Kendra Keller, and “Forensics and the Deaf Population,” by Robert Pollard.

Acclaimed main track sessions included such main track presentations as “Power, Privilege and Oppression in Mental



(Continued next page)

MHIT Showcases New Offerings

(Continued from page 4)



Health" by Roger Williams, "Normal Differentness" by Drs. Robert Pollard and Robyn Dean, and "Considering Dysfluency in Mental Health" by Charlene Crump.

"Auditory Hallucinations" an experiential exercise conducted for first-time participants, is designed to help interpreters gain insight to the lived experience of psychosis. Participants report it to be both deeply enlightening and profoundly disturbing.

As one participant told SOMH,

"Today's experience was life altering/enhancing on so many different levels. The exercise in hearing voices was enlightening, disturbing, enriching and profound. It took me a while to "recover." I wish everyone could have that kind of experience, as it puts mental illness into such a "felt" reality. As Bob Pollard said, the illness has the person- not the other way around. It was a unique perspective to be on the MI side... And I must say- stirred a lot of empathy and understanding. I too would be a different person and quite angry and uncooperative if day in and day out my life was full of discrimination, voices, negativity and noise. It was such a profound exercise. I've often used the term "Schizo" to refer to myself being out of or not thinking clearly...kind of in a humorous manner. However, I don't think I'll be able to use it casually like that ever again."



For the third year the Thursday morning "Diversify Your Life" early bird session proved to be a hit. "Thursday was refreshing to walk in and find people playing Disc Golf," said one attendee. Other skills and activities presented during that session included self-massage, yoga, origami, ballroom dancing and Zen doodling. The intent of the sessions is to demonstrate quick, cheap and effective ways to decompress and relax.

This session was one of several extra sessions that are run before the day starts and at lunch. Called "Early Bird" and "Brown Bag Lunch" sessions, they provide exposure to additional topics as well as a training ground for future main track presenters. This year some of the sessions offered included:

- Pre-Therapy Language and Learning Challenged Consumers
- Autism and Deafness
- African American Deaf in Mental Health
- Psychological Evaluations with Deaf Children
- Advocacy in MH
- Mindfulness
- Personal Protection Strategies
- MH Interpreter Portfolio
- Patient Chart Review
- Horizontal Violence



Top left: Dr. Pollard leads an Alumni session as Kate Block interprets. Bottom left: Whoever thought MREs are a good idea needs to have an MSE! As part of an emergency preparedness session alumni had the chance to try MRE. Above: Charlene Crump leads an Early Bird session.

As with the past several institutes, this year's class was maxed out and a lengthy waiting list was established beginning in April. By July, the list had over 37 names. Some of those on the list have paid for next year's session even though the date has not been set. In fact, demand for admission for the 2017 class is such that the first request for the dates was received by the staff in July, while the Institute was still in session!

(Continued on page 6)

MHIT Showcases New Offerings

(Continued from page 5)



Acceptance to MHIT has long been “competitive” though clearly some years more so than others. The MHIT staff aims to keep the bar high. One attendee wrote, “The group of attendees were well chosen; class participation was very beneficial.”



From the opening session to the close, participants remarked on how organized the event was. A sampling:

- Very well organized!! Friendly and great environment.
- Great organization of training structure.
- Extremely well organized.
- Obviously y'all have thought of everything.
- Everyone has been so on top of everything. The order of classes is amazing! Everyone is so very friendly and I have absolutely nothing but good to say about my experience this week.

- “First thank you for this week of training. It has been so helpful and rich! I’m really grateful I found out about this program this year and was accepted and able to come. It’s been a real gift.”

Several blocks have been claimed by different states and competition for admission to the 2017 training will be intense. “I’ve been wanting to attend this training for a while. I am glad I was able to attend this year. Of course, I will be promoting this training to not only interpreters, but to clinicians that work with the deaf (*sic*) in our town.” The staff expect to announce the dates of the next institute in early December.

MHIT is a year-round endeavor with various training activities happening throughout the interval between institutes. Annually, between 10 – 15% of each class will attempt to earn certification as a Qualified Mental Health Interpreter (QMHI). At the time of this writing, nine participants of the 2016 class have begun working on their practicum,

Other activities include bi-monthly online discussions and a winter clinical training. ☘



Above: Disc Golf as a way to unwind. Patty McCutcheon tries her hand as Melissa Lopez, Eleanor Swartz, Michele Rupanovic and Margaret Coffey look on. Below: It was “Dollar Hot Dog” night at the Montgomery Biscuits (Tampa Bay Rays AA affiliate.) Mona Jamell, Alvina Malcolm and Maria Stephens take advantage.



2016 MHIT Student Workers



MHIT has been blessed with some awesome student volunteers over the past several years. These volunteers provide support during the institute that allow us to do things we would not be able to do otherwise. The staff could not keep up with all things that are needed in a multi-track training over 5 days. Students like (left to right above) Vickie Watson, Margaret Coffey, Alexandra Wright, Summer LeCain, and Lauren Thompson perform countless small tasks, keep up with seemingly innumerable details and do all this with bright-eyed enthusiasm that reminds us of why we do this. Here are some of their stories....

Margaret Coffey—Austin TX

My name is Margaret Coffey, a student representative hailing from Austin, Texas. I was excited when informed that I'd be attending the training, however, as the week approached I was hesitant. Why had I interrupted my relaxing summer to volunteer at a week-long conference? This could possibly be my worst idea yet. However, upon meeting the volunteer coordinator and fellow interns, my curbed enthusiasm quickly rescinded itself.



