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Steve Hamerdinger, Editor

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SIGNS OF MENTAL HEALTH

Happy Holidays From ODS

RALSTON TAPPED AS BAILEY HEAD LIZ HILL IS REGION III COORDINATOR

The Office of Deaf Services is pleased to announce that Frances Ralston, Ph.D., of Birmingham, AL, has accepted appointment to direct the Bailey Deaf Unit at Greil and Liz Hill, of Washington, DC, has accepted the position of Region III Coordinator.

Dr. Ralston, who earned her clinical psychology degree from Gallaudet University, has been in private practice in Birmingham for several years. She has been instrumental in helping Alabama develop culturally and linguistically appropriate services for people who are deaf. She chaired the Alabama Association of the Deaf Mental Health Task Force for several years and provided critical guidance to the state in the design phase of the *Bailey* settlement.



Frances Ralston, Ph.D.
Bailey Unit Director.

Her areas of clinical expertise include identification and treatment of dyslexia and Attention Deficient Disorder. She is knowledgeable in the use of Dialectic Behavior Therapy with people who are deaf.

Dr. Ralston is looking forward to developing a unit that responds to Deaf cultural norms. She explained in an interview that a "deaf unit" has a different feel from a unit where deaf people are integrated with hearing consumers. The pacing and focus of treatment are different. Most importantly, she said, "The staff all need to sign all the time," in order for communication to be fully accessible. "Most of our consumers have serious language problems and we will need to address that in order for treatment to be successful," she added.



*Liz Hill, Region III
Coordinator.*

Liz Hill, who was formerly a therapist at Family Services Foundation and at the Model Secondary School for the Deaf in Washington, DC, began her duties on September 27th. After graduating with a Masters in Social Work from Gallaudet University, she has had considerable experience as a therapist, conference organizer, and advocate. Ms. Hill is responsible for Region III, which makes up 23 counties in east central Alabama: Autauga, Barbour, Bullock, Chambers, Clay, Coosa, Dale, Dallas, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Perry, Pike, Randolph, Russell, Talladega, Tallapoosa, and Wilcox counties. She has the largest region in terms of area

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**DEAF SERVICES
REGIONAL CENTERS**

Region 1: Northern Alabama

Scott Staubach, Coordinator

Mental Health Center of
Madison County
4040 South Memorial Pkwy
Huntsville, AL 35802
(256) 533-1970 (Voice)
(256) 533-1922 (TTY)

Region 2: Central Alabama

Shannon Reese, Coordinator

J-B-S Mental Health Center
956 Montclair Road, Suite 108
Birmingham, AL 35213
205-591-2212 (Voice)
205-591-2216 (TTY)

Region 3: Wiregrass Region

Liz Hill, Coordinator

Montgomery Area
Mental Health Authority
101 Coliseum Boulevard
Montgomery, AL 36109
(334) 279-7830 (Voice)
(334) 271-2855 (TTY)

Region 4: Mobile

TBA

Mobile Mental Health Center
5750B Southland Drive
Mobile, Alabama 36693
(251) 661 3773 (Voice)
TBA (TTY)
(251) 662 2249 (Fax)



COMMISSIONER SAWYER ANNOUNCES RETIREMENT

Kathy E. Sawyer, Commissioner, Department of Mental Health and Mental Retardation announced that she is retiring after five years at the helm.



to her unwavering dedication and competence.

Under her guidance, both the long-running *Wyatt* lawsuit and the *Bailey* suit were brought to successful settlement. She stood firmly behind Deaf Services

Commissioner Sawyer, who was director of the Office of Consumer Affairs prior to being appointed Commissioner by former Governor Don Seligman, has been a strong supporter of the Office of Deaf Services. Commissioner Sawyer was retained by Governor Bob Riley, a testament

She will be missed by all advocates of mental health services, especially those working within the Deaf Community. A feature story will appear in the next issue of **SIGNS OF MENTAL HEALTH**

As I See It...

