ALL STAR FACULTY TRAINS ANOTHER CAPACITY CROWD AT 17TH ANNUAL MHIT
September is Recovery Month

Montgomery, Ala. – Each September, tens of thousands of prevention, treatment, and recovery programs and facilities around the country celebrate Recovery Month. They speak about the gains made by those in recovery and share their success stories with their neighbors, friends, and colleagues. In doing so, everyone helps to increase awareness and furthers a greater understanding about mental illness and substance use disorder.

The Alabama Department of Mental Health and its Division of Mental Health & Substance Abuse Services encourages all community providers and advocacy groups to coordinate rallies, runs, open houses, and many other events throughout the month. The 2019 Recovery Month theme, “Join the Voices for Recovery: Together We Are Stronger,” emphasizes the need to share resources and build networks across the country to support recovery.

The months reminds us that mental illness and substance use disorder affects us all, and that we are all part of the solution. The observance will highlight inspiring stories to help thousands of people from all walks of life find the path to hope, health, and personal growth.

Commissioner Lynn Beshear, ADMH, said, “Stigma surrounding mental illness and substance use disorders can often prevent a person or their loved ones from seeking help or even talking about it. Mental illness and substance use disorders affect people of all ethnicities, ages, genders, geographic regions, and socioeconomic levels. There are very few families untouched by these issues.”

The Alabama Department of Mental Health celebrates the event to increase awareness and understanding of mental illness and substance use disorders and promote the message that behavioral health is essential to health, prevention works, treatment is effective, and people do recover. Low to no cost treatment is available in our state and recovery is possible. ADMH’s Division of Mental Health & Substance Abuse Services, in partnership with several community providers and advocacy groups, coordinates rallies and many other events throughout the month.

For more information on National Recovery Month, visit the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Recovery Month website at http://www.recoverymonth.gov.

Editor's Notes

This issue features an original article written for SOMH by Deaf Mental Health pioneer and long-time friend of ODS, Dr. Michael Harvey. If your read nothing else in this issue, read this. It’s classic Harvey.

Writing as smooth as oiled glass. We hope we can prevail on Mike to send us more in the years ahead.

Of course, the Summer issue is anchored by coverage of the Interpreter Institute and this year was an great year once again. There were many other events sponsored by ODS the past few months as well, including one particular awesome event, which you can read about on page 3.

ODS has a couple of new interns. You can meet them on page 11.

There are some staff moves on the horizon, some of which you can read about in Notes and Notables.
Using a series of short “TED Talk” like presentations followed by a roundtable discussion, participants were able to share best practices in their home countries. Participants praised the format, which allowed for active participation by everyone.

The participants were also treated to a tour of Gallaudet University, the world’s only deaf liberal arts College. Among the highlights were visits to the Counseling and Psychology clinic and the Center for Visual Learning and Visual Language’s Brain and Language Laboratory for Neuroimaging. There were also informal gatherings in the evenings, allowing the participants to develop closer personal ties.

The Match drew seven of the ten full-time state directors of Deaf Mental Health Care along with Jeremy Christensen, the Assistant Director at the Utah Department of Human Services, Division of Substance Abuse & Mental Health and Barbara J. Bazron, the Director of the Washington, DC Department of the Behavioral Health. Also present was Teresa Hoffmeyer, Phoenix, Arizona Site Director for RI International.

The annual Leadership Exchange meetings feature sessions called Matches, where leaders address specific topics. This year, for the first time, the was a match specifically addressing Deaf Mental Health Care. “Access to Linguistically Appropriate Care for Deaf People: Best Practices” drew people from England, New Zealand, Japan, 13 states and the District of Columbia for a two-day meeting in the historic College Hall on the campus of Gallaudet University. Seventeen individuals participated. ODS staff interpreter, ODS Region IV Interpreter Coordinator Brian McKenny was also part of the interpreting team.

Among the topics addressed were Trauma Informed Care and the Deaf Populations, Services In the UK, Peer Support in the Deaf Community, Mental Health Interpreting, Deaf Advocates in Mental Health Centers, Engaging Parents in early Sign Language and Language Deprivation: New Zealand’s Approach, Disaster Response and the Deaf Community, Substance Abuse Treatment in the Deaf Community, and Technology and Deaf Mental Health Care.
17th MHIT Interpreter Institute Draws Another Sold-Out Crowd

The 17th Annual Interpreter Institute of the Mental Health Interpreter Training Project kicked off August 5, 2019 with a welcome from Associate Commissioner for Mental Health and Substance Abuse Services, Diane Baugher. She addressed a full house crowd of 134 participants, staff and volunteers in the Core session. Baugher, who has announced her intention to retire at the end of December, was joined by her designated successor, Dr. Tammie McCurry. Both praised the Institute as a national benchmark and a source of pride for Alabama.

In all, 57 different workshops were offered allowing for participants to earn up to 43.25 clock hours of training. Continuing education units were offered for interpreters, counselors, rehabilitation counselors and social workers, increasing the appeal of MHIT to non-traditional audiences. MHIT focuses not just on training interpreter but also training clinicians on working with interpreters.

There were 94 registered participants in the Core Track, another sold out program. They represented 34 states and Canada. Another 49 participants were registered in the Alumni Track, which is open only to people who have attended previous Institutes. Altogether, 38 states and Canada were represented among the participants of the combined tracks. This year’s group was also highly educated with 38 people holding advanced degrees, including two Ph.D.s.

Left Top: Associate Commissioner Diane Baugher (Right) addresses Institute attendees as Dr Tammie McCurry looks on.

Left Bottom: A full room at Troy University at Montgomery’s Gold Room.

Above: Dr. Robyn Dean clarifies a point during her session on Practice Profession and Normative Ethics

Below: Alumni Sessions were held in a lecture auditorium in Bartlett Hall at Troy - Montgomery.

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This year, nine student volunteers were selected to help manage the crowd. Madison Andre (Tennessee), Emily Broadway (Texas), Audrey Cortesi (California), Jessica Ennis (Texas), Brittany Gurus (Georgia), Ellie Kennon (Texas), and Elizabeth Ogden (Alabama) all served in the Core Track. Eliza Cantu and Allyssa Cote, both recently graduated ODS interpreter interns were joined by Ace Woodley (Louisiana) working the Alumni Track. These volunteers are the grease that keeps the machinery of the Institute running. They assist with registration, keeping supplies stocked, passing out handouts, verifying attendance and CEs, giving assistance to the participants, changing the “On The John” posters in the all the bathrooms and checking to see if the participants know how the wash their hands properly!

