

Signs of Mental Health

Developing Partnerships Sharing the Load



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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:

It's been a while since we published last. In fact, we are about a month late. *Mea culpa*. There has been so much going on in ODS that putting out the newsletter has taken something of a back seat. We hope to make up for it with a news-packed issue.



We have a guest article by Dr. John Gournaris, the Program Director at the Minnesota Department of Human Services, Deaf & Hard-of-Hearing Services Division beginning on page 10. Dr. Gournaris is an expert on using telepsychiatry with deaf people and his article talks about this technology.

Evon Black headline the first fundraiser for the Friends of the Bailey Deaf Unit. It exceeded all expectations. There's a story about it beginning on page 4.

ODS staff has been busy with training, services and outreach. You will find articles on some of those activities. The highlights include the annual Interpreter Institute (page 8) and Consumer Recovery Conference (page 7).

In addition to all that, you will find some of the usual features. All in all, we think it's a pretty good issue and hope you will agree. Send us your story ideas for upcoming issues and let us know how we can do better! ✍

Lozynsky Attends Domestic Violence Training

Wendy Lozynsky, Office of Deaf Services Therapist for Region I was one of 56 people from around the country who were invited to attend a U.S. Department of Justice funded training on Domestic Violence among deaf women May 18th - 23rd. She was joined by Mona Ivey, Deaf Support Specialist with the Alabama Department of Vocational Rehabilitation.



Wendy Lozynsky (left) with ADWAS Founder Marilyn Smith. Smith founded the services in 1986 to serve deaf and hard of hearing women who were victims of abuse.

The training, which was conducted by [Abused Deaf Women's Advocacy Services](#) in Seattle, Washington, was to share information and encouraging the start up of services for abused deaf women. ADWAS was founded by Marilyn Smith in 1986. The ADWAS model has been replicated in 14 other cities across the United States.

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On The Cover:

ODS provides training for Sign Language Proficiency Interview evaluation teams for several state agencies. This picture was shot at the training last April.

ODS Trains Cross-Agency SLPI Teams

This Office of Deaf Services conducted an intensive training for people interested in being Raters for the Sign Language Proficiency Interview. The training, held in Montgomery April 21st – 23rd, was attended by staff of both ODS and the Alabama Department of Rehabilitation Services (ADRS).

The Sign Language Proficiency Interview (SLPI) is used by several agencies to assess the Sign Language fluency of staff and potential new hires. In addition to ODS staff, ADRS and the Alabama Institute for Deaf and Blind (AIDB) use SLPI scores for hiring decisions.

Additionally, the Alabama Department of Mental Health has specific SLPI score requirements for

clinical and direct service positions working with deaf consumers.

Three new ODS staff members and five staffers from ADRS went through more than 30 hours of training, which covered interviewing techniques and rating interviews. The instructors were Charlene Crump, Amy Peterson and Shannon Reese, from ODS.

The SLPI process involves a videotaped interview and panel rating of the language output from the candidate. The ratings are based on psychometrically validated benchmarks. Training and re-training evaluators is needed to ensure inter-rater reliability.

Troy University uses SLPI to screen candidates for admission to the new Interpreter Training program. ODS partners with ADRS and the Alabama Institute for the Deaf and Blind to administer SLPI ratings to potential interpreting majors. This is one the joint agency collaborations that ODS is involved in.

Last year, staff from the Alabama Institute for Deaf and Blind (AIDB) Regional Centers took the same training from ODS.

As part of ODS' on-going effort to maintain quality ratings, quarterly maintenance and enhanced learning

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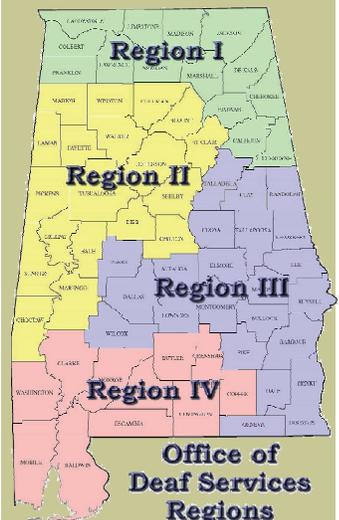
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Evon Black Headlines Benefit

It's no fun being a patient in a psychiatric hospital. It's even more difficult when you don't have money for basic needs. The state's Department of Mental Health operates the 10-bed Bailey Deaf Unit (BDU) within Greil Memorial Psychiatric Hospital in Montgomery.

Seriously mentally ill Deaf persons are sent to BDU from anywhere in the state, usually by court order. Full psychiatric care is provided by a dedicated team of more than 20 staff members, who are mostly Deaf. The Alabama Association of the Deaf (AAD) has set up a fund to provide for needs that the hospital cannot give, the Friends of the Bailey Deaf Unit (F-BDU). This will be a continuing project of the AAD.

