

**SIGNS  
OF  
MENTAL  
HEALTH**

**Inside:  
Increasing Positive Outcomes with  
Better Communication**



**Volume 5 Number 2**

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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:**



Last issue we mentioned the TERPINFO listserv. As it turned out, one of our readers, Fred Vgora, was intrigued by it and did some research. We were surprised by his findings. See his note on page 13. He also contributed another column about a collaborative effort between ODS and the Division of Youth Services. We are always pleased to hear from our readers and excited when someone takes the time to write an article of interest.

One such article was written by Brian McKenny on confidentiality. It's right down there below these notes.

It has been an exciting and incredibly busy spring. We are hip deep in helping rewrite standards for community programs in the MI Division, hosted a phenomenally successful training for Deaf Interpreters, provided communication access for the annual Recovery Conference, worked closely with the Alabama Association of the Deaf to protect deaf peoples' rights to interpreters from getting caught up in a movement to cut down on illegal immigration and much more. All this in addition to serving more than deaf 200 consumers a month directly and providing coordination and technical assistance to providers working with 1,600 deaf and hard of hearing consumers a month. You will forgive us if we seem a little scattered at times!

**CONFIDENTIALITY IN MENTAL HEALTH:  
 AN INTERPRETER'S PERSPECTIVE**

*by Brian McKenny, CI, CT, QMHI*

Confidentiality is probably one of the most important aspects of both mental health and interpreting. But while the concept is well defined in mental health, many interpreters don't truly understand the concept.

It wasn't that long ago when the Code of Ethics of the Registry of Interpreters for the Deaf promulgated the "secrecy" definition of confidentiality – one that had us never sharing ANY assignment-related information. The newer NAD-RID Code of Professional Conduct outlines an expanded view of confidentiality that requires interpreters to adhere to the standard used in the particular area we are working in.

Education has a certain understanding of confidentiality. Legal has a different definition of confidentiality, as does medicine. And of course, as does mental health.

Dictionary.com defines confidentiality as "having another's trust or confidence." Not private. Not secret. Yet even in the language, the sign for confidentiality expresses that privacy or secrecy. In some circles, it's been suggested that the sign needs to evolve as our understanding does to one expressing more of a "trust" concept.

Confidentiality rarely means privacy. There may be many times where privacy

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**ON THE COVER:**

*Carole Lazorisak conducts the CDI training at Montgomery Mental Health Authority.*

# CDI TRAINING: SKILLS DEVELOPMENT

On May 23-24, 2008, the Alabama Department of Mental Health sponsored a skills development workshop for individuals who function in the role of a Certified Deaf Interpreter (CDI) or Deaf Interpreter (DI). The training, which was conducted by Carole Lazorisak (MA; CDI; RSC: ASLTA Professional), was held at the Montgomery Area Mental Health Authority.



*Carole Lazorisak discusses the difference between ASL and Visual-Gestural communication*

The training, attended by 23 participants, was designed to build on skills needed to convey concepts in gestural form. This type of work is usually done by a deaf person trained as a Deaf Interpreter. By contrast an interpreter who is hearing and works between English and American Sign Language is called an ASL Interpreter.

A CDI/DI is an interpreter who is themselves deaf and a native user of sign language, and who serves as a relay interpreter between a deaf client and a hearing interpreter when the client has idiosyncratic or nonexistent language. They are often used in critical situations where communication cannot be compromised, such as court interpreting.

ALDMH uses DIs in situations where clinicians need to be absolutely sure information is transmitted correctly or when assessment results may determine a person's freedom from incarceration.

This was the second time Ms. Lazorisak, a native New Yorker, has been to Montgomery, Alabama to provide training for individuals who are deaf and want to increase ability to work with individuals who are deaf and have dysfluent language. The focus of this training was performance and skills development. The training was open only to those who were deaf, although a few ODS staff members did audit the class.

Many individuals who are deaf and mentally ill have the compounded issue of facing extreme language dysfluency and tremendous fund of knowledge deficits stemming from their mental illness that are well beyond the limitations normally imposed on persons who are deaf. ODS



*Jeff Welborn (left) tries to get a concept across to Jimmy Smith as participants work on using gestures instead of ASL.*

*Continued on page 15*



**DEAF SERVICES  
REGIONAL CENTERS**

**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, Coordinator**

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

**Region 3: Wiregrass Region  
Liz Hill, Coordinator**

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

**Region 4: Southern Region  
Beth Metlay, Coordinator**

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



## PROGRAM STANDARDS UNDER REVISION

**“For minority groups, the standards operationalize the requirements for equal access under various Federal laws like 504 of the Rehab Act, The Americans with Disabilities Act and Title VI of the Civil Rights Act.”**

Community program standards are currently being updated, the first such major overhaul since 2004. The standards, which spell out what community programs must do to be certified, are the foundational building blocks which enable Alabama’s Department of Mental Health, Mental Illness Division to have appropriate services for all consumers, including those who are deaf or hard of hearing. For minority groups, the standards operationalize the requirements for equal access under various Federal laws like 504 of the Rehab Act, The Americans with Disabilities Act and Title VI of the Civil Rights Act.