The Alumni Track offered 21 classes. These are intended to be in-depth look at topics related to mental health interpreting and extensions of topics taught in the Core. They ranged from interpreting related (Work in Crisis and Disaster Settings, Ethics in Mental Health Settings, Interpreting Competency Exams, New Research Trends in Mental Health and Sign Language Interpreting/Deaf and Decision Making Spectrum) and Linguistics (Analyzing Dysfluency, Language Deprivation: Meeting the Individual (Part 1 and 2), and MH Vocabulary: Language and FOI Deficits) to pure clinical (Forensics and the Deaf Population, Erikson’s Stages – Impact on the Deaf Population, Intake Assessments, Young, Angry, and Deaf: ODD as a Misdiagnosis, Challenges Inherent in Psychological Assessments, Preparing, Practicing and Prevailing with Psychological Assessments). Special interest topics were also offered (Compassionate Approaches and the Hearing Provider, Human Trafficking, and The History of Deaf People and Mental Health Systems). There were two sessions offered for Deaf participants (Roundtable: Unique Issues in MH and DCS and CDI/DI Work in MH). The faculty drew from the Core Sessions: Charlene Crump, Robyn Dean, Steve Hamerdinger, Brian McKenny, Kent Schafer, Amanda Somdal, and Carter English rounded out the acclaimed teaching staff.

The Interpreting Team, this year captured by Lee Stoutamire for the 8th time, was top-notch, consisting of Andrea Ginn (New Mexico) Kate Block (Wisconsin), Steve Smart (Wisconsin), Jasmine Lowe (Georgia), LaShawna Lowe (Alabama) as well as ODS staff interpreters Brian McKenny, Keshia Farrand, Beth Moss and Jennifer Kuyrkendall. Sereta Campbell, who has moved to Oregon, served her last turn as an ODS staff interpreter. Thankfully, she promises to come back to the Institute Interpreter Team in the future. Spots on the Interpreting Team are coveted and difficult to obtain. All interpreters on the team are required to be QMHI certified.

The 17th MHIT Interpreter Institute Draws Another Sell-Out Crowd (Continued from page 4)

This was the fourth year that the Alumni Track was offered, with attendance growing each year. Registration for alumni who were certified as Qualified Mental Health Interpreters was a nominal $50 for more than 40 contact hours of training. Mental Health First Aid training was offered for the first time this year, enabling attendees to take home a functional certification as a Mental Health First Aider. It was well received. Plans are being made to add options next year, such as First Aid, CPR, and perhaps others.

The faculty for the main Core classes were all veterans of past Institutes, led by Robert Pollard and Steve Hamerdinger, who have taught in every Institute since the founding of MHIT. Robyn Dean, Roger Williams, Charlene Crump, Brian McKenny, Kent Schafer, Amanda Somdal, and Carter English rounded out the acclaimed teaching staff.

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joined by visiting speakers Kate Block, Angela Kaufman, Steven Hardy-Braz, Judy Shepard Kegl, Aaron Shoemaker, and Romy Spitz. Katherine Anderson, Shannon Reese, and Justin Perez rounded out the Alumni faculty.

Fourteen 15-minute poster sessions that ran before the first class (Early Birds Sessions) and at the end of the morning sessions (Brown Bag Sessions) added additional opportunities to look at topics not addressed in the Core Track. These sessions also are a proving ground for future MHIT faculty. This year’s poster session presenters included Core Track faculty Charlene Crump, Brian McKenny and Kent Schafer, as well as first time presenters Jennifer Kuyrkendall and Beth Moss. Previous poster sessions presenters Shannon Reese, Lee Stoutamire, Kate Block, Sereta Campbell, Lee Stoutamire, Kim Thornsberry, and Keshia Farrand, rounded out the group.

One of the most popular annual offerings in the poster session package is “Diversify Your Life,” where participants get a chance to try out hobbies popular with MHIT staff. The goal of these sessions is to introduce the participants to techniques to reduce stress inherent with mental health interpreting. Physical relaxation techniques, taught by Shannon Reese (Chair Yoga) and Lee Stoutamire (Massage Techniques) and craft ideas led such as Origami (Charlene Crump) Cupcake Topper Decorating (Beth Moss), and Air Plant Terrariums (Keshia Farrand and Jennifer Kuyrkendall), as well as Kent Shafer’s mini Disc Golf all offered the participants new tools in self-care.

Other well-received sessions include an afternoon devoted to role plays, where Instructor Roger Williams intentionally throws participants in Kobayashi Maru style challenges which spark lively discussions.

Another session that impresses participants is the “Hearing Voices” class on Wednesday. This activity simulates psychosis to give participants a taste of what it must be like to have auditory hallucinations.

Admission to the Core Track is competitive with many more applications received than can be accepted. Many applications were turned away and 65 were placed on a waiting list for the 2020 Institute.

MHIT is a year-round project. In addition to the practicum and examination process which participants who successfully complete the Institute embark upon to earn QMHI certification, there are bi-monthly online discussions of research articles in mental health and deafness, listservs, and the annual Deafness and Clinical Training, which will be held in the spring of 2020.
Alabama Mental Health Interpreter Training
at a Glance 2019

Vital Statistics

- MHIT is in its seventeenth year and constitutes a week-long training consisting of up to 43.25 hours of actual classroom time.

- 134 individuals (94 Registered Participants and 44 presenters, staff and volunteers) participated in the core training this year and a total of 1,380 individuals have been trained since its inception. Several individuals have taken the training more than once.

- Participants: 10 Deaf (17 including staff and volunteers), 1 HH, 83 Hearing participants. 9 returning Alumni participants who participated in the main track.

- Participants hailed from 34 states and Canada in the core session and 24 different states and Canada in the alumni.

- 49 individuals participated in the Alumni Only Track (these were participants at previous MHIT who attended this track only). This was our fourth year to offer a simultaneous track and it continues to grow.

- Due to the popularity of the morning and noon poster sessions, the sessions offered two options each day.

- 57 different workshops with 4.325 possible ceus were offered (43.25 clock hours of training) during the core MHIT.

- 9 student workers from Alabama, Texas, Georgia, California, Louisiana, and Tennessee (6 in the core session and 3 in alumni sessions).

- 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 in mental health settings.