On April 24, about 50 people gathered for a fundraising event at the Alabama Department of Rehabilitation Services in Montgomery to enjoy a catered BBQ and Evon Black's show, "Mama Cares: It Runz in the Family."

Black, a performer and motivational presenter since her student days at Gallaudet, has brought her one-woman show to cities throughout the United States and Canada.

After a welcome by Steve Hamerdinger, director of the DMH's Office of Deaf Services, greetings by Judge Patricia Warner of Montgomery County Family Court, and greetings by Alan Stewart, facility director of Greil Hospital, we were treated to a description of BDU from Beth Metlay, social worker for the unit. And then it was time for Black's show.

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ODS Trains DPH Case Managers

On April 3rd, the Alabama Department of Public Health invited the Director of the Office of Deaf Services, Steve Hamerdinger, to provide statewide training for case managers. Through Hamerdinger's presentation, case workers learned how to effectively work with elderly people who have hearing loss. The training was broadcast live around the country by satellite and by webcasting and is currently available on-line as an On Demand program for future training purposes.

An estimated 940 people participated in the live program making it one of the largest training events ODS has been involved in. In addition to the on-set interview conducted by Broadcast Producer, Kristie Welch, the live setting allowed participants the opportunity to call or email their questions and get a real-time answer directly from Hamerdinger.

The broadcast was real-time captioned as well as presented in Sign Language and spoken English. It created some challenges for production. An interpreter was off camera allowing for Hamerdinger to understand questions and follow directions from the studio crew. Portions of the program were pre-recorded to allow for more accurate captioning.

Hamerdinger, who has done numerous workshops on working with geriatric deaf and hard of hearing people who have mental illness, was delighted at the chance to address a different crowd. "The more we are able to educate people about the prevalence of hearing loss, the more likely services are to be prepared to work with them," Hamerdinger said.

The training was well received. "I really

enjoyed the satellite this morning. It was very easy to follow and I think it gave the [case managers] a different perspective with some of our clients - who have been termed "stubborn" - and made them realize there may be a reason for this," remarked one of the participants.

The broadcast was produced by the Department of Public Health's Video Communications and Distance Learning staff. This is not the first time ODS has worked the division. The VCDL crew has provided ODS with VHS and DVD copies of past trainings and in return, ODS has helped with language access on some productions. It is an example of how Alabama's state agencies work together to get the most benefit from taxpayer dollars.

The broadcast is still available for on-demand viewing free of charge. The website address is <http://www.adph.org/ALPHTN/index.asp?id=3459>. The program was approved by the Alabama Board of Social Work Examiners for 1.75 hours of Social Work continuing education units. Social Workers who view the broadcast on-demand can still receive CEUs by completing the evaluation, sign-in sheet, and questionnaire that is available on the website. 



Therapy By Videoconferencing Effective For Deaf Consumers Recent Research Shows

By John Gournaris, Ph.D.



Dr. John Gournaris is the Director of the Mental Health Program at the Minnesota Department of Human Services, Deaf & Hard-of-Hearing Services Division. He is responsible for overseeing the state-wide mental health delivery system for deaf and hard-of-hearing adults.

Dr. Gournaris' specific professional interests lie in the areas of telepsychotherapy, telehealth, and telepsychiatry.

Telemental health is receiving increased attention as a means of effective mental health service delivery in areas that are traditionally underserved. This service is based on the use of videoconferencing systems, which utilize video cameras, web cams, or videophones to facilitate remote interaction, as opposed to face-to-face communication. Many say that videoconferencing is the closest thing to “being there.” Videoconferencing is now eliminating the need to travel distances for meetings or therapy sessions. It is becoming clear that the growth and success of videoconferencing technologies is increasingly based on effective human conversations and interactions as they can communicate and see each other from any distance. Moreover, telepsychotherapy is now more common in mental health settings and the general literature about this type of service is steadily growing. The term telepsychotherapy covers the provision of psychotherapy via video-conferencing. Specifically, treatment for mental or emotional disorders is based on counseling or therapy techniques enacted through video-conferencing technology. The terms teletherapy, telecounseling, cybercounseling, online therapy, Internet counseling, cybertherapy, webcounseling, telemental health, e-therapy, distance counseling, telehealth, and telepsychotherapy are used interchangeably in the general literature.

Based on pilot studies in several states, results confirm the feasibility of telepsychotherapy for deaf and hard-of-hearing individuals. However, there has been no published empirical research to date on how psychotherapy might be influenced by the use of videoconferencing systems. These pilot studies strongly support the notion that more deaf people in need of mental health services could be treated by qualified therapists if telepsychotherapy were widely available. Deaf individuals in remote areas would have greater access to clinicians, skilled in American Sign Language (ASL), who are experts at working with the deaf population. Consequently,

we need to learn more about how videoconference systems impact communication when ASL is used before we can evaluate the effectiveness of telepsychotherapy for deaf individuals.