The previous edition of the standards had many important provisions that protected people with hearing loss. It was determined as early as late 2003 that it was important to incorporate these protections in the standards in a way that covered all certified programs, rather than to establish a separate section for “deaf services.” This way, all programs certified by ALDMH would have to meet certain minimum requirements for serving people with hearing loss – even programs that are not ALDMH contract providers.

Some of the provisions were essentially unenforceable because specific measurements were not available at the time. One example is that the old standards required case management services provided to deaf people to be provided by “sign fluent” case managers or qualified interpreters. “Qualified interpreters” has been defined in Federal regulations pretty clearly, but there was no good definition of “fluent.” Since the development of assessment teams using the nationally accepted Sign Language Proficiency Interview in 2007, it is possible to peg “fluent” to a specific score on the test. There will be several standards revised like this.

The special group homes established by Jefferson-Blount-St. Clair Mental Health Authority in Birmingham and AltaPointe Health Systems in Mobile provided a practical laboratory to test some of the concepts being proposed. Their experiences provided real-world anchor points for theoretical constructs of what appropriate care looks like.

ODS director, Steve Hamerdinger, is one of the people serving on the revision committee, along with other consumer advocates and various key stakeholders. JBS Director Dr. Richard Criag and Megan Griggs, clinical director at Alta-Pointe Health Systems in Mobile, are also looking at the standards for group homes since both agencies operate specialized group homes for deaf consumers.

The standards should be ready for public comment in July. 

### SOCIAL WORK INTERN AT ODS

Kathleen Fiorini, a Social Work/interpreting student at MacMurray College in Jacksonville, IL, is working as a summer intern at the Office of Deaf Services.

Fiorini, who also attended of the Interpreter Training program at St. Louis Community College, is a Montgomery, AL native. She attended the 2007 MHIT cycle and felt that Alabama had much to offer as an internship site.

She will be working with the Regional Coordinators and with Central Office.

*As I See It*

*Scott Staubach*



## METLAY BECOMES NEW BDU SOCIAL WORKER

Beth Metlay, who has been the Region IV Coordinator for the past two years has accepted the position of Social Worker II at the Bailey Deaf Unit, it was announced recently. She will begin her duties there on July 1<sup>st</sup>.



“Don’t throw out the baby with the bathwater” is one of those idioms that some deaf people struggle to comprehend. Images of a baby flying out the kitchen window in the jetsam of grey water flash in my head. My dictionary tells me that this phrase was probably translated from a German proverb, *Das Kind mit dem Bade ausschütten* (“Pour the baby out with the bath”). Thomas Carlyle, who translated many works from German, first used the phrase in 1853.

I thought of this idiom while sitting in a hearing on a piece of legislation that was being debated in committee during the recently ended session of the Alabama State Senate. It seems that some folks have their knickers in a twist over immigration and felt the best way to deal with it was by passing laws that required all business in the state of Alabama to be conducted solely in English. Reasonable people can differ on whether America is in imminent danger of Balkanization, but it’s incomprehensible to me how one can not *not* work with people who have limited English proficiency in a language they can understand. The point of social services should be to provide a safety net, not to create a booby-trap to catch the unwary.

I have no doubt that the *intent* was not to disenfranchise deaf people. In fact, I talked to the sponsor of the main bill and he was extremely contrite that he never thought about the impact his legislation would have on people who use American Sign Language. He assured me that he would amend the bill to specifically exclude ASL from the prohibition. Or was that specifically include ASL in the list of “authorized” languages?

Whatever it was, the whole kerfuffle highlighted one of the biggest frustrations those of us who work in deafness face day in and day out in our professional and sometimes personal lives. People just don’t think about us. Off the radar. We are invisible. Politicians will bend themselves into a mental pretzel to avoid upsetting one constituency or another or to avoid being perceived as politically incorrect. But that their tortured constructions might have a negative impact on deaf people is totally off the radar.

The Alabama legislative session, otherwise known around Montgomery as “silly season,” ended with its usual paucity of concrete achievement, and with that, the bills which so vexed the deaf community – to say nothing of how they went over among Latinos! – died unlamented. If a silver lining can be found, it is in the shape of reminding the elected representatives

Metlay came to Alabama from Rochester, NY in 2006. She has worked hard to build relations within the community in Mobile. Part of her focus was in building support for survivors of domestic violence.

The Social Worker position had been vacant for nearly a year and this has hurt the ability of the BDU to place people in appropriate community settings and to liaise with community programs effectively. One of the problems experienced was that the social worker was also expected to carry a case load of hearing consumers. This made recruiting very hard. At the beginning of the year, Greil Director Allen Stewart made the decision to have the position work only with deaf consumers.

Although the decision was driven more by the desire to make the program more culturally affirmative, the fact that BDU has been running at capacity for the past several months has made filling the position an extremely high priority. It made sense to have a dedicated social worker.

BDU Director Scott Staubach was especially interested in Ms. Metlay. “She knows the community system because she worked in

*Continued on Page 16*

*Continued on page 6*

*We See What You're Saying*



## FOCUS ON THE STAFF: **DUDLEY TUTTLE**



My name is Dudley Tuttle and I am a Southern guy by birth. I was born in Nashville, Tennessee in 1965. I graduated from Indiana School for the Deaf in 1984, and went on to Tennessee Temple University. I graduated with a degree in Theology of Christian Ministries from Tennessee Temple University in 1989. I have worked in several different deaf schools and in deaf group homes as direct care staff, support specialist, youth service worker, and educational assistant to an autistic individual. My work has taken me to several different places and states while providing specialist services for deaf individuals.

