

# Signs of Mental Health

## Reeses Wow E.I. Conference



Volume 8 Number 1

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# Editor's Notes



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### On The Cover:

Left to right: Howard Reese watches as Shannon Reese makes a point at the Early Intervention Conference in Montgomery.

Alabama's Department of Mental Health has gone through a number of changes the past few months. They were (and still are) happening so fast that the stories in this issue had to be edited for timeliness several times since the issues was first laid out and are likely to be out of date by the time this reaches you. Two of the most profound changes are the retirements of John Houston (see page 4) and the appointment of Zelia Baugh as Commissioner of the Department (see story on page 3)

Susan Chambers, who had been the Associate Commissioner for Mental Illness for five years, is back as the Facility Director at Greil Psychiatric Hospital, where the Bailey Deaf Unit is housed. She has been involved in deaf services in either a supervisory or advisory role for more than 10 years.

Beverly Bell-Shambley, Ph.D., stepped up to become interim Associate Commissioner for several weeks. Following the announcement that the former Division for Mental Illness and Division for Substance Abuse will be merged, it was announced that Tammy Peacock, Ph.D. is now the Associate Commissioner for Mental illness and Substance Abuse.

Kent Hunt, who had been Associate Commissioner for Substance Abuse, has moved to Policy and Planning where he is Commissioner Baugh's Special Projects point person. He has been charged with looking at how DMH will deal with new rules under the Affordable Care Act.

Several other retirements have direct and indirect impact on Deaf Services. Molly Brooms, Director of Community Programs in the Mental Illness Division, has retired after 35 years with the state. She helped make it possible to include the deafness related items in the Community Program Standards, which controls certification of all mental health centers in the state. Thus, the effective delivery of mental health services to deaf people was tremendously enhanced because of Brooms' help and encouragement.

Dan Evan, the retiring Director of Data Management, is another person who has quietly helped Deaf Services. He authorized changing the databases to require reporting of hearing status of all people receiving services from DMH. This has resulted in a 6-year-long study of the prevalence of hearing loss among people with mental illness and likely the largest such database anywhere.

The departure of all these people will be greatly missed, and not just because the state is in a hiring freeze. They are friends who are moving on to exciting new chapters in their lives and we view their "emancipation" with more than a little melancholy—even jealousy. Regardless, we wish them well and remind them they will not be forgotten. ✍

*Tammy Peacock, Ph.D. was named as the Associate Commissioner for Substance Abuse in January. With the recent merger of the Mental Illness with Division with Substance Abuse, Dr. Peacock is now over Deaf Services as well. See next page for more information.*



# Alabama Governor Bentley Appoints Baugh New DMH Commissioner

Governor Robert Bentley named Zelia Baugh of Birmingham as Commissioner of the Department of Mental Health.



Baugh is an experienced psychiatric administrative professional who was previously the Administrator of Psychiatry at the University of Alabama at Birmingham (UAB) Center for Psychiatric Medicine. In that role, she was responsible for the Center's overall administration as well as for the "planning and implementation of the hospital's psychiatric services strategic plan.

"Helping ensure the mental health of our people is one of the most important services Alabama can provide for our citizens. Ms. Baugh is eminently qualified to guide our mental health and retardation program. I look forward to working with and supporting her as she carries out the responsibilities of this important office," said Governor Robert Bentley.

Prior to assuming her responsibilities at UAB, she was Director of Psychiatry and Administrative Director of Psychiatry at Brookwood Medical Center in Birmingham, the state's largest hospital-based program. At Brookwood she worked to develop and implement the first hospital-based psychiatric rapid response team.

She was also Director of Dual Diagnosis and Primary Counselor at Brookwood and worked as a social worker at Birmingham's St. Vincent's Hospice Program, UAB Drug Free Program and UAB's Comprehensive Cancer Center.

Baugh was chairperson of the Alabama Hospital Association's Psychiatric Constituency and in 2007 was appointed by

the state commissioner of mental health to work on a state board task force to help resolve overcrowding in state hospitals. She is also a member of the Governor's State Mental Health Board of Trustees.

Commissioner Baugh has pointed to her family connections to the Deaf Community as an indication that she will keep the needs of deaf people with mental illness in mind.

She is a graduate of Birmingham Southern College majoring in Political Science and Sociology and received a Master of Social Work Degree from the University of Alabama. She is a Birmingham native and a member of Bluff Park United Methodist Church.

