

Signs of Mental Health



Building Bridges
Roger Williams

Helping Our Own Helping Others

Volume 8 Number 2

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It is now or never! This issue of *Signs of Mental Health* is already late, running into the coverage time of the next issue and we are now ramping up preparations for the 9th annual MHIT Interpreter Institute. What, with all the disaster response work, a boatload of presentations, and the usual day-to-day stuff we do, the editorial staff is looking a little worse for the wear. Your intrepid Editor didn't have the heart to break out the cat-o-nine tails.

So this issue is shorter than usual. It's missing some features (though, alas, not *As I See It!*). But all the same, there is some neat stuff in it.

The main feature, beginning on page four, is about the tornadoes and the Deaf Community's response to it.

There is also an article about new training for case managers working with deaf people and a track of deafness-related workshops at the Alabama Council of Community Mental Health Centers Conference.

Hope you enjoy this issue. ✂

ADMH, AIDB Partnership Provides CDI Workshop



The Alabama Institute for the Deaf and Blind teamed up with the Office of Deaf Services to provide a workshop, April 29–30, for Deaf Interpreters under the auspices of the U.S Department of Education, Fund for the Improvement of Postsecondary Education grant .

Cynthia Napier, who helped develop the Certification for Deaf Interpreters, led the training. Deaf interpreters are used with dysfluent people who have not developed standard language. Almost always deaf themselves, these Interpreters are trained to communicate concepts and ideas to the dysfluent or language deprived deaf person.

The workshop, which was open only to those invited by AIDB or ODS, was intended for people who were interested in becoming a Deaf Interpreter and getting certification. It was specifically focused on the fundamentals of preparing for certification.

The training was attended by participants from AIDB, Alabama Department of Vocational Rehabilitation and Troy University. ✂

On the Cover: Roger Williams, Director of Deaf and Hard of Hearing Services for the South Carolina Department of Mental Health was in Alabama for three days helping the community connect with disaster response services. He led meetings for the Deaf community in Huntsville, Fultondale, Birmingham and Tuscaloosa.

Signs of Mental Health
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ODS Has Full Track at Alabama Council Conference

The Office of Deaf Services was invited to present an entire track of workshops at the Alabama Council of Community Mental Health Centers, held in Birmingham, May 11th and 12th.



Lee Stoutamire, QMHI, (right) Region IV Interpreter Coordinator, interprets for Bob Bernstein, Ph.D. of the Bazelon Mental Health Center, at one of the plenary sessions.

In addition to the deafness-related tracks, ODS staff provided communication access and interpreter support to the entire conference, including the plenary sessions and other conference tracks.

A series of five workshops, all focusing on some aspect of working with deaf consumers, was conducted over the two days. The workshops included deaf-specific standard in the community program standards, by Steve Hamerdinger; therapy techniques that work with deaf people, by Dr. Frances Ralston and Ben Hollingsworth; how case management is different when working with deaf people, by Shannon Reese; how interpreted therapy sessions are different from non-interpreted sessions, by Daphne Kendrick and Sereta Campbell; and, understanding the impact of etiology of hearing loss and dysfluency and how it affects service delivery for individuals who are deaf, by Charlene Crump.

This was the first time ODS conducted a full track. It allowed for connecting concepts

across several workshops, but each workshop was able to stand alone. Several people attended all five sessions and responses were positive.

ODS Director Steve Hamerdinger's session looked into specific program standards that changed with the October 2010 revision and discussed the reasons and thinking behind those changes. The most significant changes focused on the sign language competence of staff who work with deaf consumers in various settings. "Essentially, if you are providing clinical services to deaf consumers, you need to have an Advanced or better rating on the Sign Language Proficiency Interview or use an appropriate interpreter," Hamerdinger explained. Other standards involved documentation needed for consumer records, including making sure that every deaf consumer has a communication assessment in their file.