In the sample of 40 participants, Gournaris and Leigh investigated to determine if direct communication using ASL is different in face-to-face versus videoconferencing mediums. There was no significant difference found between the face-to-face and video-mediated communication conditions in terms of accuracy, request for repetitions, timing, clarity, and flow of conversations. This suggests that participants were consistent with their understanding of dialogues in both situations and the use of video-conferencing did not hamper length of dialogue. One finding that stood out from this study was the increased “Yes” responses and nods in the video sessions, perhaps as a consequence of individuals being sensitive to the need to confirm that the technology was facilitating communication and informing the person who was talking that they were following the dialogue just fine. This also showed that people in video sessions tended to be task-focused or task-oriented. Not surprisingly, half of the study participants believed that face-to-face communication was more natural than video, while the other half believed that

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ODS Provides Communication Access, Speakers at Recovery Conference

Steve Hamerdinger, ODS Director was one of the featured speakers at the 17th annual Alabama Recovery Conference at Schooco Springs April 28 – 30. Ben Hollingsworth also conducted a workshop. ODS staff interpreters were there throughout the conference for the deaf consumers who attended.

Hamerdinger, who has presented nationally on motivation and recovery, addressed about 300 participants the morning of the 29th. Titled “Swimming North in a South Flowing River,” Hamerdinger’s talk focused on perseverance and persistence in the face of adversity. Drawing from his own experiences as both a deaf person and a person living with mental illness, he gave the spellbound audience ideas and suggestions for keeping on the journey to recovery. Michael Autrey, the Director of the Office of Consumer Relations called his talk a “highlight of the conference.”

As in years past, ODS contributed several staff interpreters to the conference. This year the team included Sereta Campbell, Charlene Crump, Dawn Marren and Lisa Trainor. Autrey said, “We appreciate the support of ODS in making our conference a success each year.”

That afternoon Hollingsworth conducted a workshop for both deaf and hearing people entitled, “Coping with Misunderstanding,” which dealt with how people process information and how they react to it. The 35 participants who attended were invited to share personal anecdotes of misunderstanding and how they overcame it. During the discussion, all participants gave feedback on personal scenarios and reflected on how to best interact with others with the purpose of avoiding miscommunication. Hollingsworth selected this topic based on his experiences working in mental health and seeing the struggle of individuals trying to communicate.

Three consumers from the Princess Helen group home in Mobile attended the conference. They were accompanied by Jeff Wellborn, a mental health worker. In previous years as many as 20 deaf consumers have attended.

Campbell and Trainor were attending their first Recovery Conference. Campbell was pleased with the experience. “I enjoyed interpreting at the conference. It was nice to see and chat with the therapists, social workers and directors that I work with throughout my region in a different setting. The conference was very well structured and the conference organizers were very inviting and accommodating towards the interpreting team and the participants who were deaf.”

Trainor was also impressed. “It was the first recovery conference I have attended. It was great to see all of the efforts put into place to allow a disenfranchised population to enjoy themselves and experience a well needed vacation. The attitude of the participants was very lively and positive. I am looking forward to next year!”

✍



Above: Ben Hollingsworth makes a point during his session at the Recovery Conference. Left: Steve Hamerdinger address a plenary session as Lisa Trainor interprets.

Georgia Hosts Interpreter Institute

The seventh annual Interpreter Institute of the Alabama Mental Health Interpreter Training Project was held June 1st – 5th in Atlanta, Georgia.

The 40-hour event, attended by 18 participants from six states, was a joint project of The Alabama Department of Mental Health, Office of Deaf Services, the Georgia Division of Mental Health, Developmental Disabilities & Addictive Diseases, the Georgia State Financing & Investment Commission – State ADA Coordinator’s Office, the Georgia Department of Human Resources Limited English Proficient/Sensory Impaired Program, and the Georgia Department of Labor, Vocational Rehabilitation Services. Additional support was provided by the American Deafness and Rehabilitation Association.

Participants from Alabama, Georgia, Ohio, Idaho, North Carolina, and Arizona attended, including several alumni from previous Institutes. Returning faculty included Charlene Crump, Robyn Dean, Carter English, Steve Hamerdinger, Brian McKenny, Bob Pollard, Shannon Reese, and Roger Williams.