On August 15, 2002, 41 year-old Stephen Demers wanted to go outside. But the staff of his Portland, Maine residential program wouldn't let him. More importantly, they couldn't tell him why. Demers was deaf and developmentally disabled and the staff could not sign. Instead of discussing it with him, two staff members pinned him against a wheelchair ramp rail and held him there, arms behind his back, for five minutes while he slowly suffocated. Pressed face down against the rail, his diaphragm was constricted. Unable to breathe, Demers struggle to break free, leading to even more pressure until he finally collapsed and went into cardiopulmonary arrest. Demers' family filed a wrongful death suit which claimed, in part, that physical restraints were unnecessary and that this was the cause of death.

What was not commented on in the June 23, 2004 Portland Press Herald, newspaper story was the role of communication in this tragic situation. Stephen Demers used American Sign Language to communicate. Unfortunately for Demers, no one else in the house signed.

Use of physical restraint is a major issue. I have been involved on discussions on reduction of seclusion and restraint on a national level for several years. This case, however, highlights one of the most glaring and avoidable causes of unnecessary physical intervention – inability of staff to communicate with deaf or hard of hearing consumers. All too often in our programs around the state, physical man-handling becomes a substitute for effective communication skills. The result is traumatic to our consumers and to our staff.

We also fail to identify where deaf and hard of hearing consumers actually reside. As I write this column, there is a report on my desk indicating that three deaf consumers living in group homes under contract of one of our mental health centers were just identified. That's good, right? Well, not when the center has known about these consumers for years and failed to tell the Regional Coordinator about them. In one case, a consumer has been in a highly restrictive environment for no apparent reason other than "consumer cannot communicate."
(Continued on page 6)

VIDEOCONFERENCING CHANGES FACE OF MENTAL HEALTH SERVICES

Through the generosity of Sprint VRS, the Office of Deaf Services will be acquiring more than 30 D-Link I-2-Eye Videophone devices to place with facilities and providers throughout the state. These devices will be capable of point – to – point videoconferencing, as well as accessing Video Relay Services. This benefits our consumers and providers in several ways:

1. Consumers and providers will have access to ODS staff interpreters to assist with their interpreting needs on an ad hoc basis. When there is an emergency one can't wait for an interpreter to arrive. By the end of 2004, ODS will have as many as 7 staff interpreters throughout the state. At least one of them should be available immediately to assist in these cases. Even if they are not, help is still just moments away.
2. Consumers and providers will have access to ODS expert consultation at any time. No more waiting for someone to have a free day to travel to facilities and provider programs. Consumers and providers can get the help needed immediately.



3. Consumers are able to choose among several signing therapists across the state. This increases treatment options and

VIDEOCONFERENCE SITES TO DATE:

Office of Deaf Services	PUBLIC IP: 198.186.229.233
Data Management	PUBLIC IP: 198.186.229.231
Bryce	PRIVATE IP: 10.3.46.117
THSMC	PRIVATE IP: 10.3.24.215
NARH	PRIVATE IP: 10.3.67.124
Harper Center	TBA
Searcy	TBA
Madison County MHC	PUBLIC IP: 216.180.47.105
JBS	PUBLIC IP: 216.180.137.109
Cahaba	PUBLIC IP: 192.168.0.205
Mountain Lakes	PUBLIC IP: 12.166.73.125
Montgomery MHA	PUBLIC IP: 66.168.230.19
Mobile Mental Health	TBA
East Alabama MHC	TBA
Calhoun-Cleburne	TBA
Baldwin County	TBA
South Central Alabama	TBA
Wiregrass Mental Health	TBA
Riverbend Mental Health Center	TBA
Mental Health Center of NorthCentral Alabama	TBA

These sites are made possible through a partnership between Sprint, Relay Alabama and the Office of Deaf Services. Most sites are accessible to people who wish to use them for communicating with Relay Alabama and Sprint VRS.

allows consumers to find a therapist that best fits their needs.

4. Providers will be able to conference with their colleagues throughout the state. Staff can use the D-Link I-2-Eye Videophone to have meetings that would otherwise require either expensive travel or faceless conference calls. They can get consultation from specialists in other centers. Physicians can do medication checks without having to transport the consumer or driving to them.

All this adds up to significantly enhanced ability to serve deaf or hard of hearing consumers, as well



Commissioner Sawyer Talks to Deaf Consumers at Bryce by videoconferencing

as being able to bring experts from around the state to providers.

In order to encourage the Deaf Community to come to the mental health centers, the D-Link I-2-Eye Videophone will be made available to Deaf people for use when they need to make a video relay call if certain conditions can be safely met.

