

SIGNS OF MENTAL HEALTH



New Directions for Deaf Services Emphasize Recovery

Volume 8 Number 4

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Editor's Notes



The Office of Deaf Services has had an eventful Fall! Between a total reordering of how Deaf Services will be done in Alabama to a number of personal milestones for several ODS staff members, we have a lot to keep our hands flapping around the water cooler. That also means there is a lot of news in this particular issue of the newsletter.

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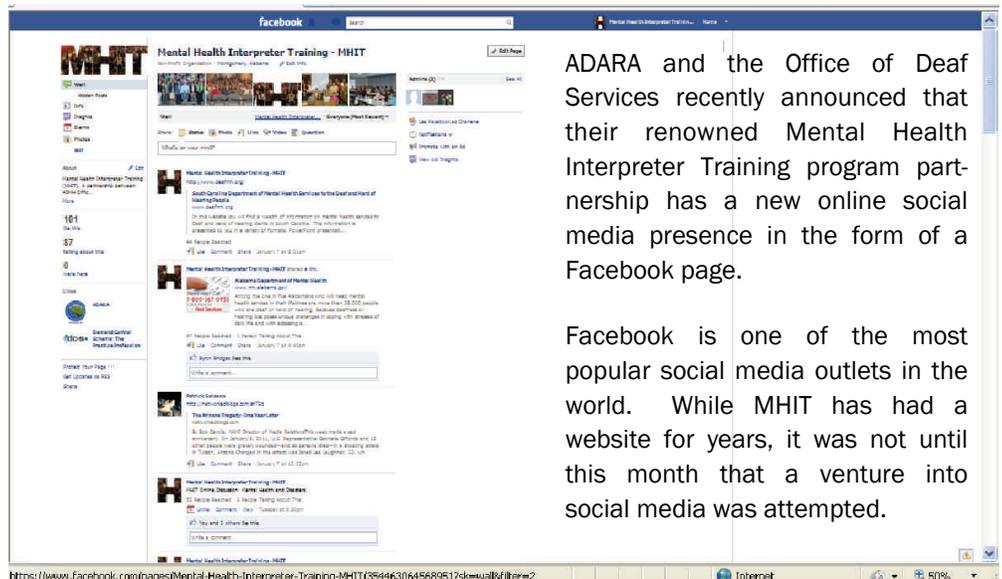
Three years ago the cover story in *SOMH* was "Deaf Coffee Night" and how it has changed the local deaf community. This month, as it happened, the local media in Montgomery decided to spotlight this monthly activity, so that story becomes the cover of this one as well.

We are thrilled to see Lonnie Wright become the first deaf person certified as a peer-support specialist. The first of many, we hope. That story begins on page 3.

Oh that restructure mentioned above? Read about it beginning on page 4. This will be the first of many stories about the change from hospital-based services to community based services.

While you are at it, check out personal achievements by Sereta Campbell (page 7), Wendy Darling (page 12), and Charlene Crump (page 16). We are proud of them. ✂

MHIT Increases Online Presence



ADARA and the Office of Deaf Services recently announced that their renowned Mental Health Interpreter Training program partnership has a new online social media presence in the form of a Facebook page.

Facebook is one of the most popular social media outlets in the world. While MHIT has had a website for years, it was not until this month that a venture into social media was attempted.

"I wouldn't call it 'viral' yet, but there have been quite a few people who have liked the site and it is making the rounds," said ODS Director, Steve Hamerding.

The page includes pictures of all the MHIT classes. It will also provide a venue for announcing important information, not only about the training events offered, but also about changes happening in ODS and the field of interpreting in general. Job announcements will be posted. It will be a place where videos can be posted as well.

You can view the page at <http://www.facebook.com/pages/Mental-Health-Interpreter-Training-MHIT/354463064568951>, or as they say on Facebook, "Like Us!" ✂

Signs of Mental Health
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On The Cover:

WAKA television personality, Tamika Bickham (right) talks with Nicole Lamont at Deaf Coffee Night. Charlene Crump interprets. See story on Page X

Lonnie Wright Becomes First Alabama Certified Deaf Peer Support Specialist



On hand to congratulate Lonnie Wright (center) were (left to right): Steve Hamerding, Office of Deaf Services; Mike Autrey, Director, Office of Consumer Relations; Stacey Grey, JBS Deaf Services Social Worker; Tessie Crum, JBS Group Home Manager, Malissa Gallagher, JBS Deaf Services Program Manager.

When Lonnie Wright was presented with his certificate as a Peer Support Specialist Friday, 13 January, he joined a very select group of people. Not just the select group of Peer Support Specialists, but an even more exclusive group – Deaf Alabamians who have made historic breakthroughs.

Wright, who has been involved with the Deaf Services program at JBS Mental Health Authority in Birmingham, became the first deaf person to become a certified peer support specialist in Alabama, joining a relatively small group of deaf people nationwide who have achieved the same status. “Lonnie was a leader during training, encouraging other consumers, leading study groups and being involved,” said Mike Autrey, Director of the Office of Consumer Relations as he presented the award.

“I wanted to help other deaf people. I think it’s my responsibility,” Wright told the *Signs*

of *Mental Health*. Certified Peer Specialists promote recovery by sharing their personal experiences with mental illness and personal recovery experiences, helping consumers understand mental illness. They assist consumers in identifying barriers to recovery and help consumers identify individual warning signs. Certified Peer Specialists also assist consumers to develop communication and social skills, problem solving skills, skills in combating negative self-talk, self-help skills, and in developing support systems.