I joined the JBS MH/MR Authority Deaf Services team on March 31, 2008 as the Habilitation Instructor for a deaf-blind consumer. I am so thrilled to be working with JBS as this position presents new challenges for me. I am excited to learn more and broaden my experience with JBS.

During my free time I enjoy bass fishing...I am an avid bass fisherman and look forward to joining the Bass Fishing League affiliated with Wal-Mart Outdoors. I also love saltwater fishing. If I had more free time, I would spend it with my special best friend from Georgia who has brought tremendous happiness into my life.

## **METLAY BECOMES NEW BDU SOCIAL WORKER**

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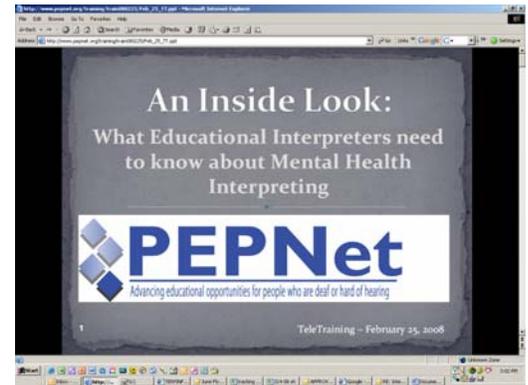
the community and we need that," he said. Metlay is excited to begin her new responsibilities. "I am looking forward to working

with the great team of Deaf experts at BDU, which is one of the very few programs for deaf people with mental illness," she said.

In addition to normal social work duties, the format of BDU programming will allow Metlay to make good use of her expertise in group work and knowledge in victim/survivor issues.

The Regional Coordinator position will be advertised, according to Ms. Chambers, Associate Commissioner for Mental Illness. "It's an important position and we need to get it filled," she said. 

## **CRUMP LEADS NATIONAL CONFERENCE CALL ON MENTAL HEALTH INTERPRETING**



On February 25, 2008, PEPNet hosted a discussion entitled "An Inside Look: What Educational Interpreters Need to Know about Mental Health Interpreting" led by Charlene Crump and moderated by Cindy Camp, Jacksonville State University and Jennie Bourgeois .

This 1.5 hour TeleTraining was designed to share information about the unique challenges of interpreting in mental health settings. The discussion covered a wide range of topics and provided foundational information on how to approach interpreting when mental health situations occur in non-traditional settings such as an educational environment.

Over 450 individuals registered for the conference training conducted via conference call. The technology allowed for the training to be simultaneously broadcast with captions on the PEPNet website. Questions from audience members were processed through email and instant messaging.

Additional information can be found at: <http://www.pepnet.org/training/train080225/> 

*We See What You're Saying*

## MONTGOMERY COUNTY YOUTH SERVICES TAPS ODS EXPERTISE

For the past year, the Montgomery County Youth Facility has been involved in the Annie Casey project, which provides technical support, training and procedures for safely reducing reliance on detention as a way of securing a juvenile offender. They also provide inter-related reform strategies for racial disparity that occurs in confinement and initiating alternative programs to incarceration. (For more information about the Annie Casey project you can go to their website [www.jdaihelpdesk.org/Pages/Default.aspx](http://www.jdaihelpdesk.org/Pages/Default.aspx))

Like other facilities in the South, Montgomery has had a problem with housing more than the fifty-two bed capacity. The detention facility has always attempted in the past to manage its capacity with great care. However, to ensure that it kept to the one bed, one person per room policy, individuals who could be considered dangerous to the community may have been released. The Youth Facility, which is a regional detention facility, has contracts with six other counties to place their individuals, whom may need confinement due to their delinquent status. Each county has one bed in detention, in which they can secure a client. It is also the only certified detention facility for adolescents in the State of Alabama.

The detention director, Michael Provitt, recently formed a work group in order to follow the Annie Casey mandate of assessing the needs of detention. According to the Annie Casey paradigm, the assessment team who would evaluate detention requirements should be made of "outsiders" to ensure a fair and balanced appraisal of the criteria of detention. For this reason, the Office of Deaf Services was asked to participate.

The work group consists of Provitt, the detention director; Steve Hamerdinger, ODS Direc-

tor; Charlene Crump, ODS Mental Health Interpreter Coordinator; Beverly Wise, Assistant Juvenile Director; Laura Johnson, Victim/Restitution from the District Attorney's office; Tom Tolston, with the Montgomery County School System; Tom Barker, Principal of the detention facility; Fred Vrgora, Probation Officer; and Leigh Smith, Mr. Provitt's secretary.

