

Signs of Mental Health



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



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Editor’s Notes:



The fall has been incredibly busy at ODS and this issue of the Signs of Mental Health surely reflects that. A major restructuring of the unit, same cool training events, hiring new staff people and many other activities have filled the days.

We hope you will find some interesting tidbits in this issue. Kelly Cheyne, a deaf consumer has a piece selected for the touring exhibition of VSA Arts of Alabama. Fred Vrgora has written an article on

research with deaf people that should interest many readers. Neil Glickman has a new book out, and it has been reviewed in these pages.

You will want to check out the story on Shirley Thaler. She is an inspiration.

We bid farewell to Liz Hill and welcome back to Ben Hollingsworth. There are always other highlights in Notes and Notables. Some unique recognition came to Deaf Services from different sources. The [Alabama Council on Disability](#) had a big write up in their publication *The Advocate*. You can find it on their website [here](#).

ODS, CHILDREN’S SERVICES PARTNER FOR TRAINING

ODS Director Steve Hamerdinger teamed up with child therapist Joseph Murray from the National Deaf Academy in Mt. Dora, Florida to provide an all day workshop on working with deaf children who have severe emotional and behavioral disorders. The December 4th training was held in Montgomery.

More than 35 people attended the training, which focused on issues faced when children are hard of hearing or deaf and also have severe emotional or behavioral challenges. Murray explored some of the developmental issues and how hearing loss can impact development and exacerbate the effects of underlying pathologies. He then talked about therapeutic approaches that have proven effective in working with deaf children.



Joseph Murray makes a point

Hamerdinger examined hearing loss and gave the audience a taste of what it is like to live with it. During lunch the participants were given a mild hearing loss (through the use of ear plugs) and some of the participants were also given simulated tinnitus in the form of white noise which made it harder to interact.

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ON THE COVER:

Deaf Consumer and Artist Kelly Cheyne’s painting, “Old Farm House” toured with the traveling exhibit of the VSA Art of Alabama. This was her third time having work selected for the tour.

RESTRUCTURING DEAF SERVICES



**DEAF SERVICES
REGIONAL CENTERS**

The Office of Deaf Service will have a different look in 2009. A major restructuring will take effect impacting how services will be delivered.

In the past ODS Regional Coordinators have been both clinicians and service coordinators. While extremely effective in making services available to deaf consumers, it nonetheless had several problems. The first was concerns about the potential for ethical problems and conflicts of interest. Strictly speaking, coordinators were referring consumers to themselves for clinical work. Clearly this had the potential to be construed as a conflict. Secondly, there was a concern about who "owned" the work done by the RCDs. While in practice clinical work was done under the auspices of the various mental health centers, there was no formal agreement in place. There was also insufficient clinical oversight, both in delivery and in documentation.

In 2003, Deaf Services was structured with regional staff employed by the centers. This proved to be an unworkable approach. Because deafness is a low-incident population, deaf consumers did not provide enough volume of demand in any one place to generate the revenue needed to cover the cost of having the regional staff in the centers. Even with a sizeable stipend from DMH, centers with regional staff lost money. Additionally, the staff felt isolated and centers were not able to provide a "deaf-friendly" work environment. This made it harder to recruit and retain those professionals.

In response to these problems regional staff became state employees in 2005. This proved to be a better arrangement for both the centers and the staff. Direct

clinical services were offered and expanded to include multiple centers. This structure continued until the late spring of 2008 when, following questions about liability and oversight, clinical services were suspended until a workable solution could be found.

In the summer, Division for Mental Illness Associate Commissioner, Susan, Chambers and DMH Lead Attorney, Courtney Tarver, had several meetings with ODS staff and stake holders to seek answers to those concerns. Several suggestions were floated, including transferring all the regional staff back to the mental health centers. It was widely agreed that this approach was unworkable back in 2003 and it would be equally unworkable now. The Department took the position that it was important to keep all Deaf Services staff as state employees. Ms Chambers explained that, "During my time as facility director at Greil, I became convinced of the value of having clinicians who are deaf working with consumers who are deaf," said Ms. Chambers. "This requires a culturally affirmative environment for both the consumers and the staff. We have that at [Bailey Deaf Unit] and we should have that in the community programs."

There was concern that that the ethical conflict was that ODS staff were doing two roles; a quasi-regulatory function (ensuring that centers were providing appropriate access) and direct clinical services. Separating those roles by splitting the duties of the RCDs into two different jobs - in effect setting up a clinical branch of ODS. Deaf Services clinicians would then be contracted to the centers

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Region 1: Northern Alabama

Wendy Lozynsky

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

JBS Mental Health Center
956 Montclair Road, Suite 108
Birmingham, AL 35213
205-986-9213 (Voice)
205-591-2216 (TTY)

Region 3: Wiregrass Region

Ben Hollingsworth

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

Region 4: Southern Region

Vacant

AltaPointe Health Systems
2400 Gordon Smith Drive
Mobile, AL 36617
251-450-4353 (Voice)
251-450-4371 (TTY)



STATE LEADERS SIGN AGREEMENT FOR SERVICE COLLABORATION WITH DEAFBLIND CONSUMERS

On October 29, 2008 13 state agency leaders, as well as consumers and stakeholders gathered at the Capital City Club in Montgomery to renew commitments to collaborate with the Alabama Deaf-Blind Coalition in respect to services for Deaf-Blind. The agreement assures that state agencies will participate in helping to shape services offered to Deaf-Blind citizens who live across the state of Alabama.

