

Signs of Mental Health

**2010
MHIT
Called
“The
Best
Yet”**

Volume 7 Number 3

August, 2010

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



Editor's Notes



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On The Cover:

Bob Pollard, An eight-year veteran MHIT Faculty member, presents on the second day of the Interpreter Institute Related story on page 4.

Another year, another MHIT come and gone. This issue has a write up of one the best of the series. It was well attended. More than that, though, the people who attended were top-notch.

There were two other conference that ODS had major roles in. One was the Alabama Interpreter Metamorphosis Conference. There's a story on page 10 and your editor contributes his thoughts in a sidebar.

Breakout is a traditionally important conference on serving severely and persistently mentally ill deaf people. It fell by the wayside for a while, but ADARA is trying to resurrect it and ODS feels it is an important project.

An important, even historic event occurred on July 20, when the 21st International Congress on Education of the Deaf repudiated the Milan resolutions. Only time will tell if that will be the "Emancipation Proclamation" for deaf people, but it is quite exciting. See page 9 for the press release.

Oh, yeah. September is National Drug and Alcohol Addiction Recovery Month. Check them out.

SERID 2010 Louisville, KY October 16-19

Come join us in the beautiful Bluegrass state of Kentucky!

Breakout X Conference Showcases Alabama's ODS

By Steve Larew and with additional information provided by Signs of Mental Health staff

Charlene Crump and Neil Glickman teamed up on a key presentation at the *Breakout X Conference: Effective Mental Health Services for Deaf and Hard of Hearing Persons* on June 17-19.

Glickman, long-time director of the Deaf Unit at Westborough State Hospital, is one of the world's most prolific and respected writers on mental health and deafness. Crump, the Alabama Statewide Mental Health Interpreter Coordinator, is in charge of the renowned Mental Health Interpreter Training.

Breakout has a 20-year history, beginning with the first conference in 1989 in Washington, DC. Originally, it was a breakout from the International Association of Psycho-Social Rehabilitation Services conference, hence the name "Breakout." Ten conferences have been held in the intervening 20 years, culminating with Breakout 2010. ODS director Steve Hamerdinger has a long history in involvement in Breakout dating back to 1994.

The conference started off with a well attended pre-conference on Dialectical Behavior Therapy provided by Amanda O'Hearn, PhD and Sharon Haynes from the Deaf Wellness Center in Rochester, NY. This workshop focused on modifications that make this therapy technique useful with deaf and hard of hearing persons.

Crump and Hamerdinger were not the only Deaf Services staff involved in Breakout. Frances Ralston, psychologist at the Bailey Deaf Unit, built on the pre-conference by talking about how she modifies DBT for use in the in-patient setting. Also attending were Ben Hollingsworth and Sereta Campbell.

Eleven concurrent workshop sessions were offered during the conference. Attendees had the opportunity to ask questions and interact with presenters. The conference then closed with Roger Williams, Director of Deaf Services with the South Carolina Department of Mental Health, presenting on "Where do we go from here?" Roger has been involved in all ten Breakout conferences. His presentation provided guidance on future topics that will

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Charlene Crump (standing) co-presented with Neil Glickman (sitting) on *Sign Language Dysfluency in Deaf Persons: Implications for Interpreters and Clinicians in Mental Health Settings*. David Turner 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)



2010 MHIT Called the “Best Yet”

The eight annual Mental Health Interpreter Training was held in Montgomery, Alabama, July 26 - 30 at Troy University at Montgomery. A total 72 people participated this year as trainees, faculty or staff.

The training returned its nationally respected faculty, many for the seventh or eight time. Robert Pollard, Ph.D., Robyn Dean, MA, and Roger Williams headlined a group of trainers who are in national and international demand as experts in mental health interpreting. They were joined by veterans Steve Hamerdinger, Charlene Crump, Brian McKenny, Shannon Reese, Carter English, and Kathy Seifried.



