

# Signs of Mental Health

Volume 9 Number 3

September, 2012

## 2012 MHIT CONTINUES TRADITION OF EXCELLENCE



## Jim Reddoch Appointed New DMH Commissioner Bell– Shambley, Tarver Named Associates

This summer saw a sweeping change in the leadership of the Alabama Department of Mental Health. The Commissioner and two Associate Commissioners all left for other endeavors and were succeeded by long-time DMH veterans.



Jim Reddoch was appointed Commissioner of the Alabama Department of Mental Health on July 1, 2012 by Governor Robert Bentley. Commissioner Reddoch has more than 40 years experience in government, health care and law. Most recently, he served as executive director of Indian Rivers Mental Health Center in Tuscaloosa. Prior to that, he was director of ADMH's Taylor Hardin Secure Medical Facility in Tuscaloosa from 2000 to 2009 and director of Bryce Hospital in Tuscaloosa from 1992 to 2000.

The Mental Health and Substance Abuse Services Division is now led by Dr. Beverly Bell-Shambley. Prior to her new position as associate commissioner, she served as the director of ADMH mental illness facilities for five years, part of a career in mental illness that spans nearly 26 years. She previously served as the clinical director of Taylor Hardin Secure Medical Facility for six years, and before that as director of neuropsychology services at Bryce Hospital. She had also served in management roles at the S.D. Allen Nursing Facility and the Mary Starke Harper Geriatric Psychiatry Center.

Courtney Tarver, also with a long career of serving the state and ADMH, was appointed Associate Commissioner of the Division of Developmental Disabilities. He moves into his new role after serving for the past thirteen years as general counsel for the department. He previously worked in the attorney general's office for twelve years where he served as deputy attorney general and special assistant attorney general for the violent crime unit. Mr. Tarver has also been an assistant prosecutor for the Madison County district attorney's office and a program specialist for the U.S. Department of Justice. ✂

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### Editor's Notes

Another year, another MHIT and another issue of the *Signs of Mental Health*. The whole crew running the Interpreter Institute did a great job, as they always do. The class was impressive as well. Read all about in starting on page four.



Change has become the new constant in Montgomery as we welcome a new administration, though not new faces. Some familiar colleagues have now moved up into Commissioner and Associate Commissioner positions. They have a really tough job to do and we look forward to working with them.

ODS staff have walked off with some impressive awards this year. Charlene Crump was honored by the Alabama Registry of Interpreters for the Deaf and Wendy Darling was lauded by the Council of Organizations Serving Deaf Alabamians.

A cool project that has been up and running a while is featured on page seven and there are other nuggets and gems buried here and there through this issue, so we hope you will take the time read through it.

Let us know what you think. We love hearing from our readers! ✂

*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: Left to Right: Roni Lepore (New Jersey), Leslie Sawchyn (Ontario), Roger Williams (South Carolina) and Margo Buisson (Mississippi) do a role play at the Interpreter Institute. Lynne Lumsden (Washington) interprets (far right) See story on page 4.*

# ODS Staff Rake In Awards

The Alabama Department of Mental Health is pleased to announce the recent presentations of professional achievement awards to two of its Office of Deaf Services staff who were recognized during the 2012 joint Alabama Registry of Interpreters for the Deaf and Council on Organizations Serving Deaf Alabamians annual conference that took place this past Friday and Saturday. Charlene Crump, statewide mental health interpreter coordinator, received ALRID's 2012 Mary Lou Bingham Award during a special presentation Saturday. Wendy Darling, a regional interpreter in ODS, was awarded the Interpreter of the Year Award from COSDA during an awards luncheon on Friday.



Above, left to right: Melvin Walker, Outgoing President of ALRID, Charlene Crump, Judith Gilliam, President, Alabama Association of the Deaf. Below right: Wendy Darling (left) is congratulated by outgoing COSDA President Mona Ivey.

The Mary Lou Bingham Award, presented biennially as a lifetime achievement award, is given in honor of Alabama's first professional interpreter and champion for the professionalism of interpreting. It recognizes significant contributions and achievements toward improving the profession of interpreting in the state. The award joins a long list of Crump's accolades including the Alabama's Executive Branch Employee of the Year in 2010, ADMH's Central Office Employee of the Year in 2009, AAD Citizen of the Year in 2007, SERID Interpreter of the Year in 2004 and COSDA Interpreter of the Year in 2002. As Steve Hamerdinger, director of the Office

of Deaf Services noted, "She will modestly brush off these acclamations, but together, they attest to the esteem in which those who work with her and who are exposed to her commitment and passion hold her."

During her career with ADMH, Crump has sought to better the lives of deaf and hard of hearing people through improved access to interpreter services and better mental health services. She has been the force behind the nationally renowned Mental Health Interpreter Training Institute, which annually draws participants from around the world. Crump guided the Alabama Board of Interpreters and Transliterator from a concept to a functional, effective reality, and navigated the nation's first set of mental health standards through the process of adoption in order to have the force of law. She is also a widely published author on mental health interpreting, penning two book chapters and several peer-reviewed articles.