Other deaf consumers are planning to follow his path. There is at least one deaf person enrolled in the next Peer Support training, schedule to take place later in January. The Alabama training is a five-day program that includes instruction, discussion and role play with an examination after the training. Peer specialists are hired by individual providers and are subject to the provider’s application

(Continued on page 16)

DEAF SERVICES REGIONAL OFFICES

Region 1

Ben Hollingsworth, Therapist
Dawn Vanzo, Interpreter

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

Region 2

Therapist, Vacant
Sereta Campbell, Interpreter

Bryce Psychiatric Hospital
200 University Boulevard
Tuscaloosa, AL 35401
(205) 759-0698 (Voice)
(205) 759-0890 (FAX)

Region 3

Scott Staubach, Therapist
Wendy Darling, Interpreter

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

Region 4

Therapist, Vacant
Lee Stoutamire, Interpreter

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



New Year Brings Big Changes in Deaf Services

There are big changes in services to Deaf Alabamians with mental illness coming in 2012. These changes were announced by Deaf Services Director Steve Hamerdinger at the Office of Deaf Services Advisory Group meeting in Montgomery Alabama on November 17, 2011.

For a long time there has been a steady shrinking in linguistically appropriate services to deaf people. At one time there were four regional offices, each with a counselor. By the beginning of 2011, there was only one deaf therapist left. There were, at one time, as many as 15 slots in community residential programs serving deaf people specifically. Today, there are only nine.

One devastating impact of this steady downsizing was felt at the Bailey Deaf Unit. Before, it was a program that was led by deaf people, staffed by deaf people, where deaf people received services that were “Deaf-friendly.” Over time, many of the deaf professional level positions in the program were lost to “downsizing.”

Worse than that, people who had mental illness and were admitted to BDU increasingly found themselves with no place to go when they were ready to leave. The loss of services in the community meant that deaf people increasingly were “stuck” in a program that was never meant to be long term. BDU was becoming more and more “hearing” at the same time deaf people were staying longer and longer.

Department of Mental Health Commissioner Zelia Baugh and Associate Commissioner for Mental Health and Substance Abuse, Tammy Peacock, wanted to change this trend. Dr. Peacock asked Hamerdinger, “What would it take to make things better?” From that initial discussion a new plan was developed.

The new plan, which is loosely based on the transformation of services that happened in South Carolina over the past decade, will shift focus from in-patient services, which is a medical model, to community services focusing on recovery, and is more “person-centered.”

The Bailey Deaf Unit is scheduled to cease operation in Montgomery in the spring, and new programs will open around the state to take its place Hamerdinger announced.

A six-bed Deaf Recovery Program will open in Tuscaloosa, where deaf people who have been in the hospital will be able to work on skills they need to succeed in the community. The new program will be located on property of the old Partlow Developmental Center, which is now closed. There are a number of cottages on the property which are easily adaptable to the needs of the program. In addition, the DRP, slated to be housed in Cottage 9, will be a stone’s throw from the new psychiatric hospital that will replace Bryce and is now under construction.

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Coffee Night Tradition Continues, Draws Media Attention

For nearly five years, monthly “Deaf Coffee Nights” have provided opportunities for deaf and signing individuals to share time and information together as a community. The tradition will carry on in 2012 as deaf individuals and students, interpreters, signers, family members, and others gather at the Starbucks on the Eastern Boulevard in Montgomery.



In March 2007, the Alabama Department of Mental Health's Office of Deaf Services staff lamented the lack of community activities that would help draw deaf people together. The first Deaf Coffee Night grew from those discussions. It drew about a dozen attendees. Since then, what started as a small project has grown into a series of opportunities for deaf people from all walks of life to come together and connect. The events have also fueled a resurgence of activity for the local association of the deaf. Coffee night is now drawing 30 to 70 attendees and is co-sponsored by the Montgomery Chapter of the Alabama Association of the Deaf.

The *Signs of Mental Health* published a feature about Deaf Coffee Night in its [Winter, 2009](#) issue. At the most recent event, held on January 6, reporters from two local television stations joined the crowd of about 60 people. Several people were interviewed, including Nicole Lamont, who was pictured in the original 2009 story. "It's important for the deaf community because we need our group, someplace we can feel safe and have a group of friends we can just hang out with. It's important for the public to learn more about us," said Lamont.

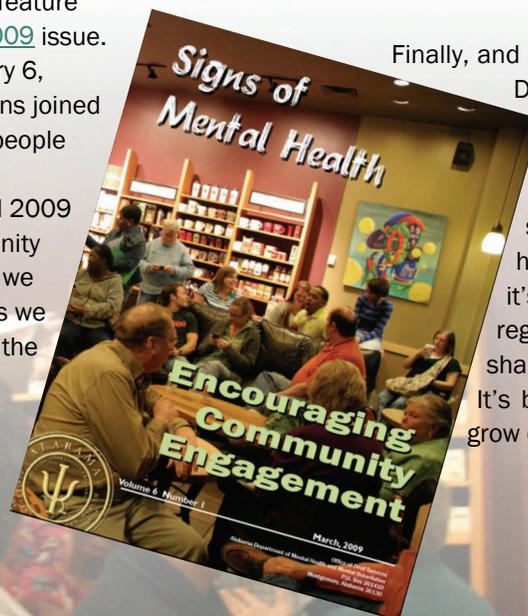
Cover of the *Winter, 2009* issue which featured Deaf Coffee Night. Since that time other similar events have opened in Huntsville, Birmingham and Mobile



Left: Tamika Bickham talks with Troy Interpreter Training Program Student Aley Konesky. Above: This picture was published in the Winter 2009 issue of the *Signs of Mental Health*. Right to Left: Nicole Lamont, Johnny Sears, and Courtney Tarver. Nicole is featured on our cover this issue

Deaf group home residents and the occasional curious nonsigning hearing individuals also can be found at Starbucks on the first Friday of each month. The store has come to expect them and even keeps paper and pen on hand for orders.

ADMH's Office of Deaf Services has long understood the need to have a highly visible presence among the deaf community. These coffee nights provide deaf individuals an opportunity for a language-accessible social outlet, the Office of Deaf Services another venue to educate and an opportunity for signers to hone their skills. Because ODS is part of the Alabama Department of Mental Health's Division of Mental Health & Substance Abuse Services, the events also help promote better understanding of mental illnesses and the role of mental health services.