## DMH Reorganization Combines MI and SA Divisions

Commissioner Baugh announced that DMH will be combining its Mental Illness and Substance Abuse Divisions into a single entity.

Dr. Tammy Peacock will be the Associate Commissioner over the newly created Division for Mental Illness and Substance Abuse. Dr. Peacock has been involved with services for individuals with substance use disorders for more than 20 years. Most recently, she was the Juvenile and Family Drug Court Coordinator with the Alabama Administrative Office of the Courts. Before that, she served as the counselor/acting clinical director of the US Army Substance Abuse Program at Fort Rucker. Dr. Peacock is no stranger to ADMH as she was the Coordinator for Adolescent Services for the Substance Abuse Services Division for several years.

At press time, no details were available regarding how the new Division will handle Deaf Services. A task force will be set up to iron out the operational details of the merger.

## 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 Supporter John Houston Retires as Commissioner of Mental Health

By Steve Hamerding



It is difficult to overstate the influence John Houston has had on the development of the Office of Deaf Services. In addition to his natural ability to empathize with people, he served at the Alabama Institute for the Deaf and Blind for a number of years, giving him not only first-hand experience with deaf people, but also making him one of the very few state mental health program directors with conversational sign language ability that this author has met over his 30 year career.

It was not his signing that made Houston unique, however. It was his desire to see deaf people served with dignity by the mental health system through linguistically and culturally appropriate programs, and his uncanny ability to influence people and events in positive ways that makes him stand out from those who profess to “support” access to services for deaf people. From the earliest days of “deaf services,” long before there was an Office, Houston was quietly advising the Department of what was needed and laying the groundwork for the eventual Director of Deaf Services. He was involved in several study groups, task forces, committees and so on related to mental health services for deaf people beginning as early as the late 80’s.

At the time of the settlement of the *Bailey* lawsuit, Houston, as “special Assistant to the Commissioner, was Kathy Sawyer’s right hand man. Not to diminish the vital contributions of former Commissioner Sawyer - without whose consent the litigation might have dragged on for years and ended far less favorably for deaf people than it did - it was John Houston who helped guide the players, move the pieces and “set up the board for the eventual winning move.” He had an excellent understanding of how to balance what was needed with what was possible and what the advocates wanted.

When Commissioner Sawyer retired, then-Governor Bob Riley, to near universal acclaim, asked Houston to step up as Commissioner. For the next five years, Houston aided the development of the Office of Deaf Services, providing timely advice to its director, cheerleading the programs and innovations and pointing out the problems and pitfalls - always in a way that made the staff feel they had friend in the Commissioner’s office. Which indeed, they did.



Top Left: Former ADMH Commissioner John Houston .

Above: Houston speaks to a crowd of hearing and deaf people at Mental Health Awareness Day at the Legislature in 2010. Charlene Crump interprets

# Reese Father, Daughter Discuss Early Intervention at Conference

By Shannon Reese

When I first was asked to do a workshop on raising a healthy deaf child for the 2009 Early Intervention Conference in Birmingham, October 16, I knew immediately that I wanted my parents involved. They knew the process well and would be able to share some tips and stories about my brother, Greg and I, growing up in a hearing world.

The session was well received but I thought there were many other good sessions at the conference too. So imagine my shock when the coordinator of the conference, Jeri Jackson, along with Alice Widgeon, asked us to do the keynote presentation on the 2<sup>nd</sup> day of the 2010 conference that would occur in November. We said yes because we feel passionate about this critical early intervention program for birth to 3 years old.

My father and I started to work on the presentation and realized that we enjoyed putting it together. We believed it was necessary for the participants to see both a parent's perspective and a successful deaf adult's perspective of growing up so they would see that all hope is not lost. My father thinks himself not much of a speaker so naturally he was nervous but he went out there and encouraged all parents, early intervention specialists, and teachers to do their best and do what is best for their students/children. I encouraged them to be supportive and use as many resources as they can in order to help the children. After all, the children are our future and we want to see them succeed in every way possible.

We used our last name to illustrate some important tips.

- R**—resilience,
- E** —education,
- E** —empowerment (involvement),
- S**—success,
- E** —excellence.



We think these tips are essential to a child's development and self-esteem. The most important tip of all, though, is to love them as they are and encourage them as much as possible. Some people say knowledge is power and that is



very true in our case. The more we knew about various programs, the better we were able to stay on the right track to getting out there and being independent. We wanted them to leave knowing that they are capable of helping each child reach his/her potential. The most important part of all is love-to love the children will help the children have a stronger sense of self-being. 

