

Signs of Mental Health

MHIT RETURNS TO IN-PERSON TRAINING STOUTAMIRE RETIRES





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On The Cover:

Lee Stoutamire and his supervisor Charlene Crump. Stoutamire was presented with a plaque commemorating his years with ODS. See page three for more.



Editor's Notes

As fall shivers its way into a predicted cold winter (stop giggling, it is cold here by Alabama Standards!) the changing weather reminds us that change is a constant. And so, there are changes to the ODS staff.

Lee Stoutamire became the first staff member to actually retire from ODS. His story is on page three.

That retirement opened the Region III Interpreter Coordinator position in Mobile. Claudia Mansilla will transfer from Bryce to take over that critical slot. That will create a new vacancy on the Communication Access Team in Tuscaloosa.

Sharon Bump was hired to fill the vacancy created by Kent Schafer's departure. She is introduced beginning below.

Due to the publication schedule and the timing of the events, both major MHIT interpreter training events are covered in this issue. The Interpreter Institute, which is the foundational training held each summer, has returned to being an in-person event after three years of being virtual. You can read about it starting on page four.

The annual Alumni Sessions were held in October and drew a fine crowd as well as a tremendous faculty. It is covered beginning on page eight.

The ODS Annual Report for the fiscal year 2023 begins on page 16. It is always good to sit back and reflect on all that the Office did and, based on that report, there was a lot accomplished. ✂

ODS Hires New Regional Therapist

Sharon Bump, MSW, is the new Therapist for Region II. She relocated from Omaha, Nebraska, where she worked as a Developmental Disabilities Services Coordinator for the Nebraska Department of Health and Human Services coordinating waiver services for participants with ID/DD to ensure they can maintain their independence. Before that, she worked as a Behavioral Health Coordinator for the Nebraska Commission for the Deaf and Hard of Hearing working with Deaf/HOH Nebraskans with mental health/substance use disorders to connect with needed services, enhance their understanding of MH and advocated for need to access communication and needed services within treatment programs. She also provided educational presentations to various agencies and colleges across Nebraska about MH/SUD needs within the Deaf/HOH population.



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Prior to her stint in Nebraska, she worked as a Community Psychiatric Mental Health Case Manager for Deaf/HOH with severe and persistent mental illness within the Cincinnati, Ohio region for nearly 13 years. Within this role, she was immersed in a variety of experiences within the probate court system to assist individuals to restore their competency, advocated for those who are going through the criminal courts to get needed MH/SUD treatment, and coordinated with providers to assist individuals to secure and/or maintain benefits and housing. She also collaborated with psychiatric and medical providers to maintain continuation of care, worked with individuals to increase insight into MH symptoms and benefits of medications, treatment care.

Sharon is a native of Colorado Springs, Colorado and relocated with her family to Western Nebraska the day before her 16th birthday. She attended public schools before transferring to the Nebraska School for the Deaf during her junior year, graduating in 1997, one year before the school closed. After graduation, two of her two children, Larissa and Joshua, arrived before she started college. In 2005, she received her Bachelor's in Social Work with a minor in Legal/Justice Studies from Chadron State College. A highlight of her college career included an extensive trip to the UK and Scotland to do comparative justice studies which consisted of visits to a maximum-security prison, a women's correctional facility, Scotland Yard, and observing court proceedings in session. She then moved with the two children to Washington, DC, to attend Gallaudet University. She received her Master's in Social Work in 2008, interned at a community mental health center in Louisville, Kentucky, then worked with individuals with developmental disabilities helping them to live independently. She also worked as a certified nurse aide in Southern Indiana before moving to Ohio. While in Ohio, she had three more children, Cassius, Maximus, and Avielle.

In her spare time, she enjoys spending time with her children, two granddaughters, Patience and Thalia, and a cocker spaniel, Barkley, who all bring a lot of joy. Her first two children, now adults, reside in Ohio. The three younger children and Barkley moved with her to Tuscaloosa. She moved to Alabama to be closer to her family in Kentucky, enjoy warmer weather, flowers, and the ocean. ✍

Stoutamire Retires After 18 Years

Lee Stoutamire has retired, effective December 1, after an 18-year tenure as the Region III Interpreter Coordinator.

Stoutamire transferred to ODS from the Alabama Department of Rehabilitation Services June 11, 2005, taking on the responsibility of coordinating communication access for deaf consumers with mental illness in the southwest part of Alabama. He worked with three regional therapists over the years. For the past several years, he was also the interpreter coordinator for the Mental Health Interpreter Training project's main training sessions, the Summer Interpreter Institute, and the Fall Alumni Sessions.



Beginning his career in deafness as the manager for Onderdonk Cottages (for deaf and hard of hearing) and staff interpreter at Volunteers of America in 1996, Stoutamire has earned numerous awards and recognition, including a lifetime achievement award from the Council of Organizations Serving Deaf Alabamians, and the Alabama Registry of Interpreter's Interpreter of the Year.

Along the way, Stoutamire developed a reputation for teaching and mentoring and was, for a time, an instructor of Sign Language at Bishop State Community College. He has more recently taught classes at AIDB in Mobile for the community and is a staff member at the University of South Alabama in the Lesser Taught Languages Department. He also is a licensed massage therapist.



Colleagues point to Stoutamire's jovial personality as one of the things they will miss the most. He could always be counted on for a warm smile and a ready quip. He plans to settle in Columbia, South America. ODS wishes him the very best in his retirement. ✍

MHIT In-Person After Three Years Virtual

After being virtual for three years, the 21st Interpreter Institute of the Mental Health Interpreter Training program (MHIT) returned to Montgomery in person. Running July 31 – August 4, it met once again on the campus of Troy University at Montgomery. The class was limited by room capacity making this another very competitive class.