Finally, and perhaps most importantly to ODS staff, Deaf Coffee Nights serve to raise awareness that there is a population of deaf people who are fully functioning members of their community. ODS state coordinator Charlene Crump, who helped start the initiative, says, "To me, it's a monthly family reunion, where we regularly meet new family members and share coffee, information and memories. It's been wonderful to see it continue and grow over the years." 



As I See It

Paul Hamerling

By the time this newsletter reaches its readers, the Office of Deaf Services be well into its tenth year of operation. This is being written on one of the coldest day I can remember in that interim.

Well aware that Alabamians are not renowned for their love of arctic conditions, (stop giggling, you northerners) winter, or at least the Alabama version of it, serves to remind us that there is a cycle to everything. As surely as the dog has to be chipped off the fire hydrant following its morning ablutions today, crocus will bloom tomorrow and the azaleas soon after. (Can the Masters and Opening Day be far behind?)

What makes the upcoming year so exciting is the promise of positive change, even amidst the cold reality of economic uncertainty. Instead of contracting and dying, the Alabama Department of Mental Health is positioning its Deaf Services to bloom with new directions and new opportunities.

Business as usual leads to stagnation and decline, especially in today's economic environment. State funding for mental health services will be, at best, flat for the next couple

of years. Costs, unfortunately, will not be flat. "Therein," quoth Shakespeare, "lies the rub." Social services, especially for low-incident groups like deaf people with mental illness, are in for difficult times when a larger and larger number of people are competing for pieces of a smaller and smaller pie.

Despite a well-earned reputation as a cynic, nevertheless I am thinking about Harry S Truman and his view on adversity. "A pessimist is one who makes difficulties of his opportunities and an optimist is one who makes opportunities of his difficulties." There have indeed been difficulties over the past few years. There have been times when even those who usually see only the sunny side of life were getting glum about the future of deaf services. We lost funding for



programs. We had consumers trapped on the in-patient unit with no good options for getting them out except to return them to the same, inaccessible, inappropriate and often neglectful places from whence they came. We were losing residential options in the community. We were not able to replace staff lost to attrition. Deaf Services was, to be blunt, slowly dying.

Mental illness work has traditionally been built on a medical model. It can be a hard, frozen ground upon which to work. It discounts the impact of culture and language and sees "recovery" as merely compliance with a chemical regime that has little regard for the human quality of life. For deaf people, linguistic appropriateness and cultural awareness is not just a nice idea. Recovery cannot happen without them.

Over the past decade, the emerging Recovery Movement has been dragging the treatment system, kicking and screaming, from the medical model to something more consumer-directed. At least that is the theory. Again, the norms that deaf people embrace as part of Deaf Culture lead them to see the world differently than hearing people. How learning takes place is different. How concepts are transmitted and internalized is different. The Recovery Model has the flexibility to allow for programs to develop within the context

of the "Deaf Way." In fact, if the mental health service system truly embraced "Recovery" it would also embrace true "For us, by us" approaches.

The reality, of course, is often one dogma replaces another. Bureaucracy, in general, does not reward flexible thinking. When one (usually top - down) structure is forcibly dismantled, the machine insists that

it be replaced with another (usually top - down) structure of equal inflexibility. For example, the medical model has been supplanted by the consumer empowerment movement, which in turn has adopted its own set of inflexible "evidence-based practices," and whatnot. Thus change from one system that forces people into little pigeonholes usually leads to another system that forces people into different pigeonholes often without much regard for the preferences of consumers. Especially not consumers who do not fit the pigeonholes. Alas, "Deaf Way" is not one of those pigeonholes.

Once in a while, someone gets into a position to blow up the pigeonholes. That's when true change happens and that is

SERID Conference A Hit In Alabama

The 40th annual Southeast Regional Institute on Deafness conference was held at the Renaissance Hotel October 17 – 19. Bedarius Bell, the State Coordinator for Deaf Services at the Alabama Department of Vocational Services was the Conference Chair.

SERID consists of eight states in the southeast (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee), but the reputation of the conference extends across the country. The first conference was held in 1971. Historically each state's Rehabilitation Agency has assumed leadership by coordinating resources within the state toward planning and conducting the Institute. Some of the groups traditionally involved in the Institute include State Departments of Education, State Vocational Rehabilitation programs, State Residential School(s) for the Deaf and Mental Health Agencies.



Dr. Deb Guthmann, internationally recognized as **the** expert on substance abuse in the def population, was the opening speaker at SERID.

The Office of Deaf Services helped coordinate a mental health track and several staff members were among those selected to present.

Dr. Deb Guthmann, an internationally renowned authority on chemical dependence among deaf people, led a plenary session entitled, "We Didn't Learn It All in Kindergarten: What Our Experience in the Field has Taught Us" where she discussed what is currently happening in substance abuse research, assessment and treatment. She also shared stories of deaf people in recovery.

Other Plenary and Keynote presenters included Anindya Bhattachryya, a Deaf-Blind man who is the Technology

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Houston, Campbell Honored at Gala

John Houston, former Commissioner for Mental Health, was honored by the Southeast Regional Institute on Deafness with the Distinguished Service Award.

[John Houston] knew full well how long and hard the road to appropriate services was, and would not attempt to balance the budget on the backs of people who were the least likely to fight back. In this respect, Commissioner Houston stands out from many of his peers around the country, who under intense budgetary pressures may be tempted to look at deaf services a luxury, instead of a human right.

Sereta Campbell was named Outstanding Interpreter of the year at the same ceremony. Since 2008, Campbell has been the Region II interpreter. Her citation read in part:

"Standing out" from the group by means of distinctive service is a characteristic of Sereta Campbell's tenure as the Region III Interpreter for the Office of Deaf Services. Ms. Campbell stands out as an unselfish person who will go out of her way to help others. She stands out as an optimist who spreads contagious enthusiasm among her colleagues. And she stands out as pillar of support, ever ready to encourage those of use who are struggling with the vicissitudes of an exigent career. She stands out as a person who exemplifies professionalism in interpreting.

