



Signs of Mental Health

15th MHIT Institute Another Full House





Alabama Governor Ivey Appoints New Commissioner

Lynn Beshear of Montgomery, Alabama was appointed Commissioner of the Department of Mental Health by Governor Kay Ivey on July 6. She replaces James Purdue, who served two years as Commissioner.



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"I am honored to appoint Lynn Beshear as Commissioner of the Department of Mental Health," Governor Ivey said. "Through active participation in securing mental health services in the River Region, Lynn understands the complexities of the Department, and the importance of its work on behalf of the people of Alabama."

"I did not seek out this position, but I am honored to be chosen to serve my fellow Alabamians," Beshear said. "I am excited to work with Governor Ivey, her Cabinet, the Legislature, and the professionals within the Department of Mental Health, to provide excellent services for Alabamians with mental illness, those who are developmentally delayed, and those who struggle with substance abuse."

Beshear moved from Kentucky to Montgomery in 1978, and has been a key player in the city's positive development ever since. She previously served on the boards of directors for organizations and establishments including Montgomery Academy, United Way, First United Methodist Church and others. She currently serves on the board of Joint Public Charity Hospital, Montgomery Metro YMCA, and the AUM School of Liberal Arts Advisory Board. She is a founding member of Envision 2020 and currently serves as its Executive Director.

Among other honors, Beshear was named the Montgomery Advertiser Woman of Achievement in 1993, and received the Maury D. Smith Excellence in Professional Ethics Award in 2016.

As Commissioner, Mrs. Beshear will work toward developing new polices and strive to better existing programs. ✂

Editor's Notes



A milestone MHIT has come and gone. There has been some turnover in the staff. We will bid adieu to Summer LeCain, who came to us as an intern from Maryville College and stayed on for a year as an extern. She is moving back home to Boston. We wish her well. Tamera Fuerst wrapped up her psychology internship and LaShawnda Lowe has begin her year as a counseling intern.

We gained some truly impressive people. Keshia Farrand is the first interpreter to come on board after having previously been QMHI-certified. Amanda Somdal has been part of the MHIT faculty in the past and also led a well-received clinical training a few years ago. Their stories are on page two.

Of course we have the MHIT Institute wrap up starting on page four, along with some other regular features. We hope you enjoy this issue and we would love to hear from our readers. As Mayor Koch used to say, "How are we doing?" ✂

Signs of Mental Health
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On The Cover:

A quarter of the full-house crowd at the 2017 Mental Health Interpreter Training Institute. Altogether 175 people, including participants and staff, where on hand. See story starting on page 4.)

Two New Staffers Join ODS Team



Amanda Somdal, LCSW, is the new Alabama Department of Mental Health, Office of Deaf Services Region IV therapist. She started on September 8th, 2017, after driving 4 days across America from California. She's a licensed clinical social worker (LCSW) in California and is working diligently to reciprocate her license in Alabama (LCSW). Amanda

shared that ADMH ODS has a reputation of being the "CHAMP" for Deaf Mental Health – she's excited to join the CHAMP team!

Amanda was born and raised in Southern California and thought she would die as a Southern Californian due to her husband, Kirk being glued to Southern California's soil. Due to circumstances – job market being unkind to her husband – Amanda decided to look around to find a better opportunity for her family. ODS had shined a bright beacon, needing a Deaf therapist for their team and it caught Amanda's eye. She reached out to Steve Hamerdinger and he made an offer she couldn't refuse.

Since Amanda's arrival, she's been busy learning all the names of cities and counties, acronyms that people and the government seem to love, meeting the different service providers and mental health centers around Alabama, and exploring the area. Amanda loves wandering when she has time, exploring the history that the South has. She's amazed with how green it is and how there are so many trees. It makes driving around easy on the soul. Traffic here is nothing compared to Los Angeles, California. The folks here are friendly and willing to help if asked. She has found that it's hard to lip read the Southern folks, they have an accent!

Amanda has worked at various places in California: Five Acres Deaf Services, My Choice Counseling and BIP (Batterers' Intervention Program), Valley Trauma Center, Family Circle, Samadana and Saint John's Health Center, Deaf Program and in Washington DC: DC Rape Crisis Center, DeafREACH. Amanda is also passionate about giving workshops on a wide range of issues from mental health issues, sexual assault, and domestic violence to deaf culture and mental health interpreting. Amanda believes in teamwork therefore she enjoys working with interpreters in different ways such as

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Keshia Farrand, NIC, QMHI, joined the ODS staff as the Region I Interpreter Coordinator July 17th, filling the position that has been vacant for nearly two years. She is based in Huntsville and will be serving the northern Alabama region. Farrand states she is, "thrilled to be joining a 'gold standard' team!"

Born and raised in Minnesota, Alabama was not on Farrand's radar until attending the Mental Health Interpreter Training and practicum. Shortly after obtaining her QMHI certification, her husband was offered a promotion and relocation to southern Tennessee. Realizing what an amazing opportunity this was for both of them, he eagerly accepted. A native user of American Sign Language, she comes to us after working as a community interpreter in private practice in Minnesota. During her seven years as a professional interpreter, she has been fortunate enough to work in many settings, including medical, mental health, legal, political/legislative, religious, and business. She is most passionate about substance abuse and legal settings. She is the first interpreter to have obtained her QMHI prior to joining the ODS team.

