

Signs of Mental Health



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Office of Deaf Services
Alabama Department of Mental Health and Mental Retardation
P.O. Box 301410
Montgomery, Alabama 36130



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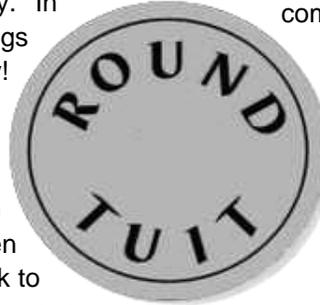
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Signs of Mental Health
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Editor's Notes:

Putting out the Signs of Mental Health is a time-consuming endeavor. When in the midst of the normal chaos, this can be a task that is easily relegated to the, "When I get a Round Tuit" category. In fact, there are a lot of things that fit into that category! Doing the newsletter is a rewarding exercise though. It reminds me of all the things that are going right in the middle of times when most people are all too quick to tell you what you are doing wrong.

I am reminded of this when tidbits like this, from David Tout, President of ADARA, turn up in my inbox. "Very impressive newsletter. Thank you for shar-



ing. The new look is fabulous. Your program is really taking off and you should be both proud of yourself and your staff for all of the great work you are putting forth.

This month we highlight the work of the communication department at the Bailey Deaf Unit. We also will look at some highlights of this conference season. This month we also shine the spotlight on one of our coordinators, Liz Hill, in Focus on the Staff.

All of this is in addition to the usual things we publish, like the *ODS Bookshelf* and *Notes & Notables*. ✂



The Recovery Month observance highlights the societal benefits of substance abuse treatment, lauds the contributions of treatment providers and promotes the message that recovery from substance abuse in all its forms is possible. The observance also encourages citizens to take

action to help expand and improve the availability of effective substance abuse treatment for those in need. Each year a new theme, or emphasis, is selected for the observance.

See more at:

ON THE COVER:

Deb Walker (left) explains to Mental Health Interpreter Coordinator Charlene Crump how the picture board is used to help develop language use for some of the Bailey Deaf Unit's more dysfluent consumers.

COMMUNICATION AND LANGUAGE DEVELOPMENT IS KEY TO TREATMENT AND RECOVERY

*By Deb Walker
Staff Interpreter, Bailey Deaf Unit*

The patient diversity at Bailey Deaf Unit is a daily challenge to the Communication Specialist, Mona Ivey and staff interpreters Brian McKenny and Deb Walker. Most of the patients have limited skills in signing and some are dysfluent. Add to this the way the psychotropic medications may be affecting them on that day and one can begin to appreciate the job they have on their hands.

“Our patients’ fund of knowledge is limited due to their personal communication barriers, varying intelligence levels and the typical side effects associated with a men-

tal illness,” Ivey says. “Ethnic and environmental backgrounds are also strongly involved. The self worth most adults would be expected to have is largely lacking. We have to provide them with a type of remediation, in addition to psychiatric and medical treatment.” Ivey helps build this by working on their communication skills.

Communication development in adults with such barriers requires in-depth preparation and repetition. Visual presentation of the information beyond signing it is a must. For example, the daily Therapeutic Community Meeting (TCM) includes reading the BDU Rules. Ivey noticed that the

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Communication Specialist Mona Ivey helps Nurse Renee King explain a medical procedure. With dysfluent patients information must be broken down and transmitted in a way that the patient can comprehend. Such work is vital to helping patients feel safe and allowing them to focus on their recovery.



**DEAF SERVICES
REGIONAL CENTERS**

**Region 1: Northern Alabama
Wendy Lozynsky**

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: Southern Region
Beth Metlay Coordinator**

Mobile Mental Health Center
2400 Gordon Smith Drive
Mobile, AL 36617
251-450-4353 (Voice)
251-450-4371 (TTY)





FOCUS ON THE STAFF:

LIZ HILL



My name is Liz Hill and I'm the regional coordinator for Region III. I've been with ODS for almost 3 years now! Time really flies. I got my B.A. in Government and my Master's in Social Work (MSW) from Gallaudet University. Shortly after graduating with my Master's, I got a job as a mental health therapist at Family Service Foundation (FSF) in Baltimore, MD. Working at FSF was a truly wonderful "first" job to have after graduate school. It was there that I had an opportunity to work with children and families from very diverse backgrounds. I got a lot of referrals of deaf children with severe emotional disturbances who also usually had additional disabilities. The work was challenging but very rewarding. Ever since then, I've been a passionate advocate for children and families dealing with mental illness.

Even though I grew up in the North, I have adjusted very well to living in the South! I love the year-round warm temperatures. I think I'm secretly a southern girl at heart and was just born in the wrong place! I have plenty of summer clothes that I get to wear more often down here as opposed to only 3 months of the year up North. The recent heat wave when the temps were well over 100 was a bit much for me though. Thankfully, that seems to be over with.