To see our presentation, go to this URL <http://www.ucpconference.org/> and click on "Raising the Bar"



# As I See It

## Protocol Should Not Override Common Sense.

We read a lot of things around our shop at Deaf Services. Readers send us tips and ideas, we "find things on the way to something else," and sometimes we go looking for really off-the-wall examples that illustrate the "Hazards of Deafness. Two fascinating items came ["over the transom"](#) the past couple of weeks. They are very different, yet both situations have some important similarities.

The first item, from the Des Moines, Iowa *Register*:

A deaf Fort Dodge woman is suing a hospital for allegedly forcing her to use her 7-year-old daughter as a sign-language interpreter before the girl had surgery.

Jessie Fox says in a federal lawsuit filed Friday that she asked officials at Trinity Regional Medical Center to provide an interpreter so she could understand instructions from the medical staff. She says the Fort Dodge hospital refused her request, so she had to rely on her daughter, Addison, to translate the staff's words into sign language.

The arrangement led to a medication mix-up, the lawsuit says. A nurse wanted Addison to continue taking an antibiotic for two weeks before having her tonsils and adenoids removed, but Fox misunderstood the instructions and stopped giving the drug. Addison didn't suffer any serious problems from the 2009 incident, but the suit says the interpreting arrangement put the girl and her mother in an unfair and unsafe situation.

The second item, not specifically deaf-related, comes from the [NBC News](#) website: ([See also here.](#))

A six-year-old California boy was institutionalized for 48 hours after drawing a violent

*Continued on page 14)*

## Campbell Trains Harper Center Staff



Sereta Campbell, Office of Deaf Services Region II Interpreter, was invited to provide two one-hour in-service trainings for the Mary Starke Harper Geriatric Psychiatry Center on December 10, 2010. The Mary Starke Harper Geriatric Facility is a 126-bed geriatric psychiatry facility which serves as a treatment facility, teaching hospital and information resource for the state. This training was provided for social

workers, doctors, nurses and unit staff who provide direct care to patients. The Mary Starke Harper Geriatric Psychiatry Facility has experience caring for patients who are Deaf and felt this training opportunity would benefit staff in enhancing the provision of care for future Deaf patients.

The topic of the training, "When Your Client is Deaf: *Communication and Cultural Tips to Effectively Work with Your Deaf Consumer*," focused on culturally appropriate interaction and care with patients who are deaf. Topics of discussion included the varying communication systems of people who are deaf and the implications of language dysfluencies that are often encountered. Also discussed was the unique role of the sign language interpreter in treatment settings and how to fully access the services provided by the Department of Mental Health Office of Deaf Services throughout the state of Alabama. A total of 36 clinical and unit staff attended the trainings. Both groups seemed very eager to learn ways to better serve patients who are deaf. They experienced the process and frustration of "lipreading" during a group exercise. While this activity was fun, it gave real insight into the misconception that "most people who are deaf" can "lipread" and that it can be used as an acceptable mode of communication.

The Office of Deaf Services truly appreciated the invitation to provide training for the Mary Starke Harper Geriatric Facility and hopes to return for a more advanced Professional Development opportunity in the near future.



# Joint Commission Issues

## Interpreter New Rules

### Rights and Responsibilities of the Individual (RI) Standard RI.01.01.03

The hospital respects the patient's right to receive information in a manner he or she understands.

#### Elements of Performance

#### 2. The hospital provides language interpreting and translation services.

Note: Language interpreting options may include hospital employed language interpreters, contract interpreting services, or trained bilingual staff, and may be provided in person or via telephone or video. The hospital determines which translated documents and languages are needed based on its patient population.

#### 3. The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.

Human Resources (HR) Standard HR.01.02.01 The hospital defines staff qualifications.

#### EP 1 The hospital defines staff qualifications specific to their job responsibilities.

**Note 4:** *Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964. (Inclusion of these qualifications will not affect the accreditation decision at this time.)*

The Joint Commission on Accreditation of Health Care Organizations or simply the "Joint Commission", operates accreditation programs for a fee to subscriber hospitals and other health care organizations. Over 17,000 health care organizations and programs in the United States hold such accreditation, which is required by the Centers for Medicaid/Medicare Services. A majority of state governments have come to recognize Joint Commission accreditation as a condition of licensure and the receipt of Medicaid reimbursement, and without such accreditation, there would be no payment for services.