Charlene Crump, the Statewide Communication Access Coordinator for the Office of Deaf Services and MHIT Project Coordinator, was presented with an award recognizing her 21 years leading MHIT. “Without Charlene, there would be no MHIT,” said ODS Director Steve Hamerdinger, during the presentation



Left: ODS Director Steve Hamerdinger Presents an MHIT Achievement Award to Project Coordinator Charlene Crump. Above: North Carolina Interpreter contingent attend on a grant. Below: Trilingual Interpreter Scholarship winner Juan Ramirez (center) with Claudia Mansilla (left) and Sand Pascual (right), who head up the ODS Trilingual Interpreter Initiative.



Attended by 114 people representing 31 states, Puerto Rico, and Canada, the training also introduced a new faculty member for the first time in over six years. Jaime Wilson, PH.D., joined long-time faculty members Charlene Crump, Robin Dean, Steve Hamerdinger, Brian McKenny, Kent Schafer, Amanda Somdal, Robert Pollard, and Roger Williams. Hamerdinger and Pollard have taught at all 21 Institutes, while Crump, Dean and Williams each have taught at 20.

There was a large contingent of 18 interpreters from North Carolina, supported by a grant from the Substance Abuse and Mental Health Services Administration. North Carolina wanted to increase the number of mental health-trained interpreters in state.



Trilingual interpreters, mostly those working between ASL, English, and Spanish were well represented at the training, including Stephanie Hernandez Russo of Puerto Rico. The nine trilingual interpreters included the first-

(Continued on page 5)



ever scholarship established for specifically for trilingual interpreters representing a minority population, which went to Juan Ramirez of California.



Four student-workers assisted at the Institute, three from Alabama and one from Idaho. Victoria Cote, Hannah Dempster, and Hallie Hill represented Troy University, while Susan Hilverda represented Idaho State University. Students from across the nation apply to assist at the Institute.

Participants were offered 34 different workshops during the core Institute sessions and an additional seven courses in the asynchronous component. This allowed participants to earn as many as 46.5 contact hours for continuing education. Some of the popular hands-on workshops included sessions for role play and the always impactful “Hearing Voices” activity.

A special breakout for deaf participants, led by Dr. Wilson, created an opportunity for deaf interpreters to explore issues unique to them.




Poster sessions, called “Early Bird”, which occurred in the morning before the regular session began, and “Brown Bag”,

which occurred during the lunch break, gave participants an opportunity to explore related topics, such as “Social Media and Deaf People”, “Mental Health and Trilingual Work in Mental Health Settings”, “Language Considerations with Pediatric Pharmacology “. Thursday’s



“Early Bird” was “Diversify Your Life, a series of short demonstration of various ways interpreters can take care of themselves.



Attending the Institute is the first step toward earning certification as a Qualified Mental Health Interpreter. Participants wanting to pursue certification apply for a supervised practicum. If they complete that successfully, they are able to sit for an examination. Upon passing that test, they are awarded their QMHI Certification. About one out of ten Institute participants will complete the entire cycle. 

Top left: Dr. Pollard leads a session. Bottom left: Deaf participants meet with Dr. Wilson. Top right: Hearing Voices activity gets people up and moving. Bottom right: Role playing, led by Roger Williams, is always a hit

Alabama Mental Health Interpreter Training at a Glance 2023

The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of DMHs consumers who are Deaf or Hard of Hearing. Services are designed to be affirmative and supporting to consumers who traditionally have not been able to benefit from services offered by the department.

Vital Statistics

- MHIT is in its twenty first year and constitutes a week-long training consisting of up to 39.5 live hours conducted remotely and an additional seven hours of asynchronous classes.
- This was our first return to in-person training for MHIT since 2019. 114 individuals (92 Registered Participants and 22 presenters, staff, and volunteers) participated in the core training this year and a total of 1,923 individuals have been trained since its inception. Several individuals have taken the training more than once.
- Participants: 13 Deaf, 3 HH, and 98 Hearing individuals. Seven returning Alumni participants who participated in a previous core MHIT course returned to the main track.
- Participants hailed from 31 states, Puerto Rico, and Canada.
- 34 different workshops were offered during the core MHIT sessions and an additional seven courses in the asynchronous component.
- Four student-workers, three from Alabama (Troy University) and one from Idaho, assisted this year.
- Continuing education was offered for interpreters (RID and BEI) and counselors.

Core Course List	
<ul style="list-style-type: none">• <i>MHIT: How We Got Here</i>• <i>MH Providers and Treatment Approaches</i>• <i>Substance Use Disorder Settings and Deafness</i>• <i>Considering Dysfluency in Mental Health</i>• <i>Practice Profession and Normative Ethics</i>• <i>Demand Control Schema and Value-Based Decision Making in Mental Health Settings</i>• <i>Normal Differentness</i>• <i>Psychiatric Evaluations, DSM, and Clinical Thought Worlds (Parts 1 and 2)</i>• <i>Reflective Practice/Supervision in Mental Health</i>	<ul style="list-style-type: none">• <i>Hearing Voices that are Distressing</i>• <i>CDI/DI, VGS, Deaf Professionals in Mental Health</i>• <i>Secondary Trauma Stress/Vicarious Trauma and Self Care</i>• <i>Adverse Childhood Experiences</i>• <i>Communication Impairment Techniques for Dealing with Dysfluency</i>• <i>Role Playing and DCS Analysis</i>• <i>Mental Health and Legal Settings</i>• <i>Confidentiality Laws and Considerations</i>• <i>Communication Assessments in Mental Health</i>

- Core Instructors included Robert Pollard, Robyn Dean, Steve Hamerdinger, Roger Williams, Jaime Wilson, Charlene Crump, Brian McKenny, Kent Schafer, and Amanda Somdal.

OTJ
On the John (OTJ) posters were posted twice daily.

