

ALABAMA STATE

NORMAL
IS A SETTING
ON A
DRYER



Signs of Mental Health

Volume 7 Number 1

January, 2010

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

Editor's Notes:



Yeah, I know. This issue is late. It's so late that it is the first issue of the next edition. I could make lots of excuses, of course, but I won't. Hey, you get what you pay for right?

The content should make up for some your disappointment.

We have a lot of neat stuff in here. Gail Schenfisch, a Mental Health Interpreter Training Program alumni and Qualified Mental Health Interpreter, has a great story about mental health interpreting on page 6. It's one of those stories which makes worthwhile all the headaches of running the Interpreter Institute.

Since the last issue, ODS staff have hauled in a few awards. Check out the story on page 4. They have also been involved in a couple of high-profile conferences, such as the *Alabama Early Intervention and Preschool Conference* and the *Supporting Deaf People Online*, an international conference.

It's not just conferences that ODS staff are involved in. An international presence is maintained through the Network on Mental Health and Deaf Individuals, an project of the International Initiative for Mental Health Leadership. Your humble scribe is one of the United States Representatives to this effort.

You will want to check out announcements for conferences of interest, especially the Breakout conference in Atlanta. This is the revival of a phenomenal conference series on working with deaf people who have severe mental illness. Get full details starting on page 12.

Finally, we are pleased to announce that the 8th annual Interpreter Institute will be held in Montgomery, July 26 -30th. Check it out on the [MHIT.org website](http://MHIT.org). ✂

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Crump Presents Paper at International Conference

The seventh *Supporting Deaf People Online* conference series took place on February 3-6, 2010. This year's themes included Interpreting in specialist settings, Interpreters, fallout and vicarious trauma, and Certified Deaf Interpreters. Charlene Crump, statewide Mental Health Interpreter Coordinator, was one of the featured presenters.

"Most of us have that moment in our lives when we realize that not all individuals who are deaf have perfect command of their own language," said Crump. "More than that, that because of a host of reasons, the person sitting across from us has language that did not develop as it should, and that this phenomenon is not related to their intellect." Her presentation, "Working with Dysfluency in Mental Health Settings" focused on dysfluent language within the deaf population including dysfluency related to mental illness, developmental exposure, medical conditions and etiology-related dysfluency. Participants shared their initial experiences with dysfluency and how it shaped their concerns regarding linguistic competency.

The conference attracted individuals from all over the world. It allowed both present-

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On The Cover:

Commissioner John Houston address an enthusiastic crowd at the Legislative day as DMH Employee of the Year, Charlene Crump, interprets.

Related story on page 5.

Reeses Advise Early Intervention Workers



Shannon Reese, Deaf Services Coordinator for the Office of Deaf Services, along with her parents, Howard and Penny Reese, presented a workshop at the Alabama Early Intervention and Preschool Conference that was held at the Birmingham-Jefferson Convention Complex in Birmingham, AL on November 16-18.

Shannon and her parents arrived to a packed room of conference participants who were hoping to gain insight into the importance of addressing the socio-emotional well-being of children who are deaf. Shannon led the workshop which focused primarily on the topic of how language development and language deficits can affect a child's identity development as well as their ability to learn certain skills such as cause and effect, problem solving and social etiquette. There was much interest and discussion around the dynamics of hearing families with deaf children and how parents come to accept having a deaf child.

Mr. and Mrs. Reese led the discussion on the decisions parents have to face and the battles they have to fight in order to get appropriate and individualized services for their children. Through questions from the audience and from hearing personal family stories about Shannon and her brother Greg, who is also deaf, it was clear that Early

Intervention was a vital component in raising deaf children into successful deaf adults.

Mrs. Reese discussed the importance of not just accepting the medical doctor's first opinion and not just going along with what the school district recommends is best in terms of communication and learning strategies for your children but to research it, try different models and choose the one that best fits your child. Mrs. Reese said the "one-size-fits-all" is NOT a standard parents should accept in terms of raising and educating your children who are deaf.

Mr. Reese stressed the importance of having the mind set of "CAN DO" as opposed to "CAN'T DO" when responding to their deaf children. The audience enjoyed several funny stories of their three children, of which two are deaf, and the expectations of them growing up and how deafness was never accepted as an excuse for not being able to achieve their goals.

The workshop gave a very personal inside look at what it takes to successfully raise young deaf children into productive members of a hearing society and that no matter how long the journey or how hard the work, parents having open minds and perseverance will only lead to success for their children.