For returning alumni, a special panel was conducted with hearing (non-signing) clinicians who work with interpreters on a daily basis. Moderated by Steve Hamerdinger (left), the panel consisted of Daphne Kendrick, Clay Shealy and Eric Hedberg. Brian McKenny (right) interprets.



Hosted at Troy State University at Montgomery, the 2010 MHIT attracted 55 trainee/participants from 26 states.

This year, several new courses were introduced, including a panel discussion for MHIT alumni focusing on how clinicians view mental health interpreters. This panel was lead by ODS Director Steve Hamerdinger and featured Eric Hedberg, MD, Clay Shealy, Ph.D., and Daphne Kendrick, LCSW. Each panel member talked about how they used interpreters and what they needed from interpreters through the prism of their clinical disciplines.

Early mornings and lunch time featured new options as well. The "Early Bird Specials" and the Brown Bag lunches gave participants an opportunity to explore areas not covered in the main sessions.

The new additions were just the most visible enhancements. Each of the core courses are modified and updated each year so that the information is the most current in the field. New information regarding how the causes of deafness impacts languages and updated information about dealing with



Christy Snow (center) discusses her reactions during a debriefing of the "Hearing Voices" activity. Lynne Wiesman (left), Kathy Seifried (standing right) and Anthony Downy (seated right) look on.



Above: Brown Bag Lunches added much new content. Here a class works on non-violent defensive techniques.

Right: Roles Plays are a popular and often humorous part of MHIT, reinforcing techniques and skills taught during the week

impressed. "This group had more experience in mental health interpreting than in past years. Overwhelmingly, they were seasoned interpreters who brought a wealth of experience to the training. We were able to jump right into some of the more advanced topics without needing to spend as much time on the conceptual foundations."

Other faculty members were equally impressed. Dr. Clay Shealy said, "I learned a lot from the questions and discussion myself. It made me even more appreciative of the support that the Office of Deaf Services provides to us at Taylor Hardin Secure medical Center. Unfortunately, at other places around the country, there is not always a good working relationship between mental health providers and interpreters."

Robyn Dean, one of the world's foremost experts on interpreter supervision praised the program as well. "I'm just amazed and humbled by the commitment of you and your staff and the large audience-draw MHIT has with such high caliber of students. Just such a pleasure every year to be apart of this pioneering team.

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This year, participants came from 26 states. (See MHIT at a Glance on page 6.) Since 2003, interpreters from 48 states have taken the training which has been called the best in the world. The cohort was remarkable for several reasons. It had the largest proportion of interpreters of color since the beginning. There was also a higher than usual percentage of male interpreters.

Beyond diversity, this cohort was unusually sophisticated. Roger Williams, an eight-year veteran of MHIT, was



Below: the 2010 cohort of the Mental Health Interpreter training Institute



Mental Health Interpreter Training At A Glance

Candidates who Completed MHIT Program (2010)

Seventy-two individuals participated in the training this year and a total of 342 individuals have been trained since its inception. Several individuals have taken the training more than once, these numbers are not duplicated in the total number of participants.

Formal Education

7	Current ITP Student
11	Associates degree/or equivalent
29	Bachelors degree
10	Masters degree
1	PHD (Mental Health)

Certification Levels

45	National Certification
4	CDI/CDI-W
7	Other State credentialing
7	ITP Students
10	Other, including mental health professionals

States in attendance:

Participants from 26 different states were in attendance including:

Alabama (21)	Louisiana (1)	Ohio (2)
Arizona (2)	Massachusetts (1)	Oregon (2)
California (2)	Maryland (1)	Pennsylvania (3)
Colorado (3)	Michigan (1)	South Carolina (1)
Delaware (1)	Minnesota (1)	South Dakota (1)
Florida (1)	Missouri (3)	Texas (7)
Georgia (2)	North Carolina (1)	Washington (1)
Hawaii (1)	New Jersey (1)	
Kentucky (4)	New York (3)	
Wisconsin (3)		

All together, interpreters from 48 states and two foreign countries have attended MHIT.