“The State of Alabama recognizes challenges faced by deaf-blind individuals, and that it is appropriate to provide the same opportunities for success and accomplishments realized by Helen Keller.”



Robb Gatchell, Co-President of Alabama Association of Deaf-Blind (above) and Phyllis Clopton, Co-President of Alabama Association of Deaf-Blind (below) sign the Agreement.

Governor Riley signed a proclamation in June, 2008, acknowledging the influence of Alabama native, Helen Keller. It proclaimed that the State of Alabama recognizes challenges faced by deaf-blind individuals, and that it is appropriate to provide the same



Phillip Young, Chairman of the Alabama Council for Developmental Disabilities signs the Agreement. Mr. Wallis, Governor Riley's Legal Advisor (shown in background) was the guest

opportunities for success and accomplishments realized by Helen Keller. The Alabama Deaf-Blind Coalition is sponsored the luncheon and has updated the Agreement to include representatives from thirteen (13) state agencies, parents and consumers. They will be presented with framed copies of the Proclamation signed by Governor Riley.

The Coalition's initiatives began in 1985 when a state task force was formed to address the needs of the Deaf-Blind population. The focus was on agencies coming together to provide long-term supports and resources necessary for deaf-blind individuals to overcome obstacles in becoming productive citizens. A special emphasis was placed on successful transition of Deaf-Blind students from school to work. Parent groups were also solicited to help form partnerships with the interagency group.

In June, 1990 the governor sanctioned the first Alabama Interagency Agreement on Services to Individuals who are Deaf-Blind

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As I See It

Steve Hamerdinger



"It was the best of times; it was the worst of times..." So begins the *Tale of Two Cities*, Charles Dickens' historical novel examining societal dichotomy in the run up to the French Revolution. In particular, it examines the differences between Paris and London in those trying times.

As the steady drum beat of negative news about the economy casts a pall over the festivities of the holiday season of 2008, it is difficult not to reflect – and to worry – on these "times." Like Dickens we are watching the "tale of two cities" unfold as the year ends. The contrast between Alabama and some other states is striking.

Governor Riley announced proration for the education budget and an across the board 10% reduction in the general budget. Proration happens when the revenue earned by the state is not enough to cover the obligations in the state budget. This can occur when the budget, which is set in the spring, is based on assumptions that later are proven inaccurate. In the case of the fiscal year 2009 budget, the national recession has decimated state tax receipts. This has resulted a severe shortfall in money available to meet the spending set in the budget. The Alabama Constitution says that when this happens, spending cuts have to be prorated or spread proportionally across all the state government. Once the cuts are ordered, each state agency must figure out how to reach that level. Now it gets tricky.

Each agency has certain obligations mandated by state and/or federal law. In the case of the Alabama Department of Mental Health, those mandated responsibilities eat up a large part of DMH's budget. Cuts have to be made in areas that are not locked in by law.

Agencies could take the easy way out and try to cut services to groups that are less likely to give political grief. This usually means groups that have less political clout in terms of votes, money, or power. Often, this means programs serving deaf people are the first on the chopping block. We can look at what happening in other states to see this. In Virginia, the Department of Mental Health, Mental Retardation & Substance Abuse Services tried to cut out deaf services by eliminating the position of coordinator. Only the immediate and vociferous response by the Deaf Community stopped the elimination of the position. It remains to be seen

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HOLLINGSWORTH RETURNS, TAKES REGION III THERAPIST POSITION

After spending three years in North Carolina, Ben Hollingsworth has returned to the ODS team as a Regional Therapist. Hollingsworth served as Region IV Coordinator from January 2005 to November, 2005. He began his duties in Montgomery on December 1st.



Hollingsworth moved from Charlotte, where he was a staff therapist at Journey to Wellness, Inc. Prior to being the Region IV Coordinator, he was a client advocate for Tennessee Protection and Advocacy.

Holding a Bachelors Degree in American Studies from the University of Maryland and a Masters Degree in Rehabilitation Counseling from the University of Tennessee at Knoxville, Hollingsworth is a Certified Rehabilitation Counselor.

Hollingsworth, also a licensed professional counselor (North Carolina), fills one of the four therapist positions under the ODS restructuring plan. "Ben's return to Alabama is timely because of the increased focus on clinical services by ODS. I am pleased that he is here," said Steve Hamerdinger, ODS director. Hollingsworth expressed his own pleasure at returning.

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**FOCUS ON
THE STAFF:**

AMY PETERSON



Greetings...my name is Amy Peterson and I am the Communication Specialist for Bailey Deaf Unit (BDU) at Greil Memorial Psychiatric Hospital. I have found my niche working in the field of Mental Health. Working on the communication assessment of each patient, teaching communication class, teaching ASL classes for staff, functioning as a CDI working with two fabulous team interpreters, coordinating the SLPI interviews for BDU are standard duties plus I have some special projects; it's the place to be. Working with other deaf professionals is like an icing on the cake because there are no communication barriers. That is a good model for teaching the patients how to be effective advocates for themselves. Challenging myself to continue to be creative in meeting the individual needs of each patient so that they can get the most benefit from treatment is so rewarding. I strive to find other avenues to accomplish my goals.

After obtaining my bachelors degree in Elementary Education specialized in Deaf Education in 2000, I worked as Bilingual Specialist at Alabama School for the Deaf for 2 years in Talladega. Then my husband of 21 years, Jimmy, accepted the job as Executive Director of Deaf and Hard of Hearing of Northwest Florida so we moved to Pensacola. For the last 6 years I worked as Adjunct Instructor at Pensacola Junior College teaching ASL. Now I am back home, yes, to Home Sweet Alabama. Jimmy and I, along with 2 daughters, Mary Ann (17 years old) and Elizabeth (3 years old), are looking forward to making some roots in Prattville, Alabama.