Poster Sessions

- *Mental Health and Trilingual Work in Mental Health Settings*
- *Mental Health Supervision Groups*
- *Social Media and Deaf People*
- *Mental Health Visual Gestural Work*
- *Rosa Parks*
- *Archetypes*
- *Staying Healthy*
- *Psychiatric Hospitals*
- *Mental Health Interpreter Portfolio*
- *Diversify Your Life*
- *Personal Protection (Grabs and Chokes/Hair)*
- *Language and the Brain*
- *Language Considerations with Pediatric Pharmacology*

Certification Levels (Core)

72	RID National Certification (Hearing)	14	QMHI/QMHI-S
2	RID National Certification (Deaf)	4	ITP Students
9	BEI	15	Mental health clinicians
4	DI	2	Administrators
3	Other State credentialing	7	Alumni (not including staff)
5	EIPA	9	Trilingual

Countries and States in attendance:

Participants and staff from 31 different states, 1 U.S. territory, and Canada were represented in the core sessions including:

Alabama (22)	Hawaii (1)	Nebraska (1)	Tennessee (4)
Alaska (1)	Idaho (1)	New Hampshire (1)	Texas (8)
Arkansas (2)	Illinois (1)	New York (3)	Washington (2)
Arizona (1)	Indiana (1)	North Carolina (17)	Wisconsin (3)
California (3)	Iowa (1)	Ohio (1)	Puerto Rico (1)
Colorado (2)	Kentucky (3)	Oregon (1)	Canada (2)
DC (1)	Massachusetts (2)	Pennsylvania (2)	
Florida (12)	Maryland (1)	South Carolina (5)	
Georgia (3)	Minnesota (7)	South Dakota (1)	

Post training learning activities include bi-monthly online discussions of research articles in mental health and deafness, listservs, and 40-hour practicum and a comprehensive written examination designed to certify the individual as qualified to work in mental health settings.

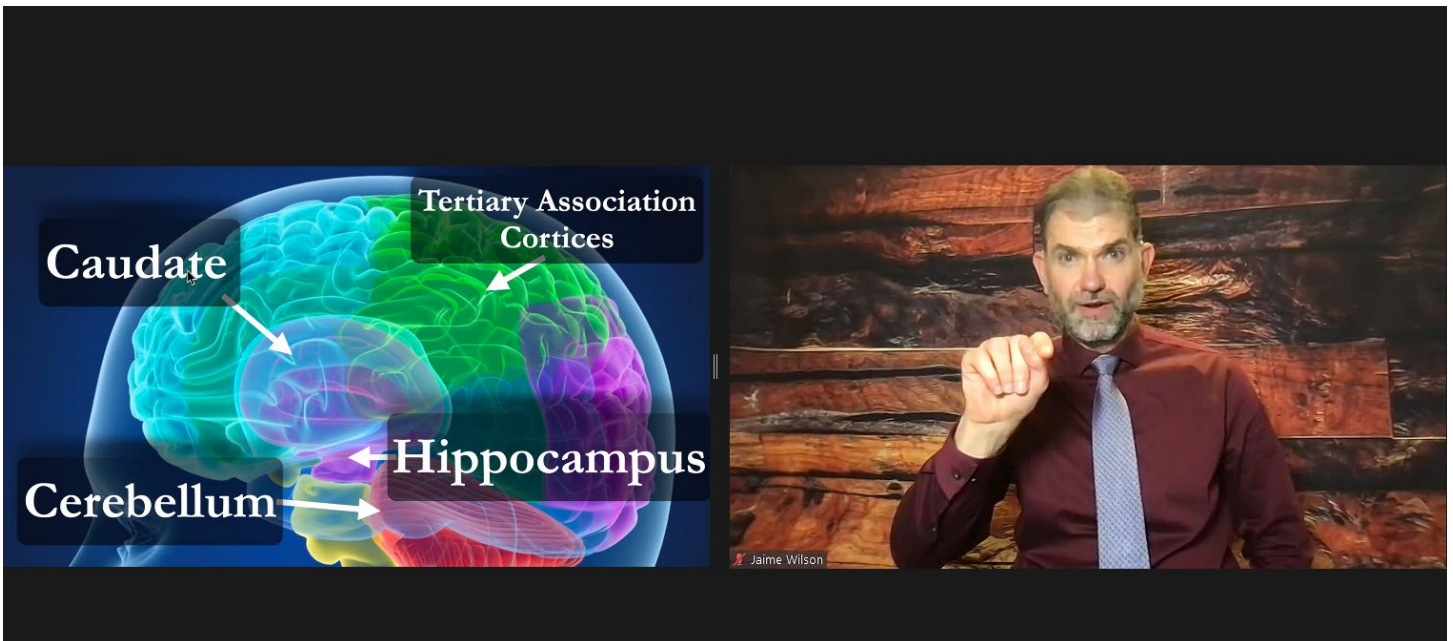
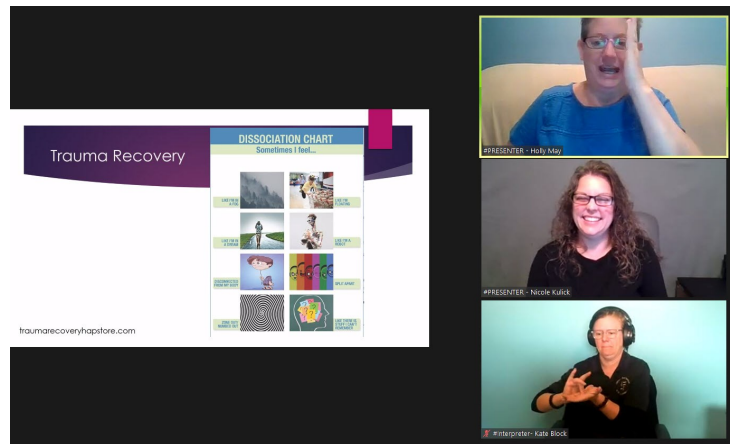
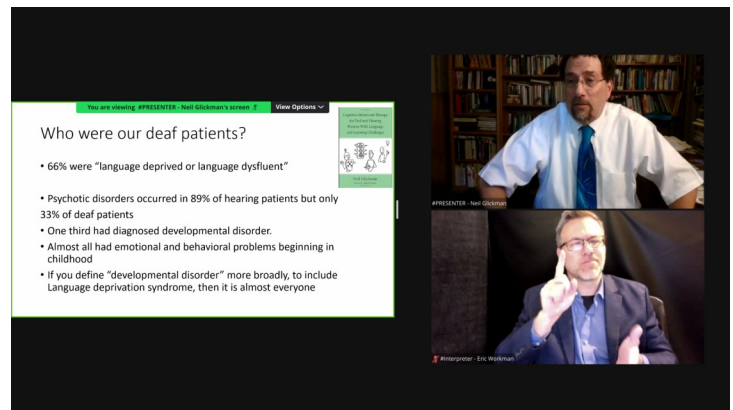
Ninth Annual Alumni Sessions a Big Draw