When budgetary worries threatened to cancel the Institute, Georgia state officials asked if the program could be moved to Georgia this year. Susan Chambers, the Associate Commissioner for Mental Illness at the Alabama Department of Mental Health, quickly agreed and gave permission for the project leadership to go ahead with this partnership. Steve



2009 Interpreter Institute Participants

Hamerdinger, the Director of the Office of Deaf Services said that, “Had it not been for Georgia’s interest in hosting it, we would have probably cancelled it this year.”

The need for the training is widely acknowledged. “With so few mental health practitioners who are fluent in sign language, the service system relies heavily upon interpreters for communication accommodation,” said Charley Bliss of Georgia Division of Mental Health.

The training, which was rated excellent overall by the participants,” was held in the Georgia State Financing & Investment Commission training room near the State Capital.

The Interpreter Institute is widely recognized as the premier mental health interpreter training event in the country, one that is continually pushing the envelope. “It has been called ‘bleeding edge’ technology by several experts,” said

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Georgia Hosts Interpreter Institute

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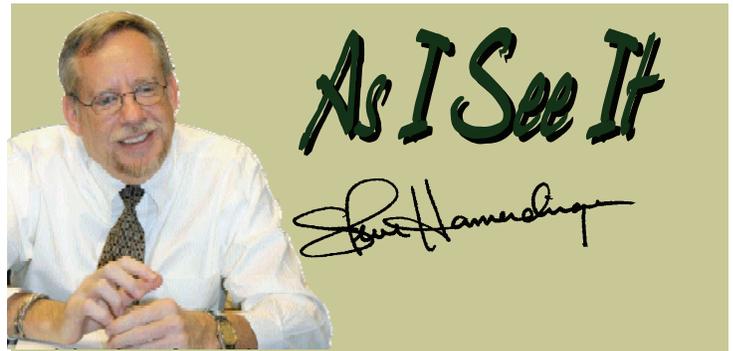
Hamerdinger, who pointed out that what is taught at the Institute generally becomes standard practice five years down the road. “We like to be out in front of the rest of the field in what we do.”



Several adjustments to the schedule were made to facilitate the move and the adjustments seemed to help the flow of the workshop. Charlene Crump, the Project Coordinator remarked that, “Putting most of the technical workshops at the beginning makes the week flow better.”

Mike Galifianakis, Georgia State ADA Coordinator, called the faculty and leadership of the Mental Health Interpreter Training Project, “Remarkable.” A participant remarked that, “This information was an ‘eye-opener’ and has been quite rewarding for me as a new interpreter in the mental health field.”

While attendance at the Institute was lower than previous years, it compared well with the first year the institute was held in Alabama. Attendance was also impacted by several factors including conflicting events happening in Georgia and short turn around time from approvals to the training dates. This was offset by the excellent teamwork shown by Georgia officials and ODS staff. ✍



We do some odd things around our shop here at the Office of Deaf Services. One of the things we do is maintain a large repository of articles related to mental health and deafness. It may be one of the largest in country after the Deafness Collection at Gallaudet University.

Maintaining this collection and adding to it leads us to very interesting articles. We are combing through old issues of the Journal of Rehabilitation of the Deaf and came across an article by McCay Vernon from back in 1978. Dr. Vernon was one of the leading writers and thinkers on mental health and deaf people in 70's, 80's and 90's and he still produces the occasional article today.

In volume 11 Number 4, published in April of that year, Dr. Vernon had an article entitled *Violation of Constitutional Rights: The Language Impaired Person and the Miranda Warnings*. In it, he deconstructs the idea that the Miranda Warnings can be given to a deaf person who is dysfluent. No one has improved on his basic argument in the 30 years hence, although many people have amplified and buttressed it.

What jumped out at us was this paragraph:

“Others do the best they can do and communicate the parts of the Warning that can be understood. Unfortunately, a significant number [of interpreters] become defensive and irrationally maintain to police and later to the court that what they conveyed in sign language is the equivalent of the Miranda Warning.”

Think about that for a minute. Decades before the work of Robyn Dean, here we have a preeminent scholar stating that there are some concepts that cannot be communicated in American Sign Language unless “the deaf person is one of the relatively few who read at an appropriately high level.” His point was that the average deaf person is not only unable

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Hot Off the Presses : Important Articles You Must Read

Fellinger J, Holzinger D, Sattel H, Laucht M. (2008) Mental health and quality of life in deaf pupils.. *European Child & Adolescent Psychiatry*. Oct;17(7):414-23.

In the past decade, the living conditions of hearing impaired children have been changing due to new technologies and mainstreaming in schools. The majority of population-based studies in deaf pupils were conducted before these changes started to take place. The present study aimed to evaluate the current situation regarding aspects of mental health and, for the first time, quality of life in a representative sample of deaf pupils. Differences were most marked with regard to conduct problems, emotional problems, and peer problems, and less marked for hyperactivity/inattention. While parents of deaf children had a generally positive view of their children's quality of life, deaf children provided a more complex picture, stressing areas of dissatisfaction. Mental health and quality of life were found to be unrelated to the child's degree of deafness.