In presenting the Interpreter of the Year Award to Darling, Hamerdinger said the award was going, "To someone who has few peers in the interpreting world with regard to her energy, compassion and dedication to working with some of the most challenging consumers we have." Darling is the only person in the department holding a national certification to work with people who are both deaf and blind. She is admired by her peers for her untiring devotion to ensure consumers are receiving needed services, her ability to analyze and



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## DEAF SERVICES REGIONAL OFFICES

### Region 1

**Therapist, Vacant**

**Dawn Vanzo, Interpreter**

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

### 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

**Scott Staubach, Therapist**

**Wendy Darling, Interpreter**

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

### Region 4

**Therapist, Vacant**

**Lee Stoutamire, Interpreter**

AltaPointe Health Systems  
501 Bishop Lane N.  
Mobile, AL 36608  
(251) 450-4353 (Voice)  
(251) 450-4371 (TTY)



# Tenth Interpreter Institute Continues Tradition of Excellence: Full House for the Week

Mental Health Interpreter Training Project held its 10<sup>th</sup> week-long Interpreter Institute August 6-10, 2012 at Troy University at Montgomery. The annual Institute, with attendance capped at 80 participants, was "sold out" months before the opening session. Individuals from 25 different states and 4 different countries were on hand. (See "MHIT At a Glance on page 14.)

There were 32 different workshops with 43 actual clock hours of instruction. The faculty was almost entirely veterans of the Institute. Robert Pollard and Steve Hamerdinger have presented at all of the ten annual Institutes. Other long time veterans included Charlene Crump, Robyn Dean, and Roger Williams, each with nine appearances. Carter English, Shannon Reese and Brian McKenny also returned from previous Institutes. Michelle Niehaus, who presented on case conferencing for alumni, joined Frances Ralston and Sereta Campbell as new members of the nationally-distinguished training cadre.



For the fourth straight year, the Alabama Department of Mental Health's Office of Deaf Services partnered with ADARA, the Alabama Association of the Deaf and Troy University at Montgomery to conduct the internationally acclaimed program. Other contributors included Baptist Health Systems, the Montgomery Chamber of Commerce, CaptionCall, and the Huntsville Chapter of the Alabama Registry of Interpreters for the Deaf.

*Top Left: A full house of 80 participants (not counting staff and faculty) at Whitley Hall, Troy University at Montgomery. Above: Michelle Niehaus (center) leads the alumni group. This year, 17 alumni of previous Institutes attended as staff or participants. Below: Megumi Kamakawi (left) and Kota Takayama represent Japan. Bottom left: Robyn Dean (left) instructs on the principles of Demand-Control schema as Jamie Garrison interprets.*



This year was the first time that individuals from other countries officially attended the conference and it has generated much interest in replicating Alabama's mental health interpreter standards back home. Australia, Canada

and Japan were directly represented in this year's cohort.

We also accepted an application from an interpreter working in spoken languages only who thought he would benefit from the training.

"Just wanted to say how proud I am to know you all after being a part of MHIT this year. Tremendously interesting speakers and information. I literally woke up at 3 am one



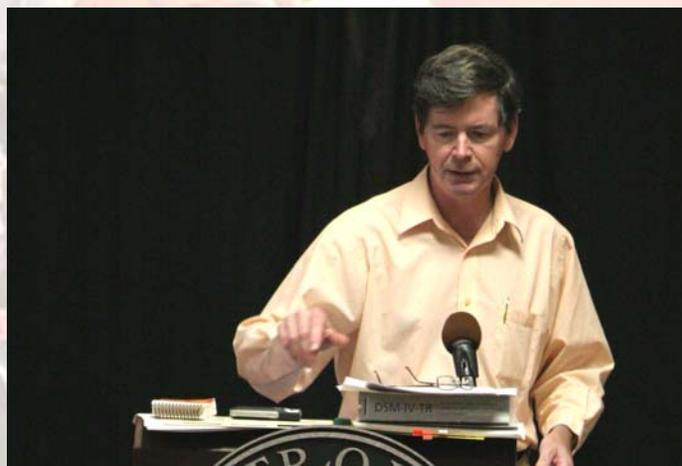
Above: The "Hearing Voices" activity is an annual crowd-pleasing eye-opener. This year it was led by Charlene Crump. Right: Roger Williams (kneeling, right) coaches a role-playing session on using Deaf interpreter/Hearing interpreter teams. (Left to right: Ramon Norred, Megumi Kamakawi, Ellen Roth, Marla Berggoetz, Charlene Crump and Lynn Lumsden. Below: "You put your right hand in, You put your right hand out, You put your left foot in, And you shake it all about, You do the hokey pokey, and you turn yourself around, That what it's all about." Early Bird and Brown Bag sessions give participants a change to learn and practice new skills not taught in the regular sessions. This one, Personal Safety, taught by Brian McKenny, (second from left) was very well-attended. Susan Davis puts a move on Betsy Wood. Bottom right: Bob Pollard, has presented at all ten Institutes.



night with a 'eureka!' [moment] about demand-control," one interpreter from Alabama mentioned.