The workgroup has been assigned the following tasks:

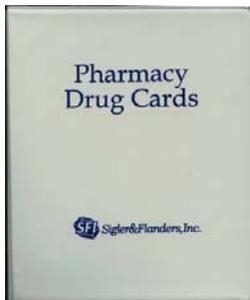
- 1) to develop a screening process instrument to use in guiding detention decisions – such as whom to release in case of overcrowding
- 2) Alternatives to detention
- 3) establish better coordination between agencies
- 4) examine all current policies and procedures as it relates to classifications, mental health services, visitation, special needs children, and the use of force among others
- 5) restraints
- 6) training for staff
- 7) linguistic needs, either with deaf children or children with limited English proficiency



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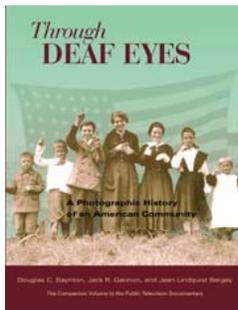
***“The Office of Deaf Services was asked to be a part of the group... for their expertise in mental health issues, special needs children, and linguistic access requirements for any deaf or LEP clients the facility may serve.”***

## ON THE ODS BOOKSHELF



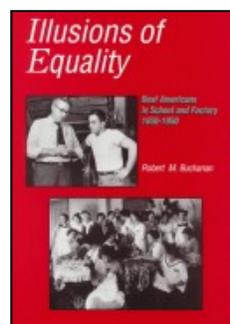
Siglar, Jeffery D. (2007). *Pharmacy Drug Cards*. Sigler & Flanders. Lawrence, KS. ISBN-10: 1880579545

The importance of psychopharmacotherapy as part of a holistic approach to mental health service is matched only by the frustration of interpreters and clinicians working with dysfluent deaf consumers. This handy guide will be indispensable. This set includes over 300 cards, including the Top 200 drugs in the U.S. Each loose-leaf set comes in a convenient 4-ring binder. Also included is a pocket index guide with complete cross reference lists, Latin abbreviations, common weights and measures, DEA schedules, pregnancy categories, and consulting tips.



Baynton, Douglas C., Gannon, Jack R., Lindquist-Bergey, Jean (2007) *Through Deaf Eyes*. Gallaudet University Press. Washington, DC ISBN-10: 1563683474

The photographs, quotes, and stories from the remarkable exhibit and documentary, "History Through Deaf Eyes," have been assembled in a book of stunning beauty and poignant images, "Through Deaf Eyes: A Photographic History of an American Community," featuring more than 200 full-color photographs, "Through Deaf Eyes" depicts the story of Deaf America and also affords readers the opportunity to learn about the nation's broader history. The values and judgments of society have had an impact on the education, employment, and family life of deaf people, while historical eras often can be illuminated by examination through a Deaf lens.



Robert M. Buchanan (1999). *Illusions of Equality: Deaf Americans in School and Factory, 1850-1950*. Gallaudet University Press, Washington, DC. ISBN:156368084X

From the mid-1850s to the post-World War II era, Deaf Americans typically sought to deemphasize their identity as sign language users to be integrated better into the workforce. But in his absorbing book

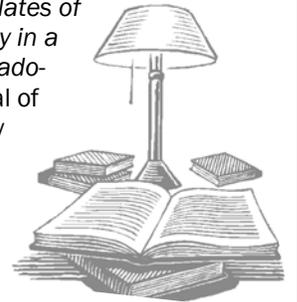
### Hot Off the Presses: Important Articles You Must Read

Denman, Lara (2007) Enhancing the accessibility of public mental health services in Queensland to meet the needs of deaf people from an Indigenous Australian or culturally and linguistically diverse background. *Australasian psychiatry: bulletin of Royal Australian and New Zealand College of Psychiatrists*. 15 Suppl 1:S85-9.

<http://jdsde.oxfordjournals.org/cgi/content/abstract/13/1/55?etoc>

Gupta, M., Caddy, J. (2007) Deaf client with bipolar illness: a case report. *Clinical practice and epidemiology in mental health* Sep 28;3:19.

Van Gent, T., Goedhart, A.W., Hindley, P.A., Treffers, P.D. (2007) *Prevalence and correlates of psychopathology in a sample of deaf adolescents*. *Journal of child psychology and psychiatry, and allied disciplines*. Sept;48 (9):950-8.



*Illusions of Equality*, Robert Buchanan shows that events during this period would thwart these efforts. Buchanan depicts the consequences in sobering terms: most deaf students left school with limited educations and abilities that qualified them only for marginal jobs. ✎

*This feature highlights books that are being read by ODS and Deaf Services staff members around the state. Not all the books will be strictly about deafness and not all will be strictly about mental health, but all will help increase knowledge and understanding of how deaf people living with mental illness can be better served. Contributions are welcomed. Send your contributions to ODS in care of: [steve.hamerdinger@mh.alabama.gov](mailto:steve.hamerdinger@mh.alabama.gov).*

## AN ODS BOOK REVIEW

### **“Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder”**

*By Paul T. Mason and Randi Kreger*

*A Review by Charlene Crump*

For anyone who has ever known a person with Borderline Personality Disorder (BPD), this book provides excellent insight into what that life is like. It describes how someone with BPD acts, thinks and feels on a daily basis. It is written from the perspective of a person who has a loved one living with BPD and could be called a guide to coping when someone close struggles with the disorder.

The book begins with a brief overview from the diagnostic perspective. Part of the symptomology of an individual with BPD is an extreme need to be in a relationship and at the same time an equally compelling assumption that the relationship will end badly. This results in a tendency for the person to try to strike first – to hurts others before they hurt him or her.