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Steve Hamerdinger, ODS Director, (above) talks about the principle concept behind the new deaf-specific standards and how the intent is to reduce trauma. Below, Daphne Kendrick, LCSW, (far left) and Sereta Campbell, QMHI (middle) discuss how interpreted therapy is unique as Dawn Vanzo, Region I Interpreter Coordinator interprets.



DEAF SERVICES REGIONAL OFFICES

Region 1

Therapist, Vacant

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

Region 2

Therapist, Vacant

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

Region 3

Ben Hollingsworth, 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)



Deaf Community Advocates for Better Disaster Response Services

Over a period of three days between June 19th and June 21st, a series of meetings for the Deaf community were held in the areas of Alabama most affected by the April 27th outburst of tornadoes. Meeting in Huntsville, Fultondale, Birmingham and Tuscaloosa, the Federal Emergency Management Agency (FEMA) funded effort was facilitated through a partnership with the Alabama Department of Vocational Rehabilitation (ADRS) and the Alabama Institute for the Deaf and Blind (AIDB).



Many members of the Deaf Community attended a community meeting organized by the Emergency Preparedness Committee of the Alabama Association of the Deaf, which was held at the Alabama Institute for the Deaf and Blind Regional Center in Tuscaloosa on May 5th.

At least 260 tornadoes touched down in Alabama during the outburst, killing as many as 249 people and destroying thousands of homes. Of these, it has been confirmed that two young children, sisters aged three and one, served by the Tuscaloosa Regional Center of the Alabama Institute for the Deaf and Blind, were killed and at least 22 deaf people have either lost their homes or suffered significant property damage. Scores endured other losses and hundreds were without power in the areas impacted by the tornadoes. It has been reported that at least a dozen deaf people have suffered injuries requiring medical treatment (pending confirmation) and 50 have been affected by loss of family and friends (support system).

Sixteen deaf people have asked the Office of Deaf Services for psychological assistance as of the middle of June.

Much of this information became available as a result of a meeting conducted by the disaster response committee of the Alabama Association of the Deaf (AAD) held in Tuscaloosa on May 5th and additional information posted on a special Facebook page devoted to deaf and hard of hearing victims of the tornadoes.

The meetings, conducted by Roger Williams, Director of Deaf and Hard of Hearing Services for the South Carolina Department of Mental Health and who is one of the nation's leading experts on disaster response in the deaf community, focused on gaps in information available to deaf people in Alabama.

A total of 89 people attended the three FEMA - funded community meetings, while 17 professionals who work with deaf people attended a separate debriefing in Birmingham. And additional 26 attended the May 5th meeting, which was conducted by AAD with assistance of ADRS, AIDB and ODS. The June 21st meeting was also simulcast in Mobile.



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Deaf Community Advocates for Better Disaster Response Services

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Out the outset of the disaster, FEMA was not fully aware of how dire the lack of information and how inaccessible that information was to deaf people. To cope, the deaf community and affiliated organizations in Alabama took a leading role in the response to the disaster even as they advocated with FEMA to ensure the information was accessible and to mitigate communication barriers. Some of the initiatives that the Office of Deaf Services and AIBD supported included participating in a statewide workgroup with over 50 other organizations.



The June 21st meeting in Tuscaloosa also included Mobile by video conferencing. It was, in effect, simulcast and people from both locations were able to participate. Roger Williams (right) leads the discussion with representative from the Tuscaloosa and Mobile deaf communities while Jan McClendon stands ready to interpret.



Above: The home of James Nicholson was one of several homes owned by deaf people that were destroyed by the tornadoes. Nicholson was also injured by debris that collapsed as he was hiding in an interior room.

Below: Nicholson (right) tells his story to Evon Black during a community meeting held a few days after the tornadoes hit Tuscaloosa.



In these forums, deaf advocates were able to argue for attention to the needs of deaf people and provide information to people interested in helping the community.



A debriefing for professionals who work with deaf people was held on June 20th in Birmingham. Professionals from The Department of Mental Health, JBS Mental Health Authority, Alabama Department of Vocational Rehabilitation and the Alabama Institute for the Deaf and Blind Regional Programs attended.