Mental Health Interpreter Training 2016 was a week inundated with information, cutting edge ideas, and research. By challenging ideas and beliefs surrounding mental health interpreting while simultaneously providing

invaluable information, the whole week was a mind stretching marathon that will mark my future interpreting career.

MHIT student representative responsibilities were not complicated in nature, affording us the opportunity to focus on the workshops and lectures presented. The number of topics covered was exhaustive. From self-care to mock auditory hallucination activities, it seemed nothing was left undiscussed. The amount of new information acquired in one short week led me to one conclusion: there will always be a new situation, an unheard of topic, and something new to experience within the mental health interpreting field.

In summation, MHIT 2016 will be a week forever in my memory. Not only for the information obtained and discussions had, but also because of the people encountered along the way. I am hopeful MHIT will continue providing one of a kind training to interpreters so that I may return in the future.

Alexandra Wright—Rochester, NY

Sometimes I feel as though I am just “in the right place at the right time”. But attending the Mental Health Interpreter Training Conference, I realized this opportunity was so much more than luck; it was hard work paying off—for all involved. As I applied to be a student intern for MHIT (something I never thought I was going to be able to attend) I crossed my fingers and hoped for the best.

A few months later, there I was embarking on a journey that would impact my interpreting career more than any way I could imagine. The five-day experience is almost indescribable, but here I try.

(Continued on page 8)



Anderson Named COSDA Interpreter of the Year

The following was quoted from her nomination.

Whatever is needed, wherever it is needed, whenever it is needed, Katherine Anderson will be there to do it. She routinely puts in far more than her "eight hours," often putting in 10 - 12 hour days to be sure consumers are served. She does it out of compassion for people that not many others are willing to attend. Based at Bryce Psychiatric Hospital, Katherine works with a wide range of deaf consumers, all of whom present challenges. She does so in an environment that is chaotic by nature, working with staff who must work at a frantic pace.

Second, Katherine will be one of the first people to respond to a request for help from others at DMH. At Bryce, she will often analyze a problem and come up with a solution without waiting for anyone to even discuss that there was a problem... She sees it and fixes it before it rises to the level of consumer complaints. These fixes are almost always at no cost to the state (she has been known to pay for things out of her own pocket rather than to leave a situation without dealing with it.)

Finally, Katherine is a nearly perpetual ray of sunshine, spreading optimism and cheer wherever she goes. She is so well liked and respected by those around her is because she will do her very best to lift up those around her. ☺



(Continued from page 7)

Imagine being amongst a group of people who want to change the world. Imagine listening to presenters who have dedicated their work to something greater than themselves. Imagine looking across a room of over eighty interpreters and watching connections be made, discussions be encouraged and critical thought and analysis soar. That is MHIT.

For myself as a recent graduate of an ITP, all of the moments spent fighting and competing with other students, the time spent obsessing over test grades and assignment grades or the numerous amount of complaining I did to the wrong people...it all seemed so minimal in comparison to the bigger picture around me.

It was an honor to be so young, and yet be able to look around the room and see an entire community of those there to support me. A big thank you to everyone who made this event possible. Your dedication and hard work does not go unnoticed. And a heartfelt thank you to those who helped me to this point. The influence and impression a conference like this has on a student is forever engrained in who they become in the future. ☺



Top left: Alexandra Wright.

Bottom left: MHIT Student Volunteers (clockwise) Margaret Coffey, Vickie Watson, Alexandra Wright, Amanda Somdal, presenter, Shannon Reese, volunteer coordinator and ODS staff.

Above: Steve Hamerdinger and Katherine Anderson

Maryville Interpreter Training Program Intern LeCain Finds a Passion for Mental Health Interpreting

By Summer LeCain

This summer I am interning with the Alabama Department of Mental Health Office of Deaf Services (ODS) for ten weeks. I am originally from a suburb of Boston, Massachusetts but moved to East Tennessee to join the ASL/ English interpreting program at Maryville College in Maryville, Tennessee. Through that program I connected with ODS. I am an aspiring interpreter looking to gain experience and exposure to a variety of persons and signing styles in order to be well-rounded in the field. This internship is the final step in completing my degree in ASL/English Interpreting with Maryville College.

During my time here, I am working to improve my interpreting skills, expand my vocabulary and experience real-life applications of ASL. I am working side-by-side with staff interpreter, Katherine Anderson at Bryce Hospital. I am not only improving my skills in ASL, but also learning techniques of how to interact and communicate with patients who struggle with mental health and intellectual disabilities. Mental health can have a significant impact on communication abilities so the demands and controls within this setting are very specific and important to recognize when working as a mental health interpreter. I am learning that there are specific strategies to bring language to a level that is unique to each client and how to apply such techniques. Working in this setting goes beyond basic code-matching and requires an ability to evaluate each client's needs based on factors such as diagnosis, language exposure and acquisition, and personality.

Beyond interpreting, I am gaining knowledge about the process of being a hospital employee. There is a wide variety of cultures present in a hospital setting such as doctors, mental health workers, clients, security, locals, and people from all over the world that come to be part of the Bryce hospital team. As an aspiring interpreter, I welcome the exposure to such a variety of persons and backgrounds that I can apply to later interpreting assignments.