Since the first Interpreter Institute, 626 different people have been trained, an average of 54 new people every year. Many of them have come to more than one Institute. We have had 16 different faculty members over the years with Dean, Pollard, Crump, Hamerdinger and Williams the longest serving core faculty members. Every state, save four, has sent participants at some point since 2003.

There is tremendous interest in the 2013 edition of MHIT and there were 35 individuals on the waiting list with 13 confirmed registrations even without the dates having been set. Announcement of the date of next year's training should come out in December. 



## ODS Continues to Provide Language Competence Testing for State

The Sign Language Proficiency Interview (SLPI) is the standardized mechanism used by the Alabama Department of Mental Health to assess the American Sign Language skills. Developed at Rochester Institute of Technology, it has been validated and proven to be a reliable measure of sign language fluency.

It is important to keep in mind that language competence is not the same thing as interpreting ability. Often people who do not work in the field of deafness confuse ASL fluency with ability to interpret. Interpreting requires fluency in both languages the interpreter works between, but that is just the starting point. Interpreters must also possess the ability to handle complex cognitive demands involved in manipulating concepts in the two languages, often while processing both simultaneously.

The SLPI, by contrast, is intended to look at how well a person can express their own thoughts in ASL, not interpret someone else's concepts. Much attention is paid to language constructs as used by "grassroots" deaf people and the ability to "follow the rules" of ASL discourse.

This tool is utilized to assess ASL fluency of future hires for DMH, Alabama Department of Rehabilitation Services and the Alabama Institute for the Deaf and Blind. It is also used to screen sign language students entering the Interpreter Training Program at Troy University, and to assess members of the community who need a marker of their conversational sign skills.

The evaluation process has three parts: the interview, panel rating, and review/feedback. This process typically takes about three hours to complete start to finish.

For several years, The Office of Deaf Services has been the lead agency in providing SLPI tests used by all these agencies. It is another way that Alabama programs partner to better use scarce resources.

Over the past twelve months, ODS staff and partner agency staff collaborated on 65 evaluations. Of these, a vast majority have been for Troy University's Interpreter Training Program. As part of the Department's commitment to support

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## End of an Era

Greil Psychiatric Hospital closed its doors on August 31<sup>st</sup> after over 40 years of serving central Alabama. It also marked the end of specialized in-patient services for deaf people via the Bailey Deaf Unit. While a number of deaf people have been able to find placement in linguistically appropriate programs, another group is unable to transfer to community living due to court status or additional challenges to greater independent living.

In a previous article, plans the Alabama Department of Mental Health were making to close the Bailey Deaf Unit and shift operations to a more consumer-focused, community-oriented step-down program were discussed. That concept, embraced by Department leadership, is not possible at this time due to the size of the budget deficit.

The Governor's plan to patch the deficit is dependant on voters approving a \$126 million dollar fund transfer from the Alabama Trust Fund to the General Fund in a special election in September. Should it fail, the Department's budget problem, now about an 11 million dollar shortfall, will likely triple. The matter goes to the voters about the time you get this issue of the ***Signs of Mental Health***.

The last issue of SOMH also reported that nine new beds opened in the community, three in Woodville and six in Clanton. These are welcome resources. They are not available to some of the consumers from the Bailey Deaf Unit, however. There are many reasons why this is so, regardless, there is a core group of deaf people who will need support and care that is beyond what is available in the community. These individuals have now been moved to Bryce Hospital in Tuscaloosa.

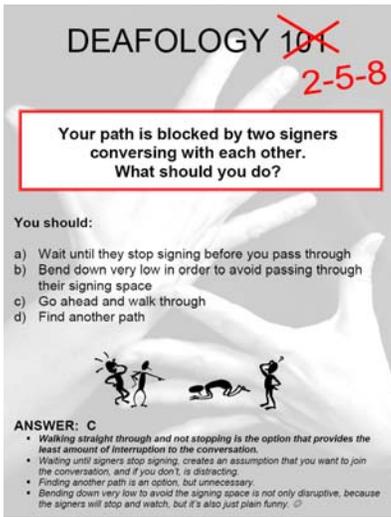
To support the new group of deaf people that has been relocated, Bryce has hired a group of five Deaf Care Workers, a position that was unique the Bailey Deaf Unit. Still, programming will not replace the old BDU, nor can it have the same "Deaf" feel to it when programming included a director, psychologist, social worker, recreational specialist, communication specialist, etc., which allowed almost all services to be provided within a shared cultural and linguistic framework. It is now a group of deaf people who are placed in a "profoundly hearing environment." Everyone is struggling to adapt and improvise.