Upon arriving in Alabama, Farrand hit the ground running, meeting with the providers and mental health centers in the region. As she is very passionate about substance abuse settings, one of her goals is to start working with area centers, groups, and agencies to identify gaps in services and where the greatest needs for collaboration are. She continues to meet with area groups and if you haven't met her yet, feel free to reach out. She enjoys connecting people together for the sake of achieving the common goal of expanding integrated services throughout Region I, as well as the state.

In addition to attending MHIT, Farrand was a participant of the StoryBlend summer skills development program. She received her Associate's degree in ASL Interpreting/Transliterating from St. Paul College, graduating at the top of her class. At the same time, she attended Metropolitan State University in St. Paul, MN, graduating summa cum laude with a Bachelor's degree in Individualized Studies. She is currently working toward her legal certification, taking courses through the University of Northern Colorado and the

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MHIT Celebrates 15th Institute With Another Sold Out Crowd, Two Tracks

Fifteen years ago, the Office of Deaf Services conducted the first of what would become the world-renowned Mental Health Interpreter Training Interpreter Institute. It was held over two weekends (Friday - Sunday) in September, 2003. The first Institute met in Montgomery September 5th - 7th and in Tuscaloosa September 12th - 14th. It was attended by 19 interpreters from around Alabama. From that small start, MHIT grew into an annual event that draws people from around the world.



This year, the Institute ran July 31 - August 4 and drew 90 participants in the core track and another 47 in the alumni only track. Altogether, 175 people were on hand through the week, including staff and faculty.

Heading up the roster of presenters for this institute were Robert Pollard and Steve Hamerdinger, both of whom have taught at all 15 Institutes. Other long-time veterans



Top left: the first MHIT Institute class had 19 participants. Bottom left: part of the 2017 class. Right: Another view of the class.

included Robyn Dean, Roger Williams, Charlene Crump, Brian McKenny, and Carter English. Relative newcomers, at least compared to the veterans, but have taught in previous Institutes, included, Sereta Campbell, Kent Schafer, Kate Block, Angela Kaufman, Kim Thornsberry, and Kendra Keller. Tamara Fuerst and Misti Owens both first-time instructors, are practicing QMHI certified deaf interpreters. They led sessions for both hearing and deaf interpreters that were well received.

Participants came from 29 states combined between the two tracks. Delaware and North Dakota were represented in the alumni but not in the core track, which had 27 states represented. In a break from the past several institutes, there were no interpreters from other countries, nor where there any interpreters working in spoken languages.

As in the past several years, this class filled up early - this time by mid-February - and a waiting list was begun. This list eventually grew to over 70 names before officials just simply stopped accepting more. MHIT has been increasingly more competitive and selective regarding who is accepted.



The Institute has become a very popular volunteer opportunity for interpreter training program students and it is also highly competitive, with many more applications than available slots. This year, six students were accepted, representing ITPs in Texas, Alabama, Kentucky, Ohio, and Florida. Shannon Reese, who has been part of all 15 Institutes, ably coordinated the registration and CE process as well as the students, which was part of why the Institute ran smoothly for the participants.

The competition for seats meant that this year the Institute created a class that was exceptionally well-qualified. Interestingly, the deaf interpreters, all 10 of whom were certified, came with significant "real world" experience.

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15th Institute

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"The level of discourse this year was the most advanced I can remember," said MHIT project coordinator, Charlene Crump.

The training was comprehensive and intense. Altogether, there were 54 different workshops between the core and the alumni sessions. Attendees could rack up 43.25 actual clock hours of instruction during the five days. Josie McDaniel-Burkett from South Carolina said, "I learned more than I could soak in. [I] look forward to coming back again next year!"



Above: The Alumni Track drew 47 people from 15 states and nearly filled the lecture hall booked for it. Top right: Charlene Crump leads a poster session on facilitation skills. Bottom right: Ten Certified Deaf Interpreters, the largest group of CDI ever, had a chance to discuss issues unique to them while interpreting mental health.

The alumni track, which was coordinated by Katherine Anderson, has become a draw. This is the second year that this advanced track was offered. The workshops in this track are aimed at the more experienced interpreters. The content builds on what was learned in the core sessions. The specific workshops change each year so there is wider variety, although there are some staples that are offered each year. Sessions offered this year included Analyzing Dysfluency, Family Briefings, Forensics and the Deaf Population, Supervision Interventions and Application Parts I and II, Horizontal Violence, Interpreters in Psychological Evaluations, Deaf and Hearing Interpreter Teams, Interpreting Trauma Informed Care, Working with Deaf professionals, and others.

Planning for this event is a year-round activity and it shows. "I was extremely pleased with the amazing organization and attention to detail that was evident in the entire MHIT experience! From the beginning application process, to the communication preceding the conference, and especially during the entire week, the whole experience was clearly designed for

optimum learning," said Rachel Effinger, from Staunton, Virginia. Beverly Williams, of Savannah, Georgia, agrees. "In the 40 years I've been participating in & planning trainings, conferences & workshops, I've never attended an event that was so well organized & planned down to the tiniest of details."