I have had the opportunity to work with other interpreters such as Charlene Crump, Pat Smart and Dee Johnston. Exposure to a variety of interpreters and settings has been beneficial for me to see various application of signing styles and techniques. During my time in school, I became very accustomed to my professors' and mentors' signing styles, so interning with a group of new signers has benefited my receptive skills as well as vocabulary in my own expressive skills.

Over the next few years, I see myself continuing work in the field of mental health to gain experience and continue to develop skills unique to mental health interpreting. The strategies of breaking down communication and language analysis fascinate me and I look forward to continued exposure to this in coming years. I hope to further my education in the study of ASL linguistics, in order to enter the field of language assessment and analysis. The detailed aspects of language such as syntax, prosody, expansion and discourse are areas which I hope to expand my knowledge and contribute to through research and experimentation.

I hope to interpret in a wide range of settings and regions throughout the country, gaining exposure to a wide variety of language to benefit my studies in this field.

This experience has given me an insight to the mental health field of interpreting that I could have never acquired from a classroom setting alone. I am learning that mental health interpreting requires a passion for mental health and individual attention to every client in every situation. Learning how to connect with the patients at Bryce is a skill that I know will be very applicable outside of mental health as well, because it is teaching me the importance of relating to each client as an individual and understand the variety of individuals within Deaf culture. ☺

Editor's Note: Summer received her degree September 1, and is slated to join the ODS staff in mid-September. This is why internships are important to ODS. We will have more in the next issue of SOMH. Welcome to the family, Summer.

Department of Mental Health, Office of Deaf Services

Alabama Mental Health Interpreter Training at a Glance 2016

The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of DMHs 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.

Vital Statistics

- MHIT is in its fourteenth year and constitutes a week long training consisting of 43.25 hours of actual classroom time.
- 127 individuals (88 Registered Participants and 39 presenters, staff and volunteers) participated in the training this year and a total of 1,032 individuals have been trained since its inception. Several individuals have taken the training more than once.
- Participants: 6 Deaf (14 total including staff and volunteers), 1 HH, 73 Hearing participants. 9 returning Alumni participants who participated in the main track with two of them as certified Qs.
- Participants hailed from 27 states and included one participant/presenter from Scotland.
- 21 individuals participant in the Alumni Only Track (these were participants at previous MHIT who attended this track only) coordinated and led by Katherine Anderson. It was the first time ever that an Alumni Track was offered.
- Due to the popularity of the morning and noon poster sessions, the sessions were doubled offering two options each time.
- 50 different workshops with 4.325 possible ceus were offered (43.25 clock hours of training) during MHIT.
- 5 student workers from Texas, Tennessee, Maryland, New York and Alabama.

Course List	
<ul style="list-style-type: none">• <i>Introduction to Mental Health Systems/MHIT</i>• <i>MH Providers and Treatment Approaches</i>• <i>Substance Use Disorder Settings and Deafness</i>• <i>Working with Dysfluency in MH</i>• <i>Universal Precautions</i>• <i>Considering Dysfluency in Mental Health</i>• <i>Interpreting as a Practice Profession</i>• <i>Demand Control Schema and Ethical Decision Making for Work in MH Interpreting</i>• <i>Concepts of Normalcy/Normal Differentness</i>• <i>Psychiatric Evaluations, DSM and Clinical Thought Worlds</i>• <i>Reflective Practice/Supervision in MH</i>• <i>Psychopharmacology</i>	<ul style="list-style-type: none">• <i>Auditory Hallucinations</i>• <i>Deaf Interpreters in MH (Deaf participants only)</i>• <i>Secondary Trauma Stress/Vicarious Trauma and Self Care</i>• <i>Power, privilege and oppression in MH</i>• <i>Communication Impairment Techniques for Dealing with Dysfluency</i>• <i>Role Playing and DCS Analysis</i>• <i>Mental Health and Legal Settings</i>• <i>Confidentiality Laws and Considerations</i>• <i>Communication Assessments in MH</i>• <i>Mentoring, Practicum and Certification Experiences/Instructions</i>

Core Instructors included Robert Pollard, Robyn Dean, Steve Hamerdinger, Roger Williams, Carole Lazorisak, Charlene Crump, Brian McKenny, Kent Schafer, Shannon Reese, and Carter English.

Participants who Completed MHIT Program (2016)



Formal Education

- 5 Current ITP Student
- 25 Associates degree/or equivalent
- 42 Bachelors degree
- 18 Masters degree
- 2 PHD

Certification Levels

- 62 National Certification
- 6 CDI/CDI-W/DI
- 9 Other State credentialing (BEI)
- 5 Other, including mental health professionals
- 1 BSL Interpreter

Residency Status

- 64 Southeast
- 9 Southwest
- 19 Midwest
- 10 Northwest
- 12 Northeast

Countries and States in attendance:

Participants and staff from 27 different states and Scotland were represented including;



Alabama (26)
Arizona (3)
California (8)
Florida (2)
Georgia (13)
Illinois (2)
Indiana (1)
Kentucky (4)
Louisiana (6)
Massachusetts (3)

Maryland (1)
Minnesota (12)
Missouri (1)
Nebraska (1)
North Carolina (1)
Nevada (1)
New Hampshire (1)
New York (6)
Ohio (2)
Oregon (1)

Scotland (1)
South Carolina (3)
Tennessee (2)
Texas (9)
Virginia (4)
Washington (1)
Washington DC (1)
Wisconsin (7)

Thank you for allowing me to get a taste of the MHIT Workshop. I certainly learned a lot from it and made me highly motivated to take part in it next year.