The ninth MHIT Alumni Sessions were held over five days, October 2–6, 2023. As with the previous three years, it was conducted virtually, which allowed broader participation than would likely have been the case if it were held in person.

There were 89 registered participants and a total of 127 people, including presenters and staff, online through the week. They represented 31 states, Puerto Rico and Spain. Interestingly, 74 of those attending hold certification as a Qualified Mental Health Interpreter.

The Alumni sessions grew out of a desire and need to offer people who have attended MHIT's Interpreter Institute further training. Over the years, some of the biggest names in deaf mental health care, including pioneers like Michael Harvey, Neil Glickman, and Steve Hamerdinger, have presented sessions.

This year, a star-studded line up included Robert Pollard, Robyn Dean, Steve Hamerdinger, Roger Williams, Brian McKenny, Kent Schafer, Judy Shepard-Kegl, Romy Spitz, Jaime Wilson, Neil Glickman, Kota Takayama, Alexis Greeves, Paul Silvasi, Gabe Lomas, Angela Kaufman, Amanda Somdal, Melissa Anderson, and Alex Wilkins. Also, two of our QMHI alumni, Holly May, and Nicole Kulick, were part of the faculty, completing the circle. ✂



Top: Dr. Neil Glickman presents on working "One Down" with Eric Workman interpreting. Middle: QMHIs Holly May and Nicole Kulick discuss Dissociative Identify Disorder with Kate Block interpreting. Bottom: Dr. Jamie Wilson presents on dementia.

Department of Mental Health

Office of Deaf Services

Alabama Mental Health Interpreter Training Alumni Sessions at a Glance 2023

The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of DMHs consumers who are Deaf or Hard of Hearing. Services are designed to be affirmative and supporting to consumers who traditionally have not been able to benefit from services offered by the department.

Vital Statistics

- MHIT Alumni is in its ninth year and constitutes a week-long training consisting of 37.5 live hours conducted remotely and 8 hours of asynchronous classes.
- 127 individuals (89 Registered Participants and 33 presenters, staff, and volunteers) participated in the Alumni training this year. Several individuals have taken the training more than once.
- Participants: 7 Deaf, 2 HH, and 118 Hearing participants.
- 20 different workshops were offered during the live core MHIT sessions and an additional six courses in the asynchronous component.
- Two student-workers from Alabama assisted this year.
- Continuing education was offered for RID, BEI (interpreters), counselors, and rehabilitation counselors.
- 74 Participants hold the Qualified Mental Health Interpreter (QMHI) certification.
- All workshops offered sign language and captioning.
- Alumni Instructors included Robert Pollard, Robyn Dean, Steve Hamerdinger, Roger Williams, Brian McKenny, Kent Schafer, Judy Shepard-Kegl, Romy Spitz, Jaime Wilson, Neil Glickman, Kota Takayama, Alexis Greeves, Paul Silvasi, Gabe Lomas, Angela Kaufman, Amanda Somdal, Melissa Anderson, Alex Wilkins, Holly May, and Nicole Kulick.

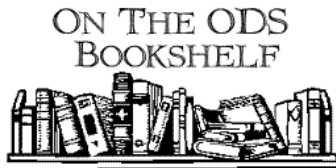
Countries and States in attendance:

Participants and staff from 31 different states and 3 additional countries were represented in the sessions.

Alumni Course List	
<ul style="list-style-type: none"> • <i>Elements of Culturally and Linguistically Appropriate Approaches in Deaf MH Care</i> • <i>Mental Health in Deaf Asian Populations</i> • <i>Mentorship and Supervision in Mental Health Interpreting</i> • <i>Situated Nature of Perception</i> • <i>Play Therapy Part 1</i> • <i>Play Therapy Part 2</i> • <i>Forensics and the Deaf Population</i> • <i>Risk Factors for Dementia Among Our Deaf and HOH Populations</i> • <i>Practitioner Development: Sustainability Pt 1</i> • <i>Practitioner Development: Sustainability Pt 2</i> 	<ul style="list-style-type: none"> • <i>Considerations When Determining Competency</i> • <i>Mental Health in the Deaf Hispanic Populations</i> • <i>The Strategic Use of One-Down Interventions Part 1 and Part 2</i> • <i>Domestic Violence in the Deaf Population</i> • <i>Language Deprivation</i> • <i>Community Engaged Approaches</i> • <i>Dissociative Identity Disorder in the Deaf Population</i> • <i>Interpreting Child Abuse Investigations</i> • <i>VRI and Mental Health Interpreting</i>

- Post training learning activities include bi-monthly online discussions of research articles in mental health and deafness, listservs, and 40-hour practicum and a comprehensive written examination designed to certify the individual as qualified to work in mental health settings.
- MHIT Alumni 2023 occurred remotely for the fourth time. Alumni will remain virtual.