Attention to detail is good, but only if it leads to the desired outcome. In this case, it was changing how people viewed mental health interpreting. "MHIT changed my perspective on the practice of interpreting. I left the training feeling empowered, enriched, inspired, and a little dizzy (in the best way)," said Drew Wann, from Tallahassee, Florida. "My empathy for both deaf and hearing individuals with mental illnesses has deepened, and I feel better prepared to handle the responsibilities and challenges of mental health interpreting."

Beverly Bownds, of Mobile, Alabama, called it life changing. "I learned more in one week than I have learned after attending workshops for 35 years! Our trainers shared all of their knowledge, tools, and insight resulting in many tools for my toolbox. MHIT 2017 has not only changed how I work as an interpreter, but how I live my life as well." She was seconded by Sabrina Patino, from Lake in the Hills, Illinois,



MHIT Celebrates 15th Institute

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who said, "The experience was and will continue to be life/career changing."

Laura B. Ebersohl, from Herrin, Illinois, was effusive. "This was the best training I've ever experienced in 21 years as an interpreter! The organization, expertise of the presenters, manner in which material was presented, and quality of training was excellent! As training progressed I caught myself making notes of how a specific training session impacted my personal work in mental health, which was important as I could really see the connections."

Conducting the Institute would be immeasurably harder without the help of student volunteers. Like admission to the core track, slots as a volunteer are competitive. This year, six students were accepted. They came from Alabama, Kentucky, Ohio, and Texas.



Student volunteers, left to right: Hannah Legler, TX; Tarell Trask, AL; Abbigail Coyle, KY; Gabrielle Gramkow, Ohio; Veronica Kidd, AL; Taryn Batcheller, TX.

Gabrielle Gramko, a senior at Wright State University in Dayton, Ohio, had this to say about her experience:

It was truly an honor to be selected as a Student Representative for MHIT 2017. To be able to learn from those whom are laying the groundwork for mental health interpreting was one I will never forget! I know the outlook of my skills and abilities made a huge change, and I have MHIT to thank for that. Even though the experience only lasted a week, the information I gained, will be able to benefit me throughout my work as an interpreter. At first, I was a little uneasy about the thought of working in a mental health setting, but after MHIT, I am more prepared with a knowledge base to face situations that may occur. Additionally, to be surrounded by those who would challenge my thinking in this field helped me to grow more as a professional. My experience at MHIT was truly remarkable! Thank you to those whom made it possible for this experience.



The MHIT staff is already making plans for the 2018 Institute, which already has more than 40 applicants even before the dates are set. This level of interest is why the faculty keep coming back to teach year after year. ✂



Frequent Alumni Patrick Galasso Explains Why He Keeps Coming Back

When a colleague asked me a bit incredulously why I would return to MHIT when the program content is the same from year to year, I smiled demurely replying that indeed the content was different each year; it differs because I am different.

Each year I have been to MHIT, now counting a handful, I learn something new, gaps get filled, connections are made between different topics and related content. I am different because the experiences in various mental health settings during the year or two interim, change my perspective, understanding and process. Additionally, the invaluable learning from peers informs my work not only scaffolding on previous content but making new and unforeseen connections between seemingly disparate topics.

The alumni track 2017 takes the main program and expands on it with laser focus on specific content. The main assembly left me hungry and starving for conversation with peers about the material; the alumni track importantly provided the opportunity to review the general and then jettison to a detailed and interactive dialogue in a safe space with curious, dedicated and passionate colleagues focusing on interpreting in mental health. MHIT is the most well-rounded and complete mental health interpreter training in the world- ne plus ultra.



Above: Patrick Galasso of Vermont (left) takes advantage of a quiet moment to have an in-depth discussion with Kent Schafer. Galasso became a QMHI in 2011.



Tara Tobin-Rogers (left) and Jamie Forman both from Long Island, NY, earned their "Q" this year and showed off their custom-made tee shirts at the Institute.. MHIT staff got quite a kick out of them. They joined over 30 others for the Alumni Track, many of whom had previously earned QMHI certification.

Forman has this to say about the endeavor: "It was completely Tara's brainchild, but I guess the shirt was a good way to say thank you with a little whimsy. And it really does feel like your brain changes that way as you go through this process."

Ode to MHIT

By Tara Tobin-Roger

Once there were only questions, now multiple solutions
The MHIT practicum provided us locutions
DC-S, etiology & psychopharmacology...oh my!
With Pre & Post Conferencing... ready on the fly
From mere novice to an expert in training
All thanks to the ODS dream team reigning
A simple "thank you" clearly could not suffice
But alas, a pithy t-shirt Steve would deem "nice"
Something to wear with pride and appreciation
To remember the achievement of the Q certification

**Department of Mental Health
Office of Deaf Services**

Alabama Mental Health Interpreter Training at a Glance 2017

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 fifteenth year and constitutes a week-long training consisting of 43.25 hours of actual classroom time.
- 128 individuals (90 Registered Participants and 38 presenters, staff and volunteers) participated in the core training this year and a total of 1,160 individuals have been trained since its inception. Several individuals have taken the training more than once.
- Participants: 10 Deaf (17 total including staff and volunteers), 2 HH, 78 Hearing participants. 5 returning Alumni participants who participated in the main track with two of them as certified Qs.
- Participants hailed from 27 states in the core session and 15 different states in the alumni.
- 47 individuals participated in the Alumni Only Track (these were participants at previous MHIT who attended this track only. This was our second year to offer a simultaneous track and it continues to grow.
- Due to the popularity of the morning and noon poster sessions, the sessions offered two options each time.
- 54 different workshops with 4.325 possible ceus were offered (43.25 clock hours of training) during MHIT.
- 6 student workers from Texas, Alabama, Kentucky, Ohio, and Florida.