Coursework

Instructors included Robert Pollard, Robyn Dean, Steve Hamerdinger, Roger Williams, Charlene Crump, Brian McKenny, Shannon Reese, Amy Peterson, Debra Walker, Carter English, Kathy Seifried, Dr. Eric Hedberg, Clay Shealy, and Daphne Kendrick.

Partial Course List

- *Introduction to Mental Health Systems*
- *Introduction to Mental Illness*
- *Psych-Social Implications of Deafness*
- *Introduction to Psychology and Psychiatry and Treatment Approaches*
- *Interpreting as a Practice Profession*
- *Introduction to Demand Control in Mental Health*
- *Ethical Decision Making*
- *Assessment, Diagnosis and Testing*
- *Concepts of Normalcy/Normal Differentness*
- *Personal Safety*
- *Acute Care and Responsibilities*
- *Community Programs*
- *HIPAA Training: Confidentiality Laws and Considerations*
- *Psychopharmacology*
- *Visual Toolkit for CDIs*
- *Treatment Approaches in Mental Health*
- *Vicarious Trauma and Self Care*
- *Introduction to Forensic Services*
- *Working with Alingual and Dysfluent Clients*
- *Sources of Communication Impairment*
- *Techniques for Dealing With Dysfluent Language*
- *Introduction to and Interpreting the MSE*
- *Collegiality, Conferencing And Professional Conduct*
- *Role Playing and Critique*
- *Practicum Experiences/Instructions*
- *Diagnostic Criteria and Disorder Types - DSM-IV*
- *Psychological Evaluations from an EIPI Perspective*
- *Hearing Voices that are Distressing*
- *Clinician's Panel Discussion*
- *Working with Deaf Professionals*

Alabama's Only Interpreter Training Program: An Update on a DMH Supported Project

By Lynne Wiesman, Program Director,
Interpreting Training, Troy University

We are excited to be fully staffed with a group that is energetic, creative, and ready to take this ITP to new heights this year. The ILM, LLM and the Student Worker positions as well as materials and equipment for the lab has been sponsored by the Alabama State Department of Education. The ITP team has grown to 18 faculty, adjuncts, and staff including the on-campus and most direct staff:

- Chris Patterson is beginning his second semester as a full time ASL faculty,
- Anna Morgan – ITP Support Team
- Bailey Bankston - Student Worker
- Jimmy Peterson - Online Language Lab mentor (LLM)
- Shawntrey Maldon - new on-campus Interpreting Lab Mentor (ILM) and faculty intern from Northeastern University's Masters of Interpreting Pedagogy



Chelsea Janning (Standing) and Aley Konesky are two of the DMH Scholarship students at the Interpreter Training Program at Troy University

Our first annual "AIM" conference (Alabama Interpreting Metamorphosis) conference hosted by the ASL/ITP club complete with 4 tracks for 5 days plus nightly entertainment by Crom Saunders (and Betti Bonni) was held in June. The goals for this event were to have the students gain experiences not only in interpreting and the content gained from the fabulous presenters and performers but also teamwork on a variety of tasks including development and hosting of conferences and working as a member of conference interpreting team. Additionally, students had the opportunity to network with state and national interpreting colleagues. It was a resounding success and a feat of no

small proportion. Thanks go to many sponsors and stakeholders and most notably the Alabama Departments of Rehabilitative Services, Education, and Mental Health, and the Alabama Institute for Deaf and Blind who supported not only this conference but many other projects and programs for the ITP throughout the year.