Also in attendance was Dr. Barry Critchfield, Director of Deaf Services for the Georgia Department of Behavioral Health and Developmental Disabilities.

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As I See It

Paul Hambrick

"The power wasn't on. We really didn't have any way of knowing what was happening so I thought I'm just going to keep my eyes on this storm," said Tim Smith, a deaf person in Athens, Alabama. He and his wife were among several deaf people who lost their homes in the worst outbreak of tornadoes in Alabama history.

Fear and anxiety of not knowing what is happening is a constant among deaf people, who are often the last to learn of impending disasters. Even with the advent of text pagers, smart phones, and a host of other communication devices, when it comes down to local, immediate response, deaf people still use the same methods that they have since the dawn of time: Their eyes.

In spite of undeniable progress in access to mass communication, when the chips are down and a disaster is imminent, those improvements often do not help. Access to emergency information for hearing people tends to be by radio. For deaf people it is television, internet, and or wireless communications. Very few people have battery operated televisions, and those do not handle captions. Information that is web-streamed is very rarely captioned.

Radio can operate in a very small geographical area and information can be very precise and immediate. Additionally, sirens are tripped off in the immediate area of danger, alerting hearing people they need to take shelter. All current methods for notification to deaf people involve large areas, rather than specific neighborhood-based notification. It's common to receive an alert, only to find that the area of danger was many miles away.

A new program from the Federal Communications Commission has an interesting possible solution. Called the Personal Localized Alerting Network, or PLAN, it is a system that allows customers who own an enabled smart phone to receive text-like messages alerting them of imminent threats to safety in their area. PLAN enables government officials to target emergency alerts to specific geographic areas through cell towers, pushing the information to dedicated receivers in PLAN-enabled mobile devices.

This could be a good thing as long as consumers understand

that the government is tracking exactly where they are at all times. Still, being able to receive notification to take cover immediately is a vast improvement over being told that there is a tornado watch that covers a four county area 30 seconds before you lose your house.

There are still weaknesses in this approach, though. If you can't read English, it might not do you much good. In fact the limited English proficiency problem seems to escape the comprehension of the entire Emergency Management System. This is especially true post-disaster. Just because a 90 character text message saying to "duck and cover" is understood, it does not mean that an application for disaster relief will be. Nor will the PLAN system help in the aftermath of a disaster when information about disaster relief is being broadcast by radio but is not accessible to deaf people.

This point was dramatically illustrated during the meetings conducted over the period June 19 - 21 (See story on page 3). For many of the people in attendance, the June 27th "drop dead" deadline for relief assistance applications was news they had not heard before. Common knowledge in the hearing community via radio and other networks, many deaf people were simply unaware of it. And they were upset.

Nevertheless, the disasters of April 27th have taught deaf people several important things. First, the deaf community learned the value of coming together and responding as a unified group. (See the [Facebook page for Deaf/Hard of Hearing Alabamians-Tornadoes](#))

Second, FEMA has paid more attention to the deaf community this time than in previous disasters. A single point of contact was established, in the person of Kate McCarthy Barnett, and actual progress has been made on helping people navigate the system.

Improvement, without a doubt. But we have so far yet to go. There is still way too much emphasis on talking about what they are thinking about planning to do and not enough emphasis on doing stuff that actually helps. Telling us once that FEMA had appointed a Disability Specialist is good. Telling us the 20th time in the same two-hour meeting sounds like someone is trying too hard. Telling us how to use those good offices, which, to their full credit they did, and giving us examples of how they can actually help, is reassuring. Kudos where due.

As I See It, the emergency management system at the Federal, state and local levels needs to stop being defensive, stop talking about themselves and what they "plan to do" so much. Listen to and learn from deaf people and start doing more to help.

ODS Offers New Training for Case Managers

The Office of Deaf Services is offering specialized training for Case Managers who work with deaf consumers. The first two events were hosted by Chilton-Shelby Mental Health Center in Calera on April 22nd and SpectraCare Health Systems in Dothan on May 20th. The training is mandated by the Community Program Standards under the Alabama Department of Mental Health.