Core 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>Considering 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, Tamara Fuerst, Mistie Owens, Charlene Crump, Brian McKenny, Kent Schafer, Shannon Reese, and Carter English.

Poster Sessions	
<ul style="list-style-type: none"> ▪ <i>Autism and Deafness</i> ▪ <i>Advocacy in MH</i> ▪ <i>African American Deaf in MH</i> ▪ <i>Pre-Therapy</i> ▪ <i>Tour of Rosa Parks Museum (General Studies)</i> ▪ <i>Art Therapy</i> ▪ <i>Considering Counseling Techniques</i> 	<ul style="list-style-type: none"> ▪ <i>Asian Deaf and Mental Health</i> ▪ <i>Mindfulness</i> ▪ <i>Diversify Your Life</i> ▪ <i>Personal Protection Strategies (Grabs)</i> ▪ <i>Personal Protection Strategies (Chokes/Hair)</i> ▪ <i>MH First Aid/Deaf</i> ▪ <i>Psychological Evaluations with Deaf Children</i>

- Poster session instructors also included; Kent Schafer, Lynne Lumsden, Shannon Reese, Charlene Crump, Kim Thornsberry, Jag Dawadi, Brian McKenny, Mistie Owens, and Lee Stoutamire.

Alumni Sessions	
<ul style="list-style-type: none"> ▪ <i>Analyzing Dysfluency</i> ▪ <i>Family Briefings</i> ▪ <i>Press Conferences</i> ▪ <i>Forensics and the Deaf Population</i> ▪ <i>Supervision interventions and application Part I and II</i> ▪ <i>Horizontal Violence</i> ▪ <i>Active Shooter Scenario</i> ▪ <i>SL Interpreters in Psychological Evaluations</i> 	<ul style="list-style-type: none"> ▪ <i>Decision Making Spectrum</i> ▪ <i>Deaf and Hearing Interpreters in MH</i> ▪ <i>Emergency Management Toolkit</i> ▪ <i>Interpreting Trauma Informed Care</i> ▪ <i>Being Seasoned</i> ▪ <i>Personal Preparedness</i> ▪ <i>Working with Deaf professionals in MH, etc.</i> ▪ <i>Domestic Violence</i>

- Instructors for the Alumni Sessions included: Kate Block, Charlene Crump, Tamara Fuerst, Steve Hamerdinger, Angela Kaufman, Robyn Dean, Robert Pollard, Kent Schafer, Kim Thornsberry, Steve Hamerdinger, Kendra Keller

OTJ
<p>On the John (OTJ) posters were placed twice a day in the restrooms and included short summaries of research articles related to MH and Deafness in both the core and alumni sessions. The Alumni session OTJs were different than the core OTJs.</p>

- Post training learning activities include bi-monthly online discussions of research articles in mental health and deafness, listservs, and 40-hour practicum and a comprehensive written examination designed to certify the individual as qualified to work in mental health settings.
- MHIT 2017 had an extensive waiting list with over 70 individuals who submitted an application to be on the waiting list and a multitude of others who wanted to submit an application but were unable to due to the lengthy waiting list. Multiple individuals have applied and pre-paid for MHIT 2018, despite no date having been set.

Participants who Completed MHIT Program (2017) CORE SESSION

Formal Education (Core)

- 24 Associates degree/or equivalent
- 50 Bachelor's degree
- 25 Master's degree
- 2 PHD

Certification Levels (Core)

- 79 National Certification
- 11 CDI/CDI-W/DI
- 8 Other State credentialing (BEI)
- 6 ITP Students
- 4 Other, mental health professionals
- 5 Alumni



Residency Status (Core)

- 49 Southeast
- 14 Southwest
- 29 Midwest
- 14 Northwest
- 14 Northeast

Residency Status (Alumni)* not including core

- 22 Southeast
- 0 Southwest
- 16 Midwest
- 3 Northwest
- 6 Northeast

Countries and States in attendance:

Participants *and staff* from 27 different states were represented in the **core** sessions including;

Alabama (26)	Kentucky (5)	New Mexico (2)	Utah (2)
Arizona (1)	Massachusetts (3)	New York (7)	Virginia (1)
California (5)	Maryland (1)	Ohio (5)	Vermont (1)
Florida (7)	Michigan (3)	Oregon (1)	Washington (4)
Georgia (4)	Minnesota (8)	South Carolina (3)	Washington DC (1)
Idaho (2)	Missouri (3)	Tennessee (2)	Wisconsin (7)
Illinois (3)	North Carolina (1)	Texas (11)	

Participants *and staff* from 15 different states were represented in the **alumni** sessions including;

Alabama (10)	Georgia (7)	North Dakota (2)	Utah (1)
California (2)	Illinois (1)	New York (4)	Vermont (1)
Delaware (1)	Minnesota (2)	South Carolina (1)	Wisconsin (7)
Florida (1)	Missouri (2)	Tennessee (3)	

*An additional 38 individuals who were staff, presenters, interpreters, etc. associated with the core sessions also participated in various alumni workshops.