See Next Page for Message from Alabama Relay

From Our Partner:



Alabama Relay



I am Evon Black, an Account Manager for Alabama Relay services. I have been in Alabama, for over 6 month. I oversee all type of relay services such as Sprint Relay, Sprint Relay Online, Cap Tel Relay, Sprint Wireless Relay and Sprint Video Relay.

VRS is similar to the Telecommunications Relay Service (TRS) but a relay operator provides interpretation between spoken words and American Sign Language (ASL), rather than spoken word and text. The hearing user communicates by voice, the non-hearing user communicates by video using ASL and the relay operator serves as a liaison, communicating by voice to the hearing party and by using ASL to the non-hearing party. VRS is an important alternative to the original TRS since many individuals who are Deaf or Hard of Hearing prefer ASL as their primary method of communication. VRS can occur over high-speed Internet connections with Video conferencing software, such as Microsoft NetMeeting or over special video-equipped phone terminals like D-Link. VRS is a popular service among Deaf/HH because it involves visual communication, ability to express emotions via facial expressions, ability to interrupt each other and most important, shorter calls. It is also friendly user for Hearing Customers. It helps both parties to have "natural" communication unlike TRS. It's a win – win situation on both ends. Sprint believes in improving the quality of life for everyone.

Please feel free to check the website. WWW.AlabamaRelay.com

Did You Know:

The Office of Deaf Services currently tracks more than 1,300 deaf and hard of hearing consumers who are receiving services at DMHMR facilities or providers, but as many as 19,000 more people how are deaf or hard of hearing and who have severe mental illness still need services?

These figures do not include those who have Mental Retardation or who have substance abuse only.

Continued from page 1

and counties and the second largest in of population.

Ms. Hill is excited about the future here. "Alabama is at the cutting edge of the mental health field. There is so much potential here and I'm excited at the challenges that lie ahead for us," she said recently.

She has provided several training events in her region already and will be providing more in the near future. She is particularly interested in developing regionally based residential options that are culturally appropriate. She also will be working on developing children's services in cooperation with other key agencies, such as AIDB and Human Services.



**FOCUS ON THE STAFF
CHRISTINE GIANCOLA**



Christine Giancola is the home coordinator for Alabama's first group home exclusively for deaf and mentally ill. This home is located in Gardendale. In addition to this, she also is heavily involved in working with the deafblind program at JBS at the 4th Street House.

Ms. Giancola grew up in New York along with four sisters and is the second oldest in this family as well as the only deaf member. She attended school in a mainstreamed setting. After Graduating from high school, she attended Rochester Institute of Technology in Rochester, New York where she got her BA in Social Work. She also earned a Master's in Human Resources Development there.

Chrissy, has had a variety of experiences including working as an intern at Rochester School for the Deaf and in an in-patient unit at a treatment center for alcohol abuse in Rochester. After graduating with her MA in 2001, she decided to move south, "where it's warmer!" and began working as a Victim Advocate in Jacksonville, Florida. There she provided advocacy and services for deaf victims of domestic violence, sexual assault, and stalking. She was heavily involved in the community advocacy and giving presentations to police officers, hospital workers, lawyers, and other victim advocates on how to work with deaf victims.

Ms. Giancola came to Alabama because she wanted to expand her horizons. She worked for a short time at the Janice Capilouto Center for the Deaf in Montgomery, then moved to Birmingham and became a home coordinator. "It has been a wonderful and challenging experience for me," she says.

We are certainly glad to have Chrissy on our team and look forward to great things from her.

MHI COORDINATOR CRUMP IS SERID TOP INTERPRETER

Charlene Crump received the 2004 Interpreter of the Year award from the Southeast Regional Institute on Deafness at its annual conference held this year in Nashville, Tennessee.



ODS Director Hamerding presents Crump with the SERID 2004 Interpreter of the Year Award

Crump was honored for her years of work with several state agencies including the Alabama Institute for the Deaf and Blind, the Alabama Department of Rehabilitation Services and the Alabama Board for Licensure of Interpreters and Transliterators. ODS Director, Steve Hamerding, was on hand to make the presentation. The text of the presentation follows.

