

# Signs of Mental Health

**OUR 10<sup>th</sup> YEAR!**



## **HARVEY ATTRACTS RECORD SETTING CROWD**

**Volume 10 Number 1**

**March, 2013**

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



# Editor's Notes



A late Issue. What else is new? But hopefully there is something of interest for all our readers here.

This is our 10th year of publication. The Office of Deaf Services was set up in January 2003, with the very first issue of SOMH coming out in December of that year.

Over the next four issues, we will look back at those ten years and pull up some highlights (or low-lights in some cases) and present them for your delectation/derision. This issue looks at the Office of Deaf Services itself and a magic carpet ride mostly focusing on the first seven years.

We also have a round up and the recent clinical series training with Michael Harvey, beginning on page 4.

On the ODS Bookshelf feature has a write up about a great new book edited by our old friend Neil Glickman. We confess to some bias, due to having a tiny part in the book, so another old friend, Barry Critchfield, wrote the review.

*(Continued on page 10)*

## IN THIS ISSUE

Feds Ensure Access To Training for Deaf Professionals	2
Colorado Counseling Major Interns in Alabama	3
Harvey Discusses Trauma Among Deaf People	4
A Look Back at ODS's Ten Years	6
As I See It	8
On the ODS Bookshelf	8
Important New Articles	9
National Prevention Week	10
Current Qualified Mental Health Interpreters	10
Employment Opportunities	11
ADARA Conference Flyer	15

## Feds Ensure Access To Training for Deaf Professionals

Funds for training and continuing education are becoming more and more scarce. At the same time, online training—much of it free or very low cost—has been proliferating. However, until recently, it was difficult for deaf people access this training, at least in real time.

Due to efforts by SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) and the National Council for Community Behavioral Healthcare in response to requests for a committee of State Coordinators of mental health services for deaf people, SAMHSA has ensured trainings that it funds are accessible by captions or live interpreting.

In a statement to SOMH, Laura Galbreath, director of CIHS, explained

*The SAMHSA-HRSA Center for Integrated Health Solutions promotes the planning, and development and integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.*

CIHS now offers closed captioning for its national webinars which addresses the bidirectional integration of primary and behavioral health care for safety-net providers. To learn more, visit our website at [www.integration.samhsa.gov](http://www.integration.samhsa.gov) and subscribe to eSolutions, our monthly newsletter. To subscribe [click here](#) to enter your email address, and select "News from the SAMHSA-HRSA Center for Integrated Health Solutions" from the options listed.

This is great news for deaf professionals in health care. We applaud both SAMHSA and the advocates who would not let the matter drop. Well done! ✍

Signs of Mental Health  
ADMH, Office of Deaf Services  
James Reddoch, Commissioner  
Steve Hamerdinger, Director  
P.O. Box 310410  
Montgomery, AL 36130  
[steve.hamerdinger@mh.alabama.gov](mailto:steve.hamerdinger@mh.alabama.gov)

### On The Cover:

*On the Cover: Dr. Michael Harvey conducted a well-received workshop on trauma in the Deaf Community February 20–21. Dr. Harvey is one of the most widely respected leaders in the field of mental health of deaf people. Story begins on page four.*

## Colorado Counseling Major Interns in Alabama



Lance Weldgen, of Colorado Springs, Colorado, is spending the first half of this year with the Office of Deaf Services as a counseling intern. He also spent the past semester here as a practicum student and working on the unit with deaf consumers at Bryce.

Weldgen, who is completing his Master in Counseling from Walden University, was drawn to Alabama by the array of services we offered. "I choose to work with Alabama Department of Mental Health under the Office of Deaf Services," Said Weldgen. "Alabama has more opportunities than other places I looked at." I worked as a Deaf Care Worker at Bryce Hospital for six months before I began my full time internship as a therapist." Last semester, as a practicum student, Weldgen "shadowed" ODS regional therapist Scott Staubach, who is now Weldgen's site supervisor.

It has proven to be an eye-opening experience for Weldgen. "I was not prepared for the actual world of [severe] mental illness. I was used to dealing with relational conflicts (marriage, friends, family, etc), emotional difficulty/distress/loss, parenting education, mentoring, coaching, basic life skill education, and spiritual guidance within a ministry setting. The world of SMI has been an absolutely different side of the coin and maybe even an entirely different coin! Now, I am dealing with real illnesses of depression, personality disorders, bipolar disorder, schizophrenia, schizoaffective, and many more. What grieves me, based on what I have learned here, is that language and communication deprivation while consumers grow up is one of many factors that causes mental illness."

ODS has provided training sites for interns and practicum students before. Kristine Klopp was the first intern, working with Wendy Lozynsky at the Huntsville office during the spring semester of 2006, while she was working on her masters in rehabilitation counseling. Kathleen Fiorini served a summer practicum in 2008 while working on her MSW degree.

Weldgen has some advice for future interns. "Future interns will be traveling A LOT! You will want to ensure your car is in good shape. Did I say you will be traveling A LOT? Because you will! Importantly, you will want to have a good and honest relationship with your supervisor. Don't make it artificial, make it real! Be flexible and gracious since we all are under time constraints. That is because we travel - a lot!."