Both honorees exemplify the spirit that makes Alabama a leader in mental health services for deaf people.

Sereta Campbell (left) and John Houston (right) with their awards.



Working with People who have Deaf-Blindness

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certainly was after that week. Again, back at home, I had little opportunity to pursue my rejuvenated interest. Thankfully, I now have the opportunity and training to interact and work with a variety of consumers and friends who are Deaf-Blind. This year I completed coursework for a Certificate of Deaf-Blind Rehabilitation from Northern Illinois University, participated in a mentoring project for Interpreters for Deaf-Blind consumers sponsored by Gallaudet University, attended the 2011 American Association for the Deaf-Blind (AADB) Symposium in Kentucky as an Interpreter, and coordinated Interpreters and SSPs for the attendees and keynote speakers who are Deaf-Blind at the Southeastern Regional Institute of Deafness (SERID) conference in October. Although that sounds like a lot, and it has been a busy year, I have so much more to learn. Let me tell you about my year...

At the end of 2010, I applied to Northern Illinois University to enter a program there offering a Certificate in Deaf-Blind Rehabilitation. I was accepted and began the New Year learning about all aspects of Deaf-blindness: the etiologies of Deaf-blindness, communication needs, human guiding, psychosocial aspects, personal futures planning, and more. As part of the program I traveled to the Helen Keller National Center (HKNC) in Sands Point, New York for a week of hands-on training (hands-on, get it?). While at the HKNC I met colleagues from across the United States. I learned so much from their experiences. I also worked as an SSP for several outings that week. After returning to Alabama I continued with the on-line portion of the course. At the end, I turned in my project and now await my Certificate (suitable for framing).

I first heard of the AADB Symposium through a colleague. I knew immediately that I wanted to attend, but how? As a member of AADB, I got an email advertising the Mentorship Project for Deaf-Blind Interpreters through Gallaudet University. I wasted no time sending in my application. I was accepted, completed the coursework, and traveled to KY for the AADB Symposium. I arrived on a Sunday afternoon and was soon put to work. I was assigned a team member and dele-

gate and was pushed out of the nest. Thankfully, I only lost a few feathers in my furious attempt to fly.

The delegate I worked with for most of the week was from New Orleans, born blind and had Meniere's disease. As she grew up, she gradually lost her hearing but did not learn sign language until she became totally deaf in 2004. With that information, I considered the adjustments and adaptations I would need to employ to accurately guide and interpret for her. She communicated receptively by using both hands through tactile interpreting. Oh, did I mention she had a guide dog? When we were outside the hotel, her dog followed me or my teammate as we led the way to where we were going. When we were in the hotel, my team member and I took over guiding. With the assistance of my teammate we guided her to meals, both in and outside the hotel, through the exhibit hall, and ultimately to the workshops where we would interpret the presentations. It was thor-



oughly exhausting and exhilarating at the same time. Those of you who know me will not be surprised by my having a few necessities tucked away in my suitcase, just in case. Those items in my suitcase were about to come in handy: Biofreeze and Advil. Any time I had a break, I went to my room, took off my shirt, rubbed Biofreeze on my shoulders and upper arms, took some Advil and relaxed until it was time for me to get back to work. I came prepared for the aches and pains.

The Symposium concluded on Thursday night with a banquet. The delegate I had been working with all week left early that afternoon so I was assigned a new delegate for the banquet. This delegate was born deaf and had developed Glaucoma. Completely opposite adaptations needed to be made for this delegate. Instead of tactile interpreting, I had to sit about 6 feet from her and sign very slowly, in a reduced field, because of the acuity problems caused by Glaucoma. Acuity describes the sharpness of vision.

On Friday morning, I met my third delegate. He was born deaf and blind and was by far the easiest of the three with which to communicate. His hand was light on mine; he only used one hand. I am still amazed at how he understood me while just "listening" with one hand and not two. I accompanied him to Kings Island Amusement Park for the day across the river into Ohio. I held his belongings while he and my team

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Important Articles Recently Published

Kevin Baker, Felicity Baker, 2011. *The assessment of intellectual disability with deaf adults International Journal on Mental Health and Deafness Vol 1, No 1, 3-22.*

In this paper we review the construct of intellectual disability (ID) in relation to working with prelingually deaf people. Intellectual disability can sometimes be missed as a contributory factor to a deaf person's mental health difficulties. Despite some significant criticisms of the diagnosis or categorisation of ID, this often acts as a gatekeeper to specialised services in many countries and has legal implications. There are a number of issues to be considered in the process of an assessment of ID which can influence the outcome. An awareness of these criticisms and issues is helpful when considering how an assessment of ID is adapted when working with a deaf person. We briefly review the high incidence of additional disabilities that are often concomitant with a cause of deafness and highlight the difficulty in assessing deaf adults in comparison with deaf children. We end with a discussion of how an assessment of ID can be carried out with a deaf person that is equitable with that of a hearing person.

Bernabei V, Morini V, Moretti F, Marchiori A, Ferrari B, Dalmondo E, Ronchi DD, Rita Atti A. (2011) *Vision and hearing impairments are associated with depressive-anxiety syndrome in Italian elderly. Aging & Mental Health. 2011 May;15(4):467-74.*

This study's findings suggest that sensory impairment in older adults can increase their probability of experiencing depressive and anxiety syndrome. Correction of these deficits could improve the quality of life in this population.

Gascon-Ramos M, Campbell M, Bamford J, Young A. (2010). *Influences on parental evaluation of the content of early intervention following early identification of deafness: a study about parents' preferences and satisfaction. Child: Care, Health and Development. 2010 Nov;36(6):868-77*

Following early identification of deafness attention has now turned to early intervention of deaf children and their families. Improved outcomes associated with early identification and quality early intervention have been long predicated. However, the effective-

ness of early intervention is mediated by parents' values, beliefs and preferences. How these mediate the nature of intervention is key to understand how early intervention impacts on outcomes.