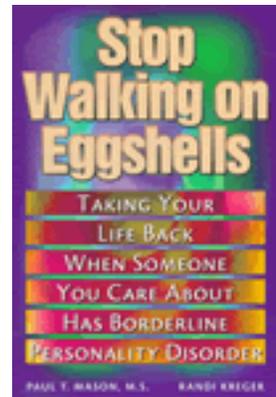
A very weak self identity is another symptom of BPD. As people living with BPD attempt to protect themselves, they often will cause people around them to feel on the defensive themselves. It begins to feel that anything said or done will be twisted and used against friends and loved ones. They will be accused of things they never did or said. Borderline behavior (manipulation, lying, pitting people against one another, destroying reputations, suicidal gestures, unpredictable, intense rages, etc.) is abusive and destructive to everyone around.

ryone around.

People living with BPD have an intense and inappropriate anger response. This leaves others feeling as if they are living in an alternate reality and they start questioning their own actions and reactions. Thus the title “Stop Walking on Eggshells: Taking Your Life Back.”

The book is more than a DSM-IV examination of the presenting criteria of Borderline Personality Disorder. It examines how BPD behavior affects friends and loved one, including grief, common reactions to BPD behavior, and effects on the relationship, and assists in figuring out what’s normal. The book is designed to help them understand how the disorder affects others and recognize what they can do to get off the emotional roller coasters and take care of themselves.

In reading reviews of the book, many family members found it to be very enlightening and wish they had read the book years before. Others were still dealing with their own anger and found the book to be too simplistic or overly sympathetic to the individual with BPD. Individuals who themselves have BPD often wrote reviews that were scathing, accusing the authors of painting BPD in the worst possible light and encouraging family members to abandon them. As a professional in the field of mental health, I think it provides tremendous insight into the daily lives of a person living with BPD and the individuals who live and/or work with them. It is an easy to read book, and in my opinion, definitely worth your time if you are interested in understanding not just BPD, but your own defenses to situations that are beyond your control. ✘



1998. New Harbinger Publications. Oakland, CA

**ISBN-10:**  
157224108X

**“Borderline behavior (manipulation, lying, pitting people against one another, destroying reputations, suicidal gestures, unpredictable, intense rages, etc.) is abusive and destructive to everyone around.”**

*We See What You're Saying*

## ALABAMA ISD PROVIDES CAPTIONED TRAINING FILMS

Information Services Division has posted more than a dozen training videos on the internet and has provided closed captioned versions of them according to David Frazier, ISD Training Instructor. The videos can be accessed at <http://www.isdtraining.alabama.gov/Videos.aspx>.

When ISD started producing their training films for Outlook 2007 and other products they support, ODS Director Steve Hamerdinger asked Training Services Manager Deborah Hall, ISD if there were any plans to caption them. He was pleasantly surprised by the response. "Thank you so much, Steve, for reminding us to meet all our clients' training needs. ISD is new to video production and our goal is to provide free training resources to all state users who use the Alabama Centralized Email System," Ms. Hall replied. She went on to solicit advice and suggestions.

The job fell to David Frazier, who has extensive experience as a desktop trainer. He tackled the project with enthusiasm. Mr. Frazier and Hamerdinger then began working together to find the best way to accomplish this. In the end, ISD settled on using Camtasia Studios software to produce the videos. The result was gratifying.

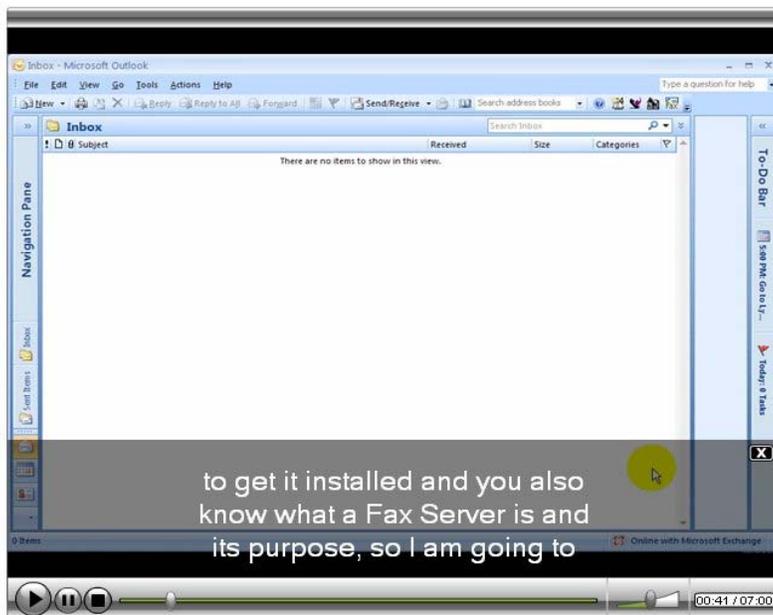
An April 13<sup>th</sup> press release announced that "All training videos produced by ISD will soon be available in "Closed Caption" for the Deaf and Hard of Hearing. Keep visiting the home page for new videos and take a look at the "Outlook 07" video on the home page."

"I am so used to having to butt heads over access that I was (almost) speechless. ISD has done a remarkable thing for deaf and hard of hearing employees of the state," said Hamerdinger. While 508 regulations stress the need to make government websites "accessible," usually the only wink and nod given to compliance is to be sure the that site is "Bobby" compliant. Almost never do sites caption videos. (Bobby is a Web-based tool that analyzes Web pages for their accessibility to people with disabilities. Eds.)

