



A Brief History of the Project

Neil Glickman said of Alabama's mental health interpreters that, “[T]he sophistication of these interpreters in mental health not only meets the level of best practice, it establishes it.” This is high praise from one of the world’s leading experts in mental health and deafness. It is not mere chance that Alabama is home to a program that garners such praise. It is the result of years of planning and work that has gone into building a stellar mental health interpreting program.

Alabama' *Mental Health Interpreter Training* project has been more than 18 years in the making. It started as a “what if” rhetorical question that Steve Hamerdinger, then director of the now defunct Bureau of Deaf Services at the Missouri Department of Mental Health, asked at a staff meeting in 1995. To Missouri Department of Mental Health staff it wasn't rhetorical; it was a practical and realistic question. Wayne Elrod, who was a staff interpreter Deaf Services and others with the Missouri Commission for the Deaf, took the idea and developed a one day training that became the forerunner of today's MHIT. That early effort established some characteristics that have become hallmarks of MHIT. There was considerable focus, even back then, on knowledge vs. signing skill, *per se*. The underlying principle then, as now, was that interpreters working in mental health settings had to be very competent general interpreters before they approach a highly specialized area like mental health. MHIT would never be about “how do you sign...” It would be about helping interpreters broaden their knowledge of mental illness and treatment so that they would be able to make more effective interpretations.

After that first event, workshops were held more or less annually; sometimes a one-day affair but occasionally longer. By 2000, it was clear that the training was losing focus. The *Mental Health Interpreting Research Project* leadership team, now consisting of Kelley Clark, Ben Karlin and Steve Hamerdinger, began talking about developing some kind of standard on which to ground the training. “We were doing it ‘bass-akwards’ in that we had the training before we had the standards,” said Hamerdinger. Around this time a number of initiatives related to medical interpreting had sprung up around the country as a consequence of [Executive Order 13166](#). While not focused on sign language interpreting *per se*, there were common elements which were very applicable to mental health interpreting with deaf people. “Efforts in Washington State at codifying ‘qualified’ interpreting in medical settings got us to thinking about what we could do in the mental health field in Missouri,” Hamerdinger explained.

The MHIRP team decided to draft standards for mental health interpreting with deaf people. Locking themselves in a room over two days, they hammered out a draft for what they called [“*Minimum Competencies for Interpreters in Mental Health Settings*.”](#) As common-sensical as those early standards seem now, they were

considered radical at the time. The effort was met with decidedly mixed reactions. On one hand, it was considered groundbreaking by consumer advocacy groups. On the other, it was viewed with disdain and derision by some provider groups. Mental health providers feared that the standards would raise the cost of interpreters. Interpreters, especially at that moment in time in Missouri, were skeptical of any attempt to “regulate their business.” Opposition from various quarters led to shelving the project in the fall of 2002.

When Hamerdinger moved to Alabama at the beginning of 2003 to set up the Office of Deaf Services there, he brought with him the idea of defining what a *Qualified Mental Health Interpreter* was. He was soon joined by Charlene Crump and they proved to be “simpatico.” Crump, who at the time was chair of the Alabama Licensure Board for Interpreters and Transliterators, was intrigued by the idea of codifying mental health interpreting standards. They approached the Director of Policy and Planning at the Alabama Department of Mental Health, Ann Evans, who had a background in deafness, and were enthusiastically encouraged to draft proposed rules.

Determined not to run aground on the same rocks that sunk the effort in Missouri, Hamerdinger and Crump began a series of meetings with various stakeholder groups in hopes of enlisting support for the standards. They were encouraged when both the Alabama Registry of Interpreters for the Deaf and the Alabama Licensure Board for Interpreters and Transliterators got behind the concept. The Alabama Association of the Deaf and the Department of Mental Health were also firmly behind the effort.