This is why the new rules on interpreters are so important. To have Joint Commission accreditation hospitals and clinics, including mental health programs, need to comply with all of the rules, which are also sometimes called "standards of care."

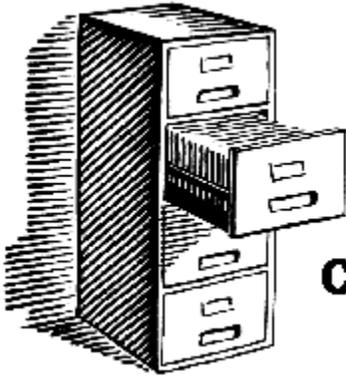
The joint commission has this to say about communication access:

*It is not appropriate to rely on untrained individuals as the primary source for bridging communication barriers during medical encounters with individuals who are deaf or speak a language other than English. Requirement HR.01.02.01, EP 1, requires hospitals to define staff qualifications specific to job responsibilities. Note 4 in EP 1 requires hospitals to specifically ensure that individuals who provide interpreting or translation services in the hospital have defined qualifications and competencies.*

There are two things that are important here. For the first time the Joint Commission tells hospitals that they must define who they feel is qualified to interpret and document who meets those qualifications. Alabama Department of Mental Health and its mental illness services providers have been doing this for more than seven years through the Community Program Standards that all community mental health programs are required to follow. It's still significant and important that now Medicaid and Medicare dollars could be directly tied to whether or not "interpreters" are actually screened and determined to be qualified.

The second important thing in the announcement is that the Joint Commission equated deaf people with other non-English speaking people and not just "disabled." This is important because it highlights the language difference instead of the "broken ear." It might be a subtle difference to some, but for some deaf people, these new rules can mean the difference between life and deaf.

*(Continued on page 12)*



# From the ODS Case Files: Challenging Cases, Creative Solutions

## CASE STUDY

*\*Disclaimer. This is a composite and does not depict an actual client.*

16 year old Hispanic male who is Deaf and uses sign language to communicate and is diagnosed with ADHD, impulse control disorder, and primitive personality disorder non-specified.

### Language Usage:

Use of expressive and receptive American Sign Language (ASL) is best described as atypical and somewhat dysfluent. Vocabulary items are well produced and often indicative of individuals with well rounded exposure to sign language. He indicates a strong propensity to parrot language (rather than demonstrating independent language). He does not often demonstrate use of grammatically complex or abstract concepts. When he does, it appears to be mimicking of grammar which he has recently been exposed to. At times, he has to be prompted to respond to questions, despite the indication of grammatical question markers and words which indicate that a question is being asked (such as “what” with wh-question non manual markers and/or the sign “question”). On occasion, he produces signs in a flatter affect, with less than typical movement. The consumer also demonstrates significant use of gesture and depends on others intimate knowledge of his life to discuss routine events. The consumer also will respond to information as if it is new information, despite seemingly being able to respond to the information/question previously.

### Background Information (related to language development)

Consumer attended the state school for the Deaf since the age of six, and has just completed the ninth grade. When he was not in residential placement at the school for the Deaf, he spent the remaining time with his parents in an extremely rural portion of the state. He does not report using sign language with family members. In observations with family mem-

bers, neither his attempts at spoken English nor speechreading seemed effective. The family resorted to basic gestures, routine and intimate knowledge for communication.

The client is comfortable with the presence of an interpreter and attempts to befriend the interpreter, which may be cause for concern during therapeutic settings.

### Discussion on Language:

Language dysfluency could possibly be a result of lack of exposure to language and impaired acquisition due to neurological consequences of Bacterial Meningitis and premature birth.

### *Language information related to Bacterial Meningitis:*

- Meningitis can result in delayed language. Expressive and receptive abilities may differ. These individuals often have expressive skills which are superior to their receptive skills.
- They may have difficulty understanding the following: Metaphors/idioms and jokes and riddles, discourse (turn taking, etc.), inferential reasoning tasks, sentence assembly, ambiguous sentences, making inferences, figurative language, recreating sentences, short-term memory loss, verbal intelligence, reading difficulties, acquisition of language skills, visuo-spatial functions, hyperactivity, distractibility, impulsivity, ability to solve non-routine problems.
- In the classroom, these students may have difficulty managing when considerable emphasis is on learning through language-based instruction. These students may also have difficulties using the context of a situation to infer others’ intentions and appropriately modify their own behavior. As a result the child