Worries still linger for vulnerable deaf people who have mental illness. For years the Bailey Deaf Unit has served as a place where deaf people have a safe harbor in ASL. That is

*(Continued on page 11)*

# Thought-Provoking Poster Series

## Educates and Entertains



For more than a year, the Office of Deaf Services has been distributing a weekly flyer entitled "Deafology 2-5-8," throughout the mental health system. What started with a distribution of 12 has grown to least 1,500.

The "at least" is because the first recipient often distributes through their networks. Total reach of

necessarily work exclusively with them. It appears that the flyers are hitting their intended audience.

Bryce Psychiatric Hospital Staff Development Trainer, Jim Swain, said, "I have truly enjoyed the 'Deafology' flyers. I have found that they give wonderful insights into the deaf culture, and have cleared up some misunderstanding and misinformation on my part.



The ones that I have seen have helped my understanding immensely."

the flyers is well above 2,000. The first one (shown above) was displayed on the ODS bulletin board July 5, 2011. It became a weekly feature soon after.

"I'm curious and I'm guessing it was explained in a past flyer – why 258 instead of 101? I assume it's something specific to deaf culture and I'd love to know more," Erica Weseman, the clinical director at Mountain Lake Mental Health Center told us.

The title is a play on a series of comedy routines performed by deaf comedian Ken Glickman, whose Deafology 101 and 102 shows have toured the nation and beyond. The 2-5-8 is taken from an American Sign Language slang usage for "Very Interesting." (Try signing it! )

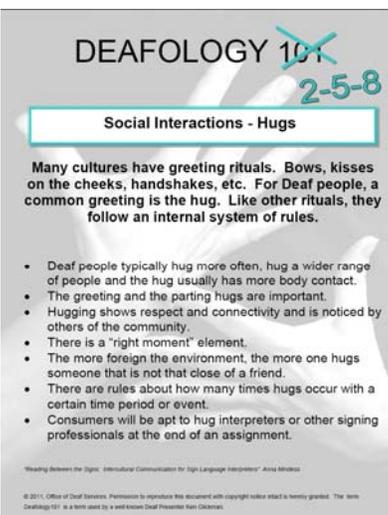


The impact has been great enough that the Office of Deaf Services was requested by the Associate Commissioner to distribute them to all the facilities and contract providers under ADMH. "It's really neat how far Deafology is reaching and there is a bit of an 'office pool' going on each week as to how much buzz that week's edition will get," Charlene Crump told SOMH.

The flyers have gone far beyond Alabama's mental health system. Karen

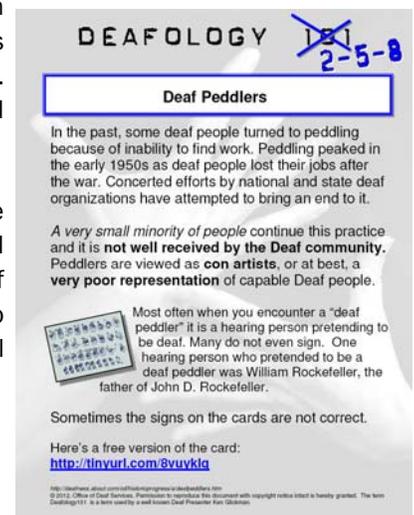
Voss Dishno, the KODA Camp director in Wisconsin wrote us, "A coworker had been sending out your articles on incidental learning. This is a great tool I could use for the camp!"

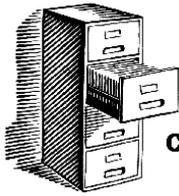
It's a great tool for use anywhere the Deaf and Hearing worlds collide. If you want to be added to the distribution list, email [Charlene Crump](mailto:Charlene.Crump@somh.org).



Topics for the flyers vary and follow a loose rotation. Among the classes of topics used are language and culture, sports, history, socialization and humor.

They flyers were intended to provide quick exposure to Deaf Culture for people who are exposed to deaf consumers but do not





## From the ODS Case Files: Challenging Cases, Creative Solutions

*\*Disclaimer. Identifying details have been changed to protect confidentiality.*

Ms. Palmer is a 58 year old Caucasian female who is Deaf and uses sign language to communicate and is diagnosed with major depression with psychotic features.

### Language Usage:

American Sign Language is used as her primary and preferred means of communication. Her signing is clear and accurate, and produced at a slightly slower than normal rate.

She tends to have difficulty learning newer vocabulary words and appears to have difficulty finding the right word (sign) to convey her thoughts.

She has some noted difficulty expressing and receiving fingerspelled words. She will often begin fingerspelling a word and will forget what she is spelling before she completes the word. Occasionally, she will substitute letters to fill in the ending of the word.