Aside from work, I love to read and spending time with family especially with the girls. I am an avid game player especially with Phase 10, Solitaire Frenzy and any board games. It's a nice way to spend quality time with family and friends. Come and visit and there's a game in my closet (yes, I have a closet dedicated solely to games) that you will get addicted to. With this season in such festive mood, it's a great time to let bygones be bygones and start the new year fresh especially with positive thinking. My favorite quote: "Treat others as the way you want to be treated".

**Helen Keller Deaf Blind
Awareness Month**

By the Governor of the State of Alabama
A Proclamation
June 12, 2008

WHEREAS, Helen Keller was born on June 27, 1880 in Tuscumbia, Alabama. At eighteen months, she was stricken with an illness that left her deaf and blind. With the training and help of Anne Sullivan, she became the first deaf and blind person to graduate from college; and

WHEREAS, deaf-blindness is one of the most severe disabilities one can have; and

WHEREAS, Helen Keller's life and accomplishments to overcome the challenge of her deaf-blindness have made her name world-renowned; and

WHEREAS, it is appropriate for the State of Alabama to recognize that persons who are deaf and blind deserve the same opportunities for success and accomplishments realized by Helen Keller—the chance to lead life in the mainstream, participate in the community, obtain desirable employment, achieve independent living, and enjoy the companionship of friends; and

WHEREAS, it is in the interest of the State of Alabama to value and preserve human resources by fostering independence, employment, housing, and recreational options, and by maximizing opportunities for achievement among individuals who are deaf-blind:

NOW, THEREFORE, I, Bob Riley, Governor of Alabama, do hereby proclaim June 2008, as Helen Keller Deaf Blind Awareness Month in the State of Alabama.

Given Under My Hand and the Great Seal of the Office of the Governor at the State Capitol in the City of Montgomery on the 12th day of June 2008.


Governor Bob Riley

SHIRLEY THALER HELPS DEAF AND HARD OF HEARING CONSUMERS

Shirley Thaler is a role model. She has a hearing loss, lives with mental illness and has put her experiences to good use as she works with other people, helping them find their own path to recovery.

Thaler joined the team at the Mental Health Center of Madison County in March 2008 as Certified Peer Specialist. She has then taken on a promotion and added on case management duties in October 2008. While she serves the general population, she also serves our deaf consumers on her caseload.

Born hearing in Ft. Bliss, Texas, Thaler lived in Germany for part of her childhood. It was not easy. She had many ear infections, requiring numerous ear surgeries, resulting in a significant hearing loss. She received her first hearing aid when she was 12 years old.

Kids teased her so Thaler felt ashamed and hid her hearing aid. She was not able to understand her teachers or what was going on around her. She struggled in school. Following an unsuccessful surgery to repair her ear drum, her hearing loss worsened, making it even more difficult to communicate with people.

After recovering from the surgery, Thaler bought a new hearing aid which helped some, but she still felt like she didn't belong anywhere. Around that time, she met other deaf people in the community in Huntsville and about three years ago attended sign language classes at Alabama Institute for the Deaf and Blind Regional Center in Huntsville. She credits this exposure as helping her accept her identity as a hard of hearing person.

Thaler has had a variety of life experiences. She

attended Southwestern University in Dallas, Texas and received her Bachelors degree in Cultural Studies and her Master's in Theology. She is considering going back to school to get another Masters in the human services field such as social work or counseling. She worked as a nanny for two years and worked at SCI Systems, Inc. making satellites for four years. She was then out of work for six years due to a mental illness. A friend told her about the peer support specialist concept being promoted by the Department of Mental Health. She went to the training at Shocco Springs and, after passing the certification test, was hired by Mental Health Center of Madison County as a Peer Support Specialist. She assists clients with their budget planning, cleaning, going to the doctor, grocery shopping and does some mentoring.



Thaler, right, in her office at the Mental Health Center of Madison County. She is, to the best of our knowledge, the first deaf or hard of hearing peer support specialist.

Recently, Thaler was hired as a case manager, working with both hearing and deaf consumers. She is the first known case manager who is deaf or hard of hearing in Alabama. In a recent interview, Thaler recounted an exciting story about helping a deaf consumer in a unique ways. The deaf consumer, who is over 60 years of age, expressed an interest in voting for President but had never done so before. Thaler assisted the consumer in registering to vote and drove the consumer to the polling place on Election Day to vote. This was an extremely exciting experience for them both.

Thaler has a desire to learn more about becoming an interpreter and perhaps getting a license. She enjoys reading and loves dogs. She has a huge dog, named Brownie who is 11 years old and is dear to her heart. She says her dog has OCD. The dog insists that his food and water bowls must be in the exact same spot on a rug

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UNDERSTANDING RESEARCH WITH THE DEAF POPULATION

By Fred Vrgora



Albert Einstein once said, "If we knew what we were doing, it wouldn't be called research, would it?"

When a good number of people think of research they assume that it is dry, tedious

and statistical in nature. For most people, sadly, they would be right on all three counts; however, when research is thought of in the way of enhancing ones community or lifestyle it brings on a new significance. Understanding and conducting research with the deaf populace brings about its own challenges (i.e. language dysfluency) and ethical concerns (Pollard, 2002 p. 167). There are numerous considerations and responsibilities a researcher must ponder before conducting research within the deaf population.