CNet.com has been captioning some of their videos, but often videos from major news services are not captioned. This is a source of frustration that has several Deaf Community advocacy organizations up in arms.

Too often people find many reasons to complain about government services. It is harder to find cases where state agencies take an idea, run with it, and make something that is incredibly beneficial. The Office of Deaf Services salutes Alabama's Information Services Division for making captioned videos a reality.

*"I am so used to having to butt heads over access that I was (almost) speechless. ISD has done a remarkable thing for deaf and hard of hearing employees of the state."*



A screenshot of one of the ISD training videos showing captions.

## DEPARTMENT POSTS CAPTIONED VIDEOS

The Alabama Department of Mental Health has posted on the website open captioned clips of the public service announcements used in the recently launched anti stigma campaign, John Zeigler, Director of Office of Public Relations, announced. The videos can be accessed at: [www.mh.alabama.gov](http://www.mh.alabama.gov).

The Office of Public Relations has been very aware of the need to make sure that ALDMH-produced media is accessible to all. Captioning videos is an important part of this process. Secondly, streaming video capability is a very recent addition to the website.

Steve Hamerdinger, Director of the Office of Deaf Services, said, "I am thrilled to see this. It's a positive demonstration of the commitment that Commissioner Houston and Dr. Zeigler have to the Deaf Community." ALDMH is one of the few state mental health authorities that have a statewide program for deaf

people with mental illness, and one of the only that makes its general information accessible.

While not all the video resources are yet captioned, it has been promised that more are on the way. More importantly, it is now possible to post videos in American Sign Language. This has been a long anticipated capability. The Office of Deaf Services has long wanting to produce and publish ASL interpretations of important consumer information.

Deaf people face such a huge gap in access to information," Hamerdinger said. South Carolina DMH has done some great things to help close this gap with their videos. Now it's our turn."

The launch of this initiative comes hard on the heels of the captioning of training videos by the Information Services Division, reported elsewhere in this issue. Together, they represent a tremendous stride forward in making Alabama a "deaf friendly" place to work. ✎

*"Deaf people face such a tremendous gap in access to information."*

## NOTES AND NOTABLES

Several Bailey Deaf Unit staff members have become certified trainers in critical competency areas, which means they train staff people who need to have certain skills certified or re-certified. **Brian McKenny** is now a certified instructor for CPR and **Deb Walker** certified as an instructor for Non-Violent Crisis Intervention. This also means that those classes can be held in American Sign Language for employees who are deaf.

**Beth Metlay's** youngest daughter, **Katharine Carney** will be graduating from Brighton High in Rochester, NY, on June 26th and will go to Monroe Community College in the fall.

ODS' Sign Language Proficiency Inter-

view policies will be a national model, according to **Frank Caccamise**, the National Coordinator for SLPI. It will be included in the IMPLEMENTING AND MONITORING SLPI USE PART, Staff/Employee Philosophy and Policy Documents. ([www.rit.edu/~fccncr/slpi/](http://www.rit.edu/~fccncr/slpi/)). ODS SLPI Coordinator **Charlene Crump**, has done a fantastic job establishing the process here, leading to national accolades.

ODS Director **Steve Hamerdinger**, was invited to participate in a national roundtable of experts in Mental Health and Deafness, held under the auspices of the National Association of State Mental Health Program Directors in Arlington, VA June 5<sup>th</sup> and 6<sup>th</sup>. The group, which includes some of

the leading experts from around the country, was charged with identifying elements of a Model State Program.

ODS Staff interpreters met with **Jean Plant**, faculty member of Georgia Perimeter College Sign Language Interpreting Program and President of Georgia RID. Together they refined techniques in team and conference interpreting which can be applied to daily work as well as larger conference work involving mental health and community settings. Members of the team had the opportunity to examine their work product and to practice implementing streamlined techniques.

## 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 both its community program and its inpatient program.

#### REGIONAL COORDINATOR, Region IV (Mobile)

SALARY RANGE: 78 (\$46,142 - \$70,228)

QUALIFICATIONS: Master's Degree in social work, counseling, psychology, or related field and two years post-masters experience. Advanced level on the Sign Language Proficiency Interview.

#### INTERPRETER, (Two Positions)

##### Region II (Birmingham) & Region III (Montgomery)

SALARY RANGE: 73 (\$33,241 - \$50,396)

QUALIFICATIONS: Combination of training and experience equivalent to a two-year degree plus three years of full-time experience interpreting in a variety of different settings. Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified or eligible to receive certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. Certification must be obtained within 24 months of hire.

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

Steve Hamerdinger

Director, Office of Deaf Services

ADMH/MR

100 North Union Street

Montgomery, AL 36130

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

(334) 353-4701 (TTY)

(334)353-4703 (Voice)

### DEAF SERVICES GROUP HOMES BIRMINGHAM

MENTAL HEALTH TECHNICIANS (Birmingham)

(\$16,242 to \$17,052 FULL TIME POSITIONS)

(\$7.80/hr PART TIME POSITIONS)

(\$7.00/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)

205-591-2216 (TTY)

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

## MONTGOMERY COUNTY YOUTH SERVICES TAPS ODS EXPERTISE

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The Office of Deaf Services was asked to be apart of the group to help address all of the issues listed above, but especially for their expertise in mental health issues, special needs children and linguistic access requirements for any deaf or LEP clients the facility may serve.