DEAF SERVICES REGIONAL OFFICES

Region 1

Wendy Lozynsky, Therapist
Dawn Marren, Interpreter

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

Region 2

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
Lisa Trainor, Interpreter

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

Region 4

Lee Stoutamire, Interpreter

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



ODS Staff Harvest Awards



Her citation read, “Shannon is a tireless worker with plenty of pep and get up and go for everyone. She has held several state leadership positions and is well respected within the mental health system for Deaf individuals and the deaf community at large.”



Work done by ODS has been recognized by the larger mental health community as well, with Mental Health America bestowing on ODS Director Steve Hamerdinger their *Heroes in the Fight* award at a gala celebration on September 23, 2009. He was one of six people in Alabama to be recognized. He won the Individual Community Supporter award. He credited the entire ODS team for making the community aware of the need for Deaf Services.

While awards single out specific members of the Deaf Services team at various times, the reality is that all ODS staff members work hard to serve deaf consumers. They are all heroes. 

Over the past few months, several Office of Deaf Services staff members were recognized by various organizations for work with deaf Alabamians who have mental illness.

Charlene Crump was named *Employee of the Year* by ADMH. ODS Director, Steve Hamerdinger, said, “Charlene personifies team work as evidenced through her willingness to help out any time, any place she is needed.” The presentation was made by Commissioner John Houston at an employee Thanksgiving luncheon on November 20, 2009.

Shannon Reese was named *Employee of the Quarter* on January 25th. Shannon, who transferred to Central Office early last year, has impressed people with her cheery attitude and willingness to do whatever has to be done. She frequently volunteers to help other people when they get “overloaded”.



Top left: Commissioner John Houston presents Employee of the Quarter award to Shannon Reese, Top right: Steve Hamerdinger addresses crowd at Heroes following Heroes the Fight award. Bottom: Commissioner John Houston presents the Employee of the Year award to Charlene Crump

Working with Interns Helps Them and Deaf People

Mental Health Day at the State House, a joint project of NAMI-Alabama and Contact: Wings, was held January 26, 2010 in Montgomery. The purpose was to educate legislators about the real-world effects of potential cuts in mental health services. It was also a chance to raise the visibility of both the mental illness consumer community and the Deaf community.

Office of Deaf Services Mental Health Interpreter Coordinator, Charlene Crump and Staff Interpreter, Lisa Trainor, worked to make the event accessible. They were assisted by interns from the Alabama Institute for the Deaf and Blind and the Alabama Department of Vocational Rehabilitation.



Alabama State Senate Majority Leader, Zeb Little takes a question from the audience while Kimberly Byrd interprets.

Lauren Catlett, Kimberly Byrd, and Peter Snelgrove, all from the Interpreter Training Program at Eastern Kentucky University, were “loaned” to ODS for the event. It was an opportunity for them to work in a unique setting, being exposed to how the legislature works and interacts with constituents. They were also exposed to the harsh reality of mental health funding. It proved to be a win-win day for everyone.

ODS Director, Steve Hamerdinger, was impressed with the skill level of the young interpreters. “They really didn’t seem to me like interns,” he remarked. The interns helped interpret the program in the morning and then were available in the afternoon to interpret one-on-one meetings between deaf people and their legislators. This provided a wide range of experience within the one-day assignment.



Lauren Catlett interprets Commissioner John Houston's (right) remarks

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CURRENT QUALIFIED MENTAL HEALTH INTERPRETERS

Becoming a Qualified Mental Health Interpreter in Alabama requires a rigorous course of study, practice, and examination that takes most people nearly a year to complete. It involves 40 hours of classroom time, 40 hours of supervised practice and a comprehensive examination covering all aspects of mental

Charlene Crump, Montgomery
Denise Zander, Wisconsin
Nancy Hayes, Hayden
Brian McKenny, Montgomery
Dee Johnston, Oxford
Debra Walker, Montgomery
Lisa Gould, Mobile
Gail Schenfisch, Wyoming
Dawn Marren, Huntsville
Wendy Darling, Prattville
Pat Smartt, Sterrett

Lee Stoutamire, Mobile
Frances Smallwood, Huntsville
Cindy Camp, Jacksonville
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
Linda Lee Lonning, Wisconsin
Janet Whitlock, Georgia

Voices and Holy Water

By: Gail Schenfisch, QMHI

A First Person Perspective

I recently worked with a male client during a vocational psych evaluation. The evaluation lasted for about an hour—and-a-half. During that time the client spoke of guns, joining the military, his brother trying to kill him, and his desire to join the KKK. I saw the client once look quickly to the side, seemingly surprised to see pictures on the wall and then look back at the evaluator and signed "never mind" somewhat under his breath. The evaluator was looking down and although I voiced the client's comments the evaluator didn't seem to be concerned with the off hand comment.