I had the opportunity to visit with many interpreters and some presenters while I was there. Things and people have changed in the last ten years...for the better.

Keep up the good work. You are rendering a great service to the community of interpreters and the community who use interpreters.

Sincerely,
David S. Bush, Director,
Concordia English Center, Macau, China

As I See It



As this issue of SOMH was being prepared, the news that Daniel Harris, a 20-year-old deaf man living in Charlotte North Carolina, was shot and killed late last week (August 19th). He was shot upon exiting his car after being pursued for speeding. He was reportedly unarmed and was said to have been trying to communicate to the officer. That much seems certain. Not much else is. Every special interest group in the country seems to be trying to latch on to this case to make some kind of point. (Your writer is looking uncomfortably in the mirror, admittedly.)

God help you if you are deaf and get caught up in the legal-security industrial complex. Two stories, one from North Dakota and one from Tennessee, that broke within a few days of each other are examples.

A deaf Jamestown woman is alleging in a lawsuit filed in the U.S. District Court for the Eastern Division of North Dakota Monday that she was wrongfully arrested and jailed after calling 911 in May 2015.

Heather Gilbert, a St. Paul, Minn.-based attorney, filed two lawsuits on behalf of Christine Stein. In one suit Stein is suing the city of Jamestown, Stutsman County, the Supreme Court of North Dakota, the North Dakota state court administrator, Gerald Vandewalle as chief justice of the Supreme Court of North Dakota and Timothy Ottmar as Jamestown Municipal Court judge. In the second suit she is suing Brian Davis, a former Jamestown Police Department officer, and the city of Jamestown.

The suits allege Stein was discriminated against because of her disability, which is in violation of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

In both suits Stein alleges that on May 25, 2015, she called 911 through a relay system that uses sign language interpreters and sought help with a suicidal man in her apartment. She was wrongfully arrested and jailed, because she is deaf.

According to court documents, Davis was one of the

law enforcement officers who responded to the 911 call to her apartment on May 25, 2015. Davis allegedly looked at wounds on the arm of the man who was suicidal. A Stutsman County Sheriff's deputy at the scene allegedly advised Davis that the wounds appeared to be self-inflicted. Davis arrested Stein, accusing her of causing the wounds with her faux nails. The second suit alleges Davis violated Stein's Fourth Amendment rights. Court documents state Davis' conduct was the result of the city of Jamestown's failure to appropriately train Davis on a person's constitutional rights. (<https://nad.org/news/2016/6/deaf-woman-sues-north-dakota-courts-and-police-discrimination> and <http://www.jamestownsun.com/news/state/4055872-deaf-jamestown-woman-sues-multiple-agencies-may-2015-arrest>)

This is disturbingly like the Tacoma, Washington case of LaShonn White a few years ago. (<http://mynorthwest.com/31984/deaf-woman-suing-tacoma-police-pierce-county-jail/>) Unfortunately for LaShonn, she won the case and lost war. She was awarded \$1. The system, in effect, said, "Go on, beat up deaf people. We got your back." (<http://www.kiro7.com/news/jury-agrees-deaf-womans-rights-violated-refuses-hu/81795935>)

A federal jury awarded a deaf woman just \$1 in her multimillion-dollar lawsuit against Tacoma police and Pierce County. But the jury did agree that her rights were violated when she was arrested.

So let me see if I understand this... It is a violation of your civil rights as a deaf person, not to mention as a human being, for police officers to show up when you call 911 begging for help and taser you, arrest you and let you rot in jail without communication for several days, but there is nothing you can do about it... of course, the system tells us clearly what this is about: money.

On Monday Pierce County Prosecutor Mark Lindquist released a statement saying, "We take strong stands against frivolous and harassing lawsuits. We're successfully protecting the taxpayers' money."

Deaf people do not constitute a large enough voting block to concern elected officials, like Lindquist, who helpfully puts "Pursuing Justice" as a center piece of his re-election campaign. (<http://marklindquist.org/wp/>) I guess "justice" means making sure the powers that be are not inconvenienced by deaf people calling 911, or - GASP -

(Continued on page 13)

AS I See It

(Continued from page 12)

asking for interpreters so they can have fair access to the judicial system. Let's hope Ms. Stein fares better than Ms. White.

But don't think for a minute that it's just the "local yokels" and "county mounties" that are getting in on the fun. In Transportation Security Kabuki Theatre, where "swarthy young males go through unquestioned and 90 year-old ladies in walkers are stripped searched – in the name of not profiling, mind you – deaf, blind cancer survivors are closely examined to ensure they are not a risk to the country on long-haul flights from Memphis to Chattanooga.

Bloodied and bruised Hannah Cohen was led from Memphis International Airport in handcuffs.

The 19-year old was headed home to Chattanooga after treatment for a brain tumor at St. Jude Hospital June 30, 2015.

It's a trip they've made for 17 years.

This time, an unarmed Hannah, set off the metal detector at a security checkpoint

"They wanted to do further scanning, she was reluctant, she didn't understand what they were about to do," said her mother Shirley Cohen.