It was noted that during conversation, she would occasionally make comments that diverged from the message – the signs/comment made sense within the comment itself, but not within the context of the overall message. After the short comment, she would return to the original discussion.

It has been observed that she will copy signs of other people as they are communicating with her (simultaneously) and then will respond.

She states that she has the ability to speak and that she uses it in conversations with hearing individuals who do not sign; however, neither her attempts at spoken English nor speechreading see effective.

### Background information (related to language development)

Ms. Palmer has bilateral deafness as a result of exposure to Congenital Rubella Syndrome. Her hearing loss is reported to be in the severe to profound range.

She attended the School for the Deaf from ages 5 to 15. She reports that she learned American Sign Language there. Upon leaving the school for the Deaf, Ms. Palmer reports that she was mainstreamed in high school, but, she quit school before graduating and did not complete her General Education

Diploma (GED).

Ms. Palmer is the only deaf member of her family of origin. She reports that she communicates with her mother through speech, but that her brothers and sisters do know some sign language, primarily fingerspelling. She does have one son who is hearing and knows sign language. Ms. Palmer has been residing in a group home since 2004, with intermittent hospitalizations.

### Discussion on Language:

*Language information related to Language Deprivation: (Glickman, 2007)*

- May possess fund of knowledge deficits, poor vocabulary, sign features formed incorrectly, may be missing topic-comment, clear referents, time indicators or grammar, repeated signs, isolated signs/phrases, use of 3rd person, inappropriate use of visual space.

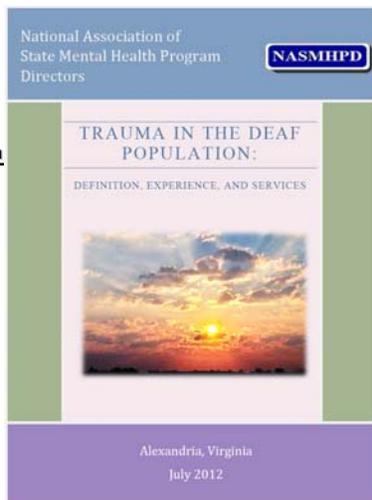
*Language information related to Congenital Rubella Syndrome*

- Although not all individuals are impacted the same way, individuals deafened as a result of CRS may exhibit a variety of issues that can be progressive throughout their lives.
- There are a host of conditions that may be present, manifest later or worsen throughout the remainder of their lives. Some of these may have impact on mental ability and or language. These include diabetes, thyroid, congenital cardiac problems, intellectual disabilities, autistic like behaviors, dyslexia, developmental delays, cognitive skill problems, visual memory and processing problems, poor balance, dyscoordination, deaf-blindness, kidney problems, change in hearing or visual abilities, decline in IQ from childhood, increased premonitory motor and behavioral abnormalities, early menopause, psychological problems and behavioral problems, specifically impulsivity and attention deficits etc.
- Language abnormalities present may include brief intermittent periods of language incoherence (similar to, but with a different origin to incoherence as a psycholinguistic error) in either expressive or receptive language, copying of receptive conversations, tangential comments, disparate weaknesses

*(Continued on page 10)*



Tate, Candice. (2012). *Trauma in the Deaf Population: Definition, Experience, and Services*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD)



[Item can be downloaded from NASMHPD here.](#)

This paper consists of three main sections – background, key consumer and professional interview findings, and recommendations. The main theme expressed throughout these sections is that today’s behavioral health system both public and private rarely meets the trauma treatment and/or behavioral health needs of Deaf individuals. There are a myriad of factors that contribute to this theme, including insufficient research and training on how trauma affects Deaf individuals, lack of available evidence-based trauma treatments, and lack of a culturally and linguistically accessible workforce.

In the background section, definitions are provided for hearing loss, language dysfluency, trauma, and trauma-informed care. Prevalence data on hearing loss and trauma is presented. Further, a brief overview of resources on Deaf culture is provided and some of the major issues in behavioral health and Deaf culture are discussed.

In the key consumer and professional findings, the report details expert findings based on the experiences and observations of Deaf consumer and professional key informants in Deaf-related fields. Key professionals noted barriers across all system and service areas, as well as noted significant gaps in research and knowledge. The findings from the key consumer informant interviews encompassed four main themes:

- Communication barriers are a significant impediment to trauma recovery.
- Misunderstandings of cultural differences can lead to misdiagnosis.
- Trauma is often experienced as a result of communication barriers and vulnerabilities.

There is a lack of awareness of the concept of trauma, trauma symptoms, and resources, if available.

Finally, recommendations are based on the literature review and key informant interviews. They are targeted towards researchers, policy makers, stakeholders, and the Deaf community. These recommendations are intended to assist these target audiences in taking collaborative action to provide a culturally and linguistically accessible system of care to serve the needs of Deaf individuals who have trauma backgrounds.