*(Continued on page 11)*

# Remote Interpreting Rules Roils Community

Recently the Federal Government revised rules related to the Americans with Disabilities Act. (See [http://www.ada.gov/regs2010/titleII\\_2010/titleII\\_2010\\_withbold.htm](http://www.ada.gov/regs2010/titleII_2010/titleII_2010_withbold.htm)). Ostensibly intended to modernize the regulations, there are some interesting additions. In the definitions found in subsection § 35.104 we read:

Part 35 Nondiscrimination on the Basis of Disability in State and Local Government Services (as amended by the final rule published on September 15, 2010)

**Qualified interpreter means an interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators.**

So what does this mean? There are two ways to view these changes. One way, of course, is that they give a green light to smaller service providers, such as lawyers and doctors, to use VRI as a method of efficiently using remote interpreting as an access method. The other way - the one that some Deaf Community advocates are likely to promote - is that it codifies what, in their view, is an inappropriate "cop-out" to providing full, live and on-site access.

The reality is that VRI is cost efficient. Having interpreter services available, in a "just in time" manner and being charged only for what services are being actually used, is a common sense business practice. It can, however, wreck havoc on the business of being an interpreter in private practice, aka "free-lance" interpreter.

In [a story referenced](#) by the Signs of Mental Health's editor in his "As I See It" column, the plaintiff argued in her civil suit that VRI was discriminatory. One wonders what the real motivation behind that complaint might be. Was it really poor quality?

It's possible, of course that any number of negative factors could have led to a sub-optimal experience in that instance. Low bandwidth could render the video quality poor to unusable. The video interpreter could be unqualified for that assignment. The deaf consumer could have been using an idiosyncratic or non-standard form of signing, understood only by a select few local interpreters. None of these conditions negate the overall advantage of VRI - they merely point out that no one can assure 100% satisfaction when human capability is at the crux. Live interpreters vary in quality too and even the best interpreters have bad days.

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## SCI-FI or Reality?

Virtual interpreting, defined as the use of artificial intelligence for processing and video or holographic interface for delivery, has been the stuff of late night bull sessions around the bar at professional conferences related to deafness for decades. It's closer to reality than most people realize, however.

All of the component technology already exists. Gesture recognition has become mainstream, as anyone who has used an X-box Kinect knows. Gesture translation, the sign language equivalent of voice recognition, is also well-advanced. Even [live-action holograms](#), once the stuff of Star Trek fantasy, have been in use for sometime.



CNN's Jessica Yellin appears live as a hologram before anchor Wolf Blitzer on election night in New York in 2008.

One of the barriers to virtual interpreting has been the sheer quality of memory and computer power needed to do the operations required. Bridging that gap means waiting for the intersection of [Moore's Law](#) and the development of software to speed up operations of "look up." (See [Efficient Generation of 3D Hologram for American Sign Language Using Look-Up Table](#))

How far can we be from delivery of mental health services, both direct clinical services and interpreting through virtual presence technology?

## MHIT Project Sets New Online Platform

The Mental Health Interpreter Training (MHIT) project has been in operation since 2003. Since 2009, it has been a cooperative project between the Office of Deaf Services and American Deafness and Rehabilitation Association.)

Beginning in 2005, MHIT has been hosting bi-monthly online training for certificate maintenance. This has been hosted on the BlackBoard platform at Jacksonville State University. Recently demand has been greater than JSU is able to supply and MHIT has looked around for alternatives.

On Tuesday, March 15, MHIT tested new software on its webpage, [www.mhit.org](http://www.mhit.org). Participants gave it a uniform thumbs up.

The purpose of the online discussions is to help interpreters who hold Qualified Mental Health interpreter certification stay

current on most recent thinking in mental health and deafness service delivery. The goal is to provide at least 12 contact hours per year.

The software, which requires an annual license fee, meets almost all the technical needs of the project and is not prohibitively expensive. The costs incurred to ADARA and MHIT can be covered by participant registration fees assessed on an annual basis. MHIT project leaders are mum on the details, but promised information will be forthcoming in the months ahead.



## Houston Retires

(Continued from page 4)

Trips behind the woodshed, no matter how well deserved, were not Houston's style. He would prefer to take a proverbial stroll in the park, pointing out how well the pigeons had adapted and what was needed to make similar adaptations in the present circumstances. The references were never pointed but always clear. Suggestions (and even orders) were offered in the form of, "Have you thought about..." not in the form of, "You should..." One learned to listen very closely between the lines. The quiet shouted out its wisdom.