Cohen told us she tried to tell TSA agents her daughter is partially deaf, blind in one eye, paralyzed, and easily confused, but said she was kept at a distance by police.

"She's trying to get away from them but in the next instant, one of them had her down on the ground and hit her head on the floor. There was blood everywhere," said Cohen.

Hannah was arrested, booked and on the night she should have been celebrating the end of her treatment, she was locked up in Jail East.

"Here we were with nowhere to go, not even a toothbrush, our bags had gone to Chattanooga," said Cohen.

Authorities later threw out the charges but the family filed a lawsuit against the Memphis Airport, Airport Police, and the Transportation Security Administration.

None of them would comment citing the suit, but Sari Koshetz of TSA released a statement that said, "Passengers can call ahead of time to learn more about the screening process for their particular needs or medical situation."

Oh! That a nice touch. "It's her own fault for not calling and being put on hold for 2,000 hours or clicking on an incomprehensible website to find the page where we talk about deaf and blind people in 6-point type." The thing I don't get is that Shirley Cohen, the mother of Hannah, is only suing for \$100,000. On second thought, after how the U.S. District Court in Washington treated LaShonn White, maybe that's a better strategy. "Oh please, your Honor, I know that it is Hannah's fault for being deaf, blind and a cancer survivor and this inconvenienced the exalted proletariat Guards is the People's Transportation Security Secretariat, but please help us cover the medical costs of fixing damage to Hannah, when those wonderful agents decided to play soccer with her head on the screening area floor." Of course, as with most things related to our imperial government, you will get better news from the British and UK papers than you will from US sources, but I digress... (<https://www.theguardian.com/us-news/2016/jul/02/disabled-cancer-patient-tsa-lawsuit-memphis-airport>) and <http://www.belfasttelegraph.co.uk/news/world-news/hannah-cohen-partially-blind-and-deaf-cancer-patient-knocked-to-the-ground-and-handcuffed-by-tsa-airport-security-staff-as-she-tries-to-fly-home-following-radiation-treatment-34862513.html>)

As a reasonably grounded, mature deaf adult who has been given the full TSA treatment more than once, I can tell you that it is "somewhat stressful." Being of a generation that came of age post WWII and pre ADA, I learned a few tricks about dealing with SHPs—especially SHPs with badges and guns—and I never assume that the system will "protect me." Learning how to be obsequious is a major survival skill in today's world of Federal agencies that have nothing to do with criminal law enforcement having SWAT teams, local police forces better armed than most U.S. Army Ranger Battalions, and courts that make up laws as they go. Alas, it is not taught in the indoctrination centers we call public schools these days, especially not to deaf kids. Once we learned these kinds of skills in the back rooms of the deaf schools. Today, the system scatters deaf kids hither and yon and such "oral traditions" are not passed on.

Which brings me back to the latest incident. I don't want to even try to speculate what happened. It's all too easy to fall into a "blame game." I am truly befuddled as to why a

(Continued on page 14)

As I See It

(Continued from page 13)

veteran police offer would shoot that quickly, but as someone who has taken defense training, I understand something about defensive decision trees. (Is the threat inside 21 feet? If yes, the danger is imminent.) But with no obvious weapons in sight and less-than-lethal options available, was pulling a Wyatt Earp really the best possible choice?

On the other hand, as many deaf people my age, we were specifically coached to be very cautious and not get out of your car and gesture at an already agitated cop. (I know... but, ASL...) To a cop who may be experiencing a Tachy Psyche effect with ensuing tunnel vision, everything looks like a threat - including signing.) Chris Rock did a video a while back about how not to get beaten up by the police. It is Chris Rock, after all, but it makes some good points.

Until – or if – we get the full story we will not know if the shooting was righteous. At this point, it looks horrible no matter how you view it. As a community, until we can make systemic sustainable changes in the system, we deaf people need to figure out how to teach each other the lessons that Chris Rock humorously attempts to convey. But, As I See It, there is little help for a deaf person that falls down the rabbit hole into the wonderland that is our “justice” system. We need to help each other avoid it. ☺

Stack of

Stupid Stuff

Sometimes hearing people can do really stupid stuff! If any of you dear readers have something to contribute, send the item or link to the Editor at SOMH@mhit.org.

Seriously? Have you No Self-Awareness?

Without any recognition of the irony, Inside Edition, which bills itself as “television’s longest-running and most respected newsmagazine,” ran a story recently entitled, “After Deaf Man Is Killed By Cop, Here’s How Hearing Impaired Drivers Can Be Safe.” The cringe-worthy headline gives hint to how the rest unfolds. The episode was posted on [YouTube](#) and... it was not captioned. Not even those disgusting auto-generated captions were available. Nothing.

What’s the point of posting this if it’s not accessible to the audience you talk about? Maybe that’s the point, building rating by taking advantage of the juicy story of cops shooting

a deaf man and hoping to ride that to increased ratings. Just wish the dimwit producers who signed off on this would extract their heads from whatever bodily orifices they have inserted them in, and realize just how stupid this is.