Speaking of traveling, Weldgen is amused at how Alabamians view our beloved mountains. "What Alabamians mountains, a Coloradan would call a hill!" True, but we don't have to close down the one road through the pass for 6 months every winter! There's just one questions Lance needs to answer now: Alabama or Auburn? He politely demurs. ✂

### Central Office

**Alabama Department of Mental Health**  
 RSA Union Building - 4th Floor  
 P.O. Box 301410 (Mailing Address)  
 100 North Union Street (Physical Address)  
 Montgomery Alabama 36130  
 Main Number: (334) 353-4703  
 FAX: (334) 242-3025

**Steve Hamerdinger,**  
*Director, Deaf Services*  
 VP: (334) 239.3558  
 Text: (334) 652-3783

**Charlene Crump,**  
*State Coordinator Communication Access*  
 Office: (334) 353-7415  
 Cell: (334)324-1972

**Shannon Reese, Services Coordinator**  
 VP: (334) 239-3780

**Frances Ralston, Ph.D. Psychologist**  
 VP: (334) 239-3613  
 Text: (334) 414-1831

### Region 1

**Therapist, Vacant**  
**Dawn Vanzo, Interpreter**  
 Mental Health Center of Madison County  
 4040 South Memorial Pkwy  
 Huntsville, AL 35802  
 Office: (256) 705-6347  
 Cell: (256) 684-5589

### Region 2

**Therapist, Vacant**  
**Sereta Campbell, Interpreter**  
 Bryce Psychiatric Hospital  
 200 University Boulevard  
 Tuscaloosa, AL 35401  
 (205) 759-0698 (Voice)  
 (205) 759-0890 (FAX)

### Region 3

**Therapist, Vacant**  
**Lee Stoutamire, Interpreter**  
 AltaPointe Health Systems  
 501 Bishop Lane N.  
 Mobile, AL 36608  
 Office: (251) 461-3447  
 Cell: (251) 472-6532  
 VP: (251) 281-2258

### Region 4

**Scott Staubach, LPC, Therapist**  
 VP: (334) 239-3596  
 Text: (334) 324-4066  
**Wendy Darling, Interpreter**  
 Montgomery Area Mental Health Authority  
 2140 Upper Wetumka Road  
 Montgomery, AL 36107  
 (334) 279-7830 (Voice)

### Region 5

**No Clinician Assigned**  
**Brian McKenny, Interpreter**  
 P.O. Box 301410  
 Montgomery Alabama 36130  
 Office: (334) 353-7280  
 Cell: (334) 462-8289

# World-Renowned Psychologist Discusses Trauma Among Deaf People at MHIT Clinical Training

More than 100 people turned out each day to hear internationally respected author and expert on mental health services for deaf people Michael Harvey at the annual Clinical Training held by the Alabama Department of Mental Health's Office of Deaf Services.

The event was held over two days, with February 21<sup>st</sup> focused on providers who considered themselves competent in American Sign Language and February 22<sup>nd</sup> for those who did not. This allowed the training to focus on two very distinct audiences who viewed deaf people differently.

Focused around the broad theme of Trauma Informed care, Dr. Harvey guided participants toward understanding how language and information deprivation that often occurs among deaf people are in the care of the mental health system builds hidden traps and barriers to recovery.

Dr. Harvey is internationally recognized for his work on trauma and trauma care, generally and with deaf people specifically. In addition to over 40 articles, his publications include *The Odyssey of Hearing Loss: Tales of Triumph*, *Psychotherapy with Deaf and Hard of Hearing Persons: A Systemic Model*, and a co-edited book entitled *Culturally Affirmative Psychotherapy with*



*Deaf Persons*. His most recent book is *Listen with the Heart: Relationships and Hearing Loss*.

The premise behind the training was that many deaf consumers are not well served because they experience a lifetime of small, petty oppression prompted by the gaps in their knowledge and preparedness that result from language and information deprivation. This type of trauma includes being punished for "not following the rules" when they never knew what the rules were, being expected to be accountable for information that there were never able to acquire, to have "soft skills" there were never taught and learn all this by "lipreading" in a language they never learned in the first place. From the first day of school on through the rest of their lives, this kind of oppression, what Dr. Harvey calls "Ordinary Evil," instills deep distrust in the "system" and makes treatment for mental illness difficult, if not iatrogenic.





Maria Berggoetz, who works with Aspire, an agency in Indiana, carpooled with several colleagues to attend the training.

On Thursday, Dr. Harvey focused on helping the largely ASL-fluent participants understand how language deprivation impacts their work directly and on how to explain it to those who are not knowledgeable about deaf people. For some in the audience, this was familiar territory, but for others it was eye-opening. "I particularly was interested in the personal testimonies of individuals with hearing loss Dr. Harvey shared throughout the presentation," a Department of Public Health

coordinates deaf services for the Georgia Department of Behavioral Health and Developmental disabilities said, "Dr. Harvey, was able to connect with his audience at many levels. Even people unfamiliar with the challenges faced by Deaf people seemed to better realize the barriers faced by these individuals as they struggle to gain visibility and access to the services and systems most of us take for granted."

The training was intended to change peoples' thinking and challenge them. Sharon Ward, of the Alabama Governor's Office on Disability was one of those who were impacted by the training. "I left the training greatly informed, and somewhat shocked and saddened. I was shocked, angry and sad at the cruelty and true animosity of people in the hearing world toward people who are deaf. I never realized there was such a great divide. Maybe I was just naive or maybe thought that others were like me and wished they knew sign language to be able to communicate with people they considered 'friends'."

An annual activity of the Mental Health Interpreter Training Project, the Clinical Training series attempts to expose clinicians who work with deaf consumers via interpreters to the same ground-breaking information that is routinely offered at the Interpreter Institute, but presented from a clinical rather than interpreting perspective. Past presenters include Amanda O'Hearn, Sharon Haynes, Angela Kaufman, Amanda Somdal, Barry Critchfield, Joseph Murray and Steve Hamerding.



Michael Harvey can be reached at [mharvey2000@comcast.net](mailto:mharvey2000@comcast.net)  
Visit his website: <http://www.michaelharvey-phd.com>

Social Worker said.

The Thursday session drew people from throughout the Southeast and beyond. People from Indiana and Illinois joined participants from North Carolina, South Carolina, Georgia, Florida and Mississippi. "On the 9 hour drive home we had plenty of time to 'debrief' and talk about the training," explained Marla Berggoetz of Indiana. "The discussion surrounding Information Deprivation Trauma (IDT) was especially relevant. I had known for years about language dysfluency and deprivation but defining it as **trauma** was new to me. Information Deprivation Trauma is very real and I believe acknowledging this is critical to everyone on the treatment team!"