*The 5 core alumni attendees were able to participate in either the core or alumni courses at their discretion.

Help Wanted — Join Our Team

Office of Deaf Services, Alabama Department of Mental Health

ANTICIPATED OPENING

MH Interpreter I (PRE-CERTIFIED) Tuscaloosa

SALARY RANGE: 75 (41,258.40—62,529.60)

WORK LOCATION: Bryce Hospital (Tuscaloosa)

This is responsible entry level work in the Office of Deaf Services (ODS) providing interpreting services to individuals who are deaf or hard of hearing. An employee in this class works as a Staff Interpreter, responsible for providing interpreting services, under supervision, for the Alabama Department of Mental Health (ADMH) patients, clients, staff, visitors, facilities, Community Mental Health Centers, or contract service providers so that deaf or hard of hearing and hearing individuals will be able to effectively communicate. Administrative supervision will be provided by the MH State Coordinator, while clinical supervision in the region or facility will be provided by a licensed MH Interpreter.

Examples of Work Performed: (May or may not include all duties being performed) Provides interpreting services under supervision of a licensed interpreter. Coordinates interpreting services for facility or region and provides timely monitoring of interpreter invoices by providers. Provides technical assistance and produces monthly usage reports. Participates in training related to Mental Health, Deafness, and Interpreting to increase knowledge of issues relating to deaf individuals within mental health or substance abuse settings. Participates in regular meetings with supervisor, MH Interpreters, and/or Visual Gestural Specialists to increase language competencies and prepare for national certification/state licensure. Completes various reports and paperwork as required by the ADMH and the ODS.

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 utilize a computer, internet resources, and various software packages.
- Ability to work a flexible work schedule to include nights and/or weekends as needed.

Qualifications:

Graduation from a recognized Interpreter Training Program.

Necessary Special Requirement:

- Must be permitted or permit eligible by the Alabama Licensure Board of Interpreters and Translitterators.
- Must be able to acquire a license by the Alabama Licensure Board of Interpreters and Translitterators within 36 months of hire.
- Individuals in this position must pass the Sign Language Proficiency Interview (SLPI) at an Advanced or higher level.
- Must have a valid driver's license to operate a vehicle in the State of Alabama.

Communication Specialist (MH Specialist I)

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 interpreting or 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 Translitterators (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 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.

As I See It

Steve Hamedinger



Hurricane Harvey caused 1,000-year flooding and damage in Texas, while Hurricane Irma leveled parts of Key West and south Florida. As this is being written, all eyes here are on Hurricane Maria, which is threatening to be an Irma redux. Emergency management jumped into action all throughout the deep south bringing up-to-date information to residents and giving practical advice as to actions to take.

That is, if you are English or increasingly Spanish, speaking. If you are deaf and dependent on American Sign Language as your primary avenue for disaster information, it might be a good idea to make sure your life insurance is paid up and that you update your last will and testament each hurricane season. If the 'cane itself doesn't get you, the anxiety caused by uncertainty and incomplete, inaccurate, or just plain wrong information, might.

One thing about living in hurricane country is that almost everyone knows one is coming. Very few people are so isolated that hurricane conditions come upon them unknowingly. Many of us here in Alabama spent a great deal of time following the track of Irma, which was billed as a super storm of apocalyptic proportions. (Excuse me while I check <http://www.nhc.noaa.gov/> for the latest info on Maria, which is being billed as the new super storm of apocalyptic proportions.)

Old hands are, perhaps, not as freaked out as the talking heads on the tube. Been there, done that. "Lemme tell y'all about the time I sat out on the back porch in muh rockin' cheer during Hurricane Mictlantecuhtli,¹ sipping a mint julip during and watched that cow go flyin' by..." They have seen so many hurricanes come and go that they tend not to take hysteria seriously. For better or for worse.

Emergency management officials gave sober briefings, seemingly around the clock. Unlike the "good old days", there now seems to be an interpreter at many of those briefings. It was refreshing compared to the not so distant, times of Katrina. Anxiety provoking, at times, but encouraging that finally, as we approach the 18th year of the

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AS I See It

(Continued from page 12)

21st century, at least deaf people are on the radars of emergency management.

Unfortunately, all is not rosey. The past couple of months have given rise to two diametrically opposed phenomena. The first, is we are increasingly seeing certified deaf interpreters being used in these briefings. However, some people watching these skillful people are responding negatively, accusing the interpreters of being overly dramatic and expressive. (See Harris, Sam. See also, Callis, Lydia, hearing interpreter.)