When someone is honored for contributions in their field, there is a presumption that the honoree has done something extraordinary. Not just the day to day, run of the mill activities, but exceptional performance that serves as a model for others to emulate, sets a path for others to follow and is an example from which others may learn.

Through her work, Charlene J. Crump has proven herself to be an invaluable asset to the state of Alabama. Her career spans more years than she cares to count. The breadth of her interests is vast and covers numerous disciplines. The impact of her influence has been incalculable. There is not a single

interpreter in the state of Alabama that has not benefited directly and personally by the work she has done.

Charlene has been a staff interpreter, a supervisor, a mentor and teacher. She has taken programs from conception and brought them to fruition. A critical eye for detail and a winning personality has made it possible for her to achieve goals that seemed naively ambitious, even politically impossible. Along the way she has taught others how to have similar impact on the profession of interpreting.

A listing of Charlene's accomplishments would include things such as being former chair of the Alabama Board of Interpreters and Transliterators, where she was charged with carrying out the implementation of Alabama's licensure law. This role included all the drudgery of detail work needed to get the legislation and the myriad of policies and regulations required to implement it. She developed the political savvy required to keep the process moving, in spite of the efforts of those who opposed licensure to derail it. Were this all that she accomplished, it would be worthy of recognition from this august assemblage.

But she has done so much more.

Charlene revamped sign language instruction at the Alabama Institute for the Deaf and Blind, creating a model program for how to help an institution carry out a goal to become truly bilingual. Her interest in sign language instruction continues today as an instructor at Auburn University at Montgomery. Hundreds of people have been exposed to American Sign Language through her classes and each person leaves with a new understanding of the culture of Deaf people, a new appreciation of the richness of ASL, and a new respect for the profession of interpreting.

As the statewide coordinator of interpreter services for Vocation Rehabilitation, Charlene devised and implemented critical invoicing and payment procedures that allowed VR to maximum productivity from their interpreters. This translated directly to more efficient service, improved consumer outcomes, and happier interpreters.

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Charlene with members of ODS Staff (l to r) Scott Staubach, Nancy Hayes, Brian McKenny, Steve Hamerding, Charlene, Liz Hill, Shannon Reese

CRUMP WINS SERID HONORS

As the statewide mental health interpreter coordinator, Charlene again demonstrated her political acumen by helping to pass the nation's first set of standards for mental health interpreting. She has been extremely instrumental in helping Alabama's new Office of Deaf Services get started and has been a trusted advisor and interpreter to me in my capacity as director. It is no exaggeration to say that without her skill as an interpreter, her experience as staff member and her wisdom as a life-long native learned in the nuances of Alabama politics, the Office of Deaf Services would not have accomplished nearly as much as it has. Through her work, interpreters are being trained to work in mental health, clinicians and providers are able to understand what qualified mental health interpreting means, and the department is able to make better use of increasingly scarce resources.

For these reasons it is gratifying that the Southeast Regional Institute on Deafness has bestowed the prestigious SERID Interpreter of the year on Charlene J. Crump. *✍*



Rev. Jay Croft stands with the life mask of Helen Keller on loan from the National Cathedral during **History Through Deaf Eyes**. The exhibit, held at the Birmingham Civil Rights Institute, ran from September 7 to October 24. This was one of several events ODS sponsored this year.

EMPLOYMENT OPPORTUNITIES AT ODS

The following positions are open or anticipated:

Currently Open:

Mental Health Technicians:
10 positions in Birmingham
Contact: Shannon Reese

Regional Interpreters:
Montgomery, Mobile
Contact: Charlene Crump

Anticipated (Montgomery)

Staff interpreter: Bailey Deaf Unit:
Montgomery
Contact: Brian McKenny

Other Positions anticipated at the Bailey Unit:

- Social Worker
- Nurses
- Communication Specialist
- Psychology Associate
- Mental Health Technicians (Direct Care Staff)

Contact: Frances Ralston

Because application processes will vary between programs, contact the person listed under each position for information about the application process.

For more information about program vacancies or anticipated programs, contact Steve Hamerdinger at: steve.hamerdinger@mh.alabama.gov or call (334) 353-4703 (voice) or (334) 353-4701 (tty)

Join our exciting team of professionals bringing Culturally Affirmative Mental Health Services to Deaf Alabamians.