The May training was attended by 22 people and the April training had 15 attendees. Both workshops were led by ODS Director Steve Hamerdinger, and Deaf Services Coordinator Shannon Reese. Various other staff participated at different points, including State Mental Health Interpreter Coordinator, Charlene Crump, and Regional Interpreters Sereta Campbell and Wendy Darling. Ben Hollingsworth, ODS Regional Therapist, was also on hand in Dothan.

The training focuses on how deaf consumers pose unique challenges to case managers, based not only on communication difference, but on life experiences. The training delves into world view differences that can confuse case managers and confound treatment. In particular, endemic trauma related to neglect and mistreatment by social service agencies is explored.



Shannon Reese discusses improving emergency preparedness for deaf consumers with mental illness at a training for case managers working with deaf people



Shannon Reese and Ben Hollingsworth make a point on modifying techniques and approaches while working with deaf people

Suzanne Feiner, a Quality Assurance Reviewer at SpectraCare Health Systems said "I have to say I really enjoyed it a great deal. I'm an LPC and I need CEU's and often the workshops I go to teach me nothing new. Yours was not the case. I learned a lot and it was actually fun, not boring and stuffy like a lot of workshops can be. All five of you seemed to really enjoy working with one another and are very dedicated and passionate about your jobs while at the same time, not taking yourselves or life so seriously."

"Training needs to be enjoyable to be effective," said Hamerdinger. "People are more receptive to information when they are relaxed and engaged in the presentation."

In addition to trauma related information, the staff demonstrated techniques, showed tools and adaptive equipment that case managers can use in their daily work. The focus was on how to be effective with consumers by recognizing differences in communication, learning styles, and functioning in the real world.

ODS plans to offer the training in other parts of the state through the summer and fall. 

Deaf Community Advocates for Better Disaster Response Services

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Ryan Logan (far left) and Linda Allison (center left) talk to the Deaf communities in Tuscaloosa and Mobile on June 21st. Roger Williams looks on as Jan McClendon interprets.

"We are working harder to communicate with the entire emergency management team - from the federal family, state, local and tribal officials, voluntary, faith-based and community groups, the private sector - and most importantly the public. People who are deaf are important members of that public - before, during and after a disaster," said Kate McCarthy-Barnett, the FEMA Regional Disability Integration Specialist for the Southeast area.

Deaf people are often unaware of exactly what FEMA does or how it operates. There was widespread misunderstanding, that an initial denial of service letter from FEMA is not the final decision on service and that such letters were usually a request for additional information. Several deaf people were expressed frustration at being "denied by FEMA" and their insurance company, unaware that FEMA's initial computer generated triggered by a yes response to the question on the form, "Do you have insurance?" regardless of what kind of insurance or if the policy covered tornadoes.

An encouraging example of the power of grass-roots advocacy was that deaf community - suggested process by which they can get direct assistance from FEMA reviewed by McCarthy-Barnett, who passed it on to Washington for further consideration.

The information exchange was valuable. One area that has been highlighted is the need for more on-going exposure to

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Signs of Mental Health

Deaf Couple Tell Story of Survival

By Margo Gray

(The following story was picked by national news wire services.)

ATHENS, Ala. - Most people describe a tornado by saying it sounded like a train coming, but what if you couldn't hear that train or hear at all?

That's what one Athens, Alabama couple dealt with as a tornado tore through their home.

For Tim and Brenda Smith, the peak of the tornado outbreak was silent.

"The power wasn't on. We really didn't have any way of knowing what was happening so I thought I'm just going to keep my eyes on this storm," said Tim Smith.

His other senses told him something was headed their way.

Both Tim and Brenda are deaf.

"I looked out this window and noticed that it was still black. I saw all this lightening and everything and I watched it as it moved," continued Tim.

With the help of an interpreter, Tim and Brenda describe how they ran into a closet as a tornado ripped through their home. "We got down and it was just very, very fast, we could feel the whole house shaking."