Mejstad L, Heiling K, Svedin CG (2009) Mental health and self-image among deaf and hard of hearing children. *American Annals of the Deaf*. Winter;153 (5):504-15.

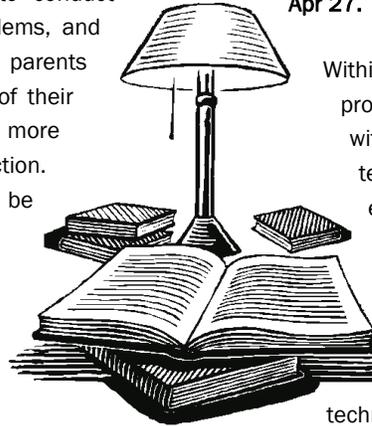
Mental health and self-image among deaf and hard of hearing children (ages 11-18 years) in southern Sweden was investigated. The children (N = 111) attended special schools for the deaf (n = 28), special schools for the hard of hearing (n = 23), and regular schools where hard of hearing children were mainstreamed (n = 60). The Strengths and Difficulties Questionnaire (Goodman, 1997) was used to screen mental health and the "I Think I Am" questionnaire Ouvinen-Birgerstam (1982, 1984) to measure self-esteem. The study shows that hard of hearing children seem to do as well, as a group, as other children in Swedish society. Mean SDQ and ITIA scores indicated that the mainstreamed students and the students in special schools for the hard of hearing had higher levels of rated mental health and self-image than the students in schools for the deaf.

Rijavec N, Grubic VN. (2009) Usher syndrome and psychiatric symptoms: a challenge in psychiatric management. *Psychiatria Danubina*. 2009 Mar;21(1):68-71.

Usher syndrome, the most common case of deaf - blindness,

may be associated with various psychiatric disorders. Inability of communication through spoken language in association with progressive visual impairment affects diagnostics and management in case of co-morbidity with mental disorder. A patient with Usher syndrome and psychiatric symptoms is described and the difficulties in psychiatric assessment in her case are discussed. . The limitations of management are discussed.

Wilson JA, Wells MG, (2009) Telehealth and the deaf: a comparison study. *Journal of Deaf Studies and Deaf Education*. Apr 27.



Within the deaf population, an extreme mental health professional shortage exists that may be alleviated with videoconferencing technology-also known as telehealth. Moreover, much needed mental health education within the deaf population remains largely inaccessible. Results indicate that telehealth can be regarded as an efficacious and cost-effective option in delivering health care to the deaf population. Participants also indicated satisfaction with the telehealth technology.

Brunnberg E, Lindén-Boström M, Berglund M. (2008) Tinnitus and hearing loss in 15-16-year-old students: mental health symptoms, substance use, and exposure in school. *International Journal Of Audiology*. Nov;47(11):688-94.

The current study assessed the responses from a survey titled 'Life and Health - Young People 2005', completed by 2878 15-16-year-old adolescents in mainstream schools in the county of Orebro, Sweden. Thirty-nine percent of students with hearing loss and 6% of students with normal hearing reported tinnitus often or always during the past three months. Almost no gender difference was observed among students with normal-hearing reporting tinnitus; however, a gender difference was noticed among hard-of-hearing students (boys 50%, girls 28%). Adolescents with both hearing loss and tinnitus reported considerably higher scores for mental health symptoms, substance use, and school problems than other students.

ODS Trains Cross-Agency SLPI Teams

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opportunities will be offered. Using videoconferencing whenever possible and videotaped lectures when not; the trainings will be formatted to allow team within the local communities across Alabama to work together. Teams typically consist of a mixture of ODS, ADRS and AIDB staff. Working across divisions has allowed each agency an opportunity to expand their pool of interviewers and evaluators in their local areas.

The most recent training, "SLPI Grammar 1-2-3," was lead by Amy Peterson. The training focused on the first three grammatical aspects evaluated on the SLPI.

ODS has also set up a listserv for all Alabama trained SLPI team members to assist with information dissemination and frequently asked questions.

For more information and pictures see <http://www.mhit.org/programs/projects/slpi.html>.

Deb Walker, BDU interpreter was recently awarded her Legal interpreting certification. She now holds both QMHI and SC:L, which makes her very valuable in forensic situations. Congratulations!

ODS Administrative Assistant, **Joyce Carvana**, is a proud grandmother. Noah Oswell Brady was born April 28th, checking in at 21" and 7 ½ lbs. She told us, "I don't know what pleases me more the fact that I'm a grandmother or just seeing how good my son is with his son. I am honored to be a grandmother, there is nothing like it." Indeed. Best wishes to the whole family.