To have an appreciation for research done with either the hearing or deaf population, basic concepts in research studies must first be understood. Research can be conducted in two forms. The first type is an original (new) study, which can be either pure or applied in nature. Pure research is conducted for the sake of science or the development of a particular field and applied research is conducted to study ways to solve practical problem(s). A branch of applied research is called evaluation research, which examines public programs and policies (Hagen, 2005).

A second type of research is replication, which is seen as "the repeating of the essences of a research study, using different people and situations, to determine if the basic findings are consistent with these persons and circumstance" (Myers, 2008). The more a study is

replicated the more validation it can bring to the original research - but only if the same results are produced. If different results are formed then this may imply that the data has limitations or is faulty!

Research studies appear not be given much weight within the Interpreter Training Programs (ITPs). A Google search of the ITPs throughout the country indicates that research studies are neither a core requirement nor a significant focus in the field of interpreting (Crump, 2008).

The Office of Deaf Services has undertaken the task of rectifying the need for up-to-date knowledge of current research by inviting participation in a month discussion group conducted on the Jacksonville State University Blackboard system. This discussion is open to interpreters and clinicians. An indication on how hard it is to carry out research within the deaf population was illustrated by a recent discussion that dealt with suicide. The focus was a review of literature (not a research study - original or replicated) named Suicide in deaf population: a literature review by Oliver Turner, Kirsten Windfuhr and Navneet Kapuz, (2007) who are graduate students at the University of Manchester in England. Their literature review showed that of the 1,005 studies flagged by a search of various psychological databases, only six research projects could be discovered that focused on suicide with the deaf populace. According to one of the authors Oliver Turner, that number was only obtained after key word searching some physical problems that deaf people experience as it relates to suicides (personal communication, (September, 2008). One can see the challenges of getting research-

"Many factors are at play as to why there is a lack of research conducted within the deaf population."

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AN ODS BOOK REVIEW

By Steve Hamerdinger

“Cognitive-Behavioral Therapy for Deaf and Hearing Persons with Language and Learning Challenges”

Not much excites a jaded and cynical administrator of a mental health program serving deaf consumers. Fads and theories come and go. “The Next Big Thing” usually proves to be little more than a distracting flash in the pan, diverting needed attention from fundamentals of working with people who are deaf and mentally ill. At best, these efforts are amusing for their attempts to shoehorn square pegs into round holes. At worse, they actually set the field back by causing senseless controversy. Thankfully, most of them fade out.

A few people consistently separate themselves from the pack by dint of outstanding work that stands up over time. MacCay Vernon’s voluminous work is one example. Another is Bob Pollard, who has left an indelible mark on our field through his research. Michael Harvey’s work has also stood up well over the past 25 years. Deb Guthmann and Kate Sandburg have altered our understanding of chemical dependence among deaf people. This, of course, is not to neglect significant work of others, space not permitting a full accounting. Each of these giants has contributed immensely to our theoretical understanding of mental illness among deaf people. The debt owed is incalculable.

The program administrator pines, however, not for theoretical work or even empirical research, important as both are. “Tell us how to do it,” we cry. It is well and good to know as much about the people we serve as we can. Understanding is one of Stephen Covey’s Seven Habits, after all. But after we understand, what do we do about it? This is where the old, jaded and cynical administrator, long in tooth and short on patience, wants

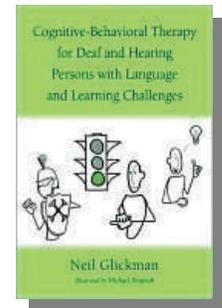
some insight. Since gaining national prominence following the 1996 publication of the groundbreaking book, *Culturally Affirmative Psychotherapy with Deaf Persons*, Neil Glickman, in collaboration with Michael Harvey, has done yeoman’s work toward providing that kind of guidance.

His *Mental Health Care of Deaf People*, co-authored with Sanjay Gulati, moved discussion from abstract theory to concrete practice. In particular, the description of his work effecting change in what he then called “Psychologically Unsophisticated Deaf” was a not so much a program description as a recipe for replicating the approach. This is the “Glickman style.” He will, of course explain why he is doing what he is doing, but far more importantly, he will tell his readers *how* to do it and challenge you to surpass his success. The CD included in that book and the techniques proffered became the model for the Communication Access team of the Office of Deaf Services at the Alabama Department of Mental Health.

Glickman’s new book, *Cognitive Behavioral Therapy with Deaf and Hearing Persons with Language and Learning Challenges*, released this past fall, has tremendously advanced our understanding of working with deaf people with severe mental illness. The somewhat wordy and unwieldy title gives scant hint to the conciseness and richness of the content.

Introducing the role of language deprivation in the development of treatment resistant people is, at least in the hands of master teacher Glickman, so painfully common-sense as to cause readers to slap themselves upside the head while proclaiming incredulity that they had not made the connection before. The verbal gymnastic employed in the name of political correctness notwithstanding, this is excellent stuff.

This is where too many articles, books, presentations, and other elucidations stop. In



Cognitive-Behavioral Therapy for Deaf and Hearing Persons with Language and Learning Challenges
By Neil S. Glickman
Published by Taylor and Frances
ISBN-10: 0805863982

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HILL NAMED NEW DIRECTOR OF KENTUCKY COMMISSION FOR DEAF AND HARD OF HEARING

The Kentucky Commission on the Deaf and Hard of Hearing (KCDHH) has appointed former ODS Regional Coordinator Liz Hill as Executive Director. The appointment was effective November 3rd.