As I See It...

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Just who is it that has the communication problem? Is it our consumers' fault that we do not know their language?

Last winter, the Division of Mental Illness published community program standards which contained, for the first time, specific things community programs needed to do if they have consumers who are deaf or hard of hearing. These standards address both identification and notification concerns. Additionally, the standards call for programs provide appropriate and effective communication access. Finally, these standards make it very clear that restraint, such as the type used on Mr. Demers, cannot be done without providing for a way for the deaf consumer to communicate if there is something wrong.

If Mr. Demers had been a consumer living in one of Alabama's programs, would he have died? If he had been in one of our deaf group homes, almost certainly not. And if he had been in one of our regular group homes he probably would not have if his group home were following Alabama's standards. But then again, standards are only helpful if programs follow them. **As I See It**, we all have to do a much better job of identifying our deaf consumers and modifying their programming if we are to prevent a tragedy, such as the one that befell Mr. Demers, from happening here in Alabama.

For more information, please read http://www.nasmhpd.org/general_files/publications/med_directors_pubs/SRDeaf12-02Finalweb-2.pdf

✍

SECOND MHIT TRAINS INTERPRETERS FOR MENTAL HEALTH WORK

The second mental health interpreter training was held over 6 days during the period 12 – 21 August. Training was held at six venues: Central Office, Greil Hospital, Montgomery Mental Health Authority, Bryce Hospital, Taylor Hardin Secure Medical, and J-B-S Mental Health Authority. In all, participants attended a total of 40 hours of actual classroom time.

Thirty-three interpreters met the stringent screening criteria and completed the course of study. While a vast majority of the attendees were interpreters who lived in Alabama, there were several participants from other states. All attendees, other than deaf participants, held Alabama licenses.



expertise in interpreting in mental health settings has garnered international renown. Also new this year were: Dr. Clayton Shealy, Brad Houck, Sue Scott, Charlene Crump, Brian McKenny and Jackie Doss.

Services, are either experienced *Qualified Mental Health Interpreters*, or are clinicians who have completed the training themselves.

Support for the training came from the ALDMH/MR Division of MI and from Gallaudet University Regional Center. ✍



Robin Dean emphasizes a Demand Control theory point during MHIT training

Again this year, the faculty included the best minds in mental health and interpreting in the nation. Returning from last year's faculty were; Dr. Robert Pollard, Roger Williams, Shannon Reese, and Steve Hamerdinger. We were incredibly fortunate to add Robyn Dean to the faculty this year. Her

Participants were enthused with the training. One participant commented that, *"[d]ue to this eye-opening training, I have been able to see the perspective of several consumers who are struggling with mental health issues that impact their jobs, families and safety. Because of that understanding, I have been able to help the consumer relay to 'powers that be' where they stand and what they need in order to continue being productive in the workplace."*

Those who completed the training are now eligible for a mentored practicum in which they will be able to hone newly-learned skills under watch eyes of supervising interpreters. Practicum supervisors, who have to be approved by the Office of Deaf



Perennial favorite Bob Pollard entralls participants as Robyn Dean looks on

FIRST CERTIFIED DEAF INTERPRETER (CDI) TRAINING IN ALABAMA: A TREMENDOUS SUCCESS!

*By Shannon Reese,
Coordinator, Region II*

Twenty four deaf participants from Alabama, Tennessee, Louisiana Georgia, and Virginia attended Alabama's first ever training for people who are deaf and want to work as intermediary interpreters with deaf consumers who are dysfluent. The training was held November 12 – 14 at the Montgomery Mental Health Authority.

Carole Lazorisak who has been in this field for over 30 years, was the presenter. She holds a BA from Gallaudet University and earned her Masters from New York University. She also holds two national certifications: Registry of Interpreters for the Deaf (RID): Certified Deaf Interpreter and American Sign Language Teacher Association (ASLTA): Professional; Master Mentor.



2004 CDI Training Participants

Teachers Association and Alabama Association of the Deaf. It was offered as a part of the Alabama Mental Health Interpreter Training series conducted by Office of Deaf Services.

The training was designed to provide an overview of the role of a Certified Deaf Interpreter (CDI) and focused on the role and function of Deaf Interpreters and interpreter Code of Ethics. Of special interest was how CDIs process information and make use of it.