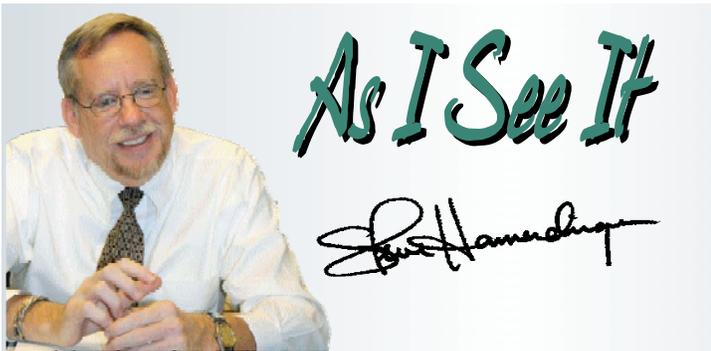
Requests for articulation agreements have been flooding in. This is exciting to see so many colleges around the country wanting to partner with Troy University to have students able to matriculate into the ITP after completing basic requirements.

The Troy ITP underwent a preliminary study of the program in preparation for potentially seeking specialized accreditation. Christine Smith, former director of the Georgia Perimeter College and the first college to acquire the CCIE (The Commission on Collegiate Interpreter Education) conducted the study and prepared a report. We are in good shape and with the current modifications to the curriculum, are well positioned for our first graduate.

After almost a year of planning and work, we are preparing for the use of our new state of the art Language & Interpreting Lab that was installed in May earlier

this year. We have a ton of new resources and look forward to seeing students fully staff the bank of 13 computers. Students will be able to focus on preparation for the SLPI, EIPA and NIC testing as well as conduct self analysis, practice with LLMs and ILMs, and complete homework assignments. We are working on a software program that will allow eCampus students to exchange videos for self-analysis and feedback with instructors to provide those students with a similar experience. We are working toward that implementation for the Spring, 2011 classes.

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Ralston Earns Forensic Certification

Frances Ralston, Ph.D., is now a Certified Forensic Examiner, having completed the course of study and examination on Forensic Mental Evaluations for the Criminal Courts conducted by the Taylor Hardin Secure Medical Facility. She received her certification in July, 2010.

Ralston, who is the statewide deaf services psychologist, is now eligible to do forensic evaluations of deaf or hard of hearing individuals within the state of Alabama. She is based at the Bailey Deaf Unit at Greil Hospital in Montgomery, where she does a majority of her work. She provides initial psychological evaluations, individual and group therapy, and coordinates the treatment team functions to serve adult deaf inpatients. She also provides psychological evaluations and consultations as a statewide psychologist for the Office of Deaf Services, Department of Mental Health.

Forensic Psychology is application of psychology to the criminal and civil justice systems. Forensic psychologists might help a judge decide which parent should have custody of children or evaluate the victim of an accident to determine if he or she sustained psychological or neurological damage. In criminal cases, forensic psychologists might evaluate a defendant's mental competence to stand trial. Some forensic psychologists counsel inmates and probationers; others counsel the victims of crimes and help them prepare to testify, cope with emotional distress, and resume their normal activities.

Of most interest in mental health and deafness, the most common concern is whether the person is competent to stand trial. This will mean looking at not only whether the person knows right from wrong but also whether the person can assist in his or her own defense. In many cases where the deaf person is language deprived, they will lack the ability to assist in their defense.

There are few ASL -fluent psychologists who have earned this certification and even fewer who are deaf. Dr. Ralston has earned PhD degree in Clinical Psychology from Gallaudet University of Washington, D.C. in 2000. She obtained Alabama license to practice psychology in the same year. Prior to her current appointment, she worked as a counselor/psychological technician at the Alabama Institute for Deaf and Blind, Talladega in 1997-8. She had a private practice in Birmingham from 1998 to 2004, and was the Program Director of the Bailey Deaf Unit at Greil Hospital from 2004 to 2006.



I recently was in meeting discussing placement options for a troubled deaf child that had been turned down for admission to a program designed to serve kids who have severe emotional disturbance. There's nothing particularly unusual about that. It happens all the time. Disturbing, though, was the reason. "His full scale IQ indicates he is intellectually disabled."

Those who are not familiar with what that phrase means or who do not regularly work with deaf people would probably not give it a second thought. Those of us who have fought for "deaf rights," as I have for 30 years, it's a glowing neon sign in a pitch-black night saying "No Deaf People Need Apply." It's tantamount to telling deaf people that they are not welcome, that they should go to the back of the bus. It's a form of legally acceptable discrimination on the basis of disability.

