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Steve Hamerdinger, Editor

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# Signs of Mental Health



## DEAF CHILDREN AND MENTAL HEALTH: A FORGOTTEN POPULATION



There are approximately 20,000 deaf and hard of hearing children and adolescents in Alabama

today. By that estimate, 2,000 children will need mental health treatment before the age of 18.

Deaf children are more likely to suffer from emotional, behavior, and personality disorders than their hearing peers simply because so much is stacked against them from the very beginning. The odds are long for them.

Ninety percent of deaf children are born to hearing parents, of whom, only ten percent achieve beyond a command-response mastery of American Sign Language (ASL). And if the child does not have communication access at home, the odds are he or she is not likely to get it at school as the majority are placed in mainstream programs. A deaf child in America today is 2-3 times more likely to be sexually abused than their hearing peers – regardless of gender. And finally, statistics say that 22% of all deaf children have an additional disability further putting them at risk for developing emotional and behavioral problems.

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## REGIONAL STAFF TO MOVE UNDER CENTRAL OFFICE

### Services Will Remain Unchanged

Beginning June 1, the Office of Deaf Services will undergo a significant structural change that will result in more unified services for deaf and hard of hearing consumers. This change will entail the administrative move of the regional office staff from the mental health centers to central office.



Scott Staubach  
Region I



Shannon Reese  
Region II



Liz Hill  
Region III



Ben Hollingsworth  
Region IV

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## DIALECTICAL BEHAVIOR THERAPY EFFECTIVE WITH DEAF CONSUMERS WITH CO-OCCURRING DISORDERS

Over the past three years, Dialectical Behavior Therapy, modified for working with deaf consumers and conducted by a therapist trained with work with deaf people, has become one a promising approach for dealing with some of the emotional and behavioral issues that have often resisted other therapy approaches.

DBT is a comprehensive cognitive-behavioral therapy adapted for treating persons with complicated mental illness, often co-occurring with Substance Use Disorder. It has been proven to be effective in treating adults and adolescents with various mental illnesses: Borderline Personality Disorder, Depression, Eating Disorders, Suicidality, and Substance Abuse or Chemical Dependency.

Usually individuals with complex mental disorders have pervasive emotional regulation difficulties affecting their behaviors. They experience a rollercoaster effect on feelings, thoughts, and actions. They try to minimize their inner pain by engaging in self-destructive behaviors—using drugs, cutting their arms, attempting to kill themselves, or eating in wrong ways.

The overall treatment goal is to

enhance life for each client. It helps the consumer control problematic behaviors while learning more effective coping skills. It borrows from Cognitive-Behavioral therapy approaches in helping consumers change by teaching them problem-solving skills to achieve more effective behaviors.

Many consumers with complex psychiatric disorders respond to feelings of distress to therapist' push for change. DBT helps by accepting the consumers experience and feelings. Consumers are taught skills on mental awareness and distress tolerance for dealing with pain.

The dialectical principle means to balance the opposites on a "see-saw." A DBT therapist tries to help the consumer achieve a balance between acceptance and change.

A DBT program consists of individual therapy, group skills training, and coaching or talking on TTY or videophone to help them generalize newly learned skills outside of sessions. Team consultation is essential to help prevent therapists from being burned out by difficult clients.



### Region 1: Northern Alabama *Scott Staubach, Coordinator*

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

### Region 2: Central Alabama *Shannon Reese, Coordinator*

J-B-S Mental Health Center  
956 Montclair Road, Suite 108  
Birmingham, AL 35213  
205-591-2212 (Voice)  
205-591-2216 (TTY)

### Region 3: Wiregrass Region *Liz Hill, Coordinator*

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

### Region 4: Mobile *Ben Hollingsworth*

Mobile Mental Health Center  
5750B Southland Drive  
Mobile, Alabama 36693  
(251) 662-2226 (Voice)  
(251) 661-5820 (TTY)  
(251) 662 2249 (Fax)



### DR. RALSTON EARNS DBT CERTIFICATION

Frances Ralston, the program director for the Bailey Deaf Unit at Greil Psychiatric Hospital in Montgomery, Alabama, has earned a certificate in DBT through an intensive 10-day training. She went to Rochester for 5 days during the first week in September and again the third week in March. She joined a team of service providers who work with deaf and hard of hearing clients—psychologists (PhD and Master level), social workers, and a counselor. Three of them work in Rochester, NY, others come from New York City, Maine, Seattle, and Alabama. Four are deaf, and three are hearing. She now can provide training n DBT.