I waited until the end of the evaluation. I had questioned his glancing toward the pictures earlier in my mind but I was wrestling with what I had voiced versus what I had seen versus what I should do. The incident stuck in my head as unusual and I felt for my own sake, I needed to revisit that moment. Even after denying all the evaluator's previous questions about hallucinations and voices in the interview, when I asked the client if he remembered being surprised by the pictures on the wall, he stated it wasn't the pictures that startled him. Instead, he said, it was the ghost of his dead father that had startled him. But, he added, dad's ghost often did surprise him.

I was so glad that I had asked. The client went on to speak of the holy water he got from the church to throw at the other ghosts and how the ghosts set boobytraps for him. I have never seen anything like this but I felt I knew much better how to handle it because of my training in Alabama. At least I caught it in the end and the comments that the client made clarified the diagnosis for the psychologist. I got goose bumps as I used the skills I learned in Alabama and the "team" discovered about the client's ghosts.

Before training, I probably unconsciously had somewhat of a prejudice that "real" mental health interpreting doesn't happen in rural settings or even in my state like it does in big cities. I have recently interpreted an ever increasing number of assignments which I discover are mental health related or is it because of my training that I am now becoming more attuned to mental health cases?

Since my experience and internship in Alabama, I have been able to "let go" of some of my traditional interpreting rules and try out the QMHI techniques I learned from my training and my internship. The results have been very positive! I am beginning to understand in a very real way that interpreters play a HUGE part in a successful mental health team.

Gail Schenfisch, MS RID CI and CT, QMHI, of Wyoming, was a participant in the 2008 Interpreter Institute and became a Qualified Mental Health Interpreter in 2009

Working with Interns

(Continued from page 5)

Lauren Catlett, interning at AIDB, said, "I have never interpreted anything so formal before, so that stretched me. I had to bring my register and sign choices to a level meeting the speakers' vocabulary."

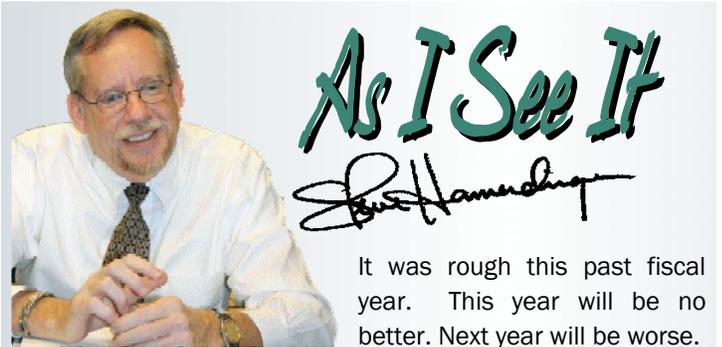
There were other, less overt messages. "I hope that by having all of the interpreters there, along with the Deaf mental health people such as [Steve Hamerding] and Shannon [Reese], that it carried the image that DMH really cares about the Deaf Alabamians. I think it gave the image of accessibility," commented Peter Snelgrove, who is interning at ADRS in Birmingham.



Peter Snelgrove interprets to the small, cold, but enthusiastic crowd outside the Alabama State House.

Working with interns help expose new them to mental health work and, in the long run, increases the number of interpreters who are willing to work with our consumers. Since interpreters who work for ADRS and AIDB are often in the middle of mental health assignments, helping them be more prepared for this work is an investment in better services for deaf people who have mental illness.

Providing opportunities such as this is possible through cooperation between the agencies serving deaf people. ODS thanks its sister programs at AIDB and ADRS for partnering to make the day successful. 



It was rough this past fiscal year. This year will be no better. Next year will be worse.

That is a depressing, but common sentiment heard anytime deaf program leaders get together. It reflects the reality that times are not likely to get better in the foreseeable future and that people working in "Deafness" (a nebulous label for a wide range of human services for people who are deaf) are struggling to keep programs for deaf people open.

Indeed, it's a scary time for both people who provide the services and for people who need them. The traditional sources of funding for such programs, state revenues and federal grants, are drying up. All over the country, programs are closing, consolidating and downsizing. Grants are expiring and are not being renewed. Demonstration programs are not being continued by the states.

Not that this is unique to deaf services. Programs serving hearing people are being cut back, downsized, and eliminated. Decisions as to which programs are cut are often as much political as clinical. "Which group can hurt me the least," is the yardstick often used to measure the impact of a decision. Cutting services to politically weak, disenfranchised people usually results in little, if any, negative consequence.

Sadly, the group that tends to rise to the top of that category is "the deaf." In many places the deaf community is not organized effectively to fight for mental health services. They are focused on other things, they do not wish to acknowledge the prevalence of mental illness in the community, or they have been beaten down and feel hopeless. Time and again, programs cut services for deaf people first.