Asynchronous Classes
<ul style="list-style-type: none"> ▪ <i>Alumni Pre-Readings (Various Authors)</i> ▪ <i>Qualified Mental Health Interpreter Certification (Steve Hamerdinger)</i> ▪ <i>Screening Deaf Women for Perinatal Depression (Melissa Anderson)</i> ▪ <i>Poster Sessions (see above)</i> ▪ <i>Police-Induced Confessions – Risk Factors and Recommendations (Gabe Lomas)</i>



Important Recent Articles of Interest

Source: Emmorey, K. (2023). *Ten Things You Should Know About Sign Languages. Psychological Science, 1-8.*

Abstract: The 10 things you should know about sign languages are the following: (1) Sign languages have phonology and poetry. (2) Sign languages vary in their linguistic structure and family history but share some typological features due to their shared biology (manual production). (3) Although there are many similarities between perceiving and producing speech and sign, the biology of language can impact aspects of processing. (4) Iconicity is pervasive in sign language lexicons and can play a role in language acquisition and processing. (5) Deaf and hard-of-hearing children are at risk for language deprivation. (6) Signers gesture when signing. (7) Sign language experience enhances some visual-spatial skills. (8) The same left-hemisphere brain regions support both spoken and sign languages, but some neural regions are specific to sign language. (9) Bimodal bilinguals can code-blend, rather code-switch, which alters the nature of language control. (10) The emergence of new sign languages reveals patterns of language creation and evolution. These discoveries reveal how language modality does and does not affect language structure, acquisition, processing, use, and representation in the brain. Sign languages provide unique insights into human language that cannot be obtained by studying spoken languages alone.

Source: Aanondsen, C.M., Jozefak, T., Lydersen, S., Heiling, K. & Rimehaug, T. (2023). *Deaf and hard-of-hearing children and adolescents' mental health, Quality of Life and communication. BMC Psychiatry, 23:297.*

Abstract: Mental health problems and lower Quality of Life (QoL) are more common in deaf and hard-of-hearing – (D)HH – children than in typically hearing (TH) children. Communication has been repeatedly linked to both mental health and QoL. The aims of this study were to compare mental health and QoL between signing deaf and hard-of-hearing (DHH),

hard-of-hearing (HH) and TH children and to study associations between mental health/QoL and severity of hearing loss and communication. 106 children and adolescents (mean age 11;8; SD=3.42), 59 of them DHH and 47 HH, and their parents reported child mental health and QoL outcomes. Parents also provided information about their children's communication, hearing loss and education while their children's cognitive ability was assessed. Although (D)HH and their parents rated their mental health similar to their TH peers, about twice as many (D)HH children rated themselves in the clinical range. However, (D)HH children rated their QoL as similar to their TH peers, while their parents rated it significantly lower. Associations between communicative competence, parent-reported mental health and QoL were found, whereas severity of hearing loss based on parent-report had no significant association with either mental health or QoL. These results are in line with other studies and emphasize the need to follow up on (D) HH children's mental health, QoL and communication .

Source: Skyer, M., Scott, J.A., & O'Brien, D. (2023). *Revitalizing Deaf Education Systems via Anarchism. Social Inclusion, Vol 11, No 2.*

Abstract: Deaf education is an incoherent macrosystem whose sub-systems—e.g., biomedical vs. sociocultural institutions—contradict. Unreconciled tensions cause stagnation, not regeneration, and harmful dissensus in deaf educational sub-systems. To revitalize deaf education, address these contradictions, and eliminate incoherence, we posit that a deaf-led systemic transformation of deaf education is necessary; furthermore, we argue it may best be realized through theories and actions constitutive of anarchism. To this end, we synthesize four thematic loci where anarchism overtly aligns with constructs immanent in deaf communities. First, collectivism is necessary for survival in anarchist and deaf communities toward shared goals including equity in education, social labor, and politics. Second, mutual aid is integral—like anarchists who work arm-in-arm, deaf individuals and groups exhibit uncanny solidarity across political, cultural, technological, linguistic, and geographical boundaries. Third, direct action tactics overlap in both groups: When facing internal

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From On the ODS Bookshelf

(Continued from page 11)

or external threats, both communities effectively rally local mechanisms to affect change. Finally, both groups exhibit a stubborn, existential refusal to be subdued or ruled by outsiders. Reframing systemic dilemmas in deaf education via anarchism is a novel, beneficial praxis that's only been tangentially explored. Centering anarchism in deaf education also generates succor for ongoing struggles about sign language in deaf communities. Toward the horizon of radical equality, our staunchly anarchist analysis of deaf education argues that to guide deaf-positive system change neoliberalism is inert and neo-fascism anathema.

Source: Embree, J. A., Hinson-Enslin, A. M., Taylor, K., & Wilson, J. (2023). *Psychometric Properties of the Suicide Behaviors Questionnaire-Revised (SBQ-R) in American Sign Language*. *JADARA*, 55(2), 16-33.

Abstract: Limited research has focused on the risk of suicide within the deaf community, and no published studies to date report SBQ-R scores in deaf populations. The purpose of this study was to adapt the Suicide Behaviors Questionnaire-Revised into American Sign Language (SBQ-R-ASL). After the translation protocol was completed, the SBQ-R-ASL was field-tested with 340 deaf individuals in a national sample. Data analysis indicated satisfactory validity and internal consistency, and a Principal Components Analysis resulted in one factor. Field-test data revealed a mean SBQ-R-ASL score of 8.76, which is above published cutoff scores for suicide risk. These findings demonstrate a crucial need to norm the SBQ-R-ASL for deaf populations.

Positions Now Available in Deaf Services

The following positions require Competency in American Sign Language.

Refer to individual announcements for full details.

Mental Health Interpreter: Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 80 (\$56,433.60 - \$86,037.60)

Works with individuals who are deaf or hard of hearing with severe mental illness, and who are patients in the deaf care unit or other hospital units in Tuscaloosa. Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified as a QMHI (Qualified Mental Health Interpreter) or its equivalent. (Option for hiring without QMHI certification is available)

Contact Charlene.Crump@mh.alabama.gov for more details.