## Hot Off the Presses: Important Articles You Must Read

Yakushko, Oksana (2010). Clinical Work With Limited English Proficiency Clients:

A Phenomenological Exploration. *Professional Psychology: Research and Practice* 2010, Vol. 41, No. 5, 449–455.

Because of an increasing number of immigrants to the United States, many clinicians are faced with challenges and opportunities presented in working with clients through language interpreters. This article describes a phenomenological investigation focused on the processes related to therapy with limited English proficiency (LEP) clients through interpreters. The focus of the study was on clinicians’ perceptions regarding professional and personal factors influencing services with LEP individuals, as well as contextual aspects of this work. In addition to highlighting specific characteristics and training needed for clinicians and interpreters who work with LEP clients, the readers will also learn about systemic changes that could improve the provision of mental health care to these clients.

Simon Gibbon, Colin Doyle, (2011) "The development and future of deaf forensic mental health services", *British Journal of Forensic Practice*, The, Vol. 13 Iss: 3, pp.191 - 196.

Purpose – This paper aims to review the need for and development of specialist deaf secure mental health services. Findings – In 2001, Young et al. highlighted the needs of deaf mentally disordered offenders and the requirement for specialist forensic mental health services for this group. Since then several DoH guidance documents have been published that, amongst other things, highlighted the need to develop deaf forensic mental health services. There have been substantial service develop-

*(Continued on page 11)*

## From the ODS Case Files

(Continued from page 8)

in aspects of language, difficulty word finding, difficulty learning new words and/or difficulty with remembering/using fingerspelled words.

### Language strengths (ASL):

- Clear and accurately produced language, broad range of vocabulary, appropriate use of grammar, ability to discuss a myriad of topics, and willingness to participate in conversations with others.

### Language weaknesses (ASL):

- Affective facial expressions do not always match message content. Prosody, especially speed of signing may change dramatically from one encounter to the next. Pretends to understand information when attempting to enter into conversations with individuals who do not know sign language. Responses may sometimes be “off the mark” from the original message. Difficulty with fingerspelling, word finding and learning new vocabulary.

### Communication Strategies (for signing therapist and interpreters)

Ms. Palmer’s preferred mode of communication is ASL. This is best provided by sign language accessible programs such as use of direct communication in sign language or an interpreter.

Writing should not be used as a primary mode of communication. Although Ms. Palmer reads at approximately a 3<sup>rd</sup> grade

level, she does require clarification of meaning beyond what is written for full comprehension.

Ms. Palmer has no lip-reading abilities or distinguishable speech. Therefore, it should not be used as a substitute for communication in sign language.

It should be noted that Ms. Palmer has historically discussed specific topics prior to decompensation of her mental status. These topics include her uncle (she has not provided a name for him) of Middle Eastern descent and the purchasing of pajamas with kittens on them. ✂

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## ODS Continues to Provide Language Competence Testing for State

(Continued from page 6)

interpreter training in Alabama, ODS provided, at no charge, 56 evaluations for students who need specific SLPI scores to enter or to graduate from the program. This is in addition to providing substantial stipends to several students in the ITP.

The other large block of SLPI evaluations are done to measure language competence for future hires in various programs. DMH community program standards have specific SLPI requirements for certain job classifications and, of course, positions in Deaf Services also have SLPI requirements.

Being a SLPI test center is a lot of work but it is also a way to partner with other agencies in building a better service continuum for deaf and hard of hearing consumers all across Alabama. It's one more way that the ODS serves not just deaf people with mental illness, but everyone in the state. ✂

## 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 interpreters 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*

*Vanessa Less, 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*

## Articles You Must Read

(Continued from page 9)

ments in this area but substantial gaps remain – most notably, a lack of specialist mental health provision for deaf prisoners.

*Gentili, Nicoletta and Holwell, (2011). Andrew Mental health in children with severe hearing impairment Advances in Psychiatric Treatment. 17: 54-62.*

Deafness does not in itself cause emotional/behavioral or cognitive problems or psychiatric disorders. However, children with hearing impairment are at greater risk of developing emotional/behavioral problems and neurodevelopmental disorders. The incidence of both seems to be higher in deaf children from hearing families. Most prelingual deafness is caused by recessive genes; hence, most deaf individuals come from hearing families, the majority of whom do not use sign language. Numerous studies, in both hearing and deaf populations, show how the lack of access to language has an impact on the emotional development of children. This article focuses on the mechanisms by which early language deprivation mediates emotional/behavioral difficulties and consequent emotional dysregulation, and may produce behaviors and symptoms that can be misdiagnosed as neurodevelopmental disorders in deaf children and adolescents (from infancy to 18 years of age). ✎

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### End of an Era

(Continued from page 9)

now gone. True, Greil has closed for hearing people as well, but it is important to keep in mind the difference. Hearing people will be able to go to special “crisis units” or acute care programs for hearing people run by the private sector through designated mental health facilities or contracts with private medical hospitals and interact with staff who speak their language. What about deaf people?