Full scale IQ tests include what is called the "Verbal Section." It's a misnomer. It's really a test of American English ability, not a test of innate language competence. Immediately, the typical deaf child has two strikes against her and the fast ball at the knees is halfway to the plate. It's hard to learn a spoken language when you can't hear it. You can't learn a visual language when you are born in the one of the 87.8% of American families that do not sign. And it gets worse from there.

I have seen it over and over where performance scale scores are average, even above average but the "full scale" IQ ends up below 69, the beginning of the level of "intellectual disabilities." Thus a person who is highly capable in adaptive living skills (i.e. performance) will be considered not acceptable for admission to programs at their real functioning level solely because of their inability to handle spoken and written English. It doesn't seem to matter that performance scale results can be 20 to 30 points higher than the verbal scale scores, or that in ASL they can be literate. If they have a low enough score on the "English test" the full scale score will be too low to be acceptable.

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It's About Time!

FOR IMMEDIATE PRESS RELEASE

July 20, 2010

21st International Congress on the Education of the Deaf (ICED 2010) meeting in Vancouver, BC addresses issues of the 1880 Milan Congress

At the opening of the ICED 2010 Congress, July 19th, organizers addressed the Deaf Community's concerns regarding the Milan resolutions of 1880, which banned sign language in educational programs for deaf children.

"Partners in Education', the theme of ICED 2010, emphasizes the importance of working together," said Claire Anderson, Congress Chair. It is with respectful partnerships of educators, parents, students, and the Deaf and Hard of Hearing communities that we will maximize the opportunities for meeting the educational needs of our students.

To this end, the Vancouver ICED 2010 Organizing Committee and the British Columbia Deaf Community worked together to develop a statement, which addressed the issues concerning Milan.

This statement "A New Era: Deaf Participation and Collaboration" was introduced to Congress participants as the beginning of a dialogue to promote healing and set the path for future collaboration.

The statement:

- Rejected all resolutions passed at the Milan Congress that denied the inclusion of sign language in educational programs for Deaf students
- Acknowledged with regret the detrimental effects of the Milan Congress, and
- Called upon all Nations to ensure that educational programs for the Deaf accept and respect all languages and all forms of communication.

The audience, both deaf and hearing, spontaneously responded with an outpouring of emotion and a standing ovation. "History has been made today and the words of the Vancouver Statement can replace the hurt caused by the Milan decision," said Joe McLaughlin, sub-committee chair, in his closing remarks.

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2010 MHIT Wrap Up

(Continued from page 5)

The participants were also enthused. "This is the best training I've ever attended!" was the reaction of several participants. "MHIT has opened my eyes to the difference in the mental health arena – learned so much to go home with," one participant remarked. Another participant who arrived as a skeptic and left as a believer said, "I had heard some of these various presenters/topics before, so wasn't sure if I would feel I spent my money or time wisely. But I can testify this is so worth it regardless of number of years experience or skill or prior exposure. High caliber presenters – each one! I'm going to try to "recruit" other terps from my city to come here!!"



Breakout X Conference Showcases Alabama's ODS

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need to be addressed by mental health service providers. The board will be using his suggestions and those compiled during the Focus groups to develop plans for the 2011 ADARA conference and the Breakout XI Conference.

ADARA, in collaboration with the Gallaudet University Regional Center at Flagler College, hosted the conference at the Westin Atlanta North Hotel at Perimeter. ADARA has assumed the leading sponsorship role of the Breakout to ensure that training opportunities continue to exist for mental health service providers. The need for this training is demonstrated by 112 persons attending the conference from 27 states plus the District of Columbia and Canada. ODS hopes to remain actively involved in this important project.



During MHIT, Deaf Interpreters had their own breakout session where they worked on skills related to visual-gestural communication. Highly trained native signers are often vital to making sure communication happens with our severely dysfluent consumers.