Many justifications are given for this, of course. "We can't afford 'boutique' programs," or "All our programs are 'accessible' so there is no need for specialized programs." Left unspoken is that "access" is not equality. Without direct communication with clinicians and therapists, services are not the same. But the alternative, the "we use interpreters" approach, still requires money. You pay twice (for the often clueless hearing therapist and the interpreter) instead of

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Crump Presents Paper at International Conference

(Continued from page 2)

ers and participants to tap into the fund of knowledge and standards established by a diverse group of individuals working in the field of deafness.

Heavy favorites at this conference were the keynote speakers, Kelly Murphy, who presented on “Explicit Content! Profanity as a function of language and strategies for interpreters,” and “Recognizing politeness differences between deaf and hearing cultures: a key to effective interpreting,” presented by Anna Mindess and Thomas K. Holcomb.

An interesting thread in Crump’s presentation related to different perspectives on terms, especially in regards to CDIs/DIs. In some areas, the term refers to an advocate/support worker rather than an interpreter. That view holds that an individual who communicates with deaf people who have dysfluent language directly in a visual sign language/gestural code is not working between sign language and English (two linguistic/cultural codes), thus is not interpreting. They make a distinction between interpreting (inter-lingual) and intra-lingual communication. It was not the majority view, but made for lively discussion.

The group also discussed case examples, how to work with clinicians and shared techniques for dealing with dysfluency. Resources were shared including informational sites such as RID’s Standard Practice Paper, guidelines for interpreters working in mental health settings, the Mental Health Interpreter Training project (MHIT) and the National Coalition on Mental Health and Deaf Individuals report. Documents were shared for use among participates such as Language Dysfluency Checklist, Toolkit items for linguistically challenged individuals, Pollard’s Mental Health Interpreting Curriculum, Glickman’s Books and CDs, Mental health Interpreting Portfolio, Communication Assessment Information, PepNet webcasts on “Mental Health Interpreting” and “Working with People Who are Low Functioning and Deaf.”

There were additional workshops led that also had direct application to our field of mental health and deafness, including “Sexuality, Service Providers and the Deaf Community” by Christine Gannon, “Stress and coping strategies” by Karen Bontempo and Valerie van Loggerenberg, and several different sessions on vicarious trauma.

(See <http://www.online-conference.net/sdp2010/faq.htm> for additional information.)



ODS Provides Training

Need a speaker/trainer for your event? ODS staff members have expertise in various areas and can lend a hand to your training event.

Lee Stoutamire, above, talks about discourse styles with black deaf people and how the differences can cause communication breakdowns. This is just one example. From abnormal psychology to zyprexa, if it’s about Deaf people and mental health, we can help!

As I See It

(Continued from page 7)

once. And when interpreters get too expensive, programs will try to tell deaf consumers to “bring your own.”

Alabama is fortunately not one of the states that seem to target deaf services first. The Department of Mental Health has worked hard to make sure that its deaf consumers do not lose their programs. Still, the impact of the financial crunch is felt in deaf services more acutely than in other areas.

The whole state has been under a general hiring freeze. Contracts are being cut back. Eligibility criteria are being tightened. All this is worrisome because it will hit deaf people disproportionately hard. When you have a vacancy in a clinical position in deaf services, it is often the case that no one else can pick up the slack. If a hearing clinician’s position is vacant and frozen, there are probably other good people down the hall who can accept new consumers. With deaf services, not so much. When you lose the one therapist you have for a 17 county region and you can’t hire a replacement, it has an impact. Disparate impact is a buzz phrase these days. *As I See It*, though, very few groups are ever hit as hard as deaf people when services are cut.





Hot Off the Presses : Important Articles You Must Read

Paone, T., Malott, K. (2008). Cultural and Linguistic Barriers to Mental Health Service Access: The Deaf Consumer's Perspective. *Journal of Multicultural Counseling and Development*, (2008) 36 (3): 130.

Limited understanding of the challenges inherent in counselor-interpreter collaboration may potentially result in inadequate or ineffective mental health services. To provide guidelines for effective mental health assistance of clients who are English language learners, the authors review the literature regarding the partnership between counselors and interpreters. Suggestions for collaborative practices, including pre- and post-session directives, are included.

Greco, V., Bereforsford, B. (2009). Deaf children and young people's experiences of using specialist mental health services. *Children and Society*, 23(6), November 2009, 455-469.

Deaf children have an increased prevalence of mental health problems compared with hearing children. Generic child and adolescent mental health services do not have the skills or expertise to meet the mental health needs of this group of children. Three teams in England provide specialist mental health services for deaf children. This research explored children's experiences of using these services. Twenty-four deaf children participated in the study. Overall children valued and benefited from the service. The expertise of the staff and the presence of deaf clinicians were key to these positive experiences.