The Friday group had a different focus. This session was geared toward providers who had deaf consumers but were not "deafness" specialists. This group probably was most impacted by the information. Dr. Barry Critchfield, who



# A Look Back at ODS's Ten Years

January 3<sup>rd</sup> marked the tenth anniversary of the Office of Deaf Services. On that date, the former director of the Office of Deaf and Linguistic Support Services at the Missouri Department of Mental Health, Steve Hamerdinger, turned on the lights at the nascent Alabama Department of Mental Health Office of Deaf Services for the first time. The day was the culmination of nearly five years of work on the part of the Alabama Association of the Deaf that led to the litigation and settlement of the landmark *Bailey v. Sawyer* lawsuit.



*Irvine Stewart (left) and Shannon Reese (right) were the first regional coordinators hired.*

From that humble beginning one of the nation's most recognized programs for deaf people with serious mental illness emerged. The journey would not always be smooth or direct.

Hamerdinger, who is himself deaf, was faced with a pressing need to hire staff but the proper position descriptions did not exist in the state personnel system, at least not for mental health. High on the list was looking for someone to provide leadership related to interpreting issues. Several prominent individuals lobbied for the role but the person he felt would be the best fit was Charlene Crump, then the statewide interpreter coordinator for the Alabama Rehabilitation



*Scott Staubach (left) was tapped to open the Huntsville office. Shown here with (left—right) Nancy Hayes, Shannon Reese, Charlene Crump and Steve Hamerdinger.*

Services. She was not interested in the position at first. Hamerdinger was persistent and soon she joined ODS. It was an auspicious beginning.

For the next several years they would be the only "official" ODS employees. The structure and mission of ODS, mandated in the final *Bailey* settlement, was largely that of contracting services with local mental health authorities, an arrangement that proved, for the most part, to be unworkable. Although four centers were identified to house the "regional programs" and monies were set aside for those centers to operate the programs, they nevertheless struggled to successfully serve consumers outside the four major metro areas of Huntsville, Birmingham, Montgomery and Mobile.

For one thing, they were expected to recover a portion of the salary and other costs through billing, which meant that there had to be sizeable populations of consumers waiting to come in for services. Services also had to fit in the existing billing codes, which limited ability to address issues caused by



*Kathy Sawyer (standing) participated in a Town Hall Meeting with the Deaf Community Looking back at the first year of operations. Jesse Bell interprets.*

consumers' oft-significant language and information deprivation. Additional issues arose with individuals who were dually eligible for Medicaid and Medicare, which made billing even more cumbersome as a revenue stream. The intent was for the regional staff to serve a specific geographical area and to be able to see consumers throughout their regions. However, being hired by one center, did not mean that travel or other funds, liability insurance, cooperative agreements with other centers, etc. were available for staff to be able to regularly travel out of the designated center's catchment area. Nor were the centers keen on allowing people to travel into their catchment areas.



Charlene Crump (right) makes a point to the 2007 Peer Review Panel. The panel was led by Barry Critchfield (left) then state director of Deaf Services in Missouri. He was joined by (l-r) Judith Gilliam, President of the Alabama Association of the Deaf; Roger Williams, Director of Deaf and Hard of Hearing Services at the South Carolina Department of Mental Health; and John Mascia, then Vice President of Adult Programs at the Alabama Institute for the Deaf and Blind. Neil Gillickman (not pictured) was also on the panel to review inpatient services. While the panel was effusive about Communications Access and the services that were there, they were rightly concerned about gaps in services that were not addressed through the Bailey settlement.

This was not unforeseen. In fact, the original advisory panel established during the Bailey litigation heard repeatedly from the Deaf Community that the community mental health centers would not be able to provide statewide coverage and concern about whether the programs could truly be "culturally and linguistically appropriate." They would be viewed as programs run by hearing people "for the deaf" instead of deaf program run by deaf people.

Nevertheless, Irvine Stewart, who served with Hamerdinger in Missouri as a regional coordinator, came down to Mobile and Shannon Reese, then working as a trainer for the Center on Abuse Prevention and Education for Deaf and Hard of Hearing Children out of North Carolina, set up shop in Birmingham. Stewart soon left. Scott Staubach, then working in a small hearing mental health program in New Hampshire, came on to open the Huntsville regional office.

By late 2004, ADMH had seen that this process was not sufficient to cover all areas of the state. In order to follow the spirit of the Bailey settlement, the regional offices would have to be brought "in-house." Once again, the lack of appropriate positions in the state personnel system threatened to sink the effort even before it began. It was agreed that ODS would use Mental Health Specialist III positions to make the salary attractive enough to hire qualified clinical staff who were American Sign Language fluent, this worked in the short term, but created fully foreseen problems later on. However, ADMH did create Mental Health Interpreter classifications to capture the unique competencies needed for staff interpreter positions and to comply with its own standards. In June,

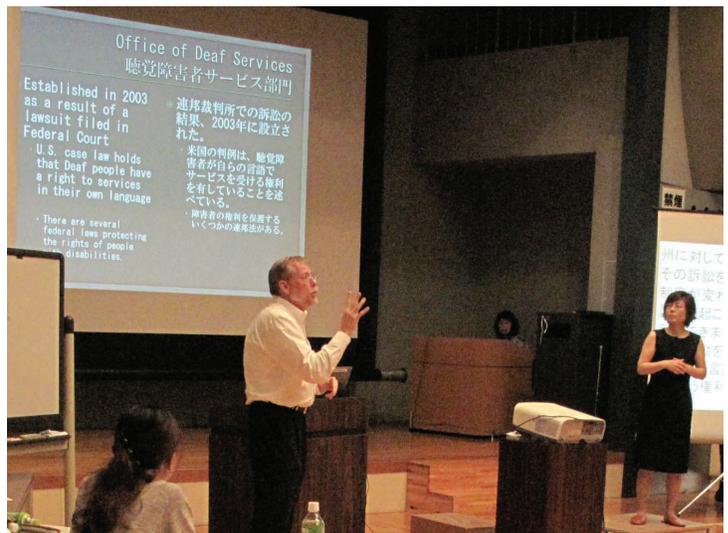
2005, all four regional offices would be directly part of the Office of Deaf Services.