## REGIONAL STAFF TO MOVE UNDER CENTRAL OFFICE

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Since 2003 the regional offices were contract services provided by four mental health centers, The Mental Health Center of Madison County, Jefferson – Blount – St. Clair Mental Health Authority, Montgomery Area Mental Health Authority and the Mobile Mental Health Center. This arrangement had many positive benefits, including close cooperation between the regional offices and the local mental health centers. On the other hand, the arrangement created financial pressures on the centers that, turn, created a need to define how services were delivered in order to maximize revenue. Initial projections as to the cost recovery potential of the regional programs were overly optimistic, and projected


Medicaid billing revenues did not meet expectations. More importantly, consumers arrived with needs that did not fit neatly into Medicaid designed billing codes. The net result of this confluence of factors has been that centers hosting the regional offices bore serious operating losses on the regional programs.

The new alignment will shift most of the operational costs to the Office of Deaf Services by moving the entire payroll to the state and by picking up almost all of the routine expenses incurred by the staff. It will also allow the regional staff to provide services that are needed by the consumer, but may not be billable to insurance. Most importantly, it allows for expertise to be shared across regional lines more readily.

Two mental health centers have agreed to retain the regional offices in

their centers providing office space and some overhead, such as phones, and computers access. This has the tremendous advantage of allowing all the positive benefits of the previous relationship without the negative revenue burden that the contractual relationship entailed. We are very grateful to Mr. Tommy Wright, the CEO of Montgomery Area Mental Health Authority for continuing to house the Region III office and to Mr. Tuerk Schlesinger of Mobile Mental Health Center for continuing to house the Region IV Office. Their generosity is much appreciated.


For several reasons, Region I and Region II offices will relocate. More details will be available soon.

The close working relationship with the host mental health centers enjoyed by the regional staff will continue. In most cases, it is expected that this change will be transparent to the consumers. 

## VIDEOCONFERENCE NETWORK CONTINUES TO GROW

Several more mental health centers have come online with videoconferencing equipment, expanding the number of sites from 18 to 25. More will come online in the next few months.

The network allows for consumers to meet with therapists from who sign regardless of where either is actually located. It also allows for the efficient provision of interpretive services in area where it might otherwise be difficult to obtain.

The Office of Deaf Services videoconferencing network is made possible by a partnership with Alabama Relay and Sprint VRS. 

Mental Health Videoconferencing Sites Currently in Operation		
Site	Location	IP
Office of Deaf Services	Montgomery	198.186.229.233
Data Management	Montgomery	198.186.229.231
Bryce	Tuscaloosa	10.3.46.117 *
THSMC	Tuscaloosa	10.3.24.215 *
NARH	Decatur	10.3.67.124 *
Madison County MHC	Huntsville	216.180.47.105
JBS	Birmingham	216.180.137.109
Montgomery MHA	Montgomery	66.168.230.19
Mobile Mental Health	Mobile	69.85.207.131
East Alabama	Opelika	66.0.237.154
Mountain Lakes	Guntersville	12.166.73.125
Calhoun-Cleburne	Anniston	192.168.1.23*
Baldwin County	Fairhope	65.81.73.22
Cahaba	Selma	65.81.108.15
SpectreCare	Dothan	66.35.128.133
Riverbend	Florence	65.13.94.195
NorthCentral	Decatur	66.0.40.18
South Central Alabama	Andalusia	207.87.223.227*
Greil Hospital	Montgomery	198.186.229.206
South West	Grove Hill	TBA
South West	Evergreen	TBA
CED	Gadsden	TBA
Cheaha Mental Health	Sylacauga	TBA
Harper Center	Tuscaloosa	TBA

*Note: Centers with \* do not accept incoming calls.*

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## VIRTUAL CLASSROOM TECHNOLOGY BOOSTS TRAINING

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The Office of Deaf Services, has partnered with Jacksonville State University to pilot a new program for the continuing education of interpreters and other professionals working in mental health and deafness. As a component of the Mental Health Interpreter Training Project (MHIT), the Office of Deaf Services began hosting a monthly online discussion of a scholarly journal article utilizing Blackboard technology (<http://jsu.blackboard.com/>).