Horton HK, Silverstein SM. (2011) *Factor structure of the BPRS in deaf people with schizophrenia: Correlates to language and thought.. Cognitive neuropsychiatry. 2011 Apr 8:1-24.*

The data suggest that current symptom models of schizophrenia are valid in both hearing and deaf patients. However, relations between symptoms, cognition, and outcome from the general (hearing) literature cannot be generalized to deaf patients. Findings are broadly consistent with pathophysiologic models of schizophrenia suggesting a fundamental cortical processing algorithm operating across several domains of neural activity including vision, and thought and language. Support is provided for recent advances in social-cognitive *interventions for people with schizophrenia.*

Mitchell, Thomas R. and Braham, Louise G. (2011) *The psychological treatment needs of deaf mental health patients in a high-secure settings: a review of the literature. International Journal of Forensic Mental Health, 10: 92-106.*

A review of the literature relating to the psychological needs of deaf mentally disoriented offenders residing in high secure setting was conducted. Evidence suggested that deaf people are over represented in high secure settings. It also suggests that deaf offenders show higher levels of violent and sexual offenses than their hearing counterparts. Most theories accounting for this difference in offending relate to the insufficient acquirements of social understanding however the finding may be an artifact of biases in the criminal justice system. Overall deaf people appear to experience similar levels of mental illness but greater levels of learning disability than hearing people. There are numerous sources of error when conducting assessments with deaf people.

Ohre, Beate, von Tetzchner, Stephen, Falkum, Erik (2011) *Deaf adults and mental health: A review of recent research on the prevalence and distribution of psychiatric symptoms and disorders in the prelingually deaf adult population. International Journal on Mental Health and Deafness 1,*

Research on the prevalence and distribution of men-

On The ODS Book Shelf

(Continued from page 10)

tal disorders in the prelingually deaf population is scarce. In 1999, an extensive literature review was published, containing prevalence studies published prior to 1994. A systematic search was made for research publications about the prevalence and distribution of psychiatric symptoms and disorders published between 1995 and 2011. Eleven studies were found, five with samples from the general population and six with clinical samples. Since 1999, studies of deaf individuals have improved methodically, especially with regard to assessment procedures and instruments. However, selection bias, lack of representative samples, and unmatched comparison samples still preclude firm conclusions on the prevalence and distribution of psychiatric symptoms and disorders in the prelingually deaf population. This means that in order to gain a better understanding of the impact of prelingual deafness on mental health, studies with more representative samples and better matched samples in comparisons are needed.

Schwenke, Tomina. 2011. Childhood trauma: considering diagnostic and culturally sensitive treatment approaches for deaf clients. JADARA 45. 158 – 173

The existing research acknowledges that in comparison to hearing individuals, deaf children are exposed to interpersonal trauma at greater rates of prevalence. Furthermore, significant behavioral and emotional problems have been associated with the experience of abuse for deaf and hard-of-hearing children, including symptoms of PTSD, anxiety and depression.

SERID Conference A Hit In Alabama

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development and Training Specialist at the Helen Keller National Center, Art Roehrig, also Deaf-Blind and Dr. Byron Bridges, Troy University Interpreter Training Program.

ODS Director Steve Hamerdinger teamed with Michelle Niehaus, Program Administrator / Statewide Coordinator for Deaf Services at KY Division of Mental Health, Developmental Disabilities, & Addiction Services, and Charlene Crump, Statewide Mental Health Interpreter Coordinator for the Office of Deaf Services to present a well attended session on Etiology and Language Deprivation. Niehaus also presented on Peer Support Services.

It wasn't all work, of course. Shannon Reese, Service Coordinator for ODS, was a Mistress of Ceremony for the Awards night. As it happened, two people intimately associated with ODS were honored; former ADMH Commissioner John Houston and Region II Interpreter Sereta Campbell (See sidebar)

SERID was founded for the purpose of provid[ing] educational and professional development for individuals who work with consumers who are deaf, hard of hearing, deaf-blind, and late-deafened. The goal of this conference is to promote collaboration between service providers and communities serving these consumers within the region. It also provides an avenue for recruiting new staff for vacant positions as well as a way for rewarding current staff for the good work they are doing. (see <http://serid.org/about.html>)

The 2012 SERID conference is scheduled to be in Chattanooga, Tennessee October 18-19, 2012. ✂

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, Remlap
Brian McKenny, Montgomery
Dee Johnston, Talladega
Debra Walker, Georgia
Lisa Gould, Mobile
Gail Schenfisch, Wyoming
Dawn Vanzo, Huntsville
Wendy Darling, Prattville
Pat Smartt, Sterrett
Lee Stoutamire, Mobile
Frances Smallwood, Huntsville
Cindy Camp, Piedmont

Lynn Nakamoto, Hawaii
Roz Kia, Hawaii
Jamie Garrison, Wisconsin
Vanessa Less, Wisconsin
Kathleen Lamb, Wisconsin
Dawn Ruthe, Wisconsin
Paula Van Tyle, Kansas
Joy Thompson, Ohio
Judith Gilliam, Talladega
Stacy Lawrence, Florida
Sandy Peplinski, Wisconsin
Katherine Block, Wisconsin
Steve Smart, Wisconsin
Stephanie Kerkvliet, Wisconsin

Nicole Kulick, South Carolina
Rocky DeBuano, Arizona
Janet Whitlock, Georgia
Sereta Campbell, Tuscaloosa
Thai Morris, Georgia
Lynne Lumsden, Washington
Tim Mumm, Wisconsin
Patrick Galasso, Vermont
Kendra Keller, California
June Walatkiewicz, Michigan
Teresa Powers, Colorado
Melanie Blechl, Wisconsin

New Year Brings Big Changes in Deaf Services

(Continued from page 4)

Placing the Deaf Recovery Program in Tuscaloosa will allow the staff of the DRP to provide support for deaf people who are on the wards in any of the specialty hospital programs in Tuscaloosa. There are periodically people admitted to the forensic program at Taylor Hardin Secure Medical Center and the geriatric program at Mary Stark Harper Hospital. Staff from the DRP will be able to work directly with deaf consumers at these specialty programs, providing direct care, and other services as needed.