Deaf Care Worker: Based at Bryce Hospital in Tuscaloosa, Alabama (2 positions open)
SALARY RANGE: 50 (\$23,277.60 - \$32,925.60)

This is beginning level work for the care, habilitation, and rehabilitation of deaf and hard of hearing (D/HH) persons with co-occurring disorders of mental illness and chemical dependency at Bryce Hospital.

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_201_21-17.pdf

SAMHSA

RECOVERY IS POSSIBLE.
Help is Available.

- 📞 SAMHSA's National Helpline
1-800-662-HELP (4357)
- 📍 Substance Use Treatment Locator
findtreatment.gov
- 📍 Behavioral Health Treatment Services Locator
findtreatment.samhsa.gov

For Deaf/Hard of Hearing ASL Users, Call 988 Videophone

988

ASL NOW

Additional Job Announcements

(Continued from page 12)

MENTAL HEALTH TECHNICIAN

LIFE SKILLS SPECIALIST- SIGN LANGUAGE PROFICIENT

Job Location: Woodville, Alabama

Site: Mountain Lakes Behavioral Health

Shift/Hours: Part-Time and PRN (as needed) positions available

Pay Grade: 11 (\$12.73-\$18.11) Starting pay is \$14.32 per hour

REQUIRED QUALIFICATIONS:

This position minimally requires a high school diploma or equivalent, valid driver's license, CPR and First Aid certification (on-the-job training provided), and shall hold at least **Intermediate Plus** level fluency in Sign Language as measured by the Sign Language Proficiency Interview (SLPI).

SUMMARY OF RESPONSIBILITIES:

This is a direct service position for a group home for deaf and mentally ill residents. Duties will include assisting with day to day tasks of the home as well as helping develop basic living skills for the residents.

TO APPLY:

Resumes may be e-mailed to hr@mlbhc.com , faxed to 256-582-4161, or USPS to: MLBHC-HR, 3200 Willow Beach Road, Guntersville, AL 35976.

#NDEAM | #RehabAct50
dol.gov/odep

**ADVANCING
ACCESS
& EQUITY**

National Disability Employment
Awareness Month

Celebrating 50 years of the Rehabilitation Act of 1973

OFFICE OF DISABILITY EMPLOYMENT POLICY
UNITED STATES DEPARTMENT OF LABOR

Rehabilitation Act
50

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 practicum and a comprehensive examination covering all aspects of mental health interpreting.

(Alabama licensed interpreters are in *Italics*) † Denotes Certified Deaf Interpreters . *Denotes QMHI- Supervisors.

Alabama

Cindy Camp
Allyssa Cote
*Charlene Crump**
Wendy Darling
*Keshia Farrand**
Lisa Gould
Mary Beth Grayson
*Jennifer Kuyrkendall-
 Watts*
LaShawnda Lowe
Claudia Mansilla
*Brian McKenny**
Kenton Myers
*Sandy Pascual**
Frances Smallwood
Pat Smartt
Lee Stoutamire
Dawn Vanzo
Debra Walker-Betz

Alaska

Laura Miller

Arizona

Sarie Higginson
 Crystal Lentz

California

Meagan Kelly
 Michael Klyn
 Jessica Poitevin

Colorado

Susan Faltinson

Delaware

Jennifer Janney

District of Columbia

Sarah Biello
 Esther Lemley

Florida

Meredith Baxter
 Stacy Lawrence
 Kaylea Black

Georgia

Persis Bristol
*Sereta Campbell**
 Lori Erwin*
 Debbie Lesser
 Pam Loman
 Earnestine Lowe
 Jasmine Lowe*
 Thai Morris
 Leah Rushing
 Erin Salmon*
 Tomina Schwenke

Aaron Shoemaker

Kelly Spell
 Janet Whitlock
 Mariah Wojdacz
 Anne Zimmerman

Hawaii

Darlene Baird

Illinois

Susan Elizabeth Rangel†...

Kansas

Chris Beasterfeld

Kentucky

Lisa Amstutz
Jessica Minges

Maine

Judy Shepard-Kegl

Massachusetts

Roxanna Sylvia

Michigan

Denise Miller
 June Walatkiewicz

Minnesota

Sadi Dudley
 Dixie Duncan
 Emily Engel
 Jenae Farnham
 Josephine Heyl
 Brandi Hoie
 Becky Lukkason
 Paula MacDonald
 Melissa Marsh
 Margaret Montgomery
 Nicollette Mosbeck
 Adeline Riley
 Bridget Sabatke*
 Sarah Trimble
 Tracy Villinski
 Shawn Vriezen†
Henry Yandrasits...

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As I See It
Piper Hansen



The so-called "Great Resignation", which really began in late 2021 following COVID has claimed another victim. The six-bed deaf group home, Civitan House in Clanton, Alabama, will close citing the inability to recruit enough staff to operate safely. This news is depressing, but not entirely unexpected.

Several other group homes for deaf consumers, including those operating in large cities, have expressed concerns about hiring enough ASL-fluent staff. Widening the focus a bit, and one realizes this is not a problem limited to deaf group homes. It's a problem across the mental health system. Its impact is felt most acutely in environments that provide 24-hour a day care, such as group homes, nursing homes, and hospitals.

The trend which swept across the land affected all parts of the economy. It just seems to have a disproportional impact on direct care. Where it appears that the trend may be starting to fizzle out in some sectors, it is stubbornly persistent in direct care. Vacancy rates are running about 50% for direct care jobs in the public mental health system generally. It seems worse than that in positions providing direct care to deaf people, especially those job positions that require ASL competency.

In all fairness, I should probably point out that schools for the deaf report similar problems for their paraprofessional-level positions. Dennis Gilliam, the President of the Alabama Institute for the Deaf and Blind, told me that they are, "...looking at ways to not only recruit and retain residential staff, but to revisit what roles may be needed to fit the evolving needs in a residential environment."