Hill was the Region III coordinator for nearly five years. During that time she worked to improve services for all deaf consumers. She had become an integral part of the continuum of care and centers relied on her assistance. Center directors commented on her commitment. "This will be a huge loss for us," Anne Penney, CEO of East Alabama Mental Health center remarked.

Hill also co-authored an article on a model state plan for serving children with severe emotional and behavioral disturbances and was especially interested with improving care for Alabama's deaf children.

"I am honored to have had the privilege of working at one of nation's premiere mental health programs for the deaf," Hill said. "I want to personally thank Steve Hamerdinger for his leadership and, for all the support he has given me over the years. I will continue to be ODS's biggest fan in the years to come."

An effective and engaging speaker, Hill was in demand for training throughout the state. "We will certainly miss Liz but we are proud of her achievement," said Steve Hamerdinger, ODS Director. "If we have played a small role in her professional growth, we are very pleased."



"I am honored to have had the privilege of working at one of nation's premiere mental health programs for the deaf."

NOTES AND NOTABLES

BDU staff interpreter **Deb Walker** is the proud grandmother of **Brody Kyle**, born November 10th.

We note with sadness the passing of **Francis McKenny**, **Brian McKenny's** father. He was 78 and will be greatly missed by his family. R.I.P.

Charlene Crump was recently appointed to the Advisory Committee of the Interpreter Training Program at Troy University.

SAMHSA Acting Director Dr. **Eric Broderick** has named **Roger Williams** of South Carolina and **Steve Hamerdinger** of Alabama as the two United States representatives to the International Initiative on Mental Health Leadership's Deafness section. They will join representatives from other English speaking countries in researching and disseminating best practices for

mental health services to deaf people around the world.

Jenny Brantley, Administrative Assistant to Associate Commissioner **Susan Chambers**, will retire on December 19th. We wish her well. Brantley has been a tremendous help to ODS over the years and she will be sorely missed.

Consumer **David Guidice** continues his quest to be a pro bass angler with impressive showings in regional tournaments. He recently fished with Bassmaster elite pro Kevin Langhill. ODS is proud to be one of his sponsors.



Kelly Cheyne with Governor Bob Riley at the end of tour reception for the traveling exhibition. Kelly received a pin from the Governor.

POSITIONS AVAILABLE WITH DEAF SERVICES

OFFICE OF DEAF SERVICES

The Office of Deaf Services, Alabama Department of Mental Health and Mental Retardation one of America's best mental health programs for Deaf and Hard of Hearing people, is recruiting for several key positions in its community program and its inpatient program. At this time, there is a statewide hiring freeze effecting most state positions, including several in ODS. Contract providers may have positions open. Interested persons are encouraged to inquire about possibilities.

DEAF SERVICES GROUP HOMES BIRMINGHAM

MENTAL HEALTH TECHNICIANS (Birmingham)
(\$16,242 to \$17,052 FULL TIME POSITIONS)
(\$7.80/hr PART TIME POSITIONS)
(\$7.25/hr RELIEF POSITIONS)

QUALIFICATIONS: High School Diploma or GED. Must have near 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 Cates, Program Director
JBS Mental Health/Mental Retardation Authority
956 Montclair Road, Suite 108
Birmingham, AL 35213
205-591-2212 (Voice)

CURRENT QUALIFIED MENTAL HEALTH INTERPRETERS

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

Charlene Crump, Montgomery	Denise Zander, Wisconsin
Nancy Hayes, Hayden City	Brian McKenny, Montgomery
Dee Johnston, Oxford	Debra Walker, Montgomery
Lisa Gould, Mobile	Linda Lonning, Wisconsin
Dawn Marren, Huntsville	Wendy Darling, Prattville
Pat Smartt, Sterrett	Lee Stoutamire, Mobile
Frances Smallwood, Huntsville	Cindy Camp, Jacksonville
Lynn Nakamoto, Hawaii	Roz Kia, Hawaii
Jamie Garrison, Wisconsin	Vanessa Less, Wisconsin
Kathleen Lamb, Wisconsin	Dawn Ruthe, Wisconsin
Paula Van Tyle, Kansas	Joy Menges, Ohio
Judith Gilliam, Talladega	Stacy Lawrence, Florida
Sandy Peplinski, Wisconsin	

Hold the Date!

April 24, 2009

Montgomery, Alabama

Benefit Gala for Friends of the Bailey Deaf Unit Featuring An Evening with Evon Black



is a humorous one woman show, created and performed from her memories and experiences of growing up deaf with a southern country mother from Arkansas.

A light meal will be served. Tickets will be on sale after January 1st. Contact Jay Croft (jlcroft@juno.com) or Steve Hamerdinger (steve.hamerdinger@mh.alabama.gov) for more details.

All proceeds will benefit the Friends of the Bailey Deaf Unit

Friends of the Bailey Deaf Unit exists to enhance the therapeutic effectiveness of the Bailey Deaf Unit at Greil Memorial Psychiatric Hospital, Montgomery through promoting public awareness, especially in the Deaf community, of the Bailey Deaf Unit, of mental illness, and of the opportunities available for inpatients and outpatients, encouraging volunteer support from civic groups, agencies, organizations and individuals, and suitably recognizing individuals who have made exemplary efforts for the patients' welfare and rehabilitation. Contributions are welcomed.

RESTRUCTURING ODS

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to provide clinical services as requested. Associate Commissioner Chambers felt the solution was promising and committed an additional position to ODS to provide for four clinicians and still allow a service coordinator.