Leaders of the Deaf Community have praised Houston. Judith Gilliam, a multi-term President of the Alabama Association of the Deaf, said, "John Houston has been a long time supporter for deaf and blind organizations. DMH was fortunate to have him serve as the Commissioner and it is our hope that we will find [in the new administration] the same compassion and expertise that John had offered. He will be greatly missed."

The Rev. Jay Croft, who served with Gilliam on the Planning Committee to set up the Office of Deaf Services, said, "This was, and still is, a project close to John's heart. He attended, and sometimes chaired, nearly every planning committee even when he was ill or there were scheduling problems. He was always trying to find solutions amid the maze of department regulations, hallowed traditions, cultural expectancies of Deaf people and of hearing people, and just plain road-blocks. John knew that providing culturally and linguistically appropriate services, with staff fluent in sign language, was the way to do it. Now, thanks to John, Alabama's Office of Deaf Services is a role model for the nation and the world."

It was not great surprise that Commissioner Houston retired. He earned it. But we, and by that we mean the entire Deaf Community, will indeed miss him. But he promises not to go away completely. We hold him to that promise.

*Come and join us to celebrate and recognize the Troy University ASL/ITP Club for their donation to the Rosa Parks Museum toward their captioning!*



When: March 28, 2011  
Where: Montgomery, AL

Come early and join us in thanking the Troy ASL/ITP Club members for lunch at 12 pm until 1 pm at Café in Whitley Hall at Troy University - Montgomery Campus  
231 Montgomery Street

Recognition Ceremony at Rosa Parks Museum:  
1 pm - Free Interpreted Tour  
2 pm - Ceremony inside Exhibition Hall  
252 Montgomery Street

Everyone is welcomed!



Troy University's Rosa Parks Museum



## Case Studies

(Continued from page 8)

may behave inappropriately because they have not perceived, or accurately interpreted, another's meaning

### *Language information related to Premature Birth:*

- Infants with a hearing loss who are born prematurely often have physical and psychological sequelae (e.g., developmental delay/mental retardation, cerebral palsy, and learning and emotional disabilities). There are more likely to have issues with hyperactivity, distractibility, restlessness, learning disabilities, intellectual disabilities, etc

### *Language information related to Language Deprivation: (Glickman, 2007)*

- May possess fund of knowledge deficits, poor vocabulary, sign features formed incorrectly, may be missing topic-comment, clear referents, time indicators or grammar, repeated signs, isolated signs/phrases, use of 3rd person, inappropriate use of visual space.

### *Language strengths (ASL):*

- Grammatical and affective facial expressions.
- ASL word order.
- Noun sweeps depicting plurality.
- Understanding of and expression of time.
- Responses, albeit of limited depth or complexity are more interactive when he understands the topic and it is of interest to him.
- Willingness to participate in conversations and to ask questions. The consumer may ask multiple questions as an attempt to control the content of the conversation.

### *Language weaknesses (ASL):*

- Repetition of concepts. These expressions may be related to inability to express more complex ideas or a learned behavior, as individuals may have modeled language in this way to him when he did not respond appropriately.
- Responses may sometimes be "off the mark" indicating a potential lack of understanding of the original question.
- Limited depth of responses or language use.

- Does not use pronouns or possessive pronouns appropriately.
- Difficulty with differentiating multiple speakers (characterization).
- Some sign misproductions or consistent use of non-standard signs. (Yesterday/today)
- Pretends to understand information.
- May utilize behaviors which are typically considered unacceptable/inappropriate as a substitute for communication.
- He does not indicate to others when he does not understand information.

### **Communication Strategies (for signing therapists and interpreters)**

Individuals communicating with the consumer should avoid the use of questions which illicit a yes/no response, this may give an illusion of understanding that is not present. Ensure understanding of material through the use of re-framed questions, preferably in a wh-format. Prompting for response may be required. Having the consumer demonstrate application of the information is recommended.

For interpreters, communication in this setting may necessitate the use of 3<sup>rd</sup> person narrative and descriptive techniques weaved throughout the interpretation to deal with language that is not readily understandable.

The therapist and interpreter will need to work together to ensure that understanding is happening and to help consumer stay on topic, rather than attempt to re-direct the conversation.

Communication strategies precipitate the need for visual demonstrations of the environment, such as pictures of family, friends, staff and locations. Written schedules and announcements would benefit from iconic representations to clue the consumer into the event. (Example: pictures of food for meal times).