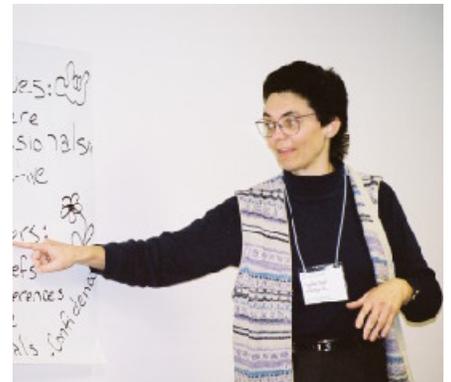
According to the Registry of Interpreters for the Deaf, a deaf interpreter is "an individual who is deaf or hard-of-hearing...has specialized training and/or experiences in the use of gesture, mime, props, drawings and other tools to enhance communication. The CDI has knowledge and

understanding of deafness, the Deaf Community, and Deaf Culture" Thus, a CDI serves to facilitate communication between a deaf/hard of hearing/late-deafened consumer and a hearing interpreter using specialized skills to help the deaf consumers with dysfluent language understand the information.



*2004 CDI Training Instructor
Carole Lazorisak*

The workshop was a collaborative effort between the Office of Deaf Services, The Alabama Chapter of the American Sign Language



Alabama's Kayleen Pugh adds her thoughts

The Office of Deaf Services has recognized the value of CDIs and has committed not only to using them in situations involving dysfluent deaf people, but also in providing training for deaf or hard of hearing people who wish to become CDIs. The Alabama Department of Mental Health and Mental Retardation fully supports this effort.

The process in becoming a CDI requires considerable work. Candidates are required to go through a three-step process in order to become certified. They must meet eligibility requirements, including a pre testing training component (eight hours on Code of Ethics, eight hours on the Role and Function of a Deaf Interpreter), take a written test and then a performance test. For more information, see <http://www.rid.org/cdip.html>.) The training provided by ODS and its partner agencies satisfied the first step of this process. ✂

GAINING A NEW PERSPECTIVE ON CDIs

By Scott Staubach



Scott Staubach
Region I Coordinator

When I first heard about the workshop, I wanted to learn about the role of a CDI and his or her function in the

community. I have used a CDI in the past in my work as a therapist and it posed some challenging questions. During the initial group exercises, I was more of a spectator rather than a participant. I wanted to test the waters and see where the point of the group exercises led to in terms

of getting the skills necessary to be a good CDI. Interestingly, a discussion about Vygotsky's views on cognitive development (the concept of who you are and your worldview) made me ponder about my own issues. Because I'm a strong believer in the idea that external stimuli create the entity of a person and their views of the world around them, this training made me consider my own worldviews. After considerable self-analysis and recognition of my own issues, I came away with a completely new perspective of the role and purpose of a CDI.

After becoming more involved in the group work and exercises, I truly gained utmost respect for the CDI and their role in communication. This task is not a simple one. Not everyone is cut out for this work and I now do not take the task a CDI has to do

lightly anymore. Deaf consumers will suffer the consequences if a CDI does his/her job ineffectively. This is a huge burden for a person to be responsible for communication whether it is in medical, legal, or psychiatric settings. This is a growing field, one that deserves great respect.



Dana Hughes (TN) Carla Berghult (GA) and Flo Vance (AL) ponder an exercise during the CDI Training

MORE NEW STAFF AT ODS: DAWN MARREN IS REGION I STAFF INTERPRETER



Dawn Lackey Marren has accepted the position of Regional Interpreter at the Mental Health Center of Madison County in Huntsville. She began her duties on October 6th.

Dawn came to us from the Talladega Regional center of the Alabama Institute for the Deaf and Blind. Prior to that, she worked as an interpreter at Jacksonville State University. She was trained at the Basic Interpreter Training Program at the University of Tennessee in Knoxville. Since then she has continued to grow in post secondary settings for JSU, UAB, UA and several Jr College programs. She holds state licensure, and NAD IV certification. She hopes to complete requirements for Qualified Mental Health Interpreter in the near future.