By creating a "classroom" atmosphere ODS hopes to encourage interaction and discussion between interpreters and clinicians. Such interaction will allow various disciplines to see how other fields interpret the same information. The format also allows for participants from around the country to join in and makes it possible to include nationally noted experts. In some cases, the author of the article being discussed will participate.

The first session of the new program discussed "Facial Affect Recognition In Pre-lingually Deaf People with Schizophrenia" by Y. Kubota, et. al. The study examined facial affect recognition in deaf individuals with schizophrenia and found that receptive facial recognition processing was not only impaired as it is with hearing individuals, but impaired to a different extent. Of the six emotional categories explored, deaf schizophrenics performed more poorly on recognition of fear, anger, surprise and disgust than other control groups.

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## As I See It

*By Steve Hamerdinger*

When we talk to people about the mission of the Office of Deaf Services we get a wide range of reactions. The other day we got a call from a lady, clearly in distress, asking if we regulated funeral homes. "Funeral homes?" we asked. Well, aren't you the Office of Death Services?

Putting aside such life and death matters as whether or not the Department of Mental Health should be in the funeral home business, people seem surprised that we are working to build highly specialized services. Many people think all we do, or should do, is provide interpreters. "Why not just give them 'signers' and then they can go to the regular programs?" Some people are puzzled by even that level of accommodation. "Just hire people and teach them to sign. It's not that hard, is it? No need for specialists." Others wonder why it is necessary for DMHMR to even have an Office of Deaf Services. It's an old issue. "Don't deaf people want to be with normal people?" they ask.

From CNN website on 23 March we read:

Plans are being debated this week for the creation of a new town [Laurent, South Dakota] with the usual amenities: hotels, a convention center, retail shops and churches. But one thing will be different: Sign language will be the preferred way to communicate.

The town is designed to make life easier and more practical for deaf and hard-of-hearing residents, said Terry Sanford, director of town planning for Nederveld Associates, a Grand Rapids, Michigan, company that is overseeing the project.

Why do people who are deaf want to set up a town where everyone signs? "Society isn't doing that great a job of, quote-unquote, integrating us," said Marvin Miller, the co-founder of Laurent, in a *New York Times* interview. While other people with disabilities may find access difficulties, they are able to navigate the society by means of spoken English. People who are deaf find it significantly harder to be "heard." "Being able to talk to the postman, the clerk at the store, the stranger who stops and asks for directions, being part of neighborhood meetings -- that would be such bliss!" said Carolyn Brick of Philadelphia quoted in a *Minneapolis Star-Tribune* article.

Predictably, not everyone agrees. Todd Houston, executive director of the Alexander Graham Bell Association for the Deaf and Hard of Hearing in Washington told the *New York Times*, "We think there is a greater benefit for people to be part of the whole world... I don't think it's very wise. This is a little bit of circling-the-wagons mentality, if you ask me." There are a lot of nay-sayers predicting gloom and doom for Miller's project. Miller has

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## FOCUS ON THE STAFF



### Matthew Hutton



Matthew Hutton has been working with Jefferson – Blount – St. Clair Mental Health Authority (JBSMHA), Deaf Services program in Birmingham, AL for the last 6 months.

Initially hired in October 2004 as a Mental Health Technician in the Deaf – Blind Residential Program in Birmingham, he was later promoted to the Home Coordinator position within the same program in December 2004. Before moving to Alabama, Matthew Hutton was employed in Decatur, GA as an Office Manager for a private/ not-for-profit mental health agency that focused on deaf and hard of hearing individuals. In addition, Matthew worked at VSA arts of Georgia, as a Coordinator for StageHands providing access to the arts for the deaf community in Metro Atlanta area.