Abstract concepts (including applicable rules) should be represented visually through emotion charts, drawings, pictures, color scales and role play, etc.



(Continued from page 7)

As the note explains,

*The research literature demonstrates that relying on untrained individuals as interpreters is more likely to result in misinterpretation, lower quality of care, or could even contribute to an adverse event. Untrained individuals—including family members, friends, other patients, or untrained bilingual staff—should not be used to provide language access services during medical encounters.*

Raising the level of professionalism of interpreters is not a new concept, of course. But tying a hospital's accreditation to whether they actually try to assure people that "interpret" are trained to do so is new - at least at the national level. It is likely to raise awareness of how important interpreters are to the health care process, whether it's medical care or mental health services.

Advocates have been calling for this type of standard for many years. The Department of Mental Health has had them in place for sign language interpreters since 2003. (See § 580-3-24 of Code of Alabama). It's exciting to see that the Joint Commission has raised the bar. ✂

### From the Files of the Bleeding Obvious Department:

From the 2 March issue of the Annals of Internal Medicine page 357, "This qualitative study of 26 people who are deaf or hard of hearing suggests that patients and physicians may have varying views about what it means to be deaf and about effective communication modalities."

This required a study? No wonder deaf people hate going to the doctor so much...



Roger Williams lectures at the 2010 Mental Health Interpreter training Institute. This type of effort helps interpreters meet Joint Commission expectations.

## Notes and Notables

Several ODS staff members have given notable presentations. **Charlene Crump** did a day training for interpreters on dealing with Dysfluency in Mobile. The training attracted participants from all along the Gulf coast.

**Dawn Vanzo** offered a workshop on the hazards of social media at Troy University. Her premise is that unthinkingly posting personal information on MySpace or Facebook may expose interpreters to risk or violate client confidentiality.

The Alabama School for the Deaf has been the beneficiary of **Shannon Reese's** expertise on abuse among deaf children as she has given a series of group trainings for middle school kids on the Talladega Campus.

## 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](mailto:Steve.hamerdinger@mh.alabama.gov)  
(334) 239-3558 (Voice/VP)

### FACILITY-BASED INTERPRETER, (Montgomery)

SALARY RANGE: 73 (\$37,389.60 - \$56,685.60)

**QUALIFICATIONS:** The successful applicant will have a combination of training and experience equivalent to a two-year degree plus three years of full-time experience interpreting in a variety of different settings. The applicant must be licensed or eligible for license by the Alabama Licensure Board of Interpreters and Translators.

Copies of licenses/certifications should be forwarded/furnished with the application or at the time of interview.

**NECESSARY SPECIAL REQUIREMENTS:**

Must be certified or eligible to pursue certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. Certification must be obtained within 24 months of hire.

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

Charlene Crump, Statewide MH Interpreter Coordinator  
Office of Deaf Services, Alabama Department of Mental Health  
100 Union Street

Montgomery, Alabama 36130  
(334) 353-4703 (Voice)

[Charlene.crump@mh.alabama.gov](mailto:Charlene.crump@mh.alabama.gov)

## 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](mailto:mcates@jbsmha.com)

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### 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

## As I See It

(Continued from page 6)

picture at school, NBC's Kim Baldonado reports.

Experts say this could happen to any parent: Mental health professionals have the power to put any child in a 72-hour psych hold, without the parents' permission, if they think it's necessary.

In 6-year-old Jack Dorman's case, he drew a violent picture and wrote that he wanted to die. Syndi Dorman says her son suffers from separation anxiety and was having a rough time because her husband was in the midst of being deployed to Iraq. She says she told school officials she would get him to a therapist that day, but they said it was out of her hands and an ambulance was already on its way.

Imagine that! A six-year-old son of a military father deployed in a war zone, drawing violent pictures. Has anyone heard of "projection?" And anyone in social services can deprive parents of their children for up to five days without due process (if the 72 hours started on a Thursday afternoon it could be Tuesday before parents get their child back home.)

In both cases, unthinking, blind adherence to "protocol" overrode what should have been common sense. A seven-year-old should not be put in the position of having to interpret instructions for her own surgery to her deaf mother. In the second, common sense, if not human empathy, should have given those "school officials" insight that maybe - just maybe - the kid was projecting his fear for his father's safety. Both situations could have been avoided if people exercised a little thinking before mindlessly following "rules."