Given the magnitude of budget cuts for the coming year, it may be difficult to move it forward with Deaf Services until some time in the future. The leadership at ADMH is very aware and sensitive to this and several short-term remedies are being studied in an effort to create a safety net option that is linguistically appropriate for deaf people, taking advantage of the state programs that will remain open. The number of community beds opened since April is nearly equal to the number of beds that are lost due to the closing for the Bailey Deaf Unit. ✎



This past summer's events included what has become a standard trip to the Breakout Conference in Atlanta. Breakout was originally a conference on Psychosocial Rehabilitation with Deaf People. Of late, under the auspices of ADARA, it has become a more generic community mental health for deaf people. It has always been a chance to talk shop with other people who spend their days toiling in the oft-neglected vineyards of the severely and persistently mentally ill in the Deaf Community.

One of the humorous acronyms that got tossed around as much as a beach ball at an Atlanta Braves game is SHP – or "Stupid Hearing People." Of course, in our shop we tend to use somewhat pithier epitaphs.

Sometimes our deaf-impaired friends are puzzled as to why we cast aspersions on their mental capacity. Perhaps the [following story will illustrate](#).

Hunter Spanjer says his name with a certain special hand gesture, but at just three and a half years old, he may have to change it.

"He's deaf, and his name sign, they say, is a violation of their weapons policy," explained Hunter's father, Brian Spanjer.

Grand Island's "Weapons in Schools" Board Policy 8470 forbids "any instrument...that looks like a weapon," But a three year-old's hands?

"Anybody that I have talked to thinks this is absolutely ridiculous. This is not threatening in any way," said Hunter's grandmother Janet Logue.

"It's a symbol. It's an actual sign, a registered sign, through S.E.E.," Brian Spanjer said.

S.E.E. stands for Signing Exact English, Hunter's sign language. Hunter's name gesture is modified with crossed-fingers to show it is uniquely his own.

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## AS I See It

(Continued from page 11)

"We are working with the parents to come to the best solution we can for the child," said Jack Sheard, Grand Island Public Schools spokesperson.

Seriously? That requires work? It's the kid's name! It's Hunter. Will they require him to change his English name because some PETA-type animal hugger will be upset about it? It takes maybe 30 seconds of half-bassed effort for formulate the germ of a thought to realize that a kid's name, signed or spoken, is not a threat. No more of a threat than a child named Berretta. Would the school have, "come to the best solution we can for the child" were the kid a hearing kid named Remington? What Colt? What about all the Smiths out there? (Note to self: name next son Smith Wesson...)

When SHPs are confronted with Deafisms, their brains freeze. They lose all capability of anything approaching rational thought. That we even have people in positions of responsibility over deaf kids that would spend a nanosecond contemplating such utter ridiculousness is farcical.

But not rare. Not at all. In fact, it's the more common than exceptional.

We see the same kind of thinking permeate social services the width and breadth of this land. Education provided this week's imminently mock-worthy example. [How about the story out of Tempe, AZ last month?](#)

A group of deaf people living in Tempe together fears the federal government will break them up.

"I love it here and feel so good being able to converse and socialize with other deaf people," said Loretta Hamel, 96, through an interpreter.

That's no longer the case here at Apache ASL Trails.

The building houses special needs people and was designed for deaf people.

Recently, the U.S. Housing and Urban Development, or HUD, has been making noise about their living arrangements, accusing management of violating the Fair Housing Act.

"They feel it's intrusive. I get the sense HUD is almost coming in here saying they want to get rid of all these deaf people," said tenant Bernie Horwitz, 72.

Management is accused of allowing too many people

with the same disability to live together and not having enough diversity in the building.

Let's see... the point of building deaf apartments is to allow deaf people to live together, right? Oh don't be silly. We can't let deaf people live together. We have to scatter them all over the place so they are isolated and separated from anyone who can communicate with them, so sez our mighty and enlightened gubmint bureaucrats.

Year ago, when I was young, foolish and angry (with apologies to Mick Jagger), I sat in a high-level state meeting discussing interpreter qualifications in public schools. I held the position that "interpreters" working with deaf kids ought to be competent signers. Apparently that was utterly unreasonable in the minds of public education officials. They were particularly incised that I was calling for certification of interpreters working with elementary school deaf kids. As the state director of Special Education in that state said on the record, "We put the weakest interpreters in the lower grades because the kids have less language. They can learn together." "So you put teachers who have poor English in kindergarten, right?" I asked. Much hilarity ensued as the by then purple-faced politico denounced my flippancy between hyperventilating bloviations as to my ancestry.

What is it about deafness that causes people, who clearly must not be moronic, to loss all touch with common sense and reasoning ability?