When a deaf person is in psychiatric crisis, they will be referred to Bryce Admissions (and the new hospital when it is complete) for acute care. When they are stabilized, they will be able to move to the new six-bed program or to one of the Deaf Services community programs or back to their homes. It is expected that the average length of stay in a hospital will plummet from the current more than one year level to a matter of days.

All staff now working at BDU will be encouraged to take jobs in the DRP. Almost all the old positions at BDU will be transferred to the new program. There are some exceptions. For example, because the new program is recovery focused, not medical, there will be no psychiatrist attached to the program. There will be a peer support specialist and several other positions with teaching or coaching emphasis to focus on helping consumers learn or relearn important life skills.

Hamerdinger believes the changes will create many new jobs for deaf people as well as better living situations for deaf people with mental illness. It will also keep a vital core of deaf professionals together that provide a foundation for the kind of innovation that Alabama is known for. This foundation provides a unique opportunity to significantly broaden the continuum of care for deaf consumers.

At the same time, new homes for deaf people with mental illness will open, operated by mental health centers in at least two other cities. Details are not available at this time, but it is anticipated that these two new programs, which will add as many as nine new residential slots, will include special programming for deaf consumers who are considered "forensic" and those who are over 65 years of age. ✂

Notes and Notables

Wendy Darling (whose article about her experiences learning to work with Deaf-Blind people appears beginning on page 8, has earned her Certificate of Deaf-Blind Rehabilitation, which was offered through Northern Illinois University. She received this honor in this past December, making her the first ODS staff person to earn it.



Cottage 9 on the old Partlow campus will provide the base for a program to help deaf people living with mental illness transition to community living



The Alabama Department of Mental Health recently joined Facebook, Twitter & YouTube! Please "like" us on Facebook by visiting <https://www.facebook.com/ALMentalHealth>. Also, follow us on Twitter at <https://twitter.com/#!/ALMentalHealth>, and check us out on YouTube at <http://www.youtube.com/user/ALMentalHealth>.

Also, for those on Facebook, the department is in charge of Project Rebound's page at <https://www.facebook.com/projectrebound>. ADMH initiated Project Rebound to provide relief and assistance in the aftermath of a disaster in partnership with community organizations. Project Rebound began after Hurricane Ivan, returned after Hurricanes Katrina and Rita, and also returned after a tornado devastated the Enterprise community. Once again it has been reactivated to provide help to survivors of the Gulf Coast oil spill and the April 2011 tornado outbreak. Please like the Project Rebound page and help us increase awareness about this initiative.

Help us spread the word to others who may be interested in following ADMH news via these outlets!

As I See It

(Continued from page 6)



where we find ourselves today. Essentially, Deaf Services was given permission to totally rethink how services are delivered – in essence to bust up the pigeon-holes and serve deaf consumers

in a way that focuses on *their* individual needs, rather than the “blessed and sanctified dogma” of the hour.

One day last summer, ODS was asked to come up with a better way to service deaf people that won't leave them languishing on a locked hospital ward for years at a time – even if that hospital ward was notionally an ASL-rich environment. “Break the paradigm. Get rid of the box. Give us a plan that will work.” Whoa! This is not business as usual! A plan was presented and *mirabile dictu*, it was approved. We are going to be busy busting the pigeonholes over the next few months. Spring is coming. Crocuses are trying to bloom. Change is in the air.

Elsewhere in this issue, there is coverage of the beginnings of these changes. There's a lot to do. There are many moving parts. There are days when it seems to be overwhelming.

Crocus sometimes have to push up through pretty hard ground to get to the sun. Change, in any system, is like dealing with frozen ground. It's a lot of work and a lot of places where stumbles will happen and the temptation to deem it “impossible” will be strong. But like the changing seasons, the hard times will thaw and a time to grow and thrive will come. **As I See It**, change is inevitable as the coming of Spring, and with it brings a better place for deaf consumers.

✂

News You Can Use

The Federal website, *Resolve to Be Ready* Toolkit contains ways you can engage your family, friends and employees in emergency preparedness. We encourage you to utilize the enclosed products for your office's Website, posters, sample e-mails and articles that you can share. So why not make a Resolution that can make a difference when disaster strikes. Learn how at www.Ready.gov/Resolve.

Working with People who have Deaf-Blindness

(Continued from page 9)

SSP rode the rollercoasters- all of them. I did ride a kiddie rollercoaster with the delegate. That was about as much thrill as I could handle.

The final extensive opportunity I had to serve the Deaf-blind population last year was in October. The 40th Annual SERID conference was hosted by Alabama this year and was held in Montgomery. We had an impressive Deaf-Blind track this year with two keynote speakers who are Deaf-Blind. Both are leaders in the Deaf-Blind community, and I had the pleasure of working with both of them. The first of the two to arrive has Usher Syndrome Type I. That means his vestibular system does not work and he has a hard time maintaining his balance. He used one-hand tactile sign language most of the time but would switch to both hands if clarification was needed. The other keynote speaker was born deaf and became blind due to retinal detachment at a very young age. He also used one-hand tactile sign language for communication. Another exhausting week but well worth it. I might need to buy stock in Biofreeze®.

I have had a great year and hope it was just the beginning of a life-long journey with that particular population. Although it is physically exhausting, it is spiritually refreshing and there is not enough Biofreeze® in the world that can provide that.