The second is that under pressure from advocates, including the disability rights section at FEMA, local entities will (grudgingly?) use interpreters, but not necessarily vet them. The most recent case was the Manatee County briefing where local officials grabbed Marshall Greene, a county lifeguard whose brother is deaf, and pressed him into duty as a makeshift “interpreter.” The howling from, well – everyone, lit up social media like the Las Vegas Strip. And there are two very different views about the situation.

First, you had the rather predictable outrage from the Deaf Community. While there are always rude and poorly informed people popping off on social media posting hurtful things about Greene and his family, most responses were more measured and – correctly, in our view – primarily blamed the county. Annoyingly, the county has a standing contract with an interpreter agency, VisCom. According to owner Charlene McCarthy, the county didn’t contact VisCom that day. When the county realized they had stepped in it, they pulled Greene from his “interpreter” duties and then waited two days before actually getting a qualified interpreter. There is little doubt that the county was negligent in this case.

On the other hand, you had people who believed Greene was trying his best and that the social media pile-on was unfair. “Some information is better than none, right?” “He was just trying to help!”


The “doing his best” school overlooks a couple of rather obvious points – such as the guy was out of his league and should have never allowed himself to be put into that situation in the first place. Far too many people do not realize just how bad the “interpretation” was. If you are hearing, watch this video (<https://youtu.be/PHXkhUJWtXM>) and read the subtitles which are a rough transliteration of what Greene “signed”. Deaf people, do yourself a favor and don’t watch it. It’s truly cringeworthy. I don’t know who to feel sorrier for; deaf people who were depending on this information, or Greene, who visibly wilted as the briefing went on.

Look, I get it. It’s possible to get into a bad situation trying to “help,” but most people would realize they are in over their heads and decline to go on. Greene, however, went on to “interpret” another news conference later that day. I don’t know whether he initially Dunning – Kruger’ed² himself into thinking he could do the first one, but come on. He had to have known he was making a hash of it. Why did he do the second one?

Most hearing people don’t understand what the fuss is about. They listen to the audio, see the guy in the bright yellow shirt flapping his hands about like the “interpreter” at the Nelson Mandela funeral and think to themselves, “Man, that guy is good.”

Speaking of which, some of us remember the boasting that “such a thing could never happen in the US.” “We have rules about that...” Trouble is, it did happen. And has been happening. Often. We just don’t usually have such visible proof that this kind of abuse and ignorance is pandemic around the country. It doesn’t matter if it’s an emergency weather briefing or brain surgery, some people will believe that any ole signer will be good enough. “Just bring a friend with you to talk with their hands...”

It never ceases to amaze me how readily the general public will render glowing approval of an interpreter’s work when they know not a lick of ASL. Just how do they know if the interpreter was good or not? To evaluate the work, you have to be fluent in both languages. Here’s an experiment you can try at home, boys and girls. The next time you are at an event that is interpreted, go down and listen to people who inevitably go up to the interpreter with fulsome praise. Then ask, “Excuse me. How do you *know* the interpreter was good?”

I am old enough to remember when uncertified interpreters were the norm and we expected a certain amount of “slippage.” Of course, back in those days we didn’t have mandatory seat belt laws either. (I tossed in that non-sequitur for no reason other than I could.) That’s not the case today. Just as the government demands we “click it or ticket”, the government expects that interpreters will be “qualified”. But, As I See It, until the general public understands the harm that someone like Greene can do, we will continue to have unqualified people “helping.” Excuse while I go make sure my will is current... 

¹ Aztec God of Death

² The Dunning-Kruger effect is a cognitive bias wherein relatively unskilled individuals suffer from illusory superiority, mistakenly assessing their ability to be much higher than is accurate.

https://en.wikipedia.org/wiki/Dunning-Kruger_effect



Things People Ask Us

Real Issues—Real Answers

Dear ODS Folks:

My kid is complaining that she is tired and her eyes hurt when she comes home from school. Someone told me that watching an interpreter is more tiring than listening to a speaker. Is that true? Why?

A Puzzled Parent

Selecting information from the environment and incorporating it into memory invites stress for consumers with hearing loss. Lavie's perceptual load theory (1995) considers the question on how to shoulder the load on information for task-specific items. Those who are hearing can access dual channels by managing split attention through aural and visual modalities. Whereas deaf consumers must increase their cognitive load by utilizing a single vision channel. Consider all the activity within the field of vision as deaf consumers incorporate handouts, interpreters, information on the board, and scan the classroom environment to access information and/or specific details.

Cattell's theory (1885) on single eye fixation questions the capacity to multi-task by using a single channel. This could lead to overloading on irrelevant information. What we see and respond to is determined by what we are looking for. If the consumer does not have a strong language foundation, then the ability to switch from basic information into a higher level of cognitive capacity will be difficult, and it will be harder to determine what content is worth attending to.

For consumers who are in a mainstreamed environment, using interpreters as a mediated form of instruction, the quality of information exchange will be affected. This invites possible dysregulation to attention. Newer interpreters who are not fluent in the visual language, interpreters who use different levels of specificity, teachers who have not used interpreters before, and the consumer using a form of signed communication that the interpreters understand in order to voice the content are all possible factors that could affect the abrupt absorption of new information occurring in real-time. The material at hand is not always captured automatically and often has a lag-time in processing details. The value of information varies when it comes to selection and maintenance between various individuals.