After Deaf Man Is Killed By Cop, Here's How Hearing Impaired Drivers Can Be Safe

INSIDE edition Inside Edition

Subscribe 441,773

Add to Share More

48,343 views

777 13

Hazards of Deafness

On a more serious note, the growing number of keyless ignition in modern cars has an unexpected downside. People leave the cars running. There have been several reported deaths attributable to leaving cars with keyless ignition running in an enclosed garage attached to a house. Not being able to hear the car running is often a factor. In the case of Wayne and Joan Flammer, a deaf couple in Madisonville, Ohio, it was deadly. Last May they were found dead in their beds, killed by carbon monoxide poisoning. Their vehicle, a Toyota RAV4 was left running in the garage. Their car had a keyless ignition system, whereby they only had to push the button to activate their car engine. Reportedly between 2009 to 2015, eighteen deaf and hard of hearing individuals in America have died from similar carbon monoxide poisoning accidents. Some cars do have an audible alert when the driver stops out of the car while it is running, at least as long as they have the key with them. This does not help deaf people, however.

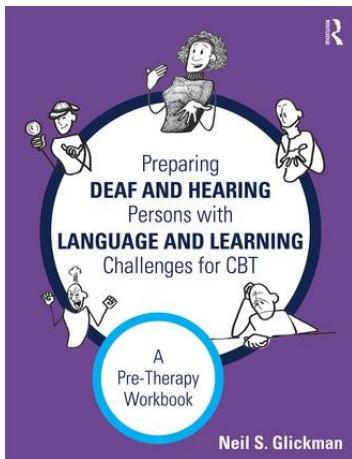
Hearing people seem to have no concept of the idea that some people may not hear. They are so audiocentric that the very idea that there might be a need to add a visual component to the sound is as alien to hearing people as nuclear physics would be to a two-year-old Sentinelese.

How about tying that alert to car break in alarm, you know flashing lights and siren loud enough to wake the dead? If nothing else, a neighbor might come to the rescue. ☺



Another Indispensable Book By Glickman

By Steve Hamerding, Director
Office of Deaf Services, Alabama Department of Mental Health



As a Deaf person who has been a state coordinator of mental health services for deaf people for 25 years, I am in awe of the outsized contribution the uniquely gifted, and respectful Neil Glickman has made to the field of Deaf mental health care over his long and fruitful career. To call his work influential is to engage in profound understatement.

Beginning with his first book, *Culturally Affirmative Psychotherapy with Deaf Persons*, co-written in 1996 with Mike Harvey, Dr. Glickman has fought to move the field away from the pathologization of deaf people so long ingrained in the minds of non-deaf mental health clinicians. That book was followed by the 2003 work, *Mental Health Care of Deaf Persons: A Culturally Affirmative Approach*, which was a collective effort, this time co-edited with Sanjay Gulati. This was followed up with the seminal 2009 volume, *Cognitive Behavioral Therapy for Deaf and Hearing Persons with Language and Learning Challenges*.

In 2013, Dr Glickman published *Deaf Mental Health Care*, which was another collaborative effort involving some of the most important thinkers in the field. (Full disclosure, this author contributed to one of the chapters in that book.)

Each of these books has changed how practitioners approach mental health care for deaf people. All have led to a greater understanding that the challenges of working with deaf people who have mental illness are ultimately tied to language, both the inability of the system to comprehend the role of ASL or to understand the prevalence of language and information deprivation and how it impacts treatment.

Now the field is ready to deal with the concept of "pre-treatment" needed to address the effects of systemic language and information deprivation. At this critical time, Dr. Glickman gives us *Preparing Deaf and Hearing Persons with Language and Learning Challenges for CBT: A*

Pre-Therapy Workbook.

This is not a theoretical textbook. It's a practical guide to break down the components necessary for successful treatment into easily understandable and applicable skill sets. This is a book written for anyone working in the mental health system, whether they are a psychiatrist or a mental health technician, a peer support specialist or a counselor.

With increasing emphasis on community treatment and peer support, a book written for non-clinical people is a godsend. The supply of ASL-fluent clinicians seems to be shrinking steadily, and the rush to integrated care tends toward re-pathologizing deaf people. But there has not been a corresponding increase in training and preparing young clinicians, especially those who are deaf themselves, in the challenging area of working with language and learning deprived deaf people.

It's no secret that deaf people have more options open to them now than when I broke into the field more than 30 years ago. Back then, we became printers, worked for the Post Office, entered education or social services. That's not true anymore, as talented deaf people enter professions that heretofore were not open to them. At the same time, funding for training people for clinical work with deaf individuals who are mentally ill has dried up. With the dearth of training programs for clinicians working specifically in deaf mental health care, we will increasingly turn to paraprofessionals, aka Peer Support Specialists, for the hands-on work of creating a therapeutic environment. Training these folks, as well as the garden variety mental health clinician who is not versed in working with language and learning challenged deaf people, will require a whole new way of thinking. This workbook can be used as a text to teach these skills.

This is the strength of Glickman's book. It's a guidebook, not a thesis. It's a roadmap, not an abstract painting. I can give it to anyone in our service delivery system with confidence the reader will find new skills and knowledge that can be applied to the daily work of assisting our consumers on their path to recovery. ☘

Important Recent Articles of Interest

Schild, S., & Dalenberg, C.J. (2016). Information deprivation trauma: Definition, Assessment, and Interventions. *Journal of Aggression, Maltreatment, and Trauma*, 1-17.

Information deprivation trauma (IDT; Schild & Dalenberg, 2012b) is a concept that has not been adequately addressed in trauma literature. This article updates the earlier work. Clinical examples are provided, and the Information Deprivation Trauma Interview (IDTI) is introduced for use in clinical and research settings.