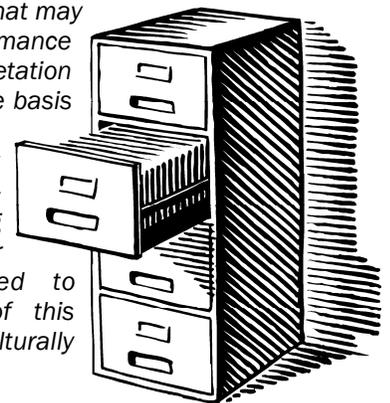
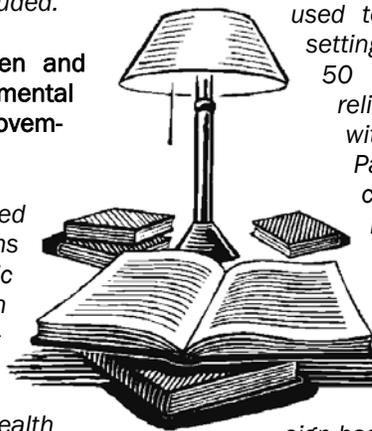
McCay, Vernon, Rhodes, Anthony. (2009). Deafness and Autism Spectrum Disorders. *American Annals of the Deaf*, Volume 154 (1), Spring 2009, 5-14.

An orientation to Autistic Spectrum Disorders (ASD), also known as Autism, is provided, and the specific syndrome of autism and deafness is addressed. The two conditions have in common a major problem: communication. Case histories are provided, the development of treatment for autism is discussed, and the separate disorders that make up ASD are defined. Important medical conditions often present in ASD are named, and their roles in treatment and diagnosis are described. Because autism is generally regarded as increasing in prevalence, some say to epidemic proportions, there is an increase in children who are both deaf and autistic. The resulting pressure on day

and residential school programs for the Deaf to accept and educate these difficult, multiply disabled children is increasing. The parents of autistic children are a sophisticated, politically active group who are demanding services through legal and legislative means, among others.

Dean PM, Feldman DM, Morere D, Morton D. (2009). Clinical evaluation of the mini-mental state exam with culturally deaf senior citizens. *Archives of clinical neuropsychology : the official journal of the National Academy of Neuropsychologists*, December 2009, 24(8):753-60.

The Mini-Mental State Exam (MMSE) is commonly used to screen cognitive function in a clinical setting. The measure has been published in over 50 languages; however, the validity and reliability of the MMSE has yet to be assessed with the culturally Deaf elderly population. Participants consisted of 117 Deaf senior citizens, aged 55-89 (M = 69.44, SD = 8.55). Demographic information, including state of residence, age, and history of depression, head injury, and dementia diagnoses, were collected. A standard form of the MMSE was used with modification of test administration and stimuli including translation of English test items into a sign-based form and alteration of two items in order to make them culturally and linguistically appropriate. Significant correlations were observed between overall test score and education level ($r = .23, p = .01$) as well as test score and age ($r = -.33, p < .001$). Patterns of responses were analyzed and revealed several items that were problematic and yielded fewer correct responses. These results indicate that clinicians need to be aware of cultural and linguistic factors associated with the deaf population that may impact test performance and clinical interpretation of test results. On the basis of these data, there is an increased risk of false positives obtained when using this measure. Further research is needed to validate the use of this measure with the culturally Deaf population.



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Volume 7 Number 1

"Make it so"

January 2010 Newsletter

Serving the deaf community who have mental health problems: the US and England take the lead in an IIMHL collaboration.

This edition of *Make it so* outlines recent activity in this area and profiles some of the leaders who are involved from IIMHL countries.

Background

The inception of the IIMHL Network on Mental Health and Deaf Individuals began through the participation of IIMHL countries' mental health leaders in the International Initiative for Mental Health Leadership (IIMHL) meeting held July 2008 in Nashville, Tennessee.

During this meeting the mental health leaders agreed there were some real challenges related to mental health services for people who are deaf and hard of hearing, and that it would be useful to understand more about what was happening and being planned in IIMHL countries.

It was proposed to establish a virtual network of approximately two people from each country who would, between them, be able to provide a perspective about clinical, cultural and organizational aspects of these services, based on an in-depth understanding of the issues and what was happening in their countries.

IIMHL agreed that Dr. Bob Glover of the National Association of State Mental Health Program Directors (NASMHPD), a non-profit organization in the United States that represents state mental health executives, and Dr. Ian McPherson, Director of the National Institute for Mental Health in England (NIMHE), would take the lead in establishing this network.