Matthew's first exposure working in a mental health setting occurred in New York City at the Laurent Clerc Group Home, helping deaf and hard of hearing individuals with mental illness. He later moved on to work at the Lexington Center, in Queens, New York, as a job coach. Later, Matthew joined Fountain House, the original Clubhouse, in New York City, where he helped integrate deaf and hard of hearing members with mental illness into the Clubhouse community.

Needing a change in scenery, Matthew then moved to Austin, Texas where he worked with Travis County MH/MR. During his employment with this agency, he was able to move up through the ranks eventually holding the position of Team Leader for the Community Treatment Team and the Deaf Residential Program.

Other Human Services Agencies Matthew has worked with are: The New York Society for the Deaf in NY, NY; The Center for Independent Living in Carlisle, PA; and Deaf Adult Services in Buffalo, NY. Also, Matthew has taught American Sign Language at various organizations for over 25 years.

During his career in Human Services, Matthew Hutton also worked professionally as an actor and earned his equity status in the mid 80's with his performance in 'Children of a Lesser God'. He also has performed in various Off Broadway productions. Matthew has performed a major role in an independent film named 'Little Noises', which was later selected to be shown at the Sundance Film Festival in 1991.

Cooking and hosting are activities that Matthew enjoys doing in his spare time. Moreover, Matthew loves spending time with his 13 year old dog, Suka and shopping at flea markets.

## KEEPING INFORMED WITH ODS LISTSERVS

One of the important responsibilities the Office of Deaf Services has is staying abreast of current trends and best practices and disseminating that information to the field. This is done using "ListSerts" which are email distributions lists. To join any of the ODS operated ListSerts, email [Charlene.crump@mh.alabama.gov](mailto:Charlene.crump@mh.alabama.gov).

Current ListSerts run and operated by the Office of Deaf Services

### ALMHI: Alabama Mental Health Interpreting

<http://health.groups.yahoo.com/group/ALMHI/>

This listserv focuses on information which is pertinent to individuals working in Mental Health and Deafness and the field of Interpreting. Regular postings include; "Did You Know" – a look at current research in the field; "Psychopharmacology 101" – Educational information about various medications; and "Mental Health Basics" – Education information about various psychiatric disorders. ALMHI currently serves 131 members.

### ALDMH: Alabama Deafness and Mental Health

<http://health.groups.yahoo.com/group/ALDMH/>

This group is for the discussion of issues related to deafness and mental health in Alabama and around the country. Regular postings include announcements and discussions on current and relevant issues related to the field. ALDMH currently serves 67 members.

### TERPINFO

<http://groups.yahoo.com/group/TERPINFO/>

Information on workshops, training and job opportunities for Interpreters working in or around the state of Alabama. Terpinfo currently serves 300 members.

## DEAF CHILDREN AND MENTAL HEALTH: A FORGOTTEN POPULATION

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The situation is dire for deaf children and adolescents with emotional or psychological problems in Alabama. They have very limited options for treatment – none of which are ideal. If they are students at Alabama School for the Deaf (ASD), they can receive services there - up to a point. ASD strives to accommodate the needs of their students, but they have limited resources for those who are severely emotionally disturbed (SED). Often children with very severe emotional or behavioral challenges are sent back to their home district where they may attempt to get treatment from their local mental health center.

Only 1% of Alabama's deaf children and adolescents attend ASD. The rest of are mainstreamed where the quality of services depends on the school district and some luck. If a student is attending a local public school, his or her mental health needs no doubt may be exacerbated by the educational placement. If a student's behavior is severe enough, their case may come to the attention of the Department of Human Resources (DHR) and the local mental health center. After all else fails, those fortunate enough to have understanding and determined case managers may be referred to a residential treatment center out of state in hopes of getting

linguistically and culturally appropriate services. At this time, there are at least five such cases being served by the National Deaf Academy (NDA) at tremendous cost to the state.

Many SED youth are certainly in need of specialized services but are not severe enough for the highly restrictive environment that NDA, and other programs like it, offer. This results in a large gap in services for these youth. An additional problem is



they separate children from their families, making it very difficult for families to be involved in the treatment of their child. In some cases, this can be extremely detrimental to the child's recovery process.