Wendy Lozynsky presented on Hard of Hearing Issues in the Geriatrics Population at the ACCMHB conference in Birmingham, AL on May 14, 2009.

2009 SLPI Training Participants and Faculty

Front, left to right: Charlene Crump, Shannon Reese, Sam Fiebelman, Sereta Campbell, Susan Gordon. Back, left to right: Angel Dahlgren, Lisa Trainor, Rocky Truman, Ben Hollingsworth, Jaime McPoland, Amy Peterson.



Mobile Group Home for Deaf Consumers Hires New Staff



The Princess Helen Group Home for deaf consumers in Mobile is operated by AltaPointe Health Systems and has three beds. As with all Deaf Group Home, they are full.

All the staff there are deaf, which makes communication easier in the home.

Pictured here are: Front: Dianell Butt, Back, left to right: James Chancy, William Wellborn and Jonathan Hollins. Butt, Chancy, and Hollins are new members of the staff.

They are responsible for helping consumers in their recovery.





Department Changes Name

The Alabama Legislature this year approved legislation dropping the phrase "mental retardation" from the Alabama Department of Mental Health and Mental Retardation. Gov. Bob Riley signed the bill May 14.

The agency's new name -- simply the Department of Mental Health -- already is on display on its Web page.

"The old terminology carries with it a stigma," said Commissioner John Houston, who said the department welcomed the change.

Houston said the department last year renamed its Division of Mental Retardation Services to the Division of Intellectual Disability Services. But since the agency was named in state law, it took legislation -- sponsored by Rep. Randy Davis, R-Daphne, and state Sen. Vivian Figures, D-Mobile -- to change that name, Houston said. The legislation also rewrote state law to replace references to the term "mentally retarded" with the phrase "people with an intellectual disability."

Houston estimated that only a few states use the word retardation in the names of their state agencies.

(Adapted from <http://blog.al.com/living-news/2009/06/alabama-drops-mental-retardati.html>)

Lozynsky Attends Domestic Violence Training

(Continued from page 2)

It is estimated that as many as half of all deaf and hard of hearing women have been victims of abuse. When they attempt to get help, lack of access often increases the trauma.

Various presenters and subjects covered Domestic Violence, Sexual Assault, Effects on Children, Oppression & Cultural Competence, Systems Advocacy, Advocacy Based Counseling, 24-Hour Response System & Community Planning. Extensive role playing, group activities & discussions and videos were included in the training.

Bailey Deaf Unit Social Worker, Beth Metlay, attended a similar training in 1998 which lead to the establishment of 14 programs patterned on ADWAS.

A [number of cities and states](#) have established specialized services for deaf victims of abuse, but Alabama has not yet done so. Lozynsky and Ivey are hoping to change that. They are working on plans for an Alabama Domestic Violence project for deaf women. People interested in this project can contact them at wendy.lozynsky@mh.alabama.gov.



Positions Available In Deaf Services

Deaf Services Group Homes Birmingham

MENTAL HEALTH TECHNICIANS (Birmingham)

(\$7.25/hr RELIEF POSITIONS)

QUALIFICATIONS: High School Diploma or GED. Must have near intermediate plus signing skills in American Sign Language (ASL) as measured by a recognized screening process such as the SLPI and have a thorough knowledge of Deaf Culture. Must have a valid Alabama driver's license and car insurance.

For more information about the Birmingham positions, contact:

Malissa Cates, Program Director

JBS Mental Health/Mental Retardation Authority

956 Montclair Road, Suite 108

Birmingham, AL 35213

205-591-2212 (Voice)

205-591-2216 (TTY)

mcates@bsmha.com

Deaf Group Homes (Intellectual Disabilities) Montgomery

Volunteers of America, SE seeks Direct Support Professionals (DSP) to provide supports to individuals who use Visual Communication and who also have Intellectual Disabilities. Volunteers of America seeks caring, experienced individuals to provide the following supports: grooming and hygiene skills; communication skills; socialization; meal planning and preparation; housekeeping skills and money management skills -- all in an effort to increase the person receiving services ability to live more independently. DSP must be able to complete written documentation, assist in general housekeeping and meal preparation, as well as provide transportation as needed using company vehicle. Part-time and full-time employment is available and several shifts are needed. This position requires: HS Diploma/GED, valid Alabama Driver's License, good driving record, employment history, fluent in American Sign Language and must be at least 18 years of age. Volunteers of America, SE offers competitive pay, benefits, excellent retirement plan and is an EOE and Drug Free Workplace.