Notes and Notables

Katherine Anderson was named Interpreter of the Year by the Council of Organizations Serving Deaf Alabamians.

Two ODS staff members have returned to school to pursue advanced degrees. **Kent Schafer** was admitted to the University of Alabama to work on his Ph.D. in psychology, while **Charlene Crump** is working on a master's degree in counseling at Troy University.

Kim Thornsberry, who is a Master Trainer for the Deaf Self Advocacy project, partnered with **Shannon Reese** to do a training in Mobile that has spawned a series of training around the state related to self-advocacy. Such training is helpful to our consumers as well as being a way to get the message to the general deaf community.

Henry Thomas Staubach, born on July 19, 2016 at 3:02pm and weighed at 7lbs 3 oz and 19 1/2 inches. Daddy Scott **Staubach** is a nervous wreck while Mom Megan and Henry are doing great!

A number of honors were conferred on ODS Director **Steve Hamerding** this summer. In July, the Nation Association of the Deaf awarded him their Knights of the Flyer Fingers award. (See sidebar by NAD Executive Director Howard Rosenblum.) During the opening ceremony for this year's MHIT Interpreter Institute, ADMH Commissioner James Perdue and Associate Commissioner Dr. Beverly Bell-Shambley, presented him with a proclamation from Governor Bentley of Alabama and a resolution from the Alabama House of Representatives in recognition of his lifetime of work on behalf of deaf people with mental illness. He was uncharacteristically at a loss for words. He did, however remind those in attendance that the awards and honors are due more to the staff of ODS than to him. "Without the men and woman who labor on our team, none of this would have happened," he told SOMH. ☘



Signs of Mental Health

NAD Recognizes Steve Hamerding

by Howard Rosenblum, CEO,
National Association of the Deaf

When the National Association of the Deaf (NAD) hosted its 2016 biennial national conference in Phoenix, Arizona on July 5-9, 2016, awards were given to several people for achievements over the past two years and one of the awardees Steve Hamerding of Alabama. Hamerding has long been recognized as a national leader in the field of mental health services for deaf and hard of hearing people, and is deserving of recognition for all of his work.

The NAD specifically gave the award to Hamerding for his leadership in guiding the Mental Health Expert Group of the Public Policy Committee. Pursuant to a priority proposed by the NAD delegates at the 2014 NAD Conference in Atlanta, Georgia, the Mental Health Expert Group was charged with developing a position statement on "Preservation of Mental Health Services for Deaf People in an Integrated Health Care."

Thanks to Hamerding's perseverance and diligence in leading a group of mental health experts, his Mental Health Expert Group developed an excellent position statement that set out the challenges of integrated health care particularly its impact on mental health care for deaf and hard of hearing people. The position statement emphasized the need for direct mental health treatment in fluent American Sign Language with full understanding of Deaf Culture when dealing with Deaf individuals who are in need of such treatment.

The position statement also focuses on the need for health care coverage to provide for treatment by mental health professionals able to communicate with deaf patients in ASL and address their issues while being sensitive to their culture. The work of the Expert Group showed that the use of sign language interpreters in mental health treatment is not optimal to truly address the needs of deaf individuals who have mental health issues.

Hamerding deserves much credit for developing standards and guidelines within the mental health field where the treatment of deaf and hard of hearing people are involved. The NAD recognized that Hamerding continues to contribute greatly to this field for the benefit of our deaf and hard of hearing community. Consequently, the NAD knew that an award must be given to Hamerding not only for his leadership over the past two years on the Mental Health Expert Group but also for the entirety of his professional contributions.

The NAD appreciates all that Hamerding has done for our community and looks forward to his work to come. ☘

Deaf Friendly Starbucks in Mobile, Alabama

By Lee Stoutamire

Tim Holloway (Starbucks partner) and Lana Dorroh (store manager) have been working together preparing their locations to better serve customers who are deaf coming into the store or using the drive-thru. Drive-thru renovations are expected to be complete by summer/fall of 2017 for the Mobile area.

Tim is a student at the University of South Alabama and is involved in the American Sign Language courses offered at the university. He felt the need to use what he has learned in the ASL courses to teach his fellow baristas signs to better communicate with their deaf customers.



In the photos Tim and Lana wanted to show the before and after effects of caffeine-fueled learning. Make mine a double espresso!!!

Why Do Deaf – Led Programs Feel Different

Because deaf people are so routinely left out of conversations and the sharing of information, they develop an exquisite sensitivity to communication matters. When they are in a position to improve service delivery in programs, they almost always focus first on how to improve the communication environment for deaf people. The result is a different “feel” to the program, one in which openness of communication becomes a priority.