When this solution was proposed to the center directors it was greeted with cautious optimism. It clarified the liability issue and created a clear line of responsibility. It also kept the core of Deaf Services together under one administrative chain creating a clear “deaf unit” within ALDMH.

The details of the restructure were announced at the November 18th Deaf Advisory Group meeting. The regional coordinator positions will be changed to regional therapists. The plan calls for four such positions, which will report administratively to the Director of ODS. The on-site clinical work done by the regional therapists will be overseen by the clinical director of the center where the work is done. In this way regional therapists will be treated like any other contract professional engaged by the centers. Full implementation of this part of the program is contingent on the overall budget of ALDMH, which at this time, is worrisome. *(Two are currently frozen because of the state budget crisis. Eds.)* Two regional therapists are already on board, Wendy Lozynsky in Region I and Ben Hollingsworth in Region II. The remaining positions are likely to be frozen for the fiscal year 2009.

Centers can “opt-in” to the program by contracting with ODS. While no money will change hands, which makes the service attractive to the centers, the contracts will spell out the responsibilities of both the regional therapists and the centers. This will provide the accountability missing from

the old structure.

Centers without contracts with Regional Therapists will need to meet standards for services to deaf consumers. Those standards include well defined minimums for Sign Language competency and specialized training. There are centers well positioned to meet those standards now and they will be able to easily choose which direction they would like to go. Additionally, deaf consumers would be able to choose which centers they wanted to receive services from.

The Deaf Services Coordinator (DSC) will be the first point of contact for deaf people looking for services from ALDMH. Under the supervision of the ODS director the DSC will also service as a liaison between in-patient services and community services. The DSC will work closely with the Office of Certification to ensure that centers understand and can comply with the standards for working with deaf consumers. The DSC will also be available for technical assistance and consultation. Plans call for the DSC to be based in Central Office in Montgomery. ODS veteran Shannon Reese will assume this position.

Not everything in Deaf Services changes, however. Regional interpreters’ duties and areas of responsibility will not change. This keeps the nationally acclaimed Communication Access group intact. Nor will there be any changes to in-patient services.

“During my time as facility director at Greil I became convinced of the value of having clinicians who are deaf working with consumers who are deaf,” said Ms. Chambers. “This requires a culturally affirmative environment for both the consumers and the staff. We have that at BDU and we should have that in the community programs.”

STATE LEADERS SIGN DEAFBLIND AGREEMENT

Continued from page 4

or Multiply Disabled with Visual and/or Auditory Disabilities. Nine state agency leaders signed the agreement. Another Agreement was signed in 1996. The 2008 Agreement reaffirms the commitment and expands the number of participants.

ODS BOOK REVIEW

“Cognitive-Behavioral Therapy for Deaf and Hearing Persons with Language and Learning Challenges”

Continued from page 9

our field, we have many masters at explaining the problems. We have few who can explain what to do about them. Glickman lays a foundation and then describes a program design that includes specific interventions that work and how they use those interventions. As in the preceding book, Glickman includes a CD loaded with tools the reader can take and begin using, such as the 1,500+ skill cards drawn by contributor Michael Krajnak.

For many professionals, chapter 1, Language and Learning Challenges is worth the entire cost of the book. Channeling some of the great work of Pollard and Sussman, Glickman gives the reader a magic carpet ride tour through the history of psychiatric care of deaf people seen through the prism of language development. As an important anchor to the discussion of the centrality of language deprivation to the seemingly intractable behaviors of many deaf people with severe mental illness, Glickman takes a detour to look at hearing adolescents with language and learning problems. It's an interesting and useful approach to comprehending the issues, especially for someone who has spent their adult life working with dysfluent deaf people in a psychiatric setting.

Other chapters address assessment, pre-treatment strategies, teaching coping skills, crisis intervention and relapse prevention. The concept of helping consumers *prepare for treatment* is especially intriguing. Glickman holds that many consumers fail in treatment because they have no schema for treatment. His discussion is a step-by-step “how to” guide for increasing the consumers potential for benefiting from treatment.

Although the title makes to it sound as if Cognitive Behavior Therapy is the sole focus of the book, there is much more here. Granted, modified CBT is the closest thing to an “evidence-based practice” in mental health work with deaf consumers and the approaches embedded here are CBT in origin. Nevertheless, the reader should not assume that there is nothing here for those who do not favor CBT.

Finally, Glickman addresses some of the challenges of program design and administration within a

culturally affirmative context. The chapter is chock-full of wisdom that anyone who is charged with overseeing a program serving deaf consumers must read. To do otherwise is to commit a folly of the highest order. Most of us who have been around awhile have been pounded with “management problems” related to the clash of cultures between hearing and deaf staff. We have all flirted with the mantra of “It’s just a communication problem.” It is much more than that. It is a world view difference. Glickman shows us the importance of doing away with “us versus them” and developing a team that draws on the skills of all. My personal head slapping moment came on page 321 when Glickman opined that if he could do it all over again, “I would devote most of my energy to staff development, especially with the direct care staff who have the majority of the interactions with clients.” How true.

Whether you are a seasoned veteran with decades of experience or a newbie starting out in your first professional post graduation position, Glickman has much to share with you. Buy this book. You will not be the same after reading it. Consult it often. Your consumers will be better for it.

SHIRLEY THALER HELPS DEAF AND HARD OF HEARING CONSUMERS

Continued from page 7

every day. If not, he won't touch them! He also has to go outside with someone when doing his business or he won't go.

Thaler is the first of, hopefully, many other consumers with hearing loss who have advanced in their recovery to the point where they are able to help others on the path to recovery. She shows what can be done and encourages other to follow.