We can postulate that there are several reasons for this. The old standby is that it pays too well not to work. The theory behind this was that a deaf person would be better off drawing a disability check and being on Medicaid than they would be working. That is certainly a reason, even if not the primary one these days. Rather, it seems that people have gotten a taste for not working steady hours or – gasp – a job that requires you to actually show up on time. "How can I make sure I'm eating well and seeing my

friends and taking time for my hobbies? How am I supposed to fit my whole life into a 9-to-5 work schedule?," whined [Piper Hansen, a 23-year-old after starting her first full-time job in Louisville, Kentucky](#). When I first read the story, I was convinced it was a parody. Surely no one is that spoiled? Apparently I have been living under a rock, because our precious Ms. Hansen, – and many others like her – is serious. "It's not even that I don't like my job, because I do. But it feels like it takes up most of my life."

I know I am a Baby Boomer with a serious work ethic that is not always instilled in younger generations, but the attitude displayed in the above quote does rattle the sensibilities of most reasonable people.

This attitude is detrimental to our mentally ill consumers, who, without direct care staff, might be homeless, in jail, or dead. The closure of Civitan House took 40% of our residential capacity offline, with few viable options to replace them. Any place that we can think of either is already struggling with recruiting staff for their own existing group homes or is in an area un conducive to finding ASL-fluent people to work in a new group home.

How does society function with a generation that has an aversion to work? How can we make it more attractive to step up and be productive rather than to be a drain on the public weal? As I See It, this will be one of the great challenges of the years to come. ✍



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Alabama Department of Mental Health

Office of Deaf Services

FY 2023 ANNUAL REPORT

The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of DMH consumers who are Deaf or hard of hearing. Services are designed to be affirmative and supporting to consumers who traditionally have not been able to benefit from services offered by the Department.

Responsible for:

- Ensuring that Alabamians who are deaf or hard of hearing have access to a full array of linguistically and culturally appropriate services, including various community-based service options.
- Collaborating with Bryce Psychiatric Hospital for acute in-patient services for people who are deaf.
- Providing regional services with offices located in Huntsville, Birmingham, Montgomery, Mobile, and Tuscaloosa. Services are delivered through contracts with community mental health centers. Regional therapists work with local mental health centers to ensure the delivery of linguistically and culturally appropriate services.
- Providing consultation and technical assistance to facilities and providers when requested. Areas of expertise include deafness and mental health (particularly as it applies to clinical practice), the Americans with Disabilities Act and other disability-focused legislation, interpreting and clinical service using interpreters,
- Collaborating with staff from the Division's sister service divisions on improving their services to people who are deaf or hard of hearing.
- Training staff of both the Department's facilities and its community providers on deafness and mental health issues.
- Monitoring the quality of services provided to consumers who are deaf, including interpreter services.
- Conducting training for mental health interpreters. The Alabama Mental Health Interpreter Training (MHIT) program is an 80-hour course of study (40 hours of classroom work, 40 hours of supervised practicum) for advanced interpreters who wish to work in mental health settings.
- Community outreach and education to both the Deaf Community and the general community in Alabama through the use of media, conducting workshops and town hall discussions, and participation and sponsorship of Deaf Community events and activities.

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Highlights of Fiscal Year 2023:

- ODS has 17 staff positions based in five regions across Alabama. (See ODS Directory at the end of this report)
 - There are one clinical and three communication access team positions assigned to Tuscaloosa at this time.
 - At the beginning of FY24 there is one interpreter position that will be vacant.
 - Lee Stoutamire, the long-time Region III Interpreter Coordinator, announced he would retire at the end of November 2023. He served ODS for 18 years.
 - Kent Schafer, who has been the staff psychologist as well as Region II Therapist, left his position in August to pursue other opportunities. He was on staff for eight years.
 - There are 10 Deaf Care Workers authorized to Bryce. Only 4 positions were filled during FY2023.
- The Office of Deaf Services provided community-based services with 10,855 consumer contacts throughout the year. ODS clinical staff had significantly increased contacts and caseloads driven primarily by staff vacancies though much of the year.
 - ODS provided 3,218.5 hours of direct clinical services through agreements with all state contracted Community Mental Health Centers.
 - Both Region III and Region V provided significant in-school services.
 - Last year 1,560 people with hearing loss were reported in community mental health programs. Of these, 236 were deaf. ODS oversees the operation of four group homes as well as several special supported living projects. These projects employ numerous deaf staff members.
 - Three-bed home in Woodville
 - Three-bed home in Birmingham
 - Six-bed home in Clanton
 - Three-bed home in Mobile
 - In an average month, ADMH served 71 hard of hearing and 9 deaf people in the state facilities. Most deaf consumers are served on Phase 7 at Bryce Hospital. Three consumers were at Taylor Hardin Secure Medical Center.
- Underreporting of hard of hearing consumers remains a concern across all areas including SUD treatment providers and Mental Illness Community Programs.
- ODS Direct Service Staff (clinicians and interpreters) have an average caseload of 29.16 consumers. There is some duplication as clinicians and interpreters may both serve the same consumer.
- The staff conducted 703 assessments of various types during the fiscal year. These include communication assessments, clinical assessments, and other needed testing and evaluations such as the Sign Language Proficiency Interview.