Since that time, ODS has directly served more than 200 deaf consumers with mental illness annually. Each year nearly 2,000 additional people with hearing loss receive indirect services through consultation and technical assistance and, on a typical year, close to 6,000 hours of interpreter services are provided in addition to direct services. These averages include the severe drop ODS had with nearly half of their positions vacant and frozen for three years.

In addition to this work in the community, work was beginning on the future Bailey Deaf Unit. Brian McKenny, another former staff person of Missouri DMH was hired as staff interpreter and he was soon joined by Dr. Frances Ralston, a psychologist who happens to be deaf, hired as the program Director. Getting the deaf unit open would prove to be a grinding slog, taking two years before full operations started.



Deaf Services caught the attention of people around world. Above, a delegation from Russia visit BDU. Below: Steve Hamerdinger gives a Plenary address at the 20th anniversary conference of the Japanese Association of Social Workers for the Deaf 2011.



(Continued on page 12)



# As I See It

*Barry Critchfield*

As I write this, Alabama is just beginning its legislative season. It promises to be momentous.

First on everyone's minds is how healthcare will change next year and how that will affect mental health services. There is no question that the system we have now will be drastically changed. The unknown is how this change will impact vulnerable populations.

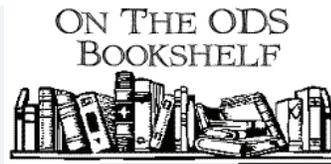
It's not my intent to get into the pros and cons of various viewpoints, nor is it my intent to take a position beyond the obvious one that stakeholders will have to be especially vigilant that they do not lose the gains that have been hard-won during the past 20+ years of 504 and ADA battles.

Mostly, the talk over at the Capitol has centered around putting all Medicaid services into a risk-bearing capitated system. Intelligent arguments can be made as to why this approach is good for taxpayers. I have made them before in other contexts. The devil will be, as always, in the details of how capitation is set up.

The simplest set up is what is called Per Member Per Month system (PMPM). As the name implies, it means that the healthcare organization is given a set fee each month to take care of the health needs of people served by that organization. The organization is then, in theory, incentivized to focus on keeping people healthy, since it is less expensive to prevent a disease than to cure one. Rates can be set by regions to take into account specific demographics and health care needs. For example, in an area where there is a high birth rate, the healthcare organization will negotiate a PMPM that covers more obstetrician services. Another area that has a high rate of specific cancers will negotiate a rate that includes enough to cover increased ontological services.

That's the easy part. The hard part comes when you deal with chronic diseases, disabilities and other expensive outliers. An outlier is someone who dramatically and extensively differs from the "typical" patient profile.

*Continued on page 13*



## Deaf Mental Health Care

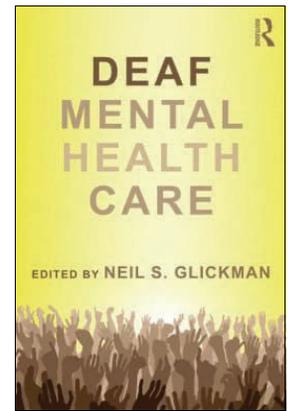
Neil S Glickman (Editor)

Publisher: Routledge; (12/ 8/2012)

ISBN-10: 0415894751

ISBN-13: 978-0415894753

By A. Barry Critchfield, Ph.D.  
President, ADARA



In this well-researched and comprehensive volume, readers will find a wealth of information regarding the state-of-the-art in mental health treatment and recovery practices with Deaf people in the United States and Great Britain. Dr. Glickman presents current "best practices" and also provides significant insight into the maturation of treatment modalities over the past 100+ years.

For anyone in an administrative position unfamiliar with Deaf services, this publication serves as an excellent "how-to" manual (as well as a "how-NOT-to" manual). For those in mental health direct service positions, it provides very clear and detailed information on how care may be delivered and enhanced. And for students pursuing a career in the field of mental health care with Deaf people, this book will serve as a valuable resource in understanding some of the complexities and unique service techniques which may be included in one's personal armamentarium package on beginning a career.

If there is any concern about the content of this book, this reviewer would have preferred less emphasis on in-patient services, which in the broader mental health arena, are no longer popular. Existing programs (for better or for worse) are being eliminated, primarily on the basis of cost. Today, inpatient services consist primarily of crisis stabilization, medication management and quick discharge to community-based settings, and whether or not that is appropriate for Deaf people, it is the current state of inpatient mental health care. That, of course, does not apply to forensic services where Deaf people seem to require longer periods of hospitalization than their hearing counterparts.

The chapter on Sign Language Dysfluency is a gem. This is a condition unique to Deaf people, and about which little is known in the general mental health arena. Training

*(Continued on page 9)*

programs for Deaf mental health professionals as well as those for mental health interpreters can utilize the material presented here to greatly augment the skill set of professionals and develop a better understanding of mental illness from the perspective of a Deaf individual.

Overall, this publication warrants a strong recommendation from this reviewer. Speaking personally now, as I was dragging myself through a generic graduate program (many decades ago), I would have rejoiced at having access to such a resource, if for no other reason than to demonstrate to my generic professors that Deaf people DO have unique needs, and there is no “one size fits all” approach when it comes to the delivery of mental health care.

Read this book! Study this book! Utilize this book! Deaf people will benefit for generations to come.

*Ed. Note: This books contains Chapters by ODS staff Charlene Crump and Steve Hamerding.*

---

## Important Articles You Must Read

*Landsberger SA, Diaz DR, Spring NZ, Sheward J, Sculley C (2013). Psychiatric Diagnoses and Psychosocial Needs of Outpatient Deaf Children and Adolescents Child Psychiatry and Human Development (In Press).*

Deaf youth may be more vulnerable to psychiatric disorders but very little research data is available. The current study identified prevalence rates of psychiatric disorders and examined the psychosocial needs and strengths of deaf youth aged 4-17 receiving specialized outpatient mental health services for the deaf.

Compared to hearing peers, deaf youth had greater rates of attention deficit hyperactivity disorder, conduct, autism-spectrum and bipolar disorders and spent three times longer in treatment than their hearing peers.