In my spare time, I keep busy with a number of activities. I'm President of the Montgomery Chapter of the Alabama Association of the Deaf. I'm also chair of the National Association of the Deaf's Mental Health Subcommittee. I'm also very active at St. Bede's Catholic Church. I volunteer as Communion minister and spend a lot of time helping out with the church's LifeTeen group. I have a cat that I consider to be my "only" child and a house that I'm very grateful to have. We have a GREAT baseball team called the "Montgomery Biscuits." I love our stadium because no matter where you sit, you always have a great view of the field and what's happening down there.

I think the best thing I love about my current job is the variety. This is such a unique job – from doing direct outpatient therapy, to coordinating services, to giving presentations, to providing technical assistance and writing communication assessments and other articles in various publications – we really are a jack of all trades. There's variety in the locations too. I get to go to county jails, probate court, hospitals, mental health centers, and more. I definitely know our program is a national model and just hope that other states look to us and replicate what we're doing here!

Currently, I am a licensed graduate social worker (LGSW). I will be eligible to take the exam to get my clinical license (LCSW) in late spring/early summer. I am really looking forward to finally getting my clinical license. Wish me luck on that and keep your fingers crossed for me!

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This is such a unique job – from doing direct outpatient therapy, to coordinating services, to giving presentations, to providing technical assistance and writing communication assessments and other articles in various publications – we really are a jack of all trades.”

TRAINING AND RESEARCH FUNDAMENTAL TO MHIT SUCCESS

The work of the Mental Health Interpreter Training project is garnering national, even international recognition, but few people realize the breadth of the effort.

In addition to the acclaimed Interpreter Institute, ODS staff interpreters are also involved in mentoring and training year – round. This work takes on many forms.

One of the efforts involves increasing the skill of our staff interpreters in clinical supervision. As part of this effort we routinely brush up on Robyn Dean’s Demand – Control Schema, which is the basis for our mentoring and supervision work.

Deaf Services’ staff also fan out around the country to teach the skills and techniques that have been developed here. Ground – breaking approaches that have developed here include modifying interpreting approaches based on clinical diagnosis and using advanced knowledge of psycholinguistics to help clinicians differentiate between clinical pathology and

dysfluency.

Other staff members are building on knowledge already available to enhance understanding of Secondary Trauma Stress, interpreting clinical assessments, and working effectively with sub – specialists.

ODS is working to build a video library of language samples and practice scenarios. This is not always as easy or straightforward as it sounds. HIPAA, for example, is wonderful protection for our consumers. The flipside is that it makes it very hard to collect language samples. ODS complies strictly with HIPAA requirements so we often are unable to capture pure psychotic signing on video. A person who is actively psychotic cannot give informed consent so we will not violate their privacy. Developing practice scenarios is a much easier task, however. We use volunteers to role play situations, sometimes reenacting specific situations and language we have worked with. Such videos are then used in mentoring and training. ✍

“Staff members are building on knowledge already available to enhance understanding of Secondary Trauma Stress, interpreting clinical assessments, and working effectively with sub – specialists.”



MHI Coordinator, Charlene Crump films a training vignette involving BDU LPN Marjorie Childs and BDU Interpreter Deb Walker. Such videos help training participants visualize situations and make practical application of concepts taught.

COMMUNICATION AND LANGUAGE DEVELOPMENT IS KEY TO TREATMENT AND RECOVERY

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“Our patients’ fund of knowledge is limited due to their personal communication barriers, varying intelligence levels and the typical side effects associated with a mental illness.”

patients weren’t connecting what was being told them during that meeting to their day-to-day routines. After consideration, she decided to do a role-played rendition of the rules. The reaction of the patients was immediate and dramatic. Patient interest was piqued, comprehension was finally evident in facial expression and appropriate responses, and they’ve repeated the rules back to the staff enough to build confidence that the message is finally taking root. Although some may feel that so much work is unnecessary for such a simple thing as the recitation of the Unit Rules, there’s an underlying application to the outside world. “There’s a direct correlation of the rules here at Greil to the world outside. As there’s a high crime rate in the world, lacking comprehension of the basic rules that govern all of us can be extremely dangerous for our patients after they leave,” Ivey says.