Using “*Minimum Competencies for Interpreters in Mental Health Settings*” as a starting point, Hamerdinger and Crump drafted a working document for feedback from stakeholders. They encountered very little opposition, much to Hamerdinger’s surprise. “I had grown accustomed to the interpreter community resisting any effort define quality in interpreting. I didn’t expect interpreters here to be so receptive.”

Developed through the spring and summer of 2003, the new standards, [section 580-3-24](#) were entered into the Administrative Code of Alabama in December, 2003. This became the basis for the curriculum of the Interpreter Institute.

The first *Interpreter Institute* was held over two weekends in September, 2003. The Institute met in Montgomery September 5th – 7th and in Tuscaloosa September 12th – 14th. It was attended by 18 interpreters from around Alabama. The split format allowed for having the training physically inside various facilities where deaf consumers lived. This exposed the interpreters to real-life situations and helped sensitize them how severely freedom is often restricted at in-patient facilities. Robert Pollard, Roger Williams and Steve Hamerdinger were the first to join what would become the core faculty and they have been with MHIT since the beginning.

In 2004, the *Interpreter Institute* again utilized the two 3-day session approach, but moved Thursday-Friday-Saturday set. Running August 12th – 14th and 19th – 21st, the training was still split between Montgomery and Tuscaloosa. The class grew to 33 participants and the first group of interpreters from 2003 began to complete the

requirements for their *Qualified Mental Health Interpreter (QMHI)* certification. Robyn Dean was added to the core faculty that year. Additionally, interpreters from surrounding states began to notice the working being done here and wanted to join the Institute. Many of them were already licensed to practice in Alabama. However the Project Leadership received a lot of feedback about the split schedule.

Based on this feedback, the 2005 Interpreter Institute went to a five-day straight through schedule. Running August 8th – 12th, this change made it necessary to keep the *Institute* in one place. The change also required tightening the curriculum and taking out non-essential classes. The popular “Hearing Voices” activity, conducted by Kathy Seifried was added that year as 29 participants attended the Institute. That year also marked the first time a special break out session was used for deaf interpreters.

The 2006 *Interpreter Institute* ran September 12th – 17th with 50 participants. There was an unusually large contingent of deaf interpreters that year and an experiment with trying to give deaf participants exposure to some typed of simulated hallucinatory experience was tried. While interesting, it proved not as effective as the *Hearing Voices* activity. Brian McKenny joined the core faculty that year. Roger Williams was seriously ill that year and Steve Hardy-Braz was brought in to help out.

Running June 4th – June 8th, the 2007 *Interpreter Institute* shattered previous attendance records, both for number of first time attendees and total number of participants. Wisconsin Department of Mental Health sent a delegation, several members of which completed the entire cycle and become *QMHI*s. Wisconsin was the first state to unofficially adopt Alabama’s standards. That year, Alabama also ran an experimental *Advanced Institute*, which drew 41 participants, all of whom had previously attended the basic *Institute*.

In 2008 the *Interpreter Institute* was held at Troy University at Montgomery, running August 25th – 29th. Another capacity crowd, average experience level was higher than previous groups. This class had a number of clinicians in it as well.

The 2009 edition of the Interpreter Institute marked a major departure from previous editions. Severe reductions in ODS operating funds threatened to forestall that year's training. It was rescued by a juxtaposition of timing and need. Georgia had grant money they had to spend by July 1st of that year and ODS had its training dollars zeroed out. Thanks to a fortuitously timed visit to the Bailey Deaf Unit, Charley Bliss and Steve Hamerdinger agreed to have the *Institute* in Georgia as a joint project.

With only 90 days to arrange, promote and plan the institute, it was held in Atlanta June 1 – 5. It was attended by 18 participants from six states, and was a joint project of The Alabama Department of Mental Health, Office of Deaf Services, the Georgia Division of Mental Health, Developmental Disabilities & Addictive Diseases, the Georgia State Financing & Investment Commission – State ADA Coordinator’s Office, the Georgia Department of Human Resources Limited English Proficient/Sensory Impaired Program, and the Georgia Department of Labor, Vocational Rehabilitation Services.