In the deaf subsample, moderate-severe risk was found in social functioning (33.3 %) and suicidal behavior (14 %). Deaf youth had moderate to severe impairment in social relationships (54.8 %), school functioning (42.9 %).

Over one-third of deaf youth had impaired family relationships, living situation, communication, judgment and physical health.

Deaf youth present with higher rates of certain clini-

cal disorders and have deficits in multiple life domains that may impact functioning and create a longer treatment course.

*Landsberger SA, Sajid A, Schmelkin L, Diaz DR, Weiler C. (2013) Assessment and treatment of deaf adults with psychiatric disorders: a review of the literature for practitioners. Journal of Psychiatric Practice 2013;19:87-97*

Many deaf individuals comprise a unique cultural and linguistic minority group. This article reviews the current research literature related to the evaluation, diagnosis, and treatment of culturally Deaf individuals suffering from mental disorders. Appropriate psychiatric assessment and treatment requires that clinicians be sensitive to issues of language and differences in social norms and cultural values. Emerging trends in research indicate greater diagnostic specificity and a broader range of diagnoses being assigned in services that are specialized for the treatment of deaf people with mental health issues. Culturally sensitive evaluation and treatment involves a thorough assessment of language modality and language fluency, deafness/audiological history, and cultural identification. Failure to consider these factors during the mental status exam can lead to misdiagnosis. Important issues that confound differential diagnosis and psychiatric treatment of the deaf population are highlighted and discussed. Recommendations for the provision of culturally and linguistically appropriate care are provided.

*Cabral L, Muhr K, Savageau J. (2012) Perspectives of People Who Are Deaf and Hard of Hearing on Mental Health, Recovery, and Peer Support. Community Mental Health Journal. Nov 13. [Epub ahead of print]*

This qualitative study sought to better understand the experiences of deaf and hard of hearing individuals with accessing recovery-oriented mental health services and peer support via a focus group and interviews. Cultural brokers were used to facilitate culturally-sensitive communication with study participants. Findings indicate that access to adequate mental health services, not just recovery-oriented and peer support services, is not widely available for this population, largely due to communication barriers. Feelings of isolation and stigma are high among this population. Public mental health systems need to adapt and expand services for various cultural groups to insure recovery. ✍

# Notes and Notables



**Shannon Reese** was recognized for her work with Troy University Interpreter Training program students, particularly in organizing SLPI evaluations at a recent event at Troy. Several ODS staff members work closely with the ITP and the Alabama Department of Mental Health funds several stipends. Left to right: Sam Harris, Shannon Reese, Judy Robertson.

“We’re going to Disney World!” said **Brian McKenny**, Region V interpreter coordinator. McKenny, who has three children, was able to take advantage of an opportunity to spend a week away with his family. The Editors are jealous.

As noted elsewhere in this issue, **Charlene Crump** and **Steve Hamerdinger** both have chapters in Neil Glickman’s new book, *Deaf Mental Health Care*. This is leading to invitations to provide workshops for Crump, as she has been juggling invitations from around the country. ✂

## Editor’s Notes

*(Continued from page 2)*

Of course, there are the usual things you will find throughout, including a larger than usual number of positions open for hire through the system, mostly at contract providers, but there are a couple of plum jobs open under ODS, specifically the Communication Specialist and Mental Health Interpreter Trainee.

Enjoy the coming of warm weather and this great new Issue! Look for more as ODS celebrates ten years of service ✂

2013 national prevention week  
MAY 12-18

Your voice.  
Your choice.  
Make a difference.

## 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 practice and a comprehensive examination covering all aspects of mental health interpreting. *(Alabama licensed interpreter are in Italics)*

*Charlene Crump, Montgomery*  
Denise Zander, Wisconsin  
*Nancy Hayes, Remlap*  
*Brian McKenny, Montgomery*  
*Dee Johnston, Talladega*  
Debra Walker, Georgia  
*Lisa Gould, Mobile*  
Gail Schenfisch, Wyoming  
*Dawn Vanzo, Huntsville*  
*Wendy Darling, Prattville*  
*Pat Smartt, Sterrett*  
*Lee Stoutamire, Mobile*  
*Frances Smallwood, Huntsville*  
*Cindy Camp, Piedmont*  
Lynn Nakamoto, Hawaii  
Roz Kia, Hawaii  
Jamie Garrison, Wisconsin

Kathleen Lamb, Wisconsin  
Dawn Ruthe, Wisconsin  
Paula Van Tyle, Kansas  
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  
Rocky DeBuano, Arizona  
Janet Whitlock, Georgia  
*Sereta Campbell, Tuscaloosa*  
Thai Morris, Georgia  
Lynne Lumsden, Washington  
Tim Mumm, Wisconsin

Patrick Galasso, Vermont  
Kendra Keller, California  
June Walatkiewicz, Michigan  
Teresa Powers, Colorado  
Melanie Blechl, Wisconsin  
Sara Miller, Wisconsin  
Jenn Ulschak, Tennessee  
Kathleen Lanker, California  
Debra Barash, Wisconsin  
Tera Vorpal, Wisconsin  
Bridget Bange, Missouri  
Julayne Feilbach, Wisconsin  
Sue Gudenkauf, Wisconsin  
Tamera Fuerst, Wisconsin  
Rhiannon Sykes-Chavez, New Mexico  
Roger Williams, South Carolina  
Camille Barrett, Missouri

# Positions Available In Deaf Services

## **(Communication Specialist (MH SPECIALIST I) Tuscaloosa SALARY RANGE: 70 (\$33,086.40 - \$50,119.20)**

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.