Apply in person: 2005 North Country Club Drive

Montgomery, AL 36106

[334] 284-9372

[334] 284-5108 Fax

As I See It

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to read the information, but also has no framework in which to understand the concepts. While college educated deaf people are often able to puzzle out meanings from misappropriated signs, the person with mental illness and language dysfluency would not know what to make of the construction, “ALL-RIGHT EXCUSE” a common why inexperienced interpreters sign “Waive your right...” The deaf person then thinks what was signed was “You can leave now.”

Thirty years on, we are still doing the same thing, especially in mental health and medical interpreting. “Consumer Rights” comes out as “C-person ALL-RIGHT.” Of course, some deaf people are able to make sense of this, but many hearing people also expect a person who is mentally ill and language deprived to do it as well.

It’s not the fault of interpreters. We are finding that the better we train interpreters the more obvious Dr. Vernon’s insight becomes. In fact, well-trained interpreters often don’t even try to make the translation. They will flat out tell the hearing person what you are saying has no sign language equivalent. “How badly do you want me mangle what you said?” This, of course is not limited to English to ASL translation. Any time you work across two languages you run into problems when concepts do not translate.

Clinical work involves making an empathic connection between the therapist and the consumer. Robert Pollard often says in his trainings that, “Psychiatry is unique among the medical fields in that most of the symptoms are conveyed by or through communication, and communication also is the primary method and nature of treatment.” This raises the question if whether or not communication, at least for therapeutic purposes, can happen when an interpreter is present. The answer, as so often in mental health, is, “it depends.”

Certainly, there are people who can benefit from therapy using interpreters. A psychologically sophisticated deaf

consumer and a therapist who is both clinically experienced and experienced using an interpreter can do good work through an interpreter who is well trained in mental health work. If this sounds like one of those deals where “it will work if the stars are properly aligned,” well, it is. What are the odds of having a therapist who knows how to work within the limitations of interpreted psychotherapy, an interpreter who is trained in mental health and a deaf person who is savvy not only to mental health concepts but also to the dynamics of interpreted therapy. Oh, yeah, also both the therapist and the deaf person have to trust that the interpreter is conveying their messages “accurately,” recognizing that the interpreter is filtering the information

through her own thought world biases and that both the deaf person and the therapist is responding not to what they each are saying but to what the interpreter thinks they are saying. Does your head hurt yet?

When we hear people tell us that “interpreters are good enough” we have to wonder, for whom? Neil Glickman called this the “Illusion of Inclusion” way back in the 90’s. It does a lot for making the hearing person feel good, but how much good does it do for the deaf person needing therapy? Are we helping the deaf person in the journey to recovery or are we busying ourselves with feel-good activity that boosts our self-esteem while leaving the deaf person more befuddled and frustrated than before?

In fact, well trained interpreters often don't even try to make the translation. They will flat out tell the hearing person what you are saying has no sign language equivalent.

We need to get past the old, familiar and comfortable and do that which will have the biggest impact on our consumers. There are therapists in Alabama who are fluent in ASL and who are themselves deaf. Telemental-health capability means that consumers are not limited by geography and can access services from around the state (see story on page 6). We need to encourage hospitals who have deaf people on psychiatric wards to question whether they are violating consumers’ human rights when they hold deaf people with little communication access except for a hour or two at the “assessment” when there is a deaf unit available that is completely linguistically and culturally appropriate.

As I See It, there are too many options available now to settle for interpreters as the first choice. 

Video Therapy Effective

(Continued from page 6)

both conditions were equally natural. With greater exposure to the videoconferencing technology, the sense of naturalness is likely to increase. Considering that most participants viewed dialogue accuracy in both conditions to be similar, it appears that videoconferencing technology with appropriately high bandwidth can provide equally accurate communication possibilities.

Although this study did not directly evaluate the effectiveness of telemental health services, the study's findings hold great promise for deaf and hard of hearing people in terms of obtaining mental health services through interactive videoconferencing with no transmission lags, no loss of synchronicity, and broadcast-quality image at 30 frames per second. According to the study's findings, it appears that videoconferencing technology with appropriately high bandwidth can provide equally accurate communication possibilities, even during a psychotherapy session.

Readers should consider a limitation to this study. The participants in this study were all deaf students from Gallaudet University, thus limiting generalizability. These participants may have been exposed to numerous innovative technologies on campus and may adapt better to videoconferencing technology than individuals in other regions with less access to new technology. Nonetheless, this study's findings and pilot studies in different states have indicated the great viability of using videoconferencing equipment to deliver mental health services from any distance. More research on the effectiveness of direct elemental health with deaf clients is essential.

Adapted from: Gourmaris, M. J., & Leigh, I. W. (2004). Comparison of Face-to-Face and Video-Mediated Communication with Deaf Individuals: Implications for Telepsychotherapy. *Journal of the American Deafness & Rehabilitation Association*, 37(2), pp. 20-42.