2013 ADARA Conference Minneapolis, MN




Hilton
Minneapolis, MN, Fair Airport
Mall of America

May 29 - June 1, 2013

Hilton Minneapolis/Bloomington
3800 American Boulevard East
Bloomington, Minnesota

Workshop Tracks:

- Mental health
- Chemical Dependency
- Rehabilitation
- Transition Independent Living

Save the date!



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

Call for Presentations

Breakout Conference:

Transitioning to Recovery Focused Services

June 28-30, 2012

**Westin Atlanta North Hotel at Perimeter
Seven Concourse Parkway
Atlanta, GA**

Goal of the Conference

The *American Deafness and Rehabilitation Association (ADARA)* is pleased to announce the 2012 Breakout Conference. The focus of the "Breakout Conference" has always been "breaking out" of institutional care and "breaking into" community-based services. This conference seeks to provide training and networking opportunities for mental health professionals serving deaf, deafened, and hard of hearing adults, students and/or children who have mental illness or emotional disorders. Presentations will have a heavy focus on recovery-oriented best practices that attendees will be able to implement and utilize in the workplace.

Presentation Proposals

Presentation proposals should address current effective practices used in working with deaf and hard of hearing individuals with severe mental illness or emotional disorders. Proposals should be for 90 or 180 minute sessions. Proposals are not limited to possible topics listed below. Submitted proposals should include learning objectives and references that will assist in applying for professional continuing education units for conference attendees.

The deadline for submitting proposals is January 31, 2012

Areas and Possible Topics to be Addressed

- **Interfacing Education And Mental Health**
- **Working With Trilingual Families**
- **Testing Demonstrations**
- **Olmstead, Recovery, Peer Support**
- **Supporting Community Living Options**
- **Drug/Alcohol Abuse Treatment Strategies**
- **Sexuality Issues**
- **Trauma Informed Care**
- **Working With Low Functioning/Language Dysfluent Consumers**
- **Developing Cultural Competency**
- **Therapeutic Techniques/Theories And Effective Counseling Techniques And Strategies**

Process for Submitting Proposals

Complete the attached presentation proposal form.

Develop a brief abstract of the presentation, not to exceed 100 words. If accepted, this description will be included in the program book.

Please submit a summary, not to exceed 500 words, of the proposed presentation for review by the planning committee. This summary should include three (3) learning objectives.

Include a short biography (50-75 words) for each presenter.

Cite at least 2 references in APA format for information included in your presentation

Workshop sessions will be 90 or 180 minutes long. Put all the above information in MS Word and e-mail with the application form to:

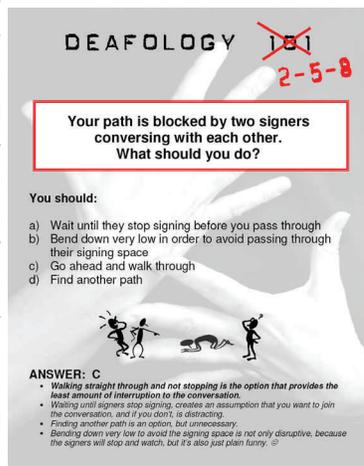
**Steve Hamerdinger
Program Chair
steve.hamerdinger@mh.alabama.gov**

Selected presenters (two per presentation) will be provided free registration for the conference. Presenters will be responsible for their own travel, lodging, meals, and incidental expenses. Plan to bring your own laptop computer for PowerPoint presentations.

New Educational Initiative Proves Popular and Effective

In July 2011, the Office of Deaf Services began a weekly informational flyer about deafness. This short information sheet, published in poster format, was intended to educate the ADMH staff and providers and those who work in or around deafness on the unique history and influences of people who are deaf.

The title is a play on the term [Deafology101](#) used by a well-known Deaf entertainer and personality, Ken Glickman. The “2-5-8” is an ASL play on words that denotes the handshapes for the phrase “very interesting.”



thought about before that are just outside the realm of my awareness. They make me more aware of things that we should be paying attention to,” she told SOMH. “I find myself thinking about how our deaf consumers experience services and what we can do to make them better.”

Organizations that would like to use these flyers are welcome to do so, provided attribution is intact. Contact [Charlene Crump](#) for more details. ✎

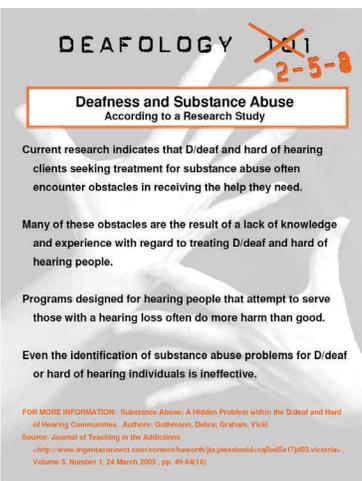
Wright Becomes First Certified Deaf Peer Support Specialist

(Continued from page 3)

and hiring process. The training is sponsored by the Alabama Department of Mental Health Office of Consumer Relations. The training curriculum was developed by The Appalachian Consulting Group and is based on Georgia’s Certified Peer Specialist Model.

“The future of mental health service delivery is in a self-directed, peer-supported recovery approach,” said Steve Hamerdinger, the Director of the Office of Deaf Services. “Our plans call for increased involvement of Peer Support Specialists as we move from a medical model to a recovery model with our deaf consumers.”