In the past couple of years, detention staff has had to deal with several deaf clients and have found it, in all honesty, a challenge. The need for interpreters, communication devices like TTYs and ensuring that the deaf clients receive appropriate assistance has been the staff's main role. Mr. Provitt felt that the Office of Deaf Services, with its wide range of knowledge from deaf professionals to interpreters could help provide some answers and suggest some approaches to overcome these deficiencies in detention. With the Office of Deaf Services' assistance, the court hopes to bridge any gap in services and provide the needed aid for any deaf client, special needs child, or child with limited English proficiency that the detention staff may serve in the future.

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### 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

Nancy Hayes, Hayden City

Dee Johnston, Oxford

Lisa Gould, Mobile

Dawn Marren, Huntsville

Pat Smartt, Sterrett

Frances Smallwood, Huntsville

Lynn Nakamoto, Hawaii

Jamie Garrison, Wisconsin

Kathleen Lamb, Wisconsin

Paula Van Tyle, Kansas

Judith Gilliam, Talladega

Sue Scott, Mobile

Brian McKenny, Montgomery

Debra Walker, Montgomery

Jill Farmer, Arley

Wendy Darling, Prattville

Lee Stoutamire, Mobile

Cindy Camp, Jacksonville

Roz Kia, Hawaii

Vanessa Less, Wisconsin

Dawn Ruthe, Wisconsin

Kathleen Bucher, Huntsville

Joy Menges, Ohio

*We See What You're Saying*

## TERPINFO A LEADING SOURCE OF INFORMATION NATIONALLY, SURVEY REVEALS

*By Fred Vgora*

I was wondering how TERPINFO compared to the other Yahoo! groups that deal with deafness, so I did some research (not exact science) but thought you might all find this interesting!

There is 1186 groups listed dealing with the issues of deafness.

I scanned all of them! They give a brief description of the groups and how many members each one of them have. I found that roughly 40% of the groups have 10 people or less and they are what I would call deaf dating services trying to get people to join their service. If you take away those sites about 30% of the other legitimate sites average around 150 people or less. About 25% of the sites average around 500 people or less and about 4% of the groups average 500 people or more. Then about a percent of the groups average over 1000 people. So TERPINFO is in a rare category!

To see what the other sites offered I joined a cross section and none of the groups has a detailed calendar like TERPINFO! Period! It is easy to find information using the calendar about local and state events happening in Alabama. If you join the other sites it would be hard to find what is going on in their communities.

Some of the sites I joined and looked at do not average the numbers of messages that TERPINFO produced. There is OK-Interp group (342 people) that average about 80 messages a month, no calendar or links or files. Deaf-Alabama started in 2004 with 32 people; again nothing (calendars,links,files) average 20 messages. Some of the bigger sites with 1000 to 5000 people are regional sites,

covering a lot of states. There is DeafIllinois with 2571 people, but people in that site can only see and post messages...nothing else!

I thought you all might be interested and also very proud of the accomplishment (files, links, database) you have available to you on TERPINFO. For information (files, calendar and links), it can't be beat. 

## ODS PROVIDES ACCESS AT ANNUAL RECOVERY CONFERENCE

The Annual Consumer Conference at Schooco Springs drew more than 860 people from across the state. It is the oldest and largest consumer run recovery conference in the nation.

For the past several years, consumers who are deaf or hard of hearing have been much in evidence and ODS has handled communication access since 2003. Each year new things are offered which enhance the experience for consumers with hearing loss.

This year, for the first time, special sessions for consumers who are deaf or hard of hearing were offered. Led by Beth Metlay and assisted by other ODS staff, consumers had a chance to discuss their experiences in a fully accessible group session. The focus of the group was on dealing with the mental health system as people with hearing loss.

All plenary sessions at the conference were interpreted and real-time captioned. Join us next year. 



*ODS Interpreters at the Recovery Conference. Charlene Crump (seated) provides support for a consumer with low-vision while Dawn Marren (on stage) interprets for the general audience*

***“Consumers had a chance to discuss their experiences in a fully accessible group session. The focus of the group was on dealing with the mental health system as people with hearing loss.”***

## CONFIDENTIALITY

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***“Ethical decision-making requires one to weigh all options, including standards of confidentiality, when making such decisions. Ignoring this makes one unethical.”***

is the point; i.e. attorney/client privilege. More often we find the circumstance requires a certain amount of disclosure. Mental health has such circumstances. When the goal of the environment is for the Deaf client to recover, an interpreter who holds the “privacy” definition of confidentiality can actively hinder treatment. Confidentiality is considered from a treatment team perspective, where each member of the treatment team (including the interpreter) shares all information among the team. Outside of this team, information is shared only in extreme cases, such as those involving child abuse or cases of imminent danger to self or others, as required by law.

Dennis Cokely is quoted as saying rule-based ethics (as the original RID Code of Ethics) are not ethical. Ethical decision-making requires one to weigh all options, including standards of confidentiality, when making such decisions. Ignoring this makes one unethical. 

## GILLIAM FIRST CDI/QMHI

Judith Gilliam of Talladega, Alabama became the first deaf person to earn her *Qualified Mental Health Interpreter* certification on May 23<sup>rd</sup>. She also has the distinction of being one of the only Certified Deaf Interpreters in Alabama.