UNDERSTANDING RESEARCH WITH THE DEAF POPULATION

CONTINUED FROM PAGE 8

ers to investigate issues in the deaf population. The link below, expresses why hearing researchers study deaf people. It is signed by Candace A. McCullough, PhD, and is 9:13 in length. <http://vodpod.com/watch/323911-hearing-researchers-why-do-they-study-deaf-people>. She states that, "In order to ensure that research on Deaf people is conducted in the best possible manner, hearing researchers should make a conscientious practice of collaborating equally with Deaf researchers in all phases of their studies, with credit given equally to the Deaf and hearing researchers."

Many factors are at play as to why there is a lack of research conducted within the deaf population. One such complication is a fear of a lack of confidentiality by the researchers due to the "interpersonal familiarity of the pool of participants" (Pollard, 2002). Sometimes fund-of-information deficits and/or language deprivation make it difficult for deaf individuals to understand what is requested of them by the researcher even with highly trained interpreters (Pollard, 2002). Also researchers who find that deaf subjects are hard to locate. According to statistic offered by Gallaudet University, there are about 3.8 per 1,000 individuals who are considered "functionally deaf," <http://gri.gallaudet.edu/Demographics/deaf-US.php> and they are scattered throughout the United States, becoming cost prohibitive for researchers to locate.

The hazard of "bias in data gathering and evaluation is great" when conducting research among the deaf population (Pollard, 2002). There are numerous factors unique to the deaf population. On October 18, 2008 Charlene Crump, mental health interpreter Coordinator with the Office of Deaf Services, conducted a workshop called Working With Deaf Individuals with Language Dysfluency: Tips, Techniques and Resources in Dothan, Alabama on the Troy University campus. During this workshop she discussed factors that can influence data gathered by researchers. In particular she focused on dysfluency, which can be due to genetic causes, mental retardation, autism, psychosis and trauma, just to name a few. Additionally, language deprivation, which is a form of

dysfluency, can inhibit a person's ability to solve problems and can mar their insight and judgment (Crump, 2008). These challenges can become nightmares for researchers dealing with deaf participants in a study. A researcher must determine if any of these were factors in their data analysis, otherwise it would skew their research results.

If research on the deaf population is to be conducted ethically, it needs to be done by people who have an understanding of the deaf populace/culture. They need to have a thorough understanding of how things like language dysfluency/deprivation, syndromic causes of deafness and fund of information deficits can impact response to research questions. Programs training interpreters and other people entering the helping professions need to encourage their students to participate in basic research classes and support the development of researchers in their field. In this way people actively involved with treating and providing services to the deaf population can have more of a precise measurement of what they can do to assist their clients. Providing the correct type of research can benefit the deaf community in two ways: one, by helping promote public policy changes that improve services for deaf people, and two, by provided useful statistics that deaf people who are seeking changes through advocacy can use to bolster their cases. These types of measures can all enhance a better lifestyle for the deaf population in the US. That is why research is important and necessary!

I would like to thank Steve Hamerdinger, the director of the Office of Deaf Services who provided me this opportunity to write this article on research and to Charlene Crump, MHI Coordinator, for allowing me to use her PowerPoint presentation on dysfluency as a basis for this article.

References:

- Champion, Dean J (2005). *Research Methods for Criminal Justice and Criminology*, Third Edition. Prentice Hall publishers.
- Crump, Charlene J. (2008) Working With Deaf Individuals with Language Dysfluency Tips, Techniques and Resources. Presented October 18, 2008 at Troy

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UNDERSTANDING RESEARCH AND THE DEAF POPULATION

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University, Dothan, Alabama.

Hagen, Frank E. (2005). *Research Methods in Criminal Justice and Criminology*. Seventh Edition. Allyn and Bacon publishers.

McCullough, C. (2007, September 23). *Hearing Researchers: Why Do They Study Deaf People?* ASC on the Couch. Retrieved October 23, 2008, from <http://www.ascdeaf.com/blog/?p=323>

Myers, David G. *Exploring Psychology*. (2008). Seventh edition. Von Holtzbrinck publishers

Pollard, Robert Q., Jr. (2002) *Ethical Conduct in Research Involving Deaf People*. Pgs. 162-178. <http://www.urmc-labs.com/ncdhr/documents/PollardEthicalConductinResearch2002.pdf>

HOLLINGSWORTH TAKES REGION III THERAPIST POSITION

Continued from page 5

"I look forward to having the opportunity to make new friends and renew old friendships in my return to Alabama," he said.

Region III covers the eastern part of the state roughly from I-65 east to the Georgia state line and from the southern border with Florida north to Talladega County. Six mental health centers are within his assigned area. Hollingsworth will be based in Montgomery.

Hollingsworth can be reached at ben.hollingsworth@mh.alabama.gov.

As I See It

Continued from Page 5

if they will actually fill it, though. About eight years ago, Missouri tried to totally eliminate Deaf Services during a particularly lean year. They were unsuccessful at that time, but the leadership there did manage to slowly strangle the program, finally laying off all the deaf staff and all but one of the interpreters in 2003.

It could be tempting, I am sure, to look at the Deaf Services and say, "hmmm, do we really need to do all this?" This is not Commissioner John Houston's viewpoint, though. Unlike some of his peers around the country, he appreciates and values the work done by Deaf Services and, more importantly, genuinely cares about deaf people. So do a great many other leaders in DMH, such as Associate Commissioner for Mental Illness, Susan Chambers and DMH lead Attorney Courtney Tarver. In several meetings they have affirmed to me their commitment that they will do everything they can to protect the services that have been established here. This commitment has been demonstrated by the extraordinary support given by the Legal Office, especially by Attorney Tamara Pharram.