The Office of Deaf Services was founded in 2003 as a result of the Bailey v. Sawyer lawsuit. Wright’s family was one of the original litigants. It adds a special poignancy to Wright’s achievement as it evidence of the remarkable power of recovery from mental illness. ✎

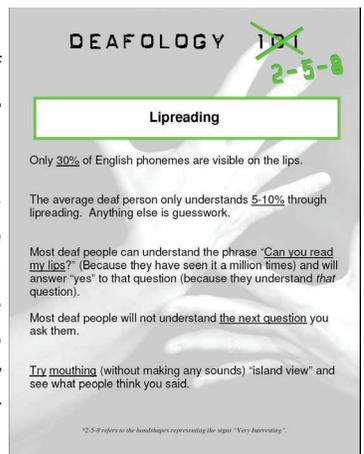


Since that humble beginning with limited intent, the distribution list has grown to include not only central office, but also mental health and substance abuse providers, various staff, state facility employees, contract interpreters, general deaf and interpreting communities, and other state agencies. Office of Deaf Services staff have noted that many Community Mental Health Center providers have posted the

flyers in their agencies. Past flyers are a popular request, so that they can “catch up” or “save them and review them.”

Topics range from Deaf History, Social Interactions, Communication, famous deaf people and their contributions to society, etc.

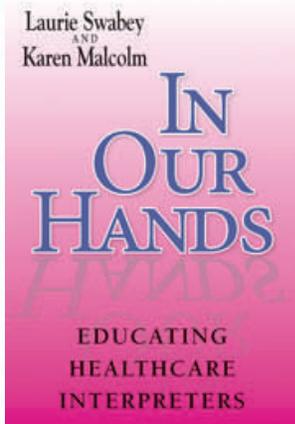
Kathy Seifried, Executive Assistant to the Associate Commissioner for Mental Health and Substance Abuse was instrumental in helping to popularize the flyers. “They brings up things I never



Crump Has Chapter on Mental Health Interpreting Published

ODS Mental Health Interpreter Coordinator, Charlene Crump, had a chapter on mental health interpreting published in the newly released book *In Our Hands*. The chapter, entitled Mental Health Interpreting: Training, Standards, and Certification, deals with Alabama’s internationally recognized work in standardizing the practice of mental health interpreting. It also discusses Alabama’s MHIT and QMHI program.

The book can be obtained at [Gallaudet University Press](#).





Alabama Department of Mental Health-Office of Deaf Services
and ADARA presents

Currently eligible certified mental health professionals, Psychologists,
Nurses, Social Workers, Counselors, Drug/Alcohol Counselors,
Case Managers, Domestic Violence Providers, MH and SA Provider Agencies, Interpreters, etc.

“Domestic Violence Service Provision within the Deaf Community”

Thursday, February 9, 2012: Hearing/Non-Signing Providers
Friday, February 10, 2012: Deaf/Signing Providers
10:00 am to 3:00 pm

**Lunch on your own.*

Presenters:

Angela Kaufman, MA, CI/CT and Amanda Somdal, LCSW

**Alabama Public Library Service
6030 Monticello Drive, Montgomery, AL 36117**

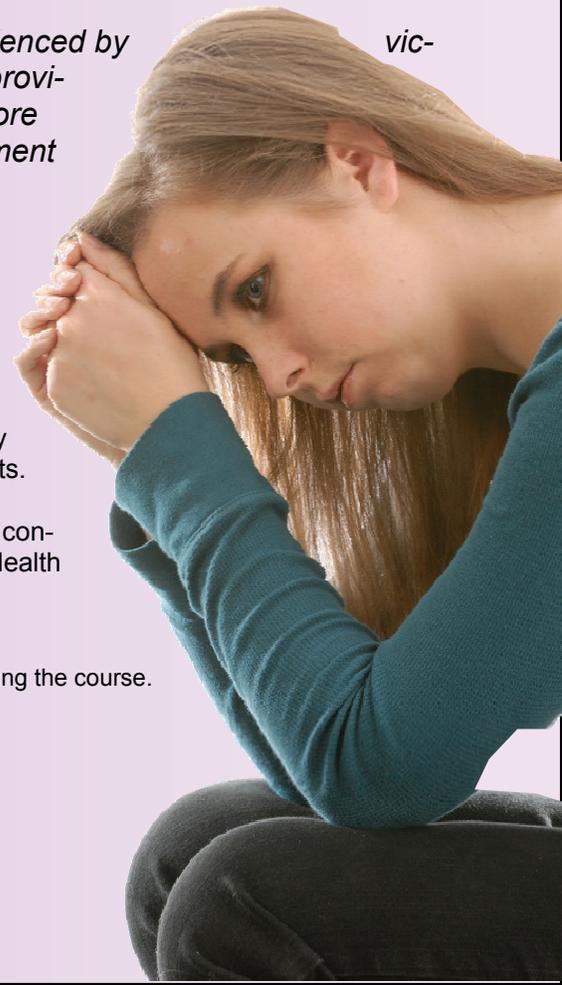
*This will provide an overview of cultural and linguistic barriers experienced by
victims of domestic violence who are deaf and modification of service provi-
sion when working with the deaf population. This workshop will explore
how clinicians can develop resources for effective service and treatment
for deaf individuals.*

The Alabama Department of Mental Health:

- is approved as a provider of continuing education in Nursing by the Alabama Board of Nursing; ABNP0150: Expiration Date July 5, 2013;
- is an approved provider of continuing education for Social Workers in the State of Alabama through the Alabama State Board of Social Work Examiners;
- is an NBCC Approved Continuing Education Provider (ACEPTM) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program.
- is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The Alabama Department of Mental Health maintains responsibility for this program and its content.

This program is offered for 4 contact hours (4 clock hour), nurses (5 clock hours).
Eligible participants must be in attendance for the full program to receive credit for completing the course.

Clinical and RID CMP/ACET CEUS offered. [See Website for Details](#)



2012 Mental Health Interpreter Institute

August 6 - 10, 2012

Montgomery, Alabama



A collaborative effort between the
Alabama Office of Deaf Services
ADARA and Troy University Interpreter
Training Program

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

PRESENTERS INCLUDE:

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

Full Details at <http://mhft.org/2012Institute.html>

COST OF TRAINING:

	thru March 31	April 1 May 31	June 1 July 30	after July 30	Day Rate
Participants	\$275	\$325	\$375	\$400	\$90
Alumni/Students	\$150	\$200	\$250	\$300	\$70



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