In the really unfortunate cases, deaf children and adolescents may end up in the judicial system with no one to advocate for them. They are there simply because the educational system and the mental health system failed them. Most community mental health centers do not have therapists and case managers who are fluent in ASL nor are they trained to be culturally sensitive to the needs of deaf youth. Similarly, case workers at DHR are also not fluent in ASL nor are they trained in specialized work with deaf youth. The result is that our deaf children and adolescents are misdiagnosed. In many cases they are labeled as mentally retarded when they really are not. Some are

overmedicated and others are simply left to waste away.

The Office of Deaf Services is working with the Alabama institute for the Deaf and Blind, as well as the State Department of Education and DHR to examine the feasibility of establishing statewide deaf children's services. Such a program must include a continuum of care ranging from an intensive treatment home to therapeutic foster homes to community services for families. Most importantly, the program needs to have staff who are either deaf themselves or persons who have near-native fluency in ASL and are trained in Deaf Culture and how to provide specialized services for deaf youth. Finally, community support and advocacy will be vital to the success of the program. ✍

### NAD FORMS MENTAL HEALTH TASK FORCE

The National Association of the Deaf announced that a committee on mental health has been formed. Office of Deaf Services director, Steve Hamerdinger has been appointed to the Task Force.

The Task Force is chaired by Brad Trotter, the state coordinator for mental health services for people who are deaf or hard of hearing in North Carolina. "The status of mental health services for deaf and hard of hearing people in the United States has been a priority of the NAD for a long time," stated NAD President Andrew J. Lange. "We are pleased that a person of Brad Trotter's caliber will chair the NAD Mental Health Committee to address concerns in this area."

More information, go to: <http://www.nad.org/site/pp.asp?c=f0INKQMBF&b=551509> ✍

## As I See It

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been accused of being everything from mildly Pollyannaish to out and out deranged. Through it all he has maintained focus on what has become a central mission in his life: creating a place where deaf people can be "normal."

The driving force behind this vision, far from wanting to be isolated, is wanting to be included. Included in the daily decisions made about how people live, how their children are educated, or how their taxes are spent. People want control over their lives, regardless whether they speak English, Spanish, or ASL. To be part of life is not just being physically present in a given environment, but being able to significantly and positively influence that environment.

People who are deaf and have mental illness have no less desire to have control over their lives. They are, however, doubly disadvantaged. They face all the same problems that any other deaf person faces in a society that has little tolerance for real diversity, plus they also face nearly insurmountable challenges in getting appropriate mental health care. Traditionally, the only way to stay out of the hospital was to be passive. Deaf people couldn't make waves, couldn't complain, and above all else could never stand up for their rights. If deaf people did those things, they were labeled troublemakers and shipped off the nearest lockdown ward.

That's changing. Group homes for the deaf in Birmingham and Mobile, set up by centers who understand the thinking behind Laurent, South Dakota, are creating environments

where deaf people can live, not just be part of the furniture. The opening of the Bailey Unit will create a place where people who deaf can get treatment for their mental illness, not just warehoused until there are medicated into passivity or they learn to shut up and put up.

Marvin Miller and our consumers have a lot in common. They all have dreams. They all want a place where they can be people who happen to be deaf, rather than "crips" to be pitied or "accommodated." They want a place where they have some control over their lives and some say in their futures. They want to be able to dream and to achieve those dreams. **As I See It...** that's a pretty good place to be. 

## Alabama's Mental Health Interpreter Training

Third Annual Training Montgomery, Alabama  
August 8 – 12, 2005



The faculty of the 2005 MHIT include (clockwise from the top right) Roger Williams, Charlene Crump, Robert Pollard, and Robyn Dean.

The Alabama Mental Health Interpreter Training will have its third annual 40 hour session August 8 – 12. All classes will be conducted in the RSA Union Building in Downtown Montgomery.

The training is open to working interpreters (both deaf and hearing) who desire improving their skills in the mental health area. Participants should be certified by a nationally recognized organization of interpreter certification.

Positions are filled on a competitive basis. Application packets may be requested from Charlene Crump, Mental Health Interpreter Coordinator, Office of Deaf Services, Alabama Department of Mental Health. P.O. Box 301410, Montgomery, Alabama 36130. Interested persons may also call 334.353.4701 (V) 334.353.4701 (TTY) or email [charlene.crump@mh.alabama.gov](mailto:charlene.crump@mh.alabama.gov) for more information.