Becoming a “Q”, as the Qualified Mental Health Interpreter credential is commonly called, is demanding. About 20% of those who take the initial 40 hour training will go on to the 40 hour supervised practicum. About a third of those will fail the comprehensive examination.

“I was elated to be able to achieve my personal goal. My next goal is to educate and promote to the interpreters the value of using CDIs & QMHIs. I plan to work with deaf comrades who want to earn these meaningful credentials,” Gilliam remarked. While the state of Alabama allows deaf interpreters to work without a license, ALDMH insists that all interpreters holding the QMHI certification be licensed. This makes the bar harder to clear, but is considered essential. Gilliam, a long-time advocate and activist within the Deaf Community, has been deeply involved in mental health issues since the early 90s. She was President of the Alabama Association of the Deaf during the *Bailey v. Sawyer* litigation that led to the establishment of the Office of Deaf Services. She has been an ardent supporter of increasing interpreter skills and accountability in the state. 



*We See What You're Saying*

## CDI TRAINING

*Continued from page 3*



*Jose Perez, a native of the Dominican Republic, fled New Orleans during Hurricane Katrina. He also has low-vision (Ushers Syndrome). Having a family member with mental illness, he is especially interested in working with deaf people with mental illness and who have poor ASL skills.*

is committed to enhancing the skills of individuals who are pursuing their CDI or wish to work more effectively in this arena. The Office of Deaf Services is also dedicated to the improvement of quality in service provision for individuals who are deaf and have highly visual language.

Ms. Lazorisak began the training with an introduction to what being a CDI entails. The class was challenged to differentiate ASL from gesture. The presenter emphasized the need to

show respect to all individuals and their communication abilities by meeting them at the place where they are linguistically and by always attempting to utilize language in whatever form is available.

Participants started slowly with concepts of family, descriptors and time. They worked through the challenge and by the second day were able to successfully communicate questions that would be found on an intake form, a mental status exam, courtroom procedures, or a HUD application. Participants also discussed and shared ideas for props that can be utilized when gestural attempts are not successful.

Charlene Crump, the Mental Health Interpreter Coordinator at the Office of Deaf Services, was impressed. "As a hearing person whose first encounter in the field of deafness was working with five deaf individuals with no language who were (at the time) recently released from Bryce Psychiatric Hospital after being there for decades, I could fully appreciate the need. However, as a hearing person and second language learner of American Sign Language, it was remarkable to watch the participants take such intrinsically complicated questions and convert them to a gestural system."

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***"It was an opportunity to grow in my own language and profession, where I can be more aware and more sensitive to the other person's communication and abilities."***



*Twenty-three participants from Alabama, Georgia, and Wisconsin attended the two day training*

*We See What You're Saying*

## AS I SEE IT

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and senators that sometimes there are unintended consequences to seemingly innocuous initiatives. "English only" bills mean that services for deaf people can't be provided in American Sign Language without putting in torturous exemptions.

I have no dog in the illegal immigration fracas. I do know, however, that banning the use of a consumer's preferred language while they are receiving services from the Department of Mental Health - or any other social service department for that matter - is not going to do a great deal to facilitate their recovery from mental illness. Nor will Family Services experience overwhelming cooperation with parents who have limited English proficiency if they are not able to provide information in the parents' language. It is also questionable, in these times of fiscal austerity, whether it is wise to twist the tail of the Federal tiger by passing laws which are in violation of any number of civil rights regulations, not the least being 504 of the Rehabilitation Act, The Americans with Disabilities Act and Title VI of the Civil Rights Act. If people want to address illegal immigration, there are better ways to do it than to take away linguistic access in facilities for people with mental illness!

Trying to stop a leaky faucet by rewriting the plumbing code seems, to me, to be focusing on the wrong thing. **As I See It**, the Deaf Community dodged a bullet this year. We might not be so lucky next. *✍*



## MEET US IN ST. LOUIS!



St. Louis is the site of the exciting *Weaving Common Threads of Diversity Among Deaf and Hard of Hearing Adolescents Conference*, October 5-8, 2008.

See: [www.adara.org/pages/Adolescent\\_Conf/Call%20for%20Presentations%202008.pdf](http://www.adara.org/pages/Adolescent_Conf/Call%20for%20Presentations%202008.pdf)

## CDI TRAINING

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Ms. Lazorisak commented several times that she was impressed with the participants' dedication and motivation.

The participants were also highly complimentary of the presentation. One participant wrote, "I really can't think of what to say, but I learned one million things from Carole. This really opened up my mind and my world!" Another participant commented, "It was an opportunity to grow in my own language and profession, where I can be more aware and more sensitive to the other person's communication and abilities."

One of the hearing interpreters who audited the class stated, "This is the best workshop I've ever been to in my life."

Ms. Lazorisak is easily one of the best trainers in the education of how to work with gestural and dysfluent language users. ODS is fortunate to have her as part of the training continuum. *✍*

# Mental Health Interpreter Institute 2008



**AUGUST 25–29, 2008**  
Montgomery Alabama  
Troy University at Montgomery



A Presentation of  
Mental Health Interpreter Training Project  
Office of Deaf Services

Alabama Department of Mental Health  
For more information contact [Charlene.Crump@mh.alabama.gov](mailto:Charlene.Crump@mh.alabama.gov)