UGA Student Job Shadows ODS Staff



Kike Kontoes, a University of Georgia student, shadowed Ben Hollingsworth and Steve Hamerdinger May 19th and 20th. She was investigating the possibility of a career working with deaf people and asked if she could see what it was like to work in mental health.

“Steve Hamerdinger and Ben Hollingsworth taught me about the Office of Deaf Services,” Kike said. “I learned about the different types of clients that they help and the process that the Office of Deaf Services went through to get where they are today. I attended a meeting with Mr. Hamerdinger and learned how the business works. I also saw how Mr. Hamerdinger communicated through interpreters. This experience opened my eyes to a completely different part of the world and I look forward to hopefully working with the deaf in some way in the future.”

We hope so, too Kike, and we hope you will come to work with us!

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
Brian McKenny, Montgomery
Dee Johnston, Oxford
Debra Walker, Montgomery
Lisa Gould, Mobile
Dawn Marren, Huntsville
Wendy Darling, Prattville
Pat Smartt, Sterrett
Lee Stoutamire, Mobile

Frances Smallwood, Huntsville
Cindy Camp, Jacksonville
Lynn Nakamoto, Hawaii
Jamie Garrison, Wisconsin
Roz Kia, Hawaii
Vanessa Less, Wisconsin
Kathleen Lamb, Wisconsin
Kathleen Bucher, Huntsville
Paula Van Tyle, Kansas
Dawn Ruthe, Wisconsin

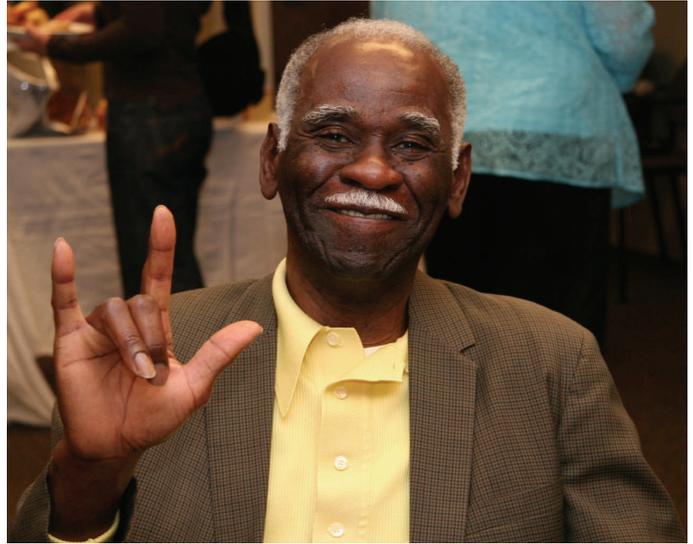
Joy Menges, Ohio
Denise Zander, Wisconsin
Judith Gilliam, Talladega
Sandy Peplinski, Wisconsin
Stacy Lawrence, Florida
Linda Lonning, Wisconsin
Katherine Block, Wisconsin
Steve Smart, Wisconsin

Benefit Raises Funds for Friends of the Bailey Deaf Unit

(Continued from page 4)



Troy University Interpreter Training Students Alisa Stanley (left) and April Headley get a laugh from Evon Black's homespun humor.



Willie Jenkins was all smiles as he joined 50 others in for an evening of fun and food for a very serious purpose.

are thankful to Black for taking time from her very busy schedule to perform for us. (She drove directly from Mobile that afternoon, following a full work day.)

From the moment she walked onstage, all eyes were riveted on her fascinating stories of "down home" rural Arkansas when she was growing up. She told of being dragged to revival meetings in hope of curing her deafness; of all neighborhood eyes being on her as the only Deaf child; of spending Saturdays getting ready for Sunday church. Laughter and tears flowed from Deaf and hearing people alike as she showed again and again, how "Mama cares."



BBQ from Jim and Nicks was on the menu and Louise Wohlford, Patsy and Johnny Sears enjoy the fun with BDU Psychologist, Dr. Frances Ralston

At the end of the evening, an announcement was made that \$1,515 had been raised for the F-BDU project. Many who could not be there sent in donations, and LifeSigns, a mental health and deafness consulting group, donated the food. We

Many others contributed their time and efforts to make this event successful. Special thanks must go to interpreters Dee Johnston, Charlene Crump and Sereta Campbell. Fred Vrgora and Ben Hollingsworth picked up the rental platforms and brought them to the ADRS building. Rann Gordon and Shannon Reese handled ticket sales. Many others helped with serving food, arranging the room and cleaning up afterwards.

It was a wonderful evening for all and one that will help consumers at the Bailey Deaf Unit. ✍



Maya Ivey (left) and Mary Ann Peterson (right) get caught up in a skit with Evon Black.

July 16 - 18, 2009

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