How time and attention is used has shifted recently in the field of education. In the past, school settings used activities to break up the routine of academia such as recess and playtime. Lately, there has been an increase of academic seatwork throughout the day and less time for getting a consumer's wiggles out. There is a need to explore the child's capacity for processing information and the need for sensory breaks. The eye, as a single channel, is an active muscle that cannot maintain vigilance.

It is unfortunate that, in many different settings, providers and administrators are not aware of how to measure the quality of instructional delivery using sign language interpreters. They assume that the role interpreter is just filling in the blanks for missing language. In psychology, there is a paradigm by Brown-Peterson (1959) that indicates a 10% drop off in recall accuracy after 18 seconds. Using a mediated form of language between two parties invites something called lag-time. If the interpreter is fluent, there is more hope for advancement. On the other hand, if the child has strong metacognitive abilities, then she will spend more time deciphering the language in order to build a fund of information.

Matthew Hall (2011) indicates that ASL's strength is in recall from memory to be reproduced. This is where most interpreters are more comfortable relying on remembering what is heard within their working memory then using this memory recall to produce sign language. This indicates voice (teacher) to sign (deaf) interpreting is easier than sign (deaf) to voice (teacher). However, this is a basic linguistic effect and does not necessarily measure a particular mode of expression.

What is clear is that deaf children are capable of developing cognitive awareness without a traditional language model. What most fail to realize is the communication mode of how information enters the brain. The material is encoded differently and can be stored in a different place in the brain. I hypothesize that memory is affected more by communication modality. For a deaf person, recalling items in a different modality requires additional mental translation. The better the quality of language, less time needed to translate. This time can be shortened using

Things People Ask Us

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direct services. Without measuring quality of language, we already know that using interpreters will require more time to exchange information. More time spent in processing information means difficulty per Craik/Lockhart (1972) effecting levels of processing. The quality of information exchange will determine the level of recall speed.

Psychologist George Miller (1956) introduced us to the magical number of seven, that is we are roughly able to remember up to seven things in a short amount of time. What Miller did not account for is the serial span discrepancy with hearing loss. Research indicates that hearing people have a stronger serial recall than deaf consumers. In the past four decades, studies have explored several countries and their sign language with serial recall. One prominent psychologist researching deaf cognition, Emmorey, indicates support towards verbal encoding. This view hinges on a form of linguistic coding. What is not clear is how the quality of language (and the consumer's metacognitive ability) are measured. Most researchers who study American Sign Language and Short Term Memory do not have the lived experience of being deaf.

To answer your question, direct instruction is less tiring than mediated instruction. Deaf people receive information through their eyes, which is an active muscle as opposed to listening, which is passive. Finally, it requires more work to track multiple things with one channel (i.e. the eyes) than it does to split the work between the eyes and ears. So, yes, your daughter would be more tired after school than her hearing peers in a classroom using interpreters. But, remember; this isn't about deafness, but about the quality of the input and the modality used. My guess, though it hasn't been studied, is that is the teacher were deaf and all but one of the students were ASL-fluent, the hearing student who depends on the interpreter would be more tired than the deaf students. ✂

A New and Interesting Resource

Annotated Bibliography was launched by Northeastern University's Center for Atypical Language Interpreting (CALI) <https://www.northeastern.edu/cali/annotated-bibliography/>. The Annotated Bibliography includes articles, books, presentations, and videos related to atypical language and relevant to CALI's curriculum development. Each resource is summarized in ASL and English and includes direct links whenever possible.

An Intern's Reflections

By Tamara Fuerst

This summer, I had the opportunity to intern with the Office of Deaf Services (ODS) at the Alabama Mental Health Department. I had the rare chance to experience observing deaf professionals providing direct services to the deaf/hard of hearing community. Also, I had the opportunity to visit some group homes and mental and forensic hospitals affiliated with ODS and to engage in dialogue with deaf professionals, deaf patients and supervisors in an environment with virtually full access in sign language.



My supervisor, Steve Hamerdinger, had me observe meetings of the subcommittees of the mental illness and substance abuse steering committees. There the focus is on refining the standards to include Culturally and Linguistically Appropriate Services (CLAS) standards to ensure that services needed by the deaf and hard of hearing community are appropriate. I learned how to use state administrative codes as one tool to improve services.

I was involved in clinical meetings to see how both deaf and hearing clinicians work together. This helped me understand some criminal justice issues and barriers that need to be addressed in order to better accommodate the community of deaf and hard of hearing people.

One of the highlights of my experiences was working at Bryce Hospital. It showed me a dynamic environment that involved deaf patients, deaf professionals, sign language interpreters and hearing staff. This experience gave me a valuable insight to how the ODS runs and functions. Interning with the ODS staff has given me a cherished experience and allowed me to be familiar with several issues that I, as an undergraduate, would not have been able to get anywhere else.