This is not to say that Deaf Services will not feel the pinch of proration and budget cuts. We will. But unlike other states, we will not be asked to bear a disproportionate share of the load. The budget will not be balanced on the backs of deaf consumers. We will be able to restructure our services so as to make the best possible use of the resources we have. We will not lose positions like other states. We will not have to worry that Deaf Services staff will be laid off and the program closed, as has happened elsewhere. **As I See It**, that makes it the "best of times" in midst of these "worst of times."

This is not to say that Deaf Services will not feel the pinch of proration and budget cuts. We will. But unlike other states, [t]he budget will not be balanced on the backs of deaf consumers.

ODS, CHILDREN'S SERVICES PARTNER FOR TRAINING

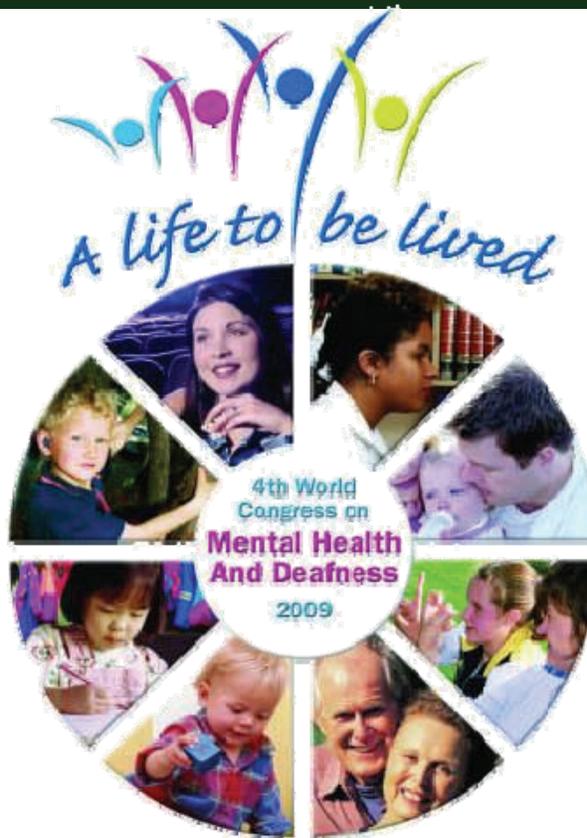
Continued from page 2

"I thoroughly "enjoyed" the lunch exercise. I found it frustrating and edifying. I also found the fresh new points very beneficial," said one participant.

The training ended with an overview of practical accommodations that can be made to work more effectively with deaf and hard of hearing children.

One of the highlights for some of the participants was that both presenters were deaf and used American Sign Language as the language of instruction. It gave the participants a taste of what it was like to spend the whole day depending on interpreters.

The workshop was a collaboration between Children's Services at the Office of Community Programs and the Office of Deaf Services. It was part of the Clinical Training Series within the Mental Health Interpreter Training Project.



4TH WORLD CONGRESS ON MENTAL HEALTH AND DEAFNESS (Deaf Services Queensland & Deaf Children Australia)

The theme for this Mental Health and Deafness congress is 'A life to be lived', focus on deaf children and adults' well being. It will take place in Brisbane, Australia from October 27 - 30, 2009. For more information, please go to www.mhd2009.org



Participants at the training struggle with a "hearing loss" during lunch. By using ear plugs all the participants were given a mild (about 35dB) hearing loss but about half the group was also given simulated tinnitus.

ODS Director Steve Hamerdinger was named Deaf Person of the Month for November by Deaf Life Magazine. He was suitably flattered but deeply embarrassed at all the fuss and he didn't want to put this in the Signs of Mental Health. A near revolt by his staff convinced him that if he didn't, he would tied to the nearest lamppost and whipped with wet noodles. Check out the profile [here](#).

Deaf Person of the Month

November 2008
Steve Hamerdinger

Director of the Alabama Department of Mental Health's Deaf Services Office, he's a nationally recognized expert on the subject.



San Antonio, Texas

REGISTRATION

		Early postmarked by 1/31/09	Regular postmarked by 3/15/09	On-site
Pre-Conference Only (member)	April 15, 2009	\$100.00	\$150.00	\$200.00
Pre-Conference Only (non-member)		130.00	180.00	230.00
I-Day Registration (member)		100.00	150.00	200.00
I-Day Registration (non-member)		130.00	180.00	230.00
Conference Only (member)	April 16-19, 2009	250.00	300.00	375.00
Conference Only (non-member)		280.00	330.00	405.00
Combo (Pre-Conference and Conference – member)		300.00	350.00	450.00
Combo (Pre-Conference and Conference – non-member)		330.00	380.00	480.00

Full-time Students and Retired Professionals receive a \$75.00 discount off of Conference Only and Combo registration (proof of status required to receive discount)

Membership (does not affect current Conference registration fee) can be added to your overall registration fee:

1 year membership = \$55.00;

2 year = \$105.00;

Full-time Student/Retired Professional = \$30.00

Foreign Member = \$75.00 and

Family = \$55.00 for initial and \$20.00 for each subsequent family member.

Conference Hotel: Marriott Plaza, San Antonio
555 South Alamo Street
San Antonio, Texas

See http://www.adara.org/pages/conf_page.shtml for more details

Pre-Conference: April 15, 2009

Conference: April 16 – 19, 2009

Happy



Holidays

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