## POSITIONS AVAILABLE WITH DEAF SERVICES

The Bailey Unit, is hiring qualified clinical specialists who are fluent in American Sign Language to open this 10-bed specialized unit for deaf and hard of hearing people who have mental illness.

The following positions are now open and applications are being accepted:

### **SOCIAL WORKER II**

SALARY RANGE: 70 (\$27,752 - \$42,039)

QUALIFICATIONS: Master's degree in Social Work from a college or university approved or accredited by the Council on Social Work Education. Preference given for Clinical area of concentration and direct practicum experience in working with deaf and hard of hearing individuals

### **PSYCHOLOGICAL ASSOCIATE I**

SALARY RANGE: 69 (\$27,079 - \$41,035)

QUALIFICATIONS: Graduation from an accredited four-year college or university with a Master's degree in Psychology. Preference given to individuals with clinical area of concentration and practicum experience in working with deaf and hard of hearing individuals.

### **RECREATION/ACTIVITY SPECIALIST I**

SALARY RANGE: 66 (\$25,121 - \$38,162)

QUALIFICATIONS: Graduation from a four-year college or university with a degree in therapeutic recreation, adaptive physical education, or physical education. Other job-related education and/or experience may be

substituted for all or part of these basic requirements upon approval of the Job Evaluation Committee. Possession of or eligibility for certification as a CTRS through National Council for Therapeutic Recreation. Certification must be obtained within one year of employment.

### **MENTAL HEALTH R.N. I**

SALARY RANGE: 73 (\$31,358 - \$47,543)

QUALIFICATIONS: Graduation from an accredited School of Nursing or graduation from an accredited four-year college or university with a degree in Nursing. Possession of or eligibility for a certificate of registration to practice nursing as issued by the Alabama Board of Nursing.

Preference will be given to candidates having some experience in working with the deaf and hard of hearing individuals.

### **MENTAL HEALTH LPN**

SALARY RANGE: 57 (\$ 20,625 - \$30,604)

QUALIFICATIONS: Graduation from a standard high school, supplemented by graduation from a state-approved school of practical nurse education. Current license or eligibility to practice as a LPN in the State of Alabama. Preference given for experience in a psychiatric setting.

### **MENTAL HEALTH INTERPRETER I**

SALARY RANGE: 73 (\$31,358 - \$47,543)

QUALIFICATIONS: Combination of training and experience equivalent to a two-year degree plus three years of full-time experience interpreting

in a variety of different settings. Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Translators. Must be certified or eligible to receive certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. QMHI Certification must be obtained within 24 months of hire.

### **DEAF UNIT MENTAL HEALTH WORKER**

SALARY RANGE: 46 (\$16,502 - \$23,322)

QUALIFICATIONS: One year of college/post-secondary technical training and one year of experience in providing direct care or teacher aide services to deaf and hard of hearing individuals, preferably in mental health psychiatric hospital, group home, or nursing home. Other job-related education and/or experience may be substituted for all or part of these basic requirements upon approval of the Job Evaluation Committee.

All positions will be based at Greil Memorial Psychiatric Hospital, 2140 Upper Wetumpka Road, Montgomery, AL. 36107

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## NEW TECHNOLOGY EXPANDS TRAINING FOR STAFF AND PROVIDERS

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The activity includes both an online discussion activity and a self-paced component that allows individuals to earn continuing education credits. Participants included MHIT alumni as well as ODS and JSU staff. Employees of the South Carolina Department of Mental Health also added much to the discussion.

While geared to meet the training needs of interpreters, these events are available to any professional working with deaf people in mental health settings. For more information, email [Charlene.crump@mh.alabama.gov](mailto:Charlene.crump@mh.alabama.gov).

Conquering the Future: A Season of Change

Southeast Regional Institute on Deafness

Southeast Regional Institute on Deafness

October 24 - 27, 2005

Asheville, North Carolina

Come see the colorful foliage of NC!

For more information see:  
[www.serid.org/serid2/index.html](http://www.serid.org/serid2/index.html)