Core Course List
Core Instructors: Robert Pollard, Robyn Dean, Steve Hamerdinger, Roger Williams, Charlene Crump, Brian McKenny, Kent Schafer, Amanda Sondal, and Carter English.

- Introduction to Mental Health Systems/MHIT
- MH Providers and Treatment Approaches
- Substance Use Disorder Settings and Deafness
- Considering Dysfluency in MH
- Universal Precautions
- Considering Dysfluency in Mental Health
- Practice Profession and Normative Ethics
- Demand Control Schema and Value Based Decision Making in MH Settings
- Normal Differentness
- Psychiatric Evaluations, DSM, and Clinical Thought Worlds
- Reflective Practice/Supervision in MH
- Psychopharmacology
- Auditory Hallucinations
- DCS and CDIs/Dis in MH Settings (Deaf participants only)
- Secondary Trauma Stress/Vicarious Trauma and Self Care
- Trauma Informed Care
- Communication Impairment Techniques for Dealing with Dysfluency
- Role Playing and DCS Analysis
- Mental Health and Legal Settings
- Confidentiality Laws and Considerations
- Communication Assessments in MH
- Mentoring, Practicum and Certification Experiences/Instructions
Alumni Sessions
Instructors: Judy Shepard Kegl, Romy Spitz, Kate Block, Katherine Anderson, Charlene Crump, Amanda Somdal, Angela Kaufman, Robyn Dean, Robert Pollard, Roger Williams, Kent Schafer, Brian McKenny, Aaron Shoemaker, Steven Hardy-Braz, Shannon Reese, and Justin Perez.

- MHIT Alumni Introduction
- Compassionate Approaches and the Hearing Provider
- Language Deprivation: Meeting the Individual (Part 1 and 2)
- Forensics and the Deaf Population
- Erikson’s Stages – Impact on the Deaf Population
- Work in Crisis and Disaster Settings
- Ethics in Mental Health Settings
- Analyzing Dysfluency
- MH Vocabulary: Language and FOI Deficits
- Human Trafficking
- Intake Assessments

- Interpreting Competency Exams
- Young, Angry, and Deaf: ODD as a Misdiagnosis
- Decision-Making Spectrum
- History of Deaf People and MH Systems
- New Research Trends in MH and SL Interpreting/Deaf
- Challenges Inherent in Psychological Assessments
- Preparing, Practicing and Prevailing with Psychological Assessments
- Roundtable: Unique Issues in MH (Deaf Participants Only)
- DCS and CDI/DI Work in MH (Deaf Participants Only)
- Mental Health First Aid

Poster Sessions
Instructors: Shannon Reese, Charlene Crump, Lee Stoutamire, Kate Block, Kent Schafer, Jennifer Kuyrkendall, Beth Moss, Brian McKenny, Lee Stoutamire, Kim Thornsberry, and Keshia Farrand.

- Suicidality
- Counseling Techniques
- African American Deaf in MH
- BPD and Deaf/Language Deprivation
- Tour of Rosa Parks Museum (General Studies)
- Horizontal violence
- Psychosocial Development

- MH Interpreter Portfolio
- Mindfulness
- Diversify Your Life
- Personal Protection Strategies (Grabs)
- Personal Protection Strategies (Chokes/Hair)
- After MHIT – Taking it Home!
- Psychological Evaluations with Deaf Children

Other Cool Stuff...
On the John (OTJ) posters were placed twice a day in the restrooms and included short summaries of research articles related to MH and Deafness in both the core and alumni sessions. The Alumni session OTJs were different than the core OTJs.

Twenty-five separate labels were attached to water bottles available for participants. These included short summaries of research articles related to MH and Deafness.

Continuing education was offered for interpreters, counselors, rehabilitation counselors, and social workers.
Participants who Completed MHIT Program (2019) CORE SESSION

Formal Education (Core)
- 22 Associates degree/or equivalent
- 31 Bachelor’s degree
- 36 Master’s degree
- 2 PHD

Certification Levels (Core)
- 75 National Certification
- 10 CDI/CDI-W/DI
- 14 Other State credentialing (BEI)
- 7 ITP Students
- 6 Other, mental health professionals
- 7 Alumni

Residency Status (Core)

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Residency Status (Alumni)* not including core

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Countries and States in attendance:

Participants and staff from 34 different states and 1 additional country were represented in the core sessions including:


Participants and staff from 24 different states were represented in the alumni sessions including:


*An additional 34 individuals who were staff, presenters, interpreters, etc. associated with the core sessions also participated in various alumni workshops. *The 9 core alumni attendees were able to participate in either the core or alumni courses at their discretion.
My first contact with the Mental Health Interpreter Training was through Katherine Anderson, who gave back to the community of rising interpreters by presenting on vicarious trauma. Her insights were about how one can be affected by vicarious trauma in different ways, how to recognize the signs, and how to prevent further problems from occurring through self-care.

The medical field, in general, has always been fascinating and interesting to me. Anderson not only increased awareness in myself but also impacted my life. Raising awareness and compassion about mental health is an essential aspect for all fields. Drawn to learn more, I chose to apply as a student representative in assisting the 2019 Mental Health Interpreter Training.

This experience was profound. There were many other ways besides the training on mental health interpreting itself, that resonated with me. I was able to see the quality leaders tackling problems and solving them with grit. I saw only a small portion of the mental stamina and tasks it takes to create such an event, the conference achieved heights that touched lives. In the hustle and bustle of things.

I was able to catch insights about how mental illness can be experienced differently between those with the same diagnoses. I also learned about the role of the interpreter in various settings and the importance of trust between the clinician, patient and interpreter.

My favorite lecture was by Dr. Robyn Dean and Dr. Robert Pollard, where they discussed how interpreters speak to each other about their role and “stepping out of role.” Areas that before seemed grey were expounded on the need for a greater articulation of our work between ourselves and others. I would love to participate in a training related to articulating and defining our role using values, in the future. Over the years various mentors have helped me stay with the ITP program, some advocating self-care along the way and others just encouragement and support which brought me to the point I am today.
Marissa McBride is the new Clinical Mental Health Counseling intern from Gallaudet University, joining the Office of Deaf Services under the supervision of Kim Thornberry.

She was born and raised in Plymouth, Massachusetts with her hearing family (parents and two brothers). She attended and earned a Bachelor’s in Psychology at Gallaudet University in the of Spring 2018.