**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 two years of employment. Must be able to obtain licensure or be exempt from licensure to interpret according to Alabama Licensure Board of Interpreters and Transliterators (ALBIT). *For more information on any of these positions, or for an application, please contact:*

Charlene Crump, Statewide Coordinator Communication Access,  
Office of Deaf Services  
Alabama Department of Mental Health  
100 North Union Street  
Montgomery, AL 36130  
[Charlene.crump@mh.alabama.gov](mailto:Charlene.crump@mh.alabama.gov)

## **MENTAL HEALTH INTERPRETER TRAINEE (Tuscaloosa) SALARY RANGE: 50 (\$30,724.80 - \$46,615.20)**

This is professional trainee level work in providing specialized services to patients who are deaf or hard of hearing (D/HH) with co-occurring disorders of mental illness and chemical dependency in a state mental health hospital, as well as within community settings. Work involves interpreting under supervision of a Qualified Mental Health Interpreter (QMHI) between deaf or hard of hearing consumers and staff of the Alabama Department of Mental Health, DMH facilities or service providers. Work may be performed in a

variety of different settings. Supervision is provided by the DMH State Coordinator of Interpreter Services. Assists in teaching standardized sign language and alternative or augmentative communication methods to dysfluent individuals with functional hearing losses. Assists in coordinating and working with other interpreters in teaching ASL to non-signing staff.

**QUALIFICATIONS:** Associates Degree with full-time experience (24 months or more) as an interpreter OR Bachelor's Degree in any field. Graduation from a recognized interpreter training program is preferred. Preference will be given to applicants who are recipients of the ADMH Interpreter Training Scholarship.

**NECESSARY SPECIAL REQUIREMENTS:** Possession of permit or permit eligible by the Alabama Licensure Board of Interpreters and Transliterators. Must be able to acquire a license by the Alabama Licensure Board of Interpreters and Transliterators within 36 months of hire. Permitted individuals must pass the Sign Language Proficiency Interview (SLPI) at an Advanced or higher level. Must be able to be certified as an interpreter by the Registry of Interpreters for the Deaf or National Association of the Deaf at a level 4 or 5 or equivalent. Certification must be obtained within 36 months of hire. Successful candidate 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 acquiring license by the Alabama Licensure Board of Interpreters and Transliterators. Must have a valid driver's license to operate a vehicle in the State of Alabama.

*For more information on any of these positions, or for an application, please contact:*

Charlene Crump, Statewide Coordinator Communication Access,  
Office of Deaf Services  
Alabama Department of Mental Health  
100 North Union Street  
Montgomery, AL 36130  
[Charlene.crump@mh.alabama.gov](mailto:Charlene.crump@mh.alabama.gov)

## **DEAF CARE WORKER (Tuscaloosa) SALARY RANGE: 50 (\$21,722.40 - \$30,724.80)**

Works primarily in a specialized psychiatric unit providing care, habilitation, and rehabilitation of deaf and hard of hearing (D/HH) patients with co-occurring disorders of mental illness and chemical dependency in a state mental health hospital. Performs basic nursing care and assist patients with personal hygiene and activities of daily living. Observes patients closely and documents patients' physical and mental condition. Maintains the security of patients. Accompanies patients off unit to hospital activities, functions, and off hospital grounds to medical appointments and field trips. Communicates with D/HH patients in sign language. Performs assigned work under supervision of professional nurses and LPNs with instructions from physicians. Performs related work as required.

**NECESSARY SPECIAL REQUIREMENTS:** Must be 18 years of age. Graduation from a standard high school or GED equivalent. Possession of a valid Alabama Driver's License. Proficiency in American Sign Language (ASL) at "native" or near "native fluency" level of signing skills as measured by a recognized screening process,

*(Continued on page 14)*

## A Look Back at ODS's 10 Years

(Continued from page 7)

In 2008, BDU finally began full operations with Scott Staubach becoming the unit director. By then end 2009 there were no deaf people in the state hospitals at all except those at the deaf unit. BDU ceased operations in 2012 during a wave of hospital downsizing that saw Greil closed. Instead, deaf consumers who needed a higher level of care were, once again, housed at Bryce.

Around about the same time work began setting up BDU, J-B-S Mental Health Authority opened the first deaf group home. Originally, it was designed to be a 10 bed deaf group home, but it was quickly realized that a series of three bed group homes would better serve deaf individuals with varying needs. They operated four three-bed homes in 2006 before cutting back to two by late 2010. Altapointe also opened a three-bed home in 2006. In 2011, two more group homes were opened, one three-bed home in Woodville, operated by Mountain Lakes Behavioral Center and one six-bed home in Clanton run by Chilton Shelby Mental Health Center. Both have group home managers, who are themselves deaf.

The Mental Health Interpreter Training project began in 2003 as well with the first Interpreter Institute being held that September. In October, 2003, Alabama became the first state in the nation to codify what a "Qualified Mental Health Interpreter" is. The work done by MHIT over the next ten years would garner international accolades.

In 2006 MHIT expanded its horizons to include the "Mental Health and Deafness Clinical Training Series" which over the years has quietly built its reputation as being "don't miss"



Above: Gardendale Home, the first JBS-owned home to open . It had has three beds. Below: Princess Helen Home in Mobile, operated by AltaPointe. Also a three-bed home, this was unique in that AltaPointe opened it on its own without special funding from ADMH. According to David Beech, then director of residential services, AltaPointe opened the home in 2006 because it was needed and they could.



events. Instructors have included Barry Critchfield, Angela Kaufman with Amanda Somdal, Amanda O'Hearn with Sharon Haynes, Joseph Murray and most recently Michael Harvey, who is featured in this issue. Specialty trainings have also been provided for CDIs and Visual Gestural Communication Specialists that have included Rick Bullard and several trainings by Carol Lazorisak.