Also assisting will be Meighan Haupt, NASMHPD Associate to the Executive Director, and Dr. Candice Tate, President and CEO of the National Coalition on Mental Health and Deaf Individuals (NCMHDI), an affiliate of NASMHPD.

Recent activity

A private web-based list-serve has been established for the IIMHL Network on Mental Health and Deaf Individuals through Google Groups.

The list-serve is intended to keep the Network fully

cross-informed about the various ways in which we address deaf mental health services in our countries, including activities, lessons learned, promising practices, and questions about others' experiences.

In addition, the United States has moved forward on multiple initiatives related to people who are deaf and hard of hearing and have a mental illness. The National Coalition on Mental Health and Deaf Individuals, (NCMHDI), an affiliate of NASMHPD, has been incorporated and held its second Experts Meeting August 6-8, 2009. During this meeting, the NCMHDI Board of Directors identified several incremental goals to be accomplished within the next six months to a year.

Further, Mental Health Weekly, a national newsletter read by key mental health leaders in the United States, featured an unprecedented front page article in its August 17, 2009 issue on services for people who are deaf and have a mental illness in the U.S. The article includes information on the NCMHDI Experts Meeting and some of the goals of the NCMHDI Board.

These goals included the following: (1) Organizing a small research consensus conference to address common research goals; (2) participating in SAMHSA and the National Institute of Mental Health (NIMH) Advisory Council meetings; (3) working with state officials to determine how many people in state mental health systems are deaf. Potential topics might address whether the state has a mechanism for identifying sign language users; demographics of the state's deaf population, and a description of the services provided.

NASMHPD and NCMHDI have also been awarded a federal contract to develop a white paper on trauma among deaf and hard of hearing persons. This paper will include a literature review and a small sample of key informant interviews to describe what is known about the impact of trauma in the deaf community in the U.S., especially as it relates to mental illness and addiction disorders. Recommendations will be offered.

SOMH Editor's note: *This is a reprint from the official newsletter. We thought our readers would be interested. ODS Director, Steve Hamerdinger, Director of Services for the Deaf and Hard of Hearing with the South Carolina Department of Mental Health, Roger Williams and co-Founder and pro-tem Director of the National Coalition on Mental Health and Deaf Individuals (NCMHDI) Candice Tate are the official United States representatives, to this international effort., along with Executive Director for the National Association of State Mental Health Program Directors, Robert Glover and Associate to the Executive Director, Meighan Haupt.*



Positions Available In Deaf Services

Deaf Services Group Homes Birmingham

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

QUALIFICATIONS: 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

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

On the ODS Bookshelf

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Hintermair, M. (2007). Prevalence of Socioemotional Problems in Deaf and Hard of Hearing Children in Germany. *American Annals of the Deaf*, 152(3), Summer 2007, 320-330.

The German version of the Strengths and Difficulties Questionnaire (SDQ) was used in a study to examine its usefulness in diagnosing socioemotional problems of deaf and hard of hearing children. The SDQ parent version was completed by 213 mothers and 213 fathers. The factor structure and reliability were tested, and the prevalence rate of socioemotional problems determined and compared to the German standardization sample. The statistical data were uniformly satisfactory; thus, the SDQ can serve as a valid yet economical screening procedure to identify endangered children at an early age, and to refer them to more exact diagnosis and subsequent advice and therapy. This is very important, as the prevalence of socioemotional problems in the sample of deaf and hard of hearing children was clearly greater for almost all scores, a result that is nearly identical with findings from many other recent studies.



Phyllis Clopton, President for the Alabama Association for the Deaf and Blind, checks out the replica Helen Keller statue, on display in the Alabama State Capital Building. It was unveiled December 4, 2009. The original is on display in the U.S. Capitol. This smaller replica is touring the state of Alabama and will eventually be housed in the Alabama Capital.



***Breakout Conference:
Effective Mental Health Services
for Deaf and Hard of Hearing Persons***

June 17-19, 2010

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

Goal of the Conference

The *American Deafness and Rehabilitation Association (ADARA)* is pleased to revive the *Breakout Conference* in cooperation with the *Gallaudet University Regional Center at Flagler College*. The goal of this conference is to provide training and networking opportunities for mental health professionals serving deaf, deafened, and hard of hearing adults and/or children who have severe mental illness or emotional disorders. Presentations will provide increased awareness of Deaf culture issues and best practices that attendees will be able to implement and utilize in the workplace.

Hotel Information

The conference will be held at the Westin Atlanta North Hotel at Perimeter. Single and double rooms are available at \$99/night + taxes. Triple and quad rooms are available at \$199/night and suites are available at \$209/night based on availability. **Reservations must be made no later than Tuesday May 18, 2010.** Rates are valid 3 days prior and post conference dates, based on availability. Guests will receive complimentary internet access in room and one breakfast coupon per room per night.