Current Qualified Mental Health Interpreters

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

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

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

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

Help Wanted Join Our Team

Office of Deaf Services, Alabama Department of Mental Health

MH Specialist I (Communication Specialist)

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

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

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

OR

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

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

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

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

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

Community Programs

MENTAL HEALTH TECHNICIANS

Deaf Services Group Home (Clanton, AL)

SALARY RANGE: Competitive

Positions Available:

Part-time position Schedule: Sat-Mon 8a-4p

Full-time position Schedule: Tues-Sat. 12a-8a

Candidates must possess proficiency in American Sign Language

Duties:

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

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

Qualifications:

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

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

Judy Towner

Executive Assistant

Chilton-Shelby Mental Health Center

jtowner@chiltonshelby.org

office: 205/668-4308

cell: 205/914-6969

DEAF SERVICES DIRECTORY

Central Office:

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

Steve Hamerding, Director, Deaf Services

Steve.Hamerding@mh.alabama.gov

VP: (334) 239-3558

Text: (334) 652-3783

Charlene Crump, State Coordinator

Communication Access

Charlene.Crump@mh.alabama.gov

Office: (334) 353-7415

Cell: (334)324-1972

Shannon Reese, Service Coordinator

Shannon.Reese@mh.alabama.gov

VP: (334) 239-3780

Text: (334)-294-0821

Joyce Carvana, Administrative Assistant

Main Number: (334) 353-4703

FAX: (334) 242-3025

Region 1

Kim Thornsberry, MA, CRC, Therapist

WellStone Behavioral Health

4040 South Memorial Pkwy

Huntsville, AL 35802

Kim.Thornsberry@mh.alabma.gov

VP: (256) 217-4308

Text: (256) 665-2821

Interpreter, Vacant

Region 2

Therapist, Vacant

Sereta Campbell, Interpreter

sereta.campbell@mh.alabama.gov

Taylor Hardin Secure Medical

1301 Jack Warner Parkway

Tuscaloosa, AL 35404

Cell: (334) 328-7548

Region 3

Barry Critchfield, Ph.D., Therapist

Region III DD office

3280 Dauphin Street, Building B, Suite 100

Mobile, AL 36606

Barry.Critchfield@mh.alabama.gov

Office (251) 478-2778 ext.778

Lee Stoutamire, Interpreter

AltaPointe Health Systems

501 Bishop Lane N.

Mobile, AL 36608

Lee.Stoutamire@mh.alabama.gov

Office: (251) 461-3447

VP: (251) 281-2258

Region 4

Scott Staubach, LPC -S, Therapist

Montgomery Area Mental Health Authority

2140 Upper Wetumka Road

Montgomery, AL 36107

Scott.Staubach@mh.alabama.gov

VP: (334) 239-3596

Text: (334) 324-4066

Interpreter, Vacant

Region 5

Brian McKenny, Interpreter

P.O. Box 301410

Montgomery Alabama 36130

Cell: (334) 462-8289

Bryce Based

Kent Schafer, Statewide Psychologist

Kent.Schafer@mh.alabama.gov

Bryce Psychiatric Hospital

1651 Ruby Tyler Parkway

Tuscaloosa, AL 35404

Office: (205) 409-4858

Katherine Anderson, Interpreter

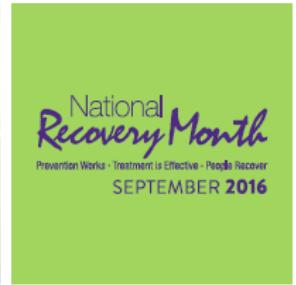
Katherine.Anderson@mh.alabama.gov

Office: (205) 507-8493

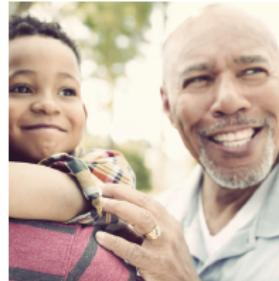
Mental Health Interpreter Trainee

Announcement Coming Soon

Communication Specialist, Vacant



JOIN THE VOICES FOR RECOVERY: OUR FAMILIES, OUR STORIES, OUR RECOVERY!



National Recovery Month (Recovery Month) increases awareness and understanding of mental and substance use disorders and encourages individuals in need of treatment and recovery services to seek help. **Recovery Month** celebrates people in long-term recovery and recognizes the dedicated workers who provide the prevention, treatment, and recovery support services.

The 2016 **Recovery Month** theme, “Join the Voices for Recovery: Our Families, Our Stories, Our Recovery!” highlights the importance of families, communities, and individuals sharing stories of recovery to encourage others to seek treatment, share their stories, and make a personal connection with the recovery movement.

Resources and activities for this year’s **Recovery Month** observance will include:

- A toolkit for **Recovery Month** event organizers and attendees, with media templates, current data on behavioral health conditions, resources for prevention, treatment, and recovery support services, and tips for event planning and community outreach
- A national **Recovery Month** kickoff in September 2016 in Washington, D.C.
- SAMHSA-produced television and radio public service announcements.

Please contact the **Recovery Month** team at RecoveryMonth@samhsa.hhs.gov for more information.

The **Recovery Month** website (<http://www.recoverymonth.gov/>) provides printable materials, web, television, audio, and social media resources to help communities plan events, educate individuals about mental and substance use disorders, and to encourage individuals to seek treatment and recovery services.

- Read and share recovery stories: <http://www.recoverymonth.gov/personal-stories>
- Find and post recovery events in the community: <http://www.recoverymonth.gov/events>
- Watch the Road to Recovery television series: <http://www.recoverymonth.gov/road-to-recovery>
- Download web banners and logos to promote **Recovery Month**: <http://www.recoverymonth.gov/promote/banners-logos-flyers>

FOLLOW RECOVERY MONTH ON SOCIAL MEDIA

FACEBOOK

<http://www.facebook.com/RecoveryMonth>

YOUTUBE

<http://www.youtube.com/RecoveryMonth>

TWITTER

<http://www.twitter.com/RecoveryMonth>