During her time at Gallaudet University, she worked as a Peer Advisor and as a Residential Child Care Worker at the Walden School in Framingham, Massachusetts. After gaining these experiences, she decided to pursue the path of becoming a clinical mental health counselor in deaf and hard of hearing populations. Upon her acceptance in the Clinical Mental Health Counseling program at Gallaudet, McBride started her graduate career at Gallaudet University and became a candidate as she passed qualifying exam in Spring 2019. She will be graduating in Spring 2020 upon completion of her internship and aims to pass her National Counselor Exam at that time or after her graduation.

During Marissa’s (limited) free time, you may find her riding it out at spin classes, FaceTime with her mom and friends, or trying coffee at local coffee shops. She also enjoys reading books or articles and searching DIYs to try on Pinterest.

Elizabeth Ogden, a senior in the Interpreter Training Program at Troy University, is interning with the Alabama Department of Mental Health (ADMH) for the Office of Deaf Services (ODS) under the supervision of Beth Moss and Brian McKenny. She was born in Ohio but lived in several states, due to her Air Force father.

She received an Associate’s Degree in Culinary Arts from the Art Institute of Atlanta, in Georgia, and hoped to be a Chef one day. Although she loves to cook, she developed a strong interest in Deaf Culture. During her time at Troy University, Ogden held several positions on the ASL Club board for two years and volunteered tutoring other ITP students on her lunch hour. She is active in her Montgomery, Alabama, Deaf Community and is often a favorite attendee at Deaf Socials.

In Ogden’s spare time you will find her reading books, surfing Pinterest, playing video games with her brother, or exercising and weight training.

Two New Interns Begin at ODS

While not posted at press time, ODS expects to be hiring for several positions. These positions include:

**Deaf Therapist II** (Can be hired at a I, II, or IV level)

- **SALARY RANGE:** 78 ($50,174.40 - $76,365.60)
- **WORK LOCATION:** TBA

**Visual-Gestural Specialist III** (Can hire at a I or II level)

- **SALARY RANGE:** 79 ($52,653.60 - $80,210.40)
- **WORK LOCATION:** Bryce Hospital (Tuscaloosa and Statewide)

**Mental Health Interpreter III** (Can hire at a I or II level)

- **SALARY RANGE:** 79 ($52,653.60 - $80,210.40)
- **WORK LOCATION:** Bryce Hospital (Tuscaloosa)

Watch for announcements on our Social Media and at http://apps.mh.alabama.gov/ADHR/ExemptJobs/default.aspx

HOW TO APPLY FOR EITHER POSITION: Use an official application for Professional Employment (Exempt Classification) which may be obtained from this office, other Department of Mental Health Facility Personnel Offices, or visit our website at www.mh.alabama.gov. Only work experience detailed on the application will be considered. Additional sheets, if needed, should be in the same format as the application. Resumes will not be accepted in lieu of an official application. Applications should be returned to Human Resource Management, Department of Mental Health, P.O. Box 301410, Montgomery, Alabama 36130-1410 Copies of License/ Certifications should be forwarded with your application. An official copy of academic transcripts is required and must be forwarded by the school, college, or university to the personnel office at the above address.
I once co-taught a three-day seminar on deafness for medical students with a Deaf colleague. I would cover the psychosocial aspects of deafness, and Scott would talk about his personal experiences and the Deaf community. We were so sure that we’d make a good team, we planned the agenda via e-mail without meeting ahead of time. Scott and I would both lecture on day one, he would do day two, and I’d wrap up by myself on day three as Scott had a scheduling conflict. No problem.

In fact, as predicted, the first day was seamless. Day two: Scott began with (and I’ll never forget his exact wording): “So you future doctors think you’re so damn smart! You don’t know a damn thing about Deaf people.” And he went on from there, berating the med students for crimes they hadn’t committed. He did a full hour diatribe about the arrogance and insensitivity of doctors; how they “don’t give a sh*t about our rights”; “how doctors care only about power”; and “who the hell do you think you are anyway?” I was stupefied, as I’m sure the poor med students were. I was embarrassed and angry at myself for my cavalier planning, but most of all I was enraged at Scott. Several times during that long, emotionally abusive hour, I tried to re-direct him, but to no avail. Class was adjourned on time (at least I made sure of that), and I would be the sole lecturer the following week.

Day three: What do I do? Should I tell the students that Scott’s accusations were unfair, that he made unwarranted generalizations, and that he was condescending? Of course, I did all of that. But I also reminded the students of a valuable lesson that Scott offered: “Although he was disrespectful at best, he revealed to you an unabridged glimpse of the subterranean trauma, helplessness, terror, and rage that a Deaf patient in your office may never reveal to you.” I shared with them many illustrative Deaf narratives, including one that Scott had authorized me to disclose: his wife experienced a life-threatening miscarriage, and the hospital never provided an interpreter.

I would frequently flashback to this seminar when I met with Kerry. Now 41 years old, she was born deaf, graduated from a mainstream high school, Gallaudet, and a graduate counseling program, and was happily married with a 5-year-old child. She was fluent in ASL and English, intelligent, personable, a voracious reader, and ambitious. She enjoyed her job as a Program Coordinator in a rehabilitation agency that served deaf individuals and aspired to be a community leader. Kerry frequently quoted words of wisdom from her role model, Frederick Schreiber, the first director of the National Association of the Deaf.

Upon first meeting Kerry, her life seemed like a smoothly paved road to success, that is, until she told me how much she resonates to the words of The Wall, a musical opera by English band Pink Floyd. Its story explores Pink, a jaded rock star whose eventual self-imposed isolation from society is symbolized by a wall:

“I don’t need no arms around me. 
And I don’t need no drugs to calm me. 
I have seen the writing on the wall. 
Don’t think I need anything at all. 
No! Don’t think I’ll need anything at all. 
All in all it was all just bricks in the wall. 
All in all you were all just bricks in the wall. 
Goodbye, all you people, 
There’s nothing you can say 
To make me change my mind. 
Goodbye.”

Her blatant disclosure came out of nowhere but I recalled that Scott, too, had seemed quite calm prior to his diatribe.

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beginning with “So you future doctors think you’re so damn smart!” I asked Kerry what bricks made up her wall.