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- Last year, 7,521.25 hours of interpreter services were provided for deaf consumers. Of this, 6,602.25 hours were provided by staff interpreters. Two staff positions were vacant through most of the year.
- ODS staff have a presence in the DD Region I, II, III, and V offices.
 - ODS and the Division of Developmental Disabilities have worked together on several cases. There is increased collaboration with dually diagnosed consumers, especially those with intact language (signs) and/or ability to acquire language through exposure to ASL.
- ODS has had the lead responsibility for ensuring communication access for deaf and hard of hearing consumers of substance abuse treatment services.
 - 174.5 hours of interpreter service were provided to nine deaf people seeking treatment for substance use disorders.
 - Two ODS staff members, Kent Schafer and Jag Dawadi, hold master's degrees in addiction counseling.
- The Office of Deaf Services is nationally recognized as one of the outstanding mental health programs for deaf people. Agencies around the country seek assistance from ODS. Technical assistance and consultation were provided to 5,625 people and programs.
 - Charlene Crump and Amanda Somdal provided Communication Skills Assessment (CSA) training to several states which are now officially using this tool, which was developed by Charlene in collaboration with Roger Williams, former state director of deaf mental health services in South Carolina.
 - Training included participants from Utah, Tennessee, Kentucky, Georgia, Maine, South Carolina and Alabama.
 - Steve Hamerdinger made two appearances on the national weekly webinar “Crisis Jam” where he advocated for making 988 accessible to deaf people through videophone. This became a reality in September of 2023.
- The staff provided 44 different training events throughout the year, attended by 2,275 people. Highlights include:
 - Mental Health Interpreter Training Project, under the overall coordination of Charlene Crump, held its 21st week-long Interpreter Institute in August. The event was held live in Montgomery for the first time since 2019. The main Institute (CORE) ran July 31 – August 4. The Alumni Session was held virtually October 2 - 6.
 - The annual Institute was "sold out" months before the opening session. Altogether, 114 individuals (92 registered participants and 22 presenters, staff, and volunteers) participated in the core training this year. Over 1,633 unique individuals have been trained since its inception. Several individuals have taken the training more than once.
 - The alumni track drew 127 participants.
 - Participants hailed from 31 states, one territory and Canada in the core session.
 - Thirty-two different workshops were offered during the week during the live core sessions for a total of 37.5 contact hours and an additional seven courses in the asynchronous component, which were shared by both the core and the alumni tracks.

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- There are 137 Qualified Mental Health Interpreters currently active.
- We have 15 Qualified Mental Health Interpreter – Supervisors nationally, including ODS staffers Charlene Crump, Brian McKenny and Sandy Pascual.
- A new practicum and testing site was established in Georgia through a cooperative agreement with the Georgia Department of Behavioral Health and Developmental Disabilities, Deaf Services.
- A training for new QMHI Supervisors was held.
- With the addition of two tri-lingual interpreters (ASL-English-Spanish) to the staff, ODS has been able to do more outreach to the Latine community as well as being able to offer training in interpreting for interpreters working between the three languages.
 - Special training in Multicultural Perspectives for Interpreters in Mental Health was held in the Spring.
- Several staff members have become trainers for in-demand core training required by program certification standards. This allows ODS to offer this needed training directly to deaf staff being trained, without using interpreters.
 - Brian McKenny is credentialed as a Master Mentor for Interpreters.
 - Jennifer Kuyrkendall and Brian Moss are certified to teach CPI.
 - Jennifer is also credentialed as an ADA Coordinator.
 - Shannon Reese is certified to provide First Aid and CPR training.
 - Brian Moss is certified as a trainer for Conducting Serious Incident Investigations.
 - Amanda Somdal is certified to provide Mental Health First Aid to both adults and adolescents.
- ODS staff hosted or gave numerous presentations throughout the year.
 - The 13th annual Deafness and Clinical Training Series (DACTS), presented by Dr. Jamie Wilson, drew 291 participants over two days (April 20 – 21). They represented 38 states.
 - Bimonthly webinars, called Mental Health and Deafness Training (MHDOT) were conducted through the year drawing an average attendance of more than 40. The audience is drawn from around the nation.
- ODS continues to host and sponsor some online activities related to substance abuse. One is a series of classes on treating substance abuse in the deaf community under a project called "Classes2Go" offered quarterly.
- ODS is committed to increasing the number of professionals working in mental health and deafness in various disciplines.
- We provided Sign Language Proficiency Interviews (SLPI) for the Interpreter Training program at Troy University. We also assisted with communication access to events on campus.
 - Altogether, ODS staff did 40 SLPI evaluations.

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- ODS provided three interpreter internships in FY 2023.
- An Art Therapy internship was also provided.
- ODS also is a sponsor for CEs for both the Registry of Interpreters for the Deaf and the National Board of Certified Counselors.
- ODS has worked with the Commission on Rehabilitation Counselor Certification to provide CRCC continuing education for rehabilitation counselors.
- Amanda Somdal is now an adjunct instructor for the MA in counseling program at Western Oregon University, where she will be teaching an online course in addiction. She is also working on a Doctorate in Social Work.
- All ODS therapists are CANS (Child and Adolescent Needs Survey) certified.
 - The ODS clinical staff has partnered with the psychology department at the Alabama School for the Deaf to better address mental health needs of kids in crisis on campus, including expanding school-based mental health services.
 - Jag Dawadi and Christina Costello have been doing school-based therapy.
- ODS staff members earned significant recognition for their work.
- ODS staff members have contributed to state and national organizations, providing opportunities for collaborative work within Alabama.
 - Kent Schafer is President-Elect of ADARA, an organization of “Professionals Networking for Excellence in Service Delivery with Individuals who are Deaf and Hard of Hearing.”
 - Brian Moss is on the Board of the Alabama Association of the Deaf.
 - Claudia Mansilla is the Vice President of Mano-a-Mano, the national association for Latine deaf people and interpreters.
 - Sandy Pascual is on the Board of Mano-a-Mano.



“Diversify Your Life” is a popular activity during MHIT’s Interpreter Institute.

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DR. JAIME A.B. WILSON

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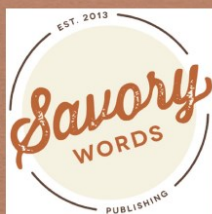
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Dr. Michael M. McKee, MD, MPH

Family Medicine Physician

Dexter Health Center – Deaf Health Clinic



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Happy Holidays

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