Individuals may make their reservations by calling the hotel at 1-800-937-8461 or Fax at 770-395-3918. A credit card number or 1 nights advance deposit will be required to secure a room. Cancellations must be received 24 hours prior to arrival or 1 night room and tax will be assessed. There is a \$75 early departure fee. Guests wishing to avoid this fee must advise the hotel at or before check-in.

Guests may make reservations online at <http://www.starwoodmeeting.com/book/flagleru>

Tentative Schedule

Thursday June 17

9:00 – 4:00 pm Dialectical Behavior Therapy pre-conference
7:00 -9:00 pm Reception and opening presentation

Friday June 18

8:30 – 10:00 Plenary session with keynote presenter
10:00 -12:00 Concurrent sessions
12:00 – 1:30 Lunch on your own
1:30 -5:00 Concurrent sessions

Saturday June 19

8:30 – 12:00 Concurrent sessions
12:00 – 3:00 Lunch and closing keynote presentation

For more information, contact Steve Larew at SLarew@flagler.edu or 866-948-8248 VP

Registration Form

*Breakout Conference:
Effective Mental Health Services
for Deaf and Hard of Hearing Persons*

June 17-19, 2010

Name _____ Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ TTY Voice VP
Email _____

Sign Language interpreters will be provided. If you have other accessibility requests, please submit by May 14, 2010.

ALD CART Other _____

CEUs desired? RID ___ LMHC ___ APA ___ NASW ___ Other _____

Mail Registration (Saturday lunch included) Must be postmarked by June 10, 2010

Dialectical Behavior Therapy pre-conference	\$150.00	_____
Full Conference (Thursday reception, Fri, Sat)	\$200.00	_____
Student Registration (copy of School ID required) (must be full-time student)	\$150.00	_____
Friday Only	\$100.00	_____
Saturday Only (lunch included)	\$125.00	_____

On-site Registration (After June 10, 2010)

Full Conference	\$225.00
Student Registration (copy of School ID required)	\$175.00
One-day registration (meals not included)	\$150.00

Check Enclosed _____ Purchase Order Enclosed _____

Credit Card

Security code must be included to process. (3 numbers on back of card)

Card # _____ Security code _____ Exp date _____

Please enclose a check for the registration fee made payable to Gallaudet University Regional Center. Requests for refunds must be received in writing by June 1, 2010).

Mail this form and fee to:

Gallaudet University Regional Center
Flagler College
P.O. Box 1027
St. Augustine, FL 32085-1027
904-824-0714 FAX

INTERNATIONAL INSTITUTE OF DEAF SERVICES, INC.
presents

Celebrate Deaf Literacy and Legacy

Purpose

To reach out to our diverse community, increasing their awareness of the rich history of the deaf and of the various library resources that will benefit the public — deaf and hearing.

By observing National Deaf History Month, offer an occasion to celebrate the legacy and many contributions made by people who share the personal, familial or societal deaf experience, as well as instill in our young deaf/hard of hearing students their own legacy and their self worth.

March 26 - 27, 2010

Confirmed Presenters

Georgia Weaver | Cathy L. Haas | Kim Moon | Paul William Ellis

Both sessions are OPEN to the public – Deaf and Hearing. All sessions will be presented in ASL and English.

Friday Session | FREE to the public

Saturday Session (lunch buffet included) | \$35 before 3/15/10 / \$45 after 3/15/10



Information

Paul William Ellis

205-305-2173 VP/Text/Voice

PWEllis@Enablelight.Com



CEUs Pending

Celebrate Deaf Literacy and Legacy

Schedule

Friday, March 26, 2010 | 10 am - 1 pm
**Celebrate Deaf Literacy and Legacy at
Your Library Awards Ceremony**

Five Point West Branch of Birmingham
Public Central Library
4620 Avenue V Ensley, Birmingham, AL

There will be opportunities to celebrate Deaf/Hard of Hearing students who have achieved success during our awards ceremony. Students and the community will have the opportunity to interact with national and state recognized presenters and to become aware of library resources that will benefit the public — hearing and deaf.

Saturday, March 27, 2010 | 9 am - 5 pm
**Celebrate Deaf Literacy and Legacy
Symposium**

McWane Center
200 19th Street North, Birmingham, AL



Registration Form

Name _____

Address _____

Address _____

City _____

State _____ Zip _____

Telephone _____

Email _____

Select One:

- Deaf Interpreter Student
 Hearing Educator ITP

Lunch

Lunch buffet included during Saturday session only.