Alabama Interpreter Metamorphosis Conference Creates Experiential Learning Environment

By: Chelsea Janning, Troy University Interpreting Student,
AIM Co-coordinator

Troy University hosted the Alabama Interpreter Metamorphosis (AIM) Conference, the first of what hopes to be an annual interpreting conference in Troy, Alabama, June 19 – 23, 2010.

This one-of-a-kind conference covered many different aspects of the interpreting profession including licensure and certification, teaming, working with a CDI, mental health interpreting basics, educational interpreting, as well as, offering an ASLTA track.

Lynne Wiesman, director of Troy University's interpreter program developed the idea of this conference saying, "My goals for this educational experience were four-fold: 1) provide students with an opportunity to work as a team to plan and host a conference, 2) expose students to national-level presenters and their content, 3) apply class-learned knowledge in a real setting while enabling teaming with professionals who served as models and mentors throughout and 4) to raise money for the student club enabling participation in cultural and linguistic immersion experiences such as volunteering at Seabeck Deaf-Blind camp, an intensive training in Big Spring, Texas, and a trip being planned to Italy for a group of 8 students."

Wiesman's goals were cultivated and this unique conference took off allowing me, a student, to be involved in all aspects of the conference. I worked with other students as we served as conference coordinators, committee chairs, and interpreters being mentored by qualified interpreters, faculty, and staff at Troy University and in the interpreting community.

One of the most cherished happenings at this conference for me as a student was the opportunity to interpret in front professional colleagues in a safe environment. I was mentored by some incredible interpreters such as Charlene Crump, Chris Robinson, Aimee Robinson, Adam Bartley, Paula Browning, and Denise Ovaitt. I was able to team with each of these interpreters and then spend valuable time receiving feedback and developing activities that I can do on

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As I See It

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If that was not enough, salt is then rubbed into the wound. This same person, having been rejected for services from the psychiatric side of the house would be ruled ineligible for services from the intellectual disabilities side of the house because - wait for it - her performance IQ was too high.

Whacked? Of course it is. How did we get to this pass? Clinicians, by and large, are unfamiliar with deaf people and are largely unaware of the realities of growing up deaf. You can be language deprived without necessarily being cognitively disabled. In the "hearing world," lack of language is a *de facto* proof of cognitive impairment. In "deaf world," it merely means you are one of the 80% or so of deaf kids who grew up in a home where the parents could not sign.

I don't mean to imply, of course, that all or even most, deaf people have language so poor they would test in the intellectually disabled range on standard IQ tests. Deaf people are resilient and most will "make up lost ground" as they are exposed to language at school, among friends, and in the community. That language, often as not, will be some form of sign language, and here in Alabama, largely a form of American Sign Language. The delay in English acquisition is a function of generalized language delay and most often will remain significantly behind hearing people.

Then there are kids who, in addition to being language deprived, are also abused or neglected. Over time, the resilience wears down and the person "shrivels." Maladaptive behavior becomes a form of communication. Without language to correct the behavior, parents sometimes resort to violence as a method of enforcing "discipline." The language deprived child then becomes, not just deaf and language deprived, but also emotionally scarred - traumatized, to use this year's buzz term - and begins the downward spiral toward a the increasingly bizzaro world where they are too "intellectually disabled" for support from the mental health system and too "high functioning" for support from the Intellectual/Developmental Disabilities system. It's a purgatory where, trapped between two worlds, the deaf person is unable to enter and be served by either.

Services are supposed to be "trauma informed." Why aren't more services familiar with the trauma deaf people face in life? Why is it acceptable to place deaf people in programs where they cannot communicate with others? *As I See It*, Programs need to stop making placement decisions based on full scale IQ tests of deaf people who were born deaf or became so at a very early age and start making and developing services that are linguistically appropriate on the proper functional level.