It took less than 15 minutes for the entire roof to come off.

In the aftermath, Brenda says her emotions turned from fear to anger. "I was talking to God, why did it have to happen to my house, why?"

They both say they've moved past the why and are focused on the now.

They realize everyday is challenge but they'll continue to face it.

"They can hear the weather, they can hear the warnings and so forth. But, deaf people, if they are asleep during the night they won't hear it. That's one thing about it that is rough."

Tim and Brenda have spent the past few days salvaging what they can. They're now living with their daughter who lives a mile away.

The interpreter works for the Alabama Institute For The Deaf and Blind.

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Deaf Community Advocates for Better Disaster Response Services

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emergency preparedness information within the deaf community. There is little doubt that the deaf community-wide response to the April 27th disasters was far better than anything seen previously. It is also reasonable to think that this response is a result of efforts by the AAD Emergency Preparedness Committee, led by Evon Black, on which ODS prominently serves. This effort bore fruit and needs to be continued in months and years ahead.

At the same time, it is also clear that the Federal Government has become aware of how ineffective previous efforts in responding to the Deaf community have been. They have released a reminder of expectations on information dissemination in the deaf community. (See story below). 

FCC Issues Reminder Regarding Video Programming Distributors' Obligation To Make Emergency Information Accessible To Persons With Hearing Or Vision Disabilities

In light of the flooding in the south, the tornadoes in various parts of the country, and the already active storm season, the Federal Communications Commission ("Commission") issues this Public Notice to remind video programming distributors – including broadcasters, cable operators, satellite television services, and “any other distributor of video programming [for example, over fiber] for residential reception that delivers such programming directly to the home” – of their obligation to make emergency information accessible to persons with hearing and vision disabilities in accordance with section 79.2 of the Commission’s rules (47 C.F.R. § 79). Under section 79.2, emergency information encompasses “critical details” regarding the emergency and how to respond to the emergency. It also provides information for consumers about how to contact their video programming distributor (VPD) or the Commission regarding compliance with the rule.

Emergency information also must be provided in a manner that is accessible to persons who are deaf or hard of hearing. Commission rules require that emergency information provided in the audio portion of the programming be made accessible using closed captioning or other methods of visual presentation, including open captioning, crawls or scrolls that appear on the screen. Emergency information provided by these means may not block any closed captioning, and closed captioning may not block any emergency information

provided by crawls, scrolls, or other visual means. The “pass through” obligation, generally requiring VPDs to ensure that viewers receive closed captions intact under section 79.1, also applies to emergency information encompassed by section 79.2.

Distributors that are not permitted by Commission rules to count captions created using the electronic newsroom technique (ENT) are required to provide closed captions on all new non-exempt programming, including breaking news and emergency alerts. We recognize that emergency information is the type of information that is typically not available in advance, and that it may be difficult for some stations to obtain closed captioning services on short notice. Nevertheless, we emphasize that during the period in which a station may be making arrangements to obtain closed captioning services, section 79.2 requires emergency information provided by that station to be made accessible by some other visual presentation method, in a manner that ensures the same access to emergency information for persons with hearing loss as for any other viewer.

Similarly, entities that are permitted to and are using captions created with ENT for their live programming (for determining compliance with section 79.1) are reminded that if the ENT method does not automatically caption non-scripted news, the provider must either caption or make the emergency information accessible by some other form of visual presentation as required by section 79.2. Lastly, a distributor in a market that is permitted to use ENT, but chooses to use real-time captions rather than ENT for its live programming, must provide closed captions on emergency information contained in that programming. 

Did You Know...

Culturally Deaf adults lost hearing at early ages, communicate primarily in American Sign Language (ASL), and self-identify as culturally Deaf. Communication barriers lead to isolation, low self-esteem, abuse, and inadequate health care. Screening Deaf patients for depressive symptoms poses challenge. Nurses are rarely familiar with ASL, and depression screening tools aren't easily translated from English to ASL. Consequently, Deaf adults are not adequately screened for depression.