“I’m sick and tired of hearing people having authority over Deaf people,” she proclaimed without hesitation. Then she provided considerable supporting data: she used to love reading Shakespeare until a hearing teacher publicly humiliated her for a “misinterpretation”; at work, her “audist hearing boss” made countless “half-assed attempts to sign or not sign at all,” and when she asked for clarification, he would typically say, “It wasn’t important” and then criticize her for not being informed. I was reminded of an interpreter’s reflections on how witnessing the oppression of deaf people affected her emotionally: “I sometimes wonder if tomorrow I lose my hearing whether people will treat me in the same way – as if I suddenly become stupid.” (Harvey, 2015).

However, one day, a very happy Kerry informed me that her boss had resigned and that she was seriously being considered to replace him! But several long months later, another hearing man ended up getting the position. Kerry was beyond devastated but did her best to put on a good face at work in order to be a “team player.” One day she appeared at my office in shock. She was fired.

“Why?” I asked. I, too, was in shock as she had been an employee for over 15 years and her reprimands for missing information notwithstanding, she had received consistent exemplary reviews. Kerry said that the official reason was that she ate lunch with the deaf clients which, although officially discouraged, was commonplace among almost every deaf staff. We spent several sessions constructing a plausible narrative of why and eventually conjectured that her countenance and attitude on the job must have revealed her squelched anger for not being hired as director and also for the agency hiring yet one more hearing person to direct a “deaf program.”

She made routine reference to the blatant bigotry of hearing people being in charge. I shared with her one of my favorite New Yorker cartoons of a committee on women’s rights that consisted of 10 men. We seemed in sync. But I wondered what Kerry may have been feeling toward her hearing therapist. Early in my career, over 35 years ago, I recall grappling with the cross-cultural ramifications of being a hearing, white, middle class, middle-aged, non-gay, Jewish, male who, like Kerry’s boss was the director of a “deaf agency,” D.E.A.F., Inc. (Harvey, 1993). I recall feeling uncomfortably humbled from a very instructive workshop by MJ Bienvenu and Betty Colonemos in which I learned to resign myself to being an “oppressor in recovery”: doing my best, one day at a time, to be a cross-culturally ally.

She admitted once being wary of me as a hearing therapist, but, perhaps because of our rapport and that she saw how distraught I was at her abrupt job termination, she came to deem me as “not one of them.” I have to admit, however, that I considered the possibility that Kerry had done something to warrant her being fired, but ultimately, I believed her story, having bared witness to versions of it many times prior. Kerry had hired an attorney who also believed her story but told her there was no legal recourse. Not knowing what else to do, I asked her a standard therapist’s question: “How do you feel?”

She paused, and I could tell she was struggling to find the right words. “They buried me in their filth,” she finally said. A poignant and disturbing metaphor that sucked the air out of the room. I didn’t need to ask who “they” were. My mind wandered to a related passage by Toni Morrison from her book, Beloved:

“.... anybody white could take your whole self for anything that came to mind. . . . kill, or maim you, . . . dirty you. Dirty you so bad you didn't like yourself anymore. Dirty you so bad you forgot who you were and couldn't think it up no more” (Morrison, 1987, p. 251).

It’s one thing to learn about oppression from a distance – we all know the world ain’t fair – but it’s different when it smacks us in the face, whether directly for Kerry or vicariously for me. Common adjectives – sad, angry, scared, etc. – are inadequate for describing that experience – hence, metaphors like filth, bricks in a wall, and dirt; things that emotionally kill and maim you and rob you of your self-identity. I wondered what metaphor Scott might have used when he was among all those doctors whose oral communications he couldn’t understand while his wife may have been dying.

“Do you know the worst part about this?” Kerry continued. “I failed my son. He keeps looking up at me and asking ‘Mom, what’s wrong, what’s wrong?’ I try to hide it from him, but even though a he has a learning disability, he’s very perceptive. This is ruining my whole family!” She looked down, drowning in filth, aka shame, and a tear came to her eye.

We sat in silence, both of us not knowing what to say. I was struggling with how to be helpful rather than continue saying versions of “You must feel bad.” Then a question popped in my head: “What lesson do you hope your son will learn from witnessing you going through this?”

“What do you mean?” She looked confused.

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Standing Up to Bricks and Filth

(Continued from page 13)

“You don’t think he’ll ever experience discrimination, maybe be passed over for a promotion or get fired for whatever reason, including his learning disability? Of course, they won’t say that’s the reason, as it’s against the law, but he’ll know the truth, and he’ll get the shaft regardless and might have no idea how to handle it.” I was aware of perhaps being too cynical – how could I know her son would “get the shaft?” – but we all experience variations of “problems in living” and disabled people, like Kerry and her son, typically experience more than their fair share. Life ain’t fair.

“There are many kids who grow up idealizing their parents, never witnessing them showing frustration, even despair, and when the kids grow up and experience those feelings (as it’s a part of life) they feel inferior and shame – like they couldn’t live up to their parents; like there’s something wrong with them.” Kerry began nodding her head, so I continued. “And many years from now, if your son gets unfairly fired from his job what will he remember about your anger and frustration that would help him?”

“I’m afraid he’ll wallow in self-pity like he sees me doing.”

“I know self-pity has a bad rap but it’s an important step to mustering the energy to go forward. You may be teaching him that it’s important, maybe even inevitable, to give self-pity its due.”

“Like grieving?” she asked. I nodded my head.

Before the end of our visit, I told Kerry that I have a vision of her becoming an inspirational Deaf community leader, not only because of her resume qualifications but because of her own stories that she would share with those who, like her, have experienced the filth of our audist society. “Folk wisdom is filled with ghosts who refuse to rest in their graves until their stories are told.” (Herman, 1992).

A week later, Kerry was limping a bit as she entered my office. I asked her what’s wrong. “Nothing is wrong,” she replied with a broad smile. “My son and I took our first wado ryu class together yesterday.” She raised her eyebrows as if to say “I bet you have no idea what I’m talking about.” She was right. “Can you bring home the food that you cook?” came my attempt at humor.

She smiled back. “It’s not a cooking class. It’s a type of karate. She handed me their brochure:

“Wado Ryo Karate is more than a martial art - it’s an art form with respect and self-defense at its core. At my dojo, students are taught self-confidence, courtesy, humility, self-respect, and self-defense. The constant mental focus, strength, and endurance necessary in karate training are what has drawn my continued participation.”

“The teacher is called a sensei,” Kerry explained, as she continued her tutorial. “The sensei assured me that muscle soreness is an important part of conditioning.” I was about to point out the functional similarity of physical and emotional soreness, but it would have been at the expense of Kerry’s enjoyment and pride as she demonstrated her martial arts acumen and I could tell she already knew that connection. No pain, no gain.