This summer has really reinforced my desire to pursue my master's degree so that I can continue this type of work. I want to help deaf and hearing providers collaborate in mental health programs so that deaf professionals, as well as prospective professionals such as myself, are able to work in integrated settings providing direct and effective services. I am honored to have had this opportunity, a hands-on internship experience that is truly amazing and unique that a classroom education cannot.

✂

Somdal

(Continued from page 3)

collaborating on being creative on how to best convey a concept accurately in ASL, consulting on the nuances of the deaf community and ASL, mentoring on deaf mental health and how best work together so both can do their job effectively.

Amanda served on several boards and recently was on the Association of Batterer's Intervention Programs board and served as chair for the Advocacy Council for Abused Deaf Children for three years. Amanda graduated from California State University, Northridge and Gallaudet University.

When Amanda isn't working, she loves to read and scrapbook. She's looking forward to exploring the South and East Coast. Kirk, Amanda's husband, is a diehard LA Kings' hockey fan and they plan to explore other states that have hockey teams because Alabama and Georgia do not have a hockey team. Amanda has two amusing and tenacious teenagers (16 and 14 year olds) who have put the grey in her hair. Her oldest son is into video game programming and soccer. Her youngest son is into baseball and hopes to become a pro baseball player. ✂

Farrand

(Continued from page 3)

Mid-America Regional Interpreter Education (MARIE) Center. She is exploring her options to become a certified legal interpreter through the Texas Board for Evaluation of Interpreters under their Court Interpreter Certificate.

Farrand and her husband, Daniel, have chosen to settle in the Shoals area with their three dogs. They are looking forward to exploring all that the area has to offer, like the historic sites and trails. In her spare time, she enjoys running and hiking with her husband and dogs. Any chance she gets, she also enjoys riding horses – hoping to one day have a horse of her own. With all that she hears about the food in the south – she typically enjoys cooking and baking – she is looking forward to some time off in the kitchen while trying out the local fare. ✂



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 Certified Deaf Interpreters . *Denotes QMHI- Supervisors.

*Charlene Crump, Montgomery**

Denise Zander, Wisconsin

Nancy Hayes, Talladega

*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*

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 Vorphal, Wisconsin

Julayne Feilbach, New York

Sue Gudenkauf, Wisconsin

Tamera Fuerst, Wisconsin †

Rhiannon Sykes-Chavez, New Mexico

Roger Williams, South Carolina*

Denise Kirby, Pennsylvania

Darlene Baird, Hawaii

Stacy Magill, Missouri

Camilla Barrett, Missouri

Angela Scruggs, Tennessee

Andrea Nelson, Oregon

Michael Klyn, California

Cali Lockett, Texas

Mariah Wojdacz, Georgia

David Payne, North Carolina

Amber Mullett, Wisconsin

Nancy Pfanter, 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 Gilderma, 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, Huntsville

Milcic, Lori, Pennsylvania

Shawn Vriezen, Minnesota †

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Recruiting: Interpreter Extern

Recruiting: Communication Specialist

GENERAL PREPAREDNESS

Make a family emergency communication plan and include pets.
Identify an out of town emergency contact to coordinate information with family/friends.
Check on neighbors.
Keep an emergency kit wherever you spend time: home, car, work, etc.
Download the FEMA App and set up local alerts.
Listen to local officials by radio, TV, or social media and take action.
Practice your preparedness plans with a drill or exercise.
Take a first aid class so you can help until first responders arrive.



WINTER

Winter Storm and Extreme Cold

Stay off the road during/after a storm.
Extreme cold can be deadly. Stay inside where it is warm and bring pets indoors.
Wear warm clothes in layers and change activities to stay safe.
Use heating devices (e.g., space heaters) safely.
Ensure you have a working carbon monoxide detector.

Holiday Safety

Prepare for unpredictable weather before traveling.
Water tree and turn off holiday lights overnight and when away to reduce risk of a fire.
Keep candles away from flammable items.
Shop securely online over the holidays.



SPRING

Severe Weather

If ordered to evacuate, take action immediately. Know the route and plan where to go.
Identify a safe location, in case of tornado.

Flood

Never drive or walk through flooded streets; Turn Around, Don't Drown.
Check your flood insurance policies to ensure you have enough coverage.



SUMMER

Extreme Heat

Extreme heat can be deadly. Stay inside where it is cool.
Wear cool clothes and change activities to stay safe.
Never leave children or pets in a car.

Wildfire Safety

Report a wildfire if you see one; you may be the first to see it.
Wildfires can kill. If ordered to evacuate, know the route and plan where to go.

Children & Youth + Back to School

Ensure children are included in preparedness conversations.
Know the emergency plan for your child's school, college and child care facility.
Practice evacuation plans and other emergency procedures with children on a regular basis.
Make sure children have emergency contacts memorized or written down in a secure place.



FALL

Hurricane

If ordered to evacuate, know the route and plan where to go.
Never drive or walk through flooded streets; Turn Around, Don't Drown.

Fire Safety

Identify a meeting place for your family or anyone you live with.
Don't Wait, Check the Date – Replace Smoke Alarms Every 10 Years.

Earthquake

Practice "Drop, Cover and Hold On."
Anchor loose items to a secure wall in your home.
Text, don't call.