## 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](#)

& then click on [check availability](#) to get to ADARA Conference registration page

Or

**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**

But there is also a depressing element of ignorance involved too. There is an all too common tendency for people who are not used to working with deaf individuals to go on some cognitive cruise control that cancels critical thinking skills. "Oh! You are deaf?!? Well, just bring your interpreter!" "Can you daughter interpret for you?"

But the same shift to auto pilot occurs around the faintest whiff of mental illness or emotional disturbance. "Bad picture! Call the ambulance! Summon the police! Alert the National Guard! We have a terrorist in the classroom!"

No, I don't carry around an interpreter in my pocket (yet!) and no, a six-year-old drawing monsters is not necessarily a case of national security, or even psychiatric emergency. *As I See It*, it's time for the pendulum to swing back to people exercising good judgment instead of marching in robotic lock-step to preconceived notions of deaf people and people with mental illness. *JD*

## Remote Interpreting Rules

(Continued from page 9)

If the technical quality was reasonable and the interpreter was certified, then why would advocates be of the opinion that VRI is unacceptable? Could it be natural and human fear of change from both deaf people used to live interpreting and people whose livelihood is providing live interpreter services in the community? Efforts to prevent the implementation of technological innovation, once the technology is developed, have never been effective. Once released, genes never want to go back into the bottle and there will always be people who think we need to subsidize buggy whip makers.

This is not to minimize valid concerns, however. For some situations only live interpreting will do. And the less attractive society makes private practice interpreting as a viable business, the harder it will be secure such service when they are indeed needed.

Lawsuits, such as the one referenced earlier, set providers of video interpreting against providers of live community-based interpreting against each other. It's not a zero sum game. One is not "better" than the other. Both are valuable and both have a place.

Some balance is going to have to be found between the encouragement of technology in the form of remote and or virtual interpreting (see sidebar on page 9) and maintaining the viability of community interpreters. Increasingly small interpreter agencies and one-person operations provide both live and remote interpreting services. The Registry of Interpreters for the Deaf has published a "[Standard Practice Paper](#)" devoted to video remote interpreting.

We cannot ignore the value of high tech delivery of interpreter services. Not only is it the way of the future, but it is also the most efficient, and, in the long run, least expensive way of delivering what has been the most expensive form of providing an accommodation routinely requested. It can also be the most rapid and even the only practicable way to make interpreting services more widely available in more isolated areas. To resist it is as likely to be successful as standing on the railroad track with upraised hand pleading for the express train to stop. ✍

*Right: Brian Moss, Deaf Care Worker at the Bailey Deaf Unit, describes his duties working with deaf people who have mental illness during Career Day at the Alabama School for the Deaf.*

## Hamerdinger Presents UAB Psychiatric Grand Rounds

ODS Director Steve Hamerdinger spoke to approximately 50 residents at Grand Rounds at the University of Alabama at Birmingham's School of Psychiatry on February 1<sup>st</sup>. It was the second time that Hamerdinger has presented at this forum.



Speaking on the topic of "How Dysfluency Impacts Assessment with Deaf Patients," Hamerdinger stressed to the residents the need to consider how language deprivation and dysfluency among deaf people can, if not considered and accounted for by the patients' social history, lead to diagnosing mental illness when none exists or misinterpreting symptoms and getting the diagnosis and treatment wrong.

"Being able to reach doctors as they begin their psychiatric training is more effective than trying to change habits after they have been in practice a while," Hamerdinger comments. "I enjoy doing grand rounds for that reason and have been doing them for years." Hamerdinger has often lectured at physician training events, including giving the first Reba Hill Memorial Lecture in Pediatrics at Baylor University. ✍

## Deaf Services Represented at Deaf School Career Day

Shannon Reese, Deaf Services Coordinator, and Brian (BAM) Moss, Deaf Care Worker at the Bailey Deaf Unit, were on hand for Career Day at the Alabama School for the Deaf, March 11, 2011 in Talladega, Alabama.



Career Day is an annual event at ASD which is intended to expose high school students to career opportunities available for deaf students. ODS has been represented at nearly every Career Day since 2003.

Moss spoke to students about his work at BDU. It was the first time that a direct care worker represented Deaf Services. As a former student at ASD, he was well received. ✍

# 2011 Mental Health Interpreter Institute

## August 22-26

### Montgomery, Alabama



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

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

#### PRESENTERS INCLUDE:

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

Full Details at <http://mhif.org/2011institute.html>

#### COST OF TRAINING:

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

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