This brings us back to Grand Island Public Schools and the inability of SHPs to comprehend that Deaf people are different. I sit in a lot of policy and planning meetings and I hear a lot of ideas tossed around for fixing the world at seem pretty cool. Until you throw a non-English speaking person in the mix. Then the train screeches to a halt, while people go deathly silent or let out a string of sputtering string spittle-specked "But"s.

The reality of it is that we will always have people who will not fit into those nice square bureaucratically approve pigeonholes. As I See It, we are better off planning for them instead of trying to force them into programs that don't fit because we failed to account for the differences. ✂

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## ODS Staff Rake In Awards

(Continued from page 3)

respond effectively and efficiently to requests and problems, and her positive energy. Hamerdinger also stated, "She exemplifies the very best of what civil service should be."

Darling's Interpreter of the Year Award joins another recent recognition as ADMH's Central Office Employee of the Quarter in April 2012. ✂

# Positions Available In Deaf Services

**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, 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 the Birmingham positions, contact:*

Malissa Galliher, MACN  
Director of Deaf Services  
JBS Mental Health Authority  
956 Montclair Road, Suite 108  
Birmingham, AL 35213  
205-380-4367(Voice)  
205-623-0361(TTY)  
[mcates@jbsmha.com](mailto:mcates@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

Lori Redding, MHA  
Director of Human Resources  
Chilton-Shelby Mental Health Center  
[lredding@chiltonshelby.org](mailto:lredding@chiltonshelby.org)  
office: 205/668-4308

## Second Deaf Interpreter Passes QMHI Test

**Tamera Fuerst**, a Certified Deaf Interpreter from Wisconsin, has become the second deaf person to earn certification as a Qualified Mental Health Interpreter. She joins **Judith Gilliam**, of Alabama as the only deaf QMHIs in the country.

Wisconsin has the largest group of QMHIs outside of Alabama



# Alabama Mental Health Interpreter Training at a Glance 2012

## Vital Statistics

- MHIT is in its tenth year and constitutes a week long training consisting of 43 hours of actual classroom time.
- 100 individuals (80 Registered Participants) participated in the training this year and a total of 626 individuals have been trained since its inception. Several individuals have taken the training more than once, these numbers are not duplicated in the total number of participants.
- Over 35 people were on the waiting list with many other callers that didn't apply.
- Hearing status of attendees: 7 Deaf, 2 Hard of Hearing, 71 Hearing.
- Participants hailed from 25 States and 4 Countries. (1 Australia, 5 Canada, 2 Japan, 1 Ukrainian/English Interpreter).

Alabama (11)

Australia (1)

Arizona (1)

California (3)

Canada (5)

Connecticut (3)

District of Columbia (1)

Florida (3)

Georgia (14)

Illinois (2)

Indiana (2)

Japan (2)

Kentucky (2)

Louisiana (1)

Massachusetts (5)

Michigan (1)

Mississippi (1)

Minnesota (1)

Missouri (2)

North Carolina (2)

New Jersey (1)

New Mexico (2)

New York (1)

Ohio (4)

Pennsylvania (1)

Tennessee (1)

Texas (4)

## Sessions

- 32 different workshops with 4.3 ceus were offered (43 clock hours of training) during MHIT.
- Instructors included Robert Pollard, Robyn Dean, Steve Hamerdinger, Roger Williams, Michelle Niehaus, Charlene Crump, Brian McKenny, Shannon Reese, and Carter English, etc.

## Course List

- *MH Providers and Treatment Approaches*
  - *Interpreting in Co-occurring Settings*
  - *Working with Dysfluency in MH*
  - *Interpreting as a Practice Profession*
  - *Demand Control Schema applied to MH Interpreting*
  - *Concepts of Normalcy/Normal Differentness*
  - *Psychiatric Evaluations, DSM-IV and Clinical Thought Worlds*
  - *Ethical Decision Making*
  - *Reflective Practice/Supervision in MH*
  - *Psychopharmacology*
  - *Auditory Hallucinations Perspective of the Therapists for CDIs/DIs and VGCS*
  - *Secondary Trauma Stress/Vicarious Trauma and Self Care*
  - *Techniques for Dealing With Dysfluent Language*
  - *Sources of Communication Impairment*
  - *Role Playing and CDS Analysis*
  - *Specialty and Forensic Settings*
  - *Confidentiality Laws and Considerations*
  - *VRI/VRS and Mental Health Interpreting*
- There were eight poster sessions ("Early Bird" and Brown Bag Lunch") including: Adapting DBT Approaches to the Deaf Population, Domestic Violence and Deafness, Chart Review, Interpreting Play Therapy, Personal Protection Strategies, Adapting DBT Approaches to the Deaf Population, MH Interpreter Portfolio.
  - 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.

## Future Planning

- 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 2013: We have 13 registrants for next year with the dates not yet set.



Minneapolis, MN

May 29-June 1, 2013

**Workshop Tracks:**

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

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