Payment

Sat. \$35 before 3/15/20 | \$45 after 3/15/10

Check here if seeking CEUs (add \$5)

Please enclose your check or money order, made payable to IIDS, and mail to:

IIDS/NDHM, P.O. Box 39009, Birmingham, AL 35208

Cancellation Policy

IIDS will give a refund minus \$10.00 administration cost if a participant cancels at least three days prior to the scheduled start of the Symposium.

By registering for this workshop, you are agreeing to the cancellation policy.

THE 2010 NATIONAL DEAF HISTORY MONTH

LEGACY AND LITERACY CONTEST

THEME: Celebrate Deaf Legacy and Literacy

Annually, March 13 – April 15 is National Deaf History Month. International Institute of Deaf Services would like to take this time to promote Deaf Legacy and Literacy.

Who may enter: The Essay and Painting contest is open to all students in grade 8 -12; the Reading contest is open to all students in grades 4-7 who are involved in the Deaf Community. Entrants must be deaf or hard of hearing; hearing loss must be bilateral; hearing loss must be verifiable. (Students must enter the contest through their local schools, and only one entry per school will be accepted into the final round of competition).

How to enter: Each school will conduct its own contest among as many students as possible and then select one individual winning painting and essay from that school to be submitted to the area-wide contest. Each school may submit only one essay and one painting to the final round. The Teacher from grade 4 -7 will submit the student who has improved most in reading.

The intent of the Essay and Paining Contest is

Provide all students in each school with an opportunity to learn about Deaf Culture and American Sign Language; and, to give students opportunity to reflect on contributions of deaf individuals in our country.

WRITING CONTEST

THE THEME FOR ALL ESSAYS must be: "Deaf Adults- The Key to the Future"

The students should select a deaf adult in his/her community and write an essay describing their experience and how this individual inspired them to look forward to the future.

DEADLINE: Essays must be received by March 12, 2010 and mailed to:

**The IIDS, Essay Contest
P. O. Box 39009
Birmingham, AL 35208**

PAINTING CONTEST

The students should draw on life experiences to tell his or her story or to express his or her feelings. The name should reflect the deaf culture and perspective.

Each school's winning painting must be submitted by the above date to:

**IIDS Painting Contest
Paul William Ellis
P. O. Box 39009
Birmingham, Al 35208**

All other individual school winners will receive a certificate of participation and be a guest at the celebration.

Please Note: Only ONE painting per school will be accepted into the final round of competition.

READING CONTEST

Who may enter: The contest is open to all students ages 4 - 12 who are involved in the Deaf Community. Entrants must be deaf or hard of hearing; hearing loss must be bilateral; hearing loss must be verifiable. (Students must enter the contest through their local school.)

How to enter: Each school will conduct its own contest among as many students as possible and then select one individual who improved in their reading ability from each age group to be submitted to the area-wide contest. Each school may submit only four (2 from each age group) individuals to the final round.

Ages: 4-8

Kami and the Yaks, by Andrea Stenn Stryer and illustrated by Bert Dodson. Published 2007 by Bay Otter Press, Palo Alto, California

Kami and hearing family members use home signs. The story was inspired by a little deaf boy the author met while trekking in the Mount Everest region of Nepal.

Ages 9-12

My Heart Glow: Alice Cogswell, Thomas Gallaudet and the Birth of American Sign Language, by Emily Arnold McCully Illustrated by author Published July 15, 2008 by Hyperion Books for Children, New York

Deafened at age 2 due to the Spotted Fever, Alice inspired her hearing neighbor, Thomas Gallaudet, who eventually brought Laurent Clerc from Paris – her first deaf teacher who used sign language.

The students should show improvement in reading and comprehension according to the teacher's standard and the teachers should recommend two students from each grade group stating why that student was selected as the most improved reading student.

Contest dead line: March 12, 2010

Each school's winning names must be submitted by the above date to:

**IIDS Reading Contest
Paul William Ellis
P. O. Box 39009
Birmingham, Al 35208**

Announcement of winners: Announcement of winners of all the contests will be made no later than Friday, March 26, 2010. The final round award will be presented at the Celebrate Deaf Legacy and Literacy program, Birmingham Public Library. All other individual school winners will receive a certificate of participation and be a guest at the celebration.

DEADLINE FOR ALL CONTESTS IS MARCH 12, 2010

For more information, contact Paul William Ellis at 205-305-2173 or PWellis@Enablelight.com

8th Annual Mental Health Interpreter Institute

More information at www.mhit.org

July 26th – 30th, 2010
Montgomery Alabama



A Presentation of
Mental Health Interpreter Training Project
Office of Deaf Services
Alabama Department of Mental Health
In Partnership with ADARA