Sheppard K, Badger T. 2010. The lived experience of depression among culturally Deaf adults. Journal of Psychiatric and Mental Health Nursing. Nov;17(9):783-9.

What are Common Stress Reactions in the Wake of Disaster?

Practitioners should remember that most disaster survivors (including children and disaster rescue or relief workers) experience common stress reactions after a traumatic event. These reactions may last for several days or even a few weeks and may include:

Common Reactions After Disaster:

- **Emotional Reactions:** shock, fear, grief, anger, guilt, shame, feeling helpless, feeling numb, sadness
- **Cognitive reactions:** confusion, indecisiveness, worry, shortened attention span, trouble concentration
- **Physical reactions:** tension, fatigue, edginess, insomnia, bodily aches pain, startling easily, racing heartbeat, nausea, change in appetite, change in sex drive
- **Interpersonal reactions:** distrust, conflict, withdrawal, work or school problems, irritability, loss of intimacy, feeling rejected or abandoned

From: <http://www.ptsd.va.gov/professional/pages/handouts-pdf/Reactions.pdf>

TTY, TDD, TT, Huh?

The Signs of Mental Health staff saw many emails, flyers, and promotional items from disaster response agencies proudly proclaiming how “accessible” they were to deaf people because they published a “TDD” number, sometimes to the exclusion of better ways to communicate, such as video relay services.

Terminology for the devices used to communicate with deaf people has changed with the evolution of the devices themselves. Originally called a Tele-type-writer, they came into being when a deaf physicist, Robert Weitbrecht, and two of his deaf colleagues connected two Teletype machines with a telephone wire in 1964. Early TTYs were very large and heavy electro-mechanical devices. Over the next 20 years they steadily shrank until they were entirely electronic and handheld. Some people felt that the small, paperback book sized device couldn't be called a “TTY” so the term telecommunication Device for the Deaf, or TDD, came in to use, a term that didn't catch on with the deaf community. It was, however, frequently used in government publications. Whatever they were called, they had one drawback—the user had to know a written language (usually English) because ASL has no written form. Glossed ASL (ASL signs roughly transliterated into English) can be incomprehensible to non-signers.

Around the beginning of the 21st century, better computer power and more bandwidth made consumer level videophones a reality. “VPs” have become a favored communication device for deaf people, even those who were functionally bi-lingual. Usage is, however dependent on high-speed internet. On the other hand, smart phones are able to support videophone apps, a development that could have great utility in times of disaster.

But only if the responders will take the calls from the video relay interpreter!!!

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, Montgomery
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 Menges, 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

Positions Available In Deaf Services

Office of Deaf Services

REGIONAL THERAPIST, (Montgomery)

SALARY RANGE: 78 (\$47,757.60 - \$72,686.40)

Master's degree in a human services field including but not limited to the following disciplines: Sociology, Speech Education, Rehabilitation, Counseling, Psychology, Speech Pathology, Audiology, Nursing, Physical or Occupational Therapy, as well as any related academic disciplines associated with the study of Human Behavior, Human Skill Development, or Basic Human Care Needs, plus considerable experience (48 months or more) in providing direct clinical services to deaf individuals.

NECESSARY SPECIAL REQUIREMENTS: Must have near native-level signing in American Sign Language (ASL) as measured an Advanced Plus or better rating on the Sign Language Proficiency Interview (SLPI). Must have a valid driver's license to operate a vehicle in the State of Alabama. .

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

Steve Hamerdinger, Director, Office of Deaf Services
Alabama Department of Mental Health
100 North Union Street
Montgomery, AL 36130
Steve.hamerdinger@mh.alabama.gov
(334) 239-3558 (Voice/VP)

Deaf Services Group Homes

MENTAL HEALTH TECHNICIANS (Birmingham) (\$7.25/hr RELIEF POSITIONS)

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

For more information about the Birmingham positions, contact:

Malissa Cates, Program Director
JBS Mental Health/Mental Retardation Authority
956 Montclair Road, Suite 108
Birmingham, AL 35213
205-591-2212 (Voice)
205-591-2216 (TTY)
mcates@jbsmha.com

DIRECT SUPPORT PROFESSIONAL [DSP]

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 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

Notes and Notables

Steve Hamerdinger was feeling proud and more than a little old as he watch his daughter, Erin, graduate from high school. She attended Salina (KS) Central High and plans to go to St. Stephen's College in Columbia MO this fall.