The event was pulled off, but not without many problems. It also conflicted with several other events in GA and the short lead time severely reduced out of state interest in the Institute. This training convinced ODS of the need to make the Institute self-sustaining and prompted many of the changes that come in the years after.

The eighth annual *Institute* was held July 26 – 30, 2010, at Troy University at Montgomery. A total 72 people from 26 states participated this year as trainees, faculty or staff. The Institute returned its nationally respected faculty, many for the seventh or eight time. Robert Pollard, Robyn Dean, and Roger Williams headlined a group of trainers who are in national and international demand as experts in mental health interpreting. They were joined by veterans Steve Hamerdinger, Charlene Crump, Brian McKenny, Shannon Reese, Carter English, and Kathy Seifried.

That year several new courses were introduced, including early mornings and lunch time features. The "Early Bird Specials" and the "Brown Bag Lunches" gave participants an opportunity to explore areas not covered in the main sessions. In addition, that year marked a new series for alumni only. This panel, which was lead by ODS Director Hamerdinger and featured Eric Hedberg, MD, Clay Shealy, Ph.D., and Daphne Kendrick, LCSW. Each panel member talked about how they used interpreters and what they needed from interpreters through the prism of their clinical disciplines.

The ninth annual *Interpreter Institute* was conducted August 22 – 26, 2011, again on the campus of Troy University at Montgomery, and drew 83 participants (not including faculty and staff) from 29 states. That year's class set numerous records. In addition to being the largest class up to that time, from the most states ever, it was also the largest class of deaf participants (13). The median experience level was also the highest ever; at close to 10 years of experience each before attending the training. There were 32 formal sessions and 8 poster sessions over 44.5 actual clock hours of instruction. All 14 members of the faculty were veterans of at least one previous Institute.

In 2012, the project celebrated the tenth Institute. It was attended by 80 registered participants from 25 different states and four foreign countries (Australia, Canada, Japan and Ukraine). So many people applied and were turned down that a 35-person wait list was created for the 2013 edition of the Institute.

The 2013 institute had 80 registered participants (maximum capacity) and yet another waiting list for the 2014 cohort. 27 states were represented. There were 9 D/HH individuals and 10 Alumni, including three individuals who are also certified as Qualified Mental Health Interpreters.

The 2014 cohort had 85 registered participants (beyond our usual capacity) and an extensive waiting list. 30 states, England and Denmark were represented, with 11 Deaf/HH individuals and 8 Alumni. Through partnership, 10 individuals attended on the Georgia DBHDD scholarship and 4 from Kentucky DMH scholarship. An early

morning session titled “Diversify Your Life!” was added to complement the Self Care course. This year marked the addition of a representative from CIT and a new faculty member, Carole Lazorisak, to the program.

The thirteenth annual institute was the largest ever with 93 participants and another year with an extensive waiting list. Twenty-three states are represented with nine Deaf/HH individuals and none Alumni, including four individuals who are also certified as Qualified Mental Health Interpreters. Through various partnerships, ten individuals are here on a scholarship from Minnesota Dept. of Human Services, Deaf and Hard of Hearing Services Division, ten from Georgia Department of Behavioral Health and Developmental Disabilities and four from Kentucky Deaf and Hard of Hearing Services, Division of Behavioral Health. This year marks the addition of several alumni sessions offered throughout the week including perspectives from hearing clinicians; perspectives from deaf clinicians; supervision interventions through case analysis; abuse/violence within the deaf community; active shooter scenario, partnerships between hearing and deaf interpreters working in mental health– perspective of a CDI; and ethical discourse and moral reasoning patterns. A session on Communication Assessments was added to the core curriculum to help introduce participants to emerging best practice.

Since the first *Interpreter Institute*, over 935 different people have been trained, an average of 72 new people every year. Many have attended more than one Institute. We have had 17 different faculty members over the years with Dean, Pollard, Williams, Hamerdinger, and Crump the longest serving core faculty members.