Of course, she knew that karate wasn’t the magic pill that would make everything better. For many years, she had managed emotional sequelae that was part of Pink Floyd’s wall and most recently her mounting frustration about almost being hired at several job sites. However, the discipline of martial arts became one of several vehicles that gave her a sense of control and empowerment and helped restore her dignity. Taking the class with her son also helped re-solidify their bond. Afterward, she took him out for ice cream, told him she was fired, a hearing director was hired, and she was angry. She reassured him that she was okay. She smiled as she recounted her son’s reaction: “Is it like how I felt when someone cut in front of me in line?”

No longer ashamed, she received well-deserved validation and support as she unabashedly told her story to family and friends. As a result, she continued accruing the wisdom that can come from standing up to bricks and filth.

1 Clinical Psychologist in Framingham, MA. His most recent books are The Odyssey of Hearing Loss: Tales of Triumph and Listen with the Heart: Relationships and Hearing Loss, both published by Dawn Sign Press. Feedback is welcome at mharvey2000@comcast.net

2 “Kerry” and “Scott” are factious names with sufficient details changed to protect their identities. They are composite narratives of more than one person, all of whom read this manuscript and permitted its publication. Any resemblances to actual people or agencies are coincidental.

References


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 Italic. * Denotes QMHI-Supervisors. Certified Deaf Interpreters are indicated with †.)

<table>
<thead>
<tr>
<th>Current Qualified Mental Health Interpreters</th>
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<tbody>
<tr>
<td>Charlene Crump, Montgomery*</td>
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<td>Denise Zander, Wisconsin</td>
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<td>Nancy Hayes, Talladega</td>
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<td>Brian McKenny, Montgomery*</td>
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<td>Dee Johnston, Talladega</td>
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<td>Wendy Darling, Montgomery</td>
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<td>Lee Stoutamire, Mobile</td>
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<td>Cindy Camp, Piedmont</td>
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<td>Sandy Peplinski, Wisconsin</td>
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<td>Katherine Block, Wisconsin*</td>
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<td>Steve Smart, Wisconsin</td>
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<td>Stephanie Kerkvliet, Wisconsin</td>
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<td>Thai Morris, Georgia</td>
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<td>Patrick Galasso, Vermont</td>
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<td>Kendra Keller, California*</td>
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<td>June Walatkiewicz, Michigan</td>
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<td>Julayne Feilbach, New York</td>
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<td>Sue Gudenkauf, Wisconsin</td>
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<td>Tamera Fuerst, Wisconsin†</td>
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<td>Rhiannon Sykes-Chavez, New Mexico</td>
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<td>Roger Williams, South Carolina*</td>
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<td>Denise Kirby, Pennsylvania*</td>
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<td>Keshia Farrand, Huntsville*</td>
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<td>Lori Milcic, Pennsylvania</td>
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The number of people with dementia from culturally and linguistically diverse (CALD) backgrounds is increasing dramatically in Australia. Accurate cognitive assessments of people from CALD backgrounds can be achieved with the use of skilled interpreters. This study aimed to explore the experience of interpreter-mediated assessments from the perspectives of clinicians, interpreters and careers. Methods: Consultations with interpreters, clinicians and careers were conducted through individual interviews and focus groups. The consultations explored participants’ experiences of interpreter-mediated assessments, including perception of the interpreting process, roles of interpreters, and challenges associated with interpreter-mediated assessments. Results: Four themes emerged across groups: (1) the importance of having professional interpreters, (2) different perceptions of the roles of interpreters, (3) clinicians’ feelings of having less control over assessments, and (4) particular challenges associated with cognitive assessments. Conclusions: Finding from this study highlight the important role that interpreters play in cognitive assessments with immigrants. However, there appears to be different perceptions of the role between clinicians and interpreters. When these different understandings are not resolved, they will lead to tension between clinicians and interpreters. These findings highlight the importance of relational aspects in interpreter-mediated assessment and suggest that the negotiation of the relationships between clinicians and interpreters is an important factor that determines the effectiveness and accuracy of these assessments. Clinical Implications: This study highlights the need for clinicians and interpreters education of roles of all parties in interpreter-mediated cognitive assessment. Areas to be covered in education could include: common misunderstandings of interpreter’s roles, and practice tips on how to improve communications in assessments, such as briefing before and after the assessment. Such education will enable more accurate assessment and less stress for patients and their families.


Having conducted a survey on the mental health of 158 children in deaf-mute schools and 188 normal children in grades 4-6, the results showed that the loneliness factor on the mental health of children in deaf-mute schools was significantly better than that of normal children, while the learning, self-blame, and allergic factors of the former are significantly worse than those normal children. In the mental health factor, 48.6% of the special children have more than 8 points and require special intervention. This study designed the "Trinity" model to explore the mental health education in deaf-mute schools. After six months of operation in two schools, it achieved good results.


The social work practice problem for this study was a lack of knowledge about social workers’ experiences of working with deaf and hard of hearing people with mental illness. This study was needed to fill a practice gap by increasing an understanding of the experiences of social workers to inform best practices and address the needs of deaf and hard of hearing population through culturally and linguistically competent mental health services. The research questions focused on the experiences and challenges of social workers working with deaf and hard of hearing people and best practices identified by these
Important Recent Articles of Interest

(Continued from page 16)

Signs of Mental Health

Social workers. Ecological systems theory was used to guide this study. Data were collected from a focus group comprising 9 social workers working with deaf and hard of hearing people with mental illness at a healthcare provider on the east coast of the United States that offered culturally and linguistically therapeutic services. Themes identified through thematic analysis of the data were cultural competence, empowerment and advocacy, professional education, and leadership to advance cultural competence. The findings of this study may be used to help healthcare providers identify key components of program design and service delivery that support culturally and linguistically competent mental health services for the population. This knowledge may also be used by social work practitioners and administrators to bring about positive social change by enhancing social work practice related to deaf and hard of hearing clients with mental illness, improving mental health outcomes, and supporting recognition of the importance of culturally and linguistically competent mental health services.