✍

Region III Veteran Interpreter Returns



Wendy Darling joins the Office of Deaf Services as the new Interpreter Coordinator for Region III. Ms. Darling will be filling the position vacated by Lisa Trainor, who moved to Maine four months ago. Region III encompasses twenty two counties in central and southeastern Alabama.

Ms. Darling comes to ODS after working as a private practitioner while she completed her Masters Degree in Public Administration from Auburn University-Montgomery. She received her Bachelor's degree in Criminal Justice from Faulkner University. She is licensed as an interpreter by the State of Alabama and is also recognized by the Department of Mental Health as a Qualified Mental Health Interpreter.

Darling is no stranger to ODS, having worked in the same capacity back in 2005. We are delighted to have her back "home". Darling is likewise happy to be back. "I always knew the ODS group was a talented, wonderful, and supportive group and I'm glad to be a part of it again."

Previous employment includes Sorenson Communications, Janice Capilouto Center for the Deaf located in Montgomery and the Alabama Institute for the Deaf and Blind Regional Center in Dothan.



Notes and Notables

Dawn Vanzo (nee Marren), ODS Region I interpreter, gave birth to a bouncing baby boy, Alexander Reid Vanzo August 2, 2010. He arrived at 8.3 lbs, 21 inches. Congratulations, Dawn.

Regional Therapist **Ben Hollingsworth** will be transferring to Huntsville to work out of the Mental Health Center of Madison County, providing much needed coverage in northern Alabama. Hollingsworth, who is originally from Knoxville, TN is excited to be closer to his family and still be able to serve consumers in Alabama.

ODS Director **Steve Hamerdinger** has a new article published. He co-wrote *Promising Practices of Statewide Mental Health Models Serving Consumers who are Deaf: How to Advocate For Your Model in Your Home State* with **John Gournaris**, Director of Deaf and Hard of Hearing Services Division, Mental Health Program in Minnesota and **Roger Williams**, Director South Carolina Department of Mental Health, Services for the Deaf and Hard of Hearing. The article appeared in the Spring edition of the *Journal of ADARA* (Volume 43, #3).



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

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

ADMH/MR

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

For more information about the Birmingham positions, contact:

Malissa Cates, Program Director

JBS Mental Health/Mental Retardation Authority

956 Montclair Road, Suite 108

Birmingham, AL 35213

205-591-2212 (Voice)

205-591-2216 (TTY)

mcates@jbsmha.com

ITP Update

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Many students have received scholarships from the Departments of Mental Health and Education. Currently, there are approximately 150 total students online and on campus. Due to generous support from the Alabama State Department of Education and the Alabama Department of Mental Health, approximately 20 students have received scholarship in the form of tuition and books. They are committing to work for the funding agency for a period of 3 years upon completion of the program.

The first students to head into the Practicum and Internship courses of the program begin this Fall. These courses are designed to have students gain valuable experiences in the field. In cooperation with ASDE, AIDB, and ADRS, Service Learning Projects will be implemented during internships. Each student will be required to develop and fulfill 40 hours of service learning during both Internship classes. In this way, students gain valuable experiences and the community benefits! If all goes well, the Troy ITP will graduate its first three students in May of 2011!



AIM Conference

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my own to increase my skills and knowledge. It was incredible to see the array of interpreting styles and techniques and to be able to benefit from such a group of dedicated individuals.

I believe I can speak on behalf of all of the students when I say, the students who were involved in the planning and interpreting process at AIM were presented with opportunities that we would have never dreamed of doing while in an IT program.

I would also be remiss if I did not thank the Alabama Department of Mental Health Office of Deaf Services for not only being involved with AIM by providing presenters and mentors for the interpreting students but for also taking me and other students under your wing and providing us with the opportunity to attend Troy University under the Department of Mental Health scholarship. Thank you for your dedication to this field and to us as students.