Scott Staubach, Director of the Bailey Deaf Unit, is the fourth fastest deaf sprinter on a bike in the world, missing third place by mere inches in deaf championship in Canada.

JBS Deaf Services was honored by the Alabama Association of the Deaf for outstanding services to the Deaf community last month at AAD's biennial convention.

Amy Peterson along with 3 other Alabama Deaf women attended The Deaf Women's Leadership Seminar at Gallaudet University in mid-June. Training included various topics such as mentorship, leadership styles, communication, conflict resolution, community development, networking, and fund-raising.

ODS Has Full Track at Alabama Council Conference

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Two Deaf Services clinicians, Dr. Frances Ralston and Ben Hollingsworth, who are themselves deaf, talked about how they modify therapy techniques when working with deaf consumers. Their goal was to give non-signing clinicians some insight into what is effective and what is not.

Shannon Reese's presentation was a teaser for the full-day training for case managers, developed by ODS. (See Story on page 7.) She gave some highlights about the some of the differences case managers face when working with deaf consumers including disaster preparedness.

A particularly well-received session was conducted Daphne Kendrick, a social worker for Chilton-Shelby Mental Health Center and Sereta Campbell, Region II Interpreter Coordinator for ODS. They have a long history of working together with consumers and shared "lessons learned along the way." They paid particular attention to the thought worlds of therapists and interpreters, and discussed the benefits of working long term within a dedicated therapist/interpreter team. They also addressed differences in approaches when working across various service delivery modes.

Statewide Mental Health Interpreter Coordinator Charlene Crump's presentation focused on the types of language patterns, levels of dysfluency and fund of information deficits that may be present when working with individuals who are deaf and how these may be misconstrued as symptoms of mental illness.

Taken together, attendance at this track satisfied requirements for specialty training under community program standards 580-2-9.17 (3) and 580.2.13-.03 (10), which required clinicians working with deaf consumers to have some training focused specifically on deaf consumers. The workshops were designed to give attendees exposure to important differences.

It is hoped that ODS will be able to offer another track at the 2012 conference.

For more information about Alabama Council of Community Mental Health Centers, see <http://accmh.org/>

ITP Students Run Conference, Gain Experience

By April Headley, Chelsea Janning, Chaeney Lawrence

(ed. Note: All three are DMH scholarship students. Ms. Janning has graduates and anticipates beginning her career as a mental health interpreter in the near future. Ms. Headley and Ms. Lawrence will be Seniors this fall. Additional information in the story has been provided by the Signs of Mental Health editorial staff.)

On May 26-28 Troy University hosted its 2nd annual Alabama Interpreter Metamorphosis Conference (AIM). AIM offers a unique one-of-a-kind experience because of the use of its state of the art technology. The conference is made possible by collaboration with several agencies including the Alabama Departments of Education, Mental Health and Vocational Rehabilitation. Additional support was also received from the Alabama Institute for the Deaf and Blind.

Troy University's Interpreter Training Program provides its students with a unique learning experience. Throughout the course of the program, students learn how to become self-sufficient, and develop skills in research, leadership, as well as interpreting. One of the many ways the program helps students cultivate these skills is through the AIM Conference.

The conference provides students with an opportunity to not only interpret in real-world situations, but also a chance to learn how to use collaborative efforts to plan and execute a workshop in its entirety. The conference is solely student run, from hospitality, registration, and lodging, to interpreting, presenter contact, travel, and technology.