To explore the processes by which therapeutic alliance develops in mental health consultations with Sign Language interpreters. Method Semi-structured interviews with 7 qualified interpreters were transcribed and analyzed with interpretative phenomenological analysis. Results Two key themes were generated: (1) Nurturing the triangle of care, where the therapeutic process relied on collaboration, continuity, and trust; and (2) Shared vision and knowledge, in which participants felt misunderstood and unsupported; there was a lack of deaf awareness and clinicians appeared to feel deskilled. Conclusions Interpreters should be viewed as valued members of clinical teams and have access to clinical supervision so that they can be supported in interpreting emotional distressing content. Clinicians can aim to be collaborative with interpreters and improve their knowledge of mental health issues that are relevant to deaf people. Practice Implications An aide-mémoire of the role and practicalities of working with SL interpreters should be developed and disseminated to relevant services to support collaborative working with clinicians. A core competence in SL interpreter training is reflexivity. This should be embedded in educational curricula and facilitated through clinical supervision. Funding by commissioning services should be subject to services being deaf aware and interpreters being mental health aware.


Self-management of bipolar disorder (BD) education is a complex nursing intervention in which patients and informal caregivers are taught to be actively involved in self-monitoring and self-regulating activities. Some studies question if nurses are sufficiently equipped to deliver these educational tasks. Other studies suggest that nurses have gathered their knowledge implicitly by experience, but to date, this tacit knowledge is not described from the experiences of mental health nurses (MHNs) in ambulant BD care. Objective: To detect the tacit knowledge used by MHNs by interpreting their experiences in delivering self-management education to people with BD and their informal caregivers. Methods: A phenomenological-hermeneutical study amongst MHNs (N = 9) from three ambulant BD care clinics in the Netherlands. Face-to-face, open, in-depth interviews guided by a topic list, were conducted and transcribed verbatim prior to the hermeneutical analysis. Findings: We found five categories resembling the complex character of self-management interventions provided by MHNs: Building a trusting collaboration, Starting a dialogue about needs and responsibilities, Explaining BD, Utilizing mood monitoring instruments, and Conceptualizing self-management of BD. Conclusion: Eventually MHNs use tacit knowledge to cope with situations that demand an outside-the-box approach. Self-management education is partially trained and partially mastered through experience. Practice implications: In order to facilitate long-term self-management of BD, the collaboration of a supporting network is essential.
A press release from the National Council on Disability announced new Commission on Dental Accreditation (CODA) requirements for training at dental schools.

For predoctoral programs and orthodontics programs, dental students must be trained to assess and manage the treatment of patients with “special needs [sic].”

For dental hygiene programs, students must be competent in providing care to “special needs [sic]” patient populations.

For dental assistant programs, students must be familiarized with patients with “special needs [sic]” including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines.

This is a much-needed change, to be sure. No doubt misinformation, attitudinal barriers, and outright discrimination will cause some dentists to reject people with developmental disabilities. Such practices need to be addressed, without question.

There is another area where some policies could be developed that would engender significant good, and that is working with deaf people who also have an intellectual and/or developmental disability.

In the mid-90s, long before the whole topic of language deprivation became vogue, we were talking about how lack of language was potentially at the root of many violent episodes occurring within programs for people with developmental disabilities in Missouri. I was the Director of the Missouri Department of Mental Health’s Bureau of Deaf Services at the time. We had one particular consumer, a deaf lady who was around 25 years old then, who had just trashed a dentist’s office and was unceremoniously hauled off to the county jail in southwest Missouri. Our office was contacted by the young lady’s family, desperately seeking some help.

This lady, I will call her Sarah, was residing in a group home in a rural part of Greene County. As you could reasonably predict, she was the only deaf person in that home, indeed, the only deaf person being served by that particular vendor, who had several other group homes. That there were a dozen or so other deaf people scattered throughout the region seemed not to make much of an impression on the system.

Sarah, generally described as cooperative and usually easy-going, had little to no useable sign language vocabulary, at least, that is what we were told. The staff said they communicated just fine with her and that they saw no need to bother with sign language.

Antecedent to being tossed into the county hoosegow, Sarah had been taken for a routine dental check-up a couple of weeks prior, where it was discovered that she had an infected tooth that had abscessed. You have to wonder how it was that no one seemed to notice it. As a person who has had abscessed teeth in the past, I can tell you it is not something you have and don’t notice. Sarah, never having experienced being poked in an abscess by health clinic dentist, understandably took umbrage and had to be held down to the chair by a couple of beefy staff members while the examination proceeded. Informed that Sarah would need to come back in a few days for a root canal, the staff returned her to the group home to await the appointed day.

Expecting trouble, the group home had three people escort Sarah to the surgery appointment, which was at a different place than the dental clinic. Sarah was cooperative right up to the time she was led back to the procedure room. Seeing the dentist chair and making the logical connection between it and great pain endured just a fortnight previously, she, in the words of the staff, went berserk, leading to her stay at the Grey Bar Inn.

Upon release from jail, Sarah was returned to the group home, still in need of the root canal. The staff and Sarah’s family, despairing of having to go through the process again, asked for help, and the case landed on our desk. We had two weeks to figure out how to get her to submit to the procedure without rampaging through the oral surgeon’s facilities.

We did this by teaching Sarah what was going to happen through gestural means, pictures, role play, and other techniques familiar to those who understand working with language deprived people. Back then, there wasn’t a particular name for this activity that we knew of, nor was there a description for the deaf person we tapped to do the work. We called this person, rather unimaginably, a visual-gestural communication specialist. Essentially, it was the same type of work being pioneered at Westborough State Hospital under the direction of the young Neil Glickman and his talented crew.

On the appointed day, the Visual Gestural Communication Specialist accompanied Sarah, her driver and two strapping
young lads recruited from the Missouri State University football team’s defensive line. A funny thing happened, though. Sarah, having been thoroughly coached as to what to expect, went through the procedure like a trooper. She confidently marched into the procedure room, sat down, and was ready to go.

This, of course, was the way it should have been, even the first time. Had a visual gestural communication specialist accompanied her to the first visit to the dentist and prepped her, it is likely that she would not have created havoc on the subsequent visits.

Could the dentist have been better prepared? One would think so. But given the number of times that dentists, even today, won’t even consider having an interpreter for a routine check-up with a even a non-language deprived deaf person, I have my doubts. They were, and still are, woefully unprepared for the intersection of language deprivation and developmental disabilities.

CODA recognizes the need importance of dental care to the overall health of people with developmental disabilities. That’s commendable. It would have been nice to have seen them notice that language access is just as important as any other aspect of preparing for a visit to the chair.