### Current and Former ODS Staff

(Apologies if we have overlooked anyone. This is based on people known to have worked directly for ODS or BDU) at one time or another, or hired on the the regional offices prior to 2005. This does not include individual who worked exclusively for the mental health centers after 2005. Nor does it include people assigned to ODS as clerical support but not on ODS staffing pattern. *Current and active employees shown in italics.* Note: several of those listed are still working in mental health but for other programs. )

*Steve Hamerdinger* (Central Office)

*Charlene Crump* (Central Office)

*Irvine Stewart*<sup>†</sup> (Mobile)

*Jessie Bell*<sup>†</sup> (Mobile)

*Shannon Reese*\* (Birmingham, Central Office)

*William Olubodun*<sup>†</sup> (Montgomery)

*Scott Staubach*\* (Huntsville, BDU, Montgomery)

*Dawn Vanzo*\* (Huntsville)

*Brian McKenny* (BDU, Central Office)

*Frances Ralston* (BDU, Central Office)

*Liz Hill*\* (Montgomery)

*Wendy Darling*\* (Montgomery)

*Angel Dahlgren*<sup>†</sup> (Birmingham)

*Nancy Hayes*<sup>†</sup> (Birmingham)

*Jill Farmer* (Birmingham)

*Terri Sweeney* (Montgomery)

*Lisa Trainor* (Montgomery)

*Lee Stoutamire* (Mobile)

*Ben Hollingsworth*\* (Mobile, Montgomery)

*Wendy Lozynsky* (Huntsville)

*Joyce Carvana* (Montgomery)

*Beth Metlay* (Mobile, BDU)

*Sereta Campbell* (Birmingham/Tuscaloosa)

*Christine Giancola* (BDU)

*Marcus Washington* (BDU)

*Nancy Dunne* (BDU)

*Deb Walker* (BDU)

*Mona Ivey* (BDU)

*LaShawn Washington* (BDU)

*Margo Hutto* (BDU)

*Tony Overstreet* (BDU)

*Yvonne Sankey* (BDU)

*Harriet Hollingsworth* (BDU)

*Tiffany Stinson* (BDU)

*Amy Peterson* (BDU)

*Cindy McCall* (BDU)

*Pat Howard* (BDU)

*Renee King* (BDU)

*Marjorie Childs* (BDU)

*Linda Sisson* (BDU)

*Brian Moss* (BDU)

*Mark Moore* (BDU)

*David Donaldson* (BDU)

*Terry Teague* (BDU)

*Michelle Williams* (BDU)

*Sherry Powers* (BDU)

*Janet Posey Smith* (BDU)

*Cyndi Love* (BDU)

*Trent Youngblood* (BDU)

*Janet Holmes* (BDU)

*Corey Patrick* (BDU)

*Van Huffman* (BDU)

*Sherry Willums* (BDU)

\*Started as a Regional Center employee then became an ODS/BDU employee.

<sup>†</sup>Worked only for the local mental health center prior to the 2005 organization.

## As I See It

(Continued from page 8)

Training has been a major emphasis of ODS since the beginning. ODS staff members combine to present on topics related to mental health and deafness an average of 100 times a year, reaching over 2,000 people each year.

At first it was mainly about teaching the Alabama mental health system about deaf people who have mental illness. Over time, people around the country increasingly sought the expertise of the ODS on various topics. In addition to professional conferences, ODS staff have given full-day seminars around the country. Among those frequently requested are Brian McKenny on mental health interpreting issues, Shannon Reese on violence and abuse in the Deaf Community, and Wendy Darling on issues related to deafblindness.

By the 2010, the world began noticing. Major recognition came to ODS in the form of awards to Crump (Alabama State Employee of the Year in 2010) and Hamerdinger (Alice Cogswell Service Award from the Laurent Clerc Cultural Foundation and the Golden Hands from the National Association of the Deaf). Numerous employees of ODS have been awarded the employee of the quarter with DMH, The Southeast Regional Institute on Deafness has honored several ODS staff with major awards such as Interpreter of the Year, awarded to Crump in 2004 and Sereta Campbell in 2010. Both the Alabama Association of the deaf and the Council of Organizations Serving Deaf Alabamans have recognized ODS staff numerous times. Dawn Vanzo received the "RESPECT" award from Alabama's Mental Health's consumer movement at the 2007 Consumer Conference.

ODS was singled out by NAMI in 2006 for "reaching out in a progressive way to the deaf community, including training a number of interpreters on how to respond effectively to individuals with serious mental illness who are deaf." Both Wendy Lozynsky and Steve Hamerdinger have been named by Alabama NAMI as "Heroes in the Fight. Other accolades followed, including being referenced at the "benchmark" for communication access (Dr. Neil Glickman and others) and cited as best practice by the International Charter of Linguists.

Over those ten years, there have been many highs, a few lows, but mostly the quiet satisfaction that Deaf people with serious mental illness had a better chance at life than they had been in the past. The entire history is chronicled in the Signs of Mental Health and all the past issues can be accessed at <https://www.mh.alabama.gov/MIDS/AvailableDocuments.aspx>.

During this anniversary year, the Signs of Mental Health will run retrospectives in each issue. Watch for them. ✍

That brings us to the crux of my recurring nightmare. First, we work with chronically severely mentally ill. As a practical matter, people who are severely mentally ill are very expensive to serve. The state mental health system was set up specifically to make sure folks living with severe mental illness are not left to rot in prisons or die in the streets.

Commercial healthcare organizations are not especially well prepared to deal with mental illness, beyond the "worried-well" types that can be served adequately with three visits to a therapist and script for Zoloft. So there is a great danger that people with severe mental illness living in the "catchment area" of such an organization will find themselves guests at the local jail – or worse.

Now let's add a "complication" in the form of "*no habla ingles.*" Unless the catchment area has a very high density of Spanish speaking people, it is likely that a Latino with limited English proficiency will be seen as an outlier. No plans were made to address linguistic access in the rate setting, or at least nothing more than *pro forma* "We will not discriminate" clauses in all contracts. Thus the healthcare organization will look to the least expensive way to serve the patient. Direct access to Spanish-speaking healthcare workers is unlikely, except in areas where there is a high density of Spanish speaking people. (We won't even get into dialects and ethnic differences in Spanish.) The phrase, "Bring someone to 'translate' for you" is seared into the frontal cortex of every managed care functionally from the first day of their corporate-brainwashing orientation.

The same dismissive attitude shown to communication rights of hearing people who do not speak English on display - in steroids—when the consumer is also deaf, despite a slew of laws requiring "access." Of course that system has worked hard to dumb down even the minimalist "reasonable accommodation" requires to something close to "sit down, shut up and don't make waves."