Editor's Note: We were impressed with the conference. We saw it as a learning lab experience where student interpreters get to work with experienced ones in a controlled environment. Understandably this annoyed people who thought that the conference was supposed to be a gravy train for professional interpreters. It was never intended as such and we thought it was a pretty creative idea. Even the ODS director, the ever-curmudgeonly Steve Hamerdinger, thought the students did an exceptional job for their level of training. Are they ready to go out and interpret full time? No. But they had a chance to learn how to run a conference, get support and feedback on their skills and practice! That's what AIM was about. Good for them!

Testing Workshop Draws Crowd

Sereta Campbell, Region II Interpreter Coordinator for the Office of Deaf Services, provided a workshop on the National Interpreter Certification (NIC) Test Process at the Alabama Home Alabama Grown Conference that was held on August 20 – 22 at the Drury Inn in Montgomery, AL. Approximately 55 certified interpreters, pre-certified interpreters and students attended.

This conference was hosted by the Alabama Registry of Interpreters for the Deaf (ALRID). ALRID is the local affiliate chapter of the Registry of Interpreters for the Deaf (RID) which is the national certifying organization for interpreters.

Since the Alabama Department of Mental Health, Office of Deaf Services is an approved testing site for the RID, the Alabama Home Alabama Grown Conference committee thought it beneficial to provide a workshop that gave insight into the process of testing to become nationally certified. Topics of discussion included clarification on the new Educational Requirements that are now in effect, gaining eligibility to test, how to apply for testing for both the Knowledge test and the Performance/Interview test and what to expect during the Knowledge test and the Performance/Interview test. Discussion also included what to expect afterwards in terms of results and maintenance of certification. There were question and answer opportunities throughout the presentation that allowed individual questions to be answered as well as first hand experiences from participants who have already gone through the process.

Upon conclusion of the presentation, participants had the opportunity to view the National Interpreter Certification Practice DVD. The Practice DVD is a recommended study tool from the Registry of Interpreters for the Deaf that simulates the actual process of the National Interpreter Certification test. Sereta, the Supersite Coordinator, believes that by putting people at ease about the testing process, that they will be encouraged to go through the process of gaining national certification.



Meet Us In San Diego

ADARA – Professionals Networking for Excellence in Service Delivery with Individuals Who are Deaf or Hard of Hearing request proposals for its national biennial 2011 conference in San Diego, California. ADARA leadership and members work to meet its mission by:

- Enhancing the professional competencies of the membership;
- Expanding opportunities for networking among ADARA colleagues; and
- Supporting positive public policies for individuals who are deaf or hard of hearing.

The 2011 Conference will have three (3) tracks: Rehabilitation, Mental Health/Chemical Dependency and Transition/Independent Living. Proposals clearly focusing on these tracks will be given priority.

Conference Hotel: **Marriot San Diego – Mission Valley**

GROUP RATES*:	Single/Double:	\$135.00
	Triple:	\$145.00
	Quad:	\$155.00

*This special group rate will be extended to attendees 3 days prior to and after the conference. Reservations must be called in to take advantage of the extended rates.

*A special rate for ADARA of \$8.00 is being offered for self parking with In-and-Out privileges.

[CLICK HERE TO MAKE RESERVATIONS ONLINE](#)

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Call Toll Free:

1-800-228-9290 (use relay option of your choice, if needed)

Group Code (For Call-In Reservations Only): ADARA

RESERVATIONS MUST BE MADE BY MARCH 22, 2011

Did you know

Certain forms of mental illness (e.g., schizophrenia, mania, dementia) cause specific language dysfluency symptoms in hearing and deaf people. The nature of these symptoms, at times, is quite different from the language “symptoms” (patterns) associated with deprivation-caused dysfluency. Distinguishing between deprivation-caused dysfluency and mental illness-caused dysfluency is one of the most interesting and challenging aspects of mental health work with the deaf population because hearing people virtually never have deprivation-caused dysfluency. For this reason, few mental health clinicians outside the field of deaf services have any knowledge of this issue or ability to make such differential diagnosis. - Robert Pollard, Ph.D. Director, Deaf Wellness Center at the University of Rochester School of Medicine

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