Dawn became interested in Deaf culture after working with a crew of Deaf professionals on a summer job. She thought they were a wonderful bunch who made everyday activities fun and refreshing. She then immersed herself into the deaf community, learning to sign from deaf people. Three years later, she met her first interpreter role model, Dee Johnston. With mentoring from her, and molding from the community, Dawn's interpreting career began.

Recently married, Dawn and her husband, Mike, are enjoying life on Lake Guntersville and hoping to welcome a new addition to their family this December - a fuzzy pup!

PROJECT REBOUND LOOKS TO PROVIDE POST-IVAN RELIEF

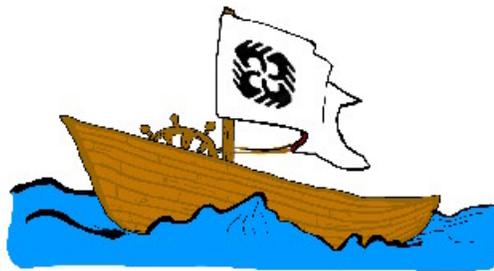
Hurricane Ivan hit south Alabama on September 15th causing untold property damage and disrupting the lives of thousands of south Alabamians. In the past, those who were deaf or hard of hearing were often neglected. They did not have access to information about relief services that were available, crisis outreach services were unable to effectively help them and they had a much harder time

recovering from disasters. This time, however, thanks to efforts of ADMHMR's disaster response coordinator, Acquanetta Knight and the Office of Deaf Services, Deaf and Hard of Hearing people will have a special focus in the disaster relief outreach operations.

Plans call for a full time team that will focus exclusively on outreach to southern Alabama's deaf and

hard of hearing people. Training will also be provided to the other outreach workers so that they will know to refer deaf survivors to the special outreach team. In Addition, ODS will be providing special training to the toll-free Crisis Line.

Look for more information in upcoming issues.



CONFERENCE ANNOUNCEMENT Navigating the Course To Quality Services

May 26-29, 2005
In Orlando Florida

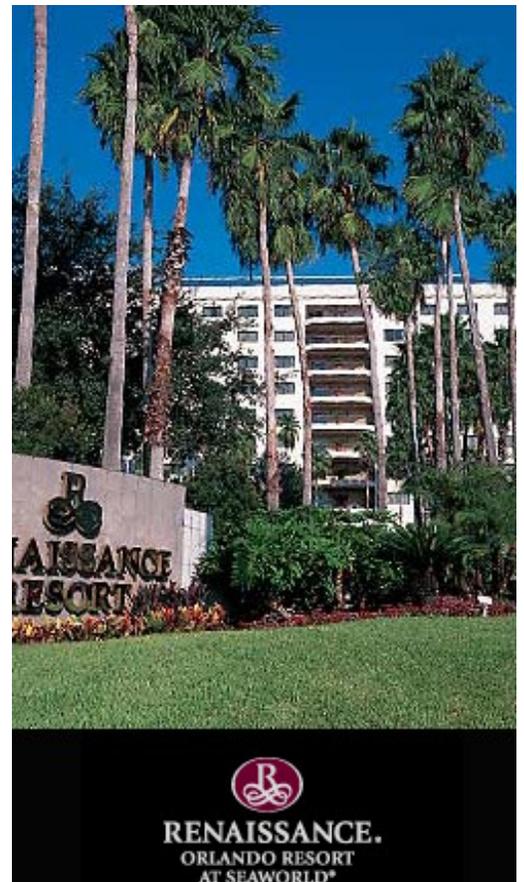
The biennial conference brings together a variety of professionals who seek to improve education, employment, mental health, and advocacy services for members of our community. The upcoming conference theme, **Navigating the Course to Quality Services**, emphasizes the commitment ADARA members share in striving for the highest quality services possible and the desire that ADARA members have to collaborate with others in their efforts.



ADARA is

- A nonprofit organization promoting and participating in quality human service delivery to Deaf, Hard of Hearing, Late-Deafened, and Deaf-Blind persons.
- A network of professionals and interested persons in the field of deafness active in their chosen disciplines. These disciplines include rehabilitation personnel, program administrators and coordinators, mental health workers, educators, social workers, interpreters, students, psychologists, and other specialists in the field.

Be sure to check WWW.ADARA.ORG for updated conference information on pre-conferences and special events



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