Steve Hamerdinger, ODS Director (left) and Charlene Crump, Statewide Mental Health Interpreter Coordinator were two of the presenters at the AIM conference. Their presentation on "Interpreting for Deaf Professionals" was one of many workshops offered. The Alabama Department of Mental Health is currently supporting seven Troy Interpreter Training Program students through scholarships. After graduating, these students are expected to enter the field of mental health interpreting.

NAMI Mass Receives Award For Being 1st In The Nation To Offer In Our Own Voice Video With American Sign Language-Interpretation

The National Alliance on Mental Illness of Massachusetts (NAMI Mass) announced today that the organization will be recognized at the upcoming NAMI National Convention in Chicago, July 6 – 9, with a Distinguished Service Award for their In Our Own Voice (IOOV) videotape with added American Sign Language interpretation. NAMI Mass is the first in the nation to offer IOOV with ASL. In 2010, the IOOV program was offered in 42 states. Locally, NAMI Mass made 121 presentations reaching out to an audience of 2,196 last year.



In Our Own Voice: Living with Mental Illness is an hour long presentation given by two trained people who are in recovery from mental illness. The talk includes the video, first-person testimony, and discussion with the audience. The program is designed to enrich the audiences' understanding of how people with serious psychiatric disorders cope with their illnesses while recovering and reclaiming productive lives. The presentation is accessible to lay audiences, mental health professionals, first responders and schools alike.

The American Sign Language-interpreted (ASL) video was made possible with the assistance of the Massachusetts Department of Mental Health (DMH) and the Massachusetts Commission for the Deaf and Hard of Hearing. "It took about nine months to get the videotape produced, but it was well worth the wait," said Laurie Martinelli, Executive Director of NAMI Mass. "People who are deaf or hard of hearing and have mental illness are an underserved community we have wanted to reach out to and now we can.

Our next step in this project is to train people to be presenters who are deaf or hard of hearing and also have lived experience of mental illness. The video will offered to the other NAMI franchises that present IOOV throughout the country" concluded Martinelli.

"It has been a powerful learning experience for me and all the presenters who have had the opportunity to speak to an audience from the deaf and hard of hearing community," said Julie Langbort, NAMI Mass' IOOV State Coordinator. "For instance, if a deaf and hard of hearing person is unfortunately placed in restraints, they lose their mode of communication," stated Langbort.

With one in five Americans diagnosed with mental illness during their lifetimes and less than one-third receiving treatment, The National Alliance on Mental Illness of

Massachusetts provides education programs, support groups, helplines, and grassroots advocacy to all those affected by mental illness in the Commonwealth. NAMI Mass strives to raise awareness about these brain disorders, eliminate the stigma associated with mental illnesses, and works to improve the mental health delivery system. Established almost 30 years ago, NAMI Mass has 20 chapters located throughout the

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The student interpreters were able to work with several interpreting mentors, including those from the Department of Mental Health. This was invaluable to the students, especially those who are planning to enter into the field of Mental Health interpreting, and are receiving the DMH scholarship.

This one of a kind conference is not only run by on campus students, but also benefits from the help of several eTROY students. eTROY students are those who are actively involved in the program by attending classes online. These students helped with registration, program books, and provided an online participant perspective. The collaboration between on campus and eTROY students provided an additional learning experience on how to work with others across distances.

The goal of AIM is to allow students to gain a hands-on learning experience by taking on responsibilities they will be faced with upon entering the field of interpreting. This field of work is a profession and Troy University is cultivating an emerging team of young professional interpreters. ✂

DID YOU KNOW....

As indicated by a study of the language use and educational achievement scores of 97 deaf state prison inmates, an estimated 20-50% may not have received due process throughout their arrests, trials, and other legal proceedings, even with the provision of qualified sign language interpreters.

These figures are based on the nearly 20% of deaf inmates who were categorized as linguistically incompetent and the 50% of deaf inmates who were reading below grade level 3.0, which is viewed here as an indicator of adjudicative incompetence.

Miller, K.R. (2004). Linguistic Diversity in a Deaf Prison Population: Implications for Due Process. Journal of Deaf Studies and Deaf Education vol. 9 no. 1