Sparing future Sarahs the trauma of being restrained, physically or chemically, for something like a dental procedure is worth investing some time and effort. As I See It, it’s a win-win deal for everyone. ☝️

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**Notes and Notables**

**Events and Honors in the ODS Family**

**Shannon Reese** and **Keshia Farrand** went through CPR-instructor training this past July and August and are now certified CPR instructors. We are thrilled to be able to provide CPR/First Aid/AED training directly in ASL.

**Sereta Campbell**, long-time Region II Interpreter coordinator and one the mainstays of the Mental Health Interpreter Training Project’s Practicum program has left after 11 years of service. She is moving to Oregon to join her husband, Curtis, who is the Athletic Director at Western Oregon University. She will be greatly missed, but has assured us she will remain actively involved in MHIT and in supervising practicum interpreters.

ODS staff have been busy on the lecture circuit this summer.

**Kent Schafer** has successfully advanced past stage three of the dissertation process for his doctoral degree at the University of Alabama. Once he acquires permission from their institutional review board, a quantitative analysis will be conducted for our office. We look forward to seeing the results from the data collected.

**Beth Moss** has been accepted into the Arkansas State University’s Master of Public Administration program with an anticipation graduation date of 2021.

**Katherine Anderson** was named the Social Chair for the Start the Adventure in Reading (STAIR) of Birmingham Junior Board.

**Steve Hamerdinger** was on the faculty of the Emergency Management Interpreter Training (EMIT) is an annual event open to sign language Interpreters - Deaf, hearing, and hard of hearing, held June 10—14 on the campus of Georgia State University. He taught Mental Health First Aid and Secondary Trauma Stress.

**Keshia Farrand** spent her summer volunteering with the Colbert County Animal Shelter. She assisted with coordinating the Dogtrot 5-K and fun run on July 13, 2019, with all proceeds going to the Colbert County Animal Shelter. She also assisted with the community yard sale on August 3-4, 2019. Both events helped to raise much needed funds for medical care and a spay/neuter fund at the shelter. (Photo Credit: Rachel Mueller, July 13, 2019)

ODS Visual-Gestural Specialist, **Justin Perez**, has left to pursue other opportunities. His skills will be missed and we are fortunate to have had him while he was here.

**Jennifer Kuyrkendall** has transferred Bryce Psychiatric Hospital to the Region II Interpreter Coordinator position, previously held by Sereta Campbell.

There is a small collection of work by deaf artists displayed at ODS’ Central Office. Some of the works were done by Robert “RF” Walker who was featured in Deaf Life magazine in April. Walker
passed away in December, 2018. One of the original works illustrating the Deaf Life article hangs in our walls. Other deaf artists represented in our collection include Susan Dupor, Ann Silver, Chuck Baird, Sheri Youens-Un, Matt Daigle, and our own Kim Thornsberry.

Jag Dawadi and Kim Thornsberry were presenters at the Alabama Institute for the Deaf and Blind’s Waves of Opportunity Workshop on August 15 at The Lodge at Gulf State Park. The rest of the staff was envious. Their topic was “Bearing the Blues Together”, a discussion on dealing with depression.

Thornsberry also teamed up with Kent Schafer to present at the Alabama Institute for Deaf and Blind’s Early Intervention Service Coordinators Retreat on August 26th. Thornsberry’s presentation, “The Five Love Languages,” focused on building a love connection between hearing parents and their deaf child. Overall, her message served as a simple and powerful reminder to help parents reduce the stigma about hearing loss and work towards gaining a love language. Considering the critical acquisition period of language, communication via any type of visual language is paramount to the child succeeding. Schafer, in his presentation, “We’re Not Building Tools, We’re Building A Child” reinforced Thornsberry’s message by identifying that the focus on tools and accommodations often forget about the infant’s basic needs, the desire to belong to their family and encouraged the audience to participate to create a healthy psychosocial environment for the parent and the child.

Schafer also teamed up with Dawadi to present two sessions at the 2010 Mega Conference sponsored by the Alabama Department of Elementary and Secondary Education, held July 14th—18th in Mobile. The topics, “Evolving the Service Model: School-Based Deaf Therapy” and “Cultivating Resilience in Traumatized Deaf Youth: Social Roles and Cultural Context” were well received.
If you are curious to learn more about the LGBTQIA community in order to better serve this unique population, we have a workshop for you! In this workshop we will explore the cultural and historical implications of the LGBTQ experience and the implications in providing services to this population. Upon completion of this course participants will:

- increase understanding of cultural nuances of working LGBTQ populations
- increase understanding of language and dynamics unique to LGBTQ populations
- increase understanding of the social intersections of being deaf and LGBTQ and the implications of this intersectionality.

Please note, this workshop qualifies for the Power, Privilege and Oppression category for RID CEUs.

Please contact Keshia Farrand to register or to request accommodations at keshia.farrand@mh.alabama.gov. In the event the workshop is cancelled, you will be notified by email. A full refund will be offered in the event we cancel the workshop.

No refunds will be offered in the event a participant is unable to attend.

**Note, this workshop will count toward Power, Privilege and Oppression credits with RID.

Cost is $55 for working interpreters and clinicians and $35 for non-certified/non-working students
Payments should be made on PayPal at one of the following links:

<table>
<thead>
<tr>
<th>Regular Rate</th>
<th>Student (non-working; non-certified) Rate</th>
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When registering please email keshia.farrand@mh.alabama.gov with the following information:
- Your name as it appears on your certification or license
- City and State
- Agency you are with (if applicable)
- Role (interpreter, clinician, student, etc...)
- Email address

Contact Keshia Farrand if you would like to pay by check instead.

The Alabama Department of Mental Health is an approved continuing education provider by the National Board of Certified Counselors, ACEP No. 6824. ADMH Office of Deaf Services is solely responsible for all aspects of the program. In addition, The Alabama Department of Mental Health is an approved RID CMP Sponsor. This activity has been awarded .6 CEUS in the area of Professional Studies by the Registry of Interpreters for the Deaf at the “some” Content Knowledge Level for CMP and ACET participants.

0.6 RID CMP/ACET CEUS offered
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Vacant, Interpreter

Vacant, Visual Gestural Specialist
#BeThe1To

If you think someone might be considering suicide, be the one to help them by taking these 5 steps:

ASK. KEEP THEM SAFE. BE THERE. HELP THEM CONNECT. FOLLOW UP.

Find out why this can save a life at www.BeThe1To.com

If you’re struggling, call the Lifeline at 1-800-273-TALK (8255)