Let's put aside the fact, that trying to navigate any system that doesn't provide services in your language is difficult. When a person is physically or mentally not well, the exhaustive burden of trying to decode what is being said can be overwhelming to the point of traumatic.

So what does that mean for deaf people? *As I See It*, you can figure it out without much difficulty. What can be done about it is somewhat more challenging. ✍

## Positions Available In Deaf Services

(Continued from page 11)

such as SLPI/SCPI at the "Advanced" level or higher.

For more information on any of these positions, or for an application, please contact:

Steve Hamerdinger, Director, Office of Deaf Services

Alabama Department of Mental Health

100 North Union Street

Montgomery, AL 36130

[Steve.hamerdinger@mh.alabama.gov](mailto:Steve.hamerdinger@mh.alabama.gov)

(334) 239-3558 (Voice/VP)

---

### Deaf Services Group Homes

#### MENTAL HEALTH TECHNICIANS (Birmingham area)

**(\$8.00/hr Part-Time \$7.50/hr Relief)**

**QUALIFICATIONS:** High School Diploma or GED. Must have intermediate plus signing skills in American Sign Language (ASL) as measured by a recognized screening process such as the SLPI and have a thorough knowledge of Deaf Culture. Must have a valid Alabama driver's license and car insurance.

For more information about Birmingham positions, contact:

Malissa Galliher, MACN

Director of Deaf Services

JBS Mental Health Authority

604 27th Street South/

Birmingham, AL 35233

205-380-4367(Voice)

205-623-0361(TTY)

[mgalliher@jbsmha.com](mailto:mgalliher@jbsmha.com)

---

#### MENTAL HEALTH TECHNICIANS

**Deaf Services Group Home (Clanton, AL)**

**SALARY RANGE: Competitive**

Positions Available: On Day, Evening, and Night Shifts

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 [application webpage](#) or contact:

### Signs of Mental Health

Lori Redding, MHA

Director of Human Resources

Chilton-Shelby Mental Health Center

[lredding@chiltonshelby.org](mailto:lredding@chiltonshelby.org)

office: 205/668-4308

cell: 205/310-6706

---

#### Mental Health Associate - fluent in American Sign Language

**Alabama Clinical Schools (Trussville)**

**SALARY RANGE: Competitive**

#### Position description

Trussville area treatment facility for adolescent males seeks Mental Health Associate fluent in American Sign Language for fulltime position. Provide "line of sight" supervision, positive interaction and role modeling. Must remain alert at all times, anticipate potentially volatile or unsafe situations and proactively intervene. Respond quickly to escalating behaviors, utilize de-escalation techniques to diffuse situations, and display neutral emotions. Accurately and timely document resident's progress in treatment.

Full benefits. Pay based on education and experience. Some flexibility in scheduling may be available.

Must successfully pass background and drug screen. Strict attendance and punctuality policy.

#### Minimum qualifications

- Must have experience (paid, volunteer or family-related) serving the deaf and hard of hearing community. Must be fluent in American Sign Language.
- Must be able to safely monitor residents and perform physical management techniques and crisis intervention
- Associate degree in psychology, social work, education, criminal justice, or other related mental health field (may substitute 2+ years experience in a residential mental/behavioral health setting for degree)
- Detailed and organized with strong documentation skills  
Experience in a school, correctional or residential mental/behavioral health setting strongly preferred

#### How to apply

<http://www.alabamaclinicalschools.com/employment.html>

#### Foster Care Parents with experience in American Sign Language

**Alabama Clinical Schools (Trussville)**

#### Position description

The Foster Care Program of Alabama Clinical Schools seeks families or individuals with experience serving the deaf/hard of hearing community (utilizing American Sign Language/Signing English). Become a Foster Parent and make a positive difference in the life of a child! As a Foster Parent, your home will provide a safe and caring environment for a child during a difficult time in his/her life. Foster Parents provide supervision, positive interaction and role modeling. You will build your skills as a Foster Parent by participating in ongoing training and development activities.

#### Minimum qualifications

Families or individuals interested in providing foster care for children are subject to an approval process. Contact Alabama Clinical Schools for more information!

#### How to apply

<http://www.alabamaclinicalschools.com/employment.html>



Minneapolis, MN

May 29-June 1, 2013

**Workshop Tracks:**

- Mental Health/Chemical Dependency
- Rehabilitation
- Transition/Independent Living
- Professional Development

**Early Full Conference  
Registration  
Fee: \$325**

*Professionals Networking For Excellence in Service Delivery with  
Individuals Who are Deaf or Hard of Hearing*

[www.adara.org](http://www.adara.org)



**Hilton Minneapolis/Bloomington\***

3800 American Boulevard East

Bloomington, MN 55425

\*\$99 per night for Double, King, or Junior Suite



# 2013 Mental Health Interpreter Institute

## August 5 - 9, 2013

### Montgomery, Alabama



A collaborative effort between the  
Alabama Department of Mental  
Health's Office of Deaf Services  
ADARA and Troy University Interpreter  
Training Program

A 40-hour course designed to provide a sound basis for interpreters to work effectively in mental health settings as part of a  
Associated with Mental Illness and Treatment, Interpreters' Roles, Tools, and Resources, Severe Language Dysfluency and  
Visual Gestural Communication/CDIs/Interpreters who are Deaf, Psychiatric Emergencies, Confidentiality Ethics and Laws,  
Support Groups and Community Mental Health Services, Psycholinguistic Errors and Demand Control Schema for  
Interpreting Applied to Mental Health.

#### PRESENTERS INCLUDE:

Bob Pollard, Robyn Dean, Roger Williams, Steve Hamerdinger, Charlene Crump, Brian McKenny, Shannon Reese, et. al.

Full Details at <http://mhit.org/2013institute.html>

#### COST OF TRAINING:

	Feb 16 - April 15	April 16 - May 31	After May 31	Day Rate
Participants	\$340	\$390	\$425	\$100
Alumni/	\$215	\$265	\$310	\$85

## Slots Still Available

**A MINIMUM OF 4.0  
RID CEUS WILL BE OFFERED.**