Another piece of the communication puzzle is found in the use of pictures. Because English is often the deaf person’s second language, many common English words are not familiar to them. Imagine someone spelling t-o-z-s-m-a u-g-v and expecting you to understand the meaning. As hard as it

may be to comprehend for those who grew up in a non-deaf environment, the spelling of menu items for the day (also presented during the TCM) seem just that foreign to most BDU patients. Spelling out “s-l-o-p-p-y j-o-e-s” does not bring to mind the same messy, tomato-saucy, ground beef concoction that it does for most. To address that, BDU staff revamped a cork bulletin board into a felt board and divided it into meal times. Every morning, pictures of each food item are Velcroed into the appropriate section by a patient who volunteers to do so. Patients who have never made an association between the printed words “Sloppy Joes” and the sandwich are now seeing them together. Although it may seem a small thing, vocabulary growth in any area is a step forward.

The hard work of BDU’s Communication Staff has been successful over and over again. Not too long ago a patient who had basically no communication signed to Ivey, “No one ever loves me.” Imagine how it felt for that person to be able to express their feelings for the first time in years ... and, better yet, have someone understand them. *✍*

ALABAMA’S MENTAL HEALTH INTERPRETER STANDARDS ARE WORLDWIDE BENCHMARK

The Chartered Institute of Linguists, an organization based in London that serves the interests of professional linguists throughout the world and acts as a respected language assessment and accredited awarding body, has recognized the work of the Office of Deaf Services by highlighting the Mental Health Interpreter standards as the only one of its kind in the world. The link can be found at

<http://www.iol.org.uk/qualifications/DPSI/Options/MentalHealth/Reading&PublicationsList.pdf>

As I See It

Paul Hamending



When I was a boy I used to raise hamsters. Fascinating critters, really, in their own way. The thing that intrigued me the most was the fact that they seemed to be perfectly happy running around all day on that silly wheel in their cage. They expend a tremendous amount of energy running and never get anywhere. Not unlike those of us who have been working in mental health and deafness for any length of time.

While I was in St. Louis at the American Deafness and Rehabilitation Association conference, I had a chance to talk to several of my peers from other states. We value these events for the opportunity they afford to sit around with a tall one and talk about our mutual "experiences". After nearly 15 years as a state coordinator of mental health services for deaf people, I have seen it all. *Ad nauseum*. The best survival/coping technique is the same as those hamsters I had a boy. We just run around the wheel, telling ourselves that we are accomplishing something, getting somewhere. We do the same things over and over, the wheel keeps on squeaking, but we see the same problems, barriers and obtuseness day in and day out.

Now I don't mean this in the same sense that Benjamin Franklin did when he said that "Insanity is doing the same thing over and over and expecting a different result" – though perhaps we who are state coordinators of mental health services for deaf people are indeed a strange breed. We think we are often effective, but cast of characters keeps changing, rendering our efforts moot. In St. Louis, as with countless other times our paths have crossed in one meeting or another, we talked about the futility of "educating" "hearing" state officials on the needs of the deaf only to have them move on and we have to do it all over again in a few months time. Maybe it would be all right if everyone were willing to listen to consumers who are deaf, with an open mind and a smidgeon of common sense. If people would stop being hung up on the "broken ears" and see that the needs of our deaf consumers lie in linguistic and cultural differences all would be well. Alas, this is not always the case.

It was Matthew Henry, the late 17th century English clergyman, who said there are, "None so deaf as those that will not hear." I think about all the times I have talked to people about why consumers who

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MI FACILITIES DIRECTOR PAUL BISBEE RETIRES

Paul Bisbee, Ph.D., Director of Mental Illness Facility Operations, retired August 31, 2007. Bisbee completed a 33 year career with DMH/MR.



Dr. Bisbee was a staunch supporter of the efforts to improve care for deaf people who were committed to state psychiatric facilities. He worked closely with the Office of Deaf Service on the program design of the Bailey Deaf Unit.

Holding positions from clinical psychologist to facility director to acting Division director, Dr. Bisbee is a walking encyclopedia of information about psychiatric treatment in Alabama.



Dr. Bisbee (left) confers with Allen Stewart, Director of Greil, at Dr. Bisbee's retirement reception. Photos by James Pointer

A native of Massachusetts who still speaks with a trace of a Boston accent, Dr. Bisbee is a fascinating raconteur who could hold an audience in a spell over a stem-winding anecdote. And his career provided plenty of material.

The Office of Deaf Services wishes Dr. Bisbee all the best. We will miss his friendly and astute advice, his warm smile, and his most all, his stories about, "Back then..." 

ODS HAS STRONG REPRESENTATION AT NATIONAL RID CONFERENCE

Alabama had a marked presence at the recent national Registry of Interpreters for the Deaf conference in San Francisco. About 2,500 people from around the world attended. ODS staff presented at four of five Alabama presentations at this year's conference and our delegation gave four of the five presentations related to interpreting in mental health.

Liz Hill's presentation had an estimated 200 people in attendance and was titled "Deaf Children and Mental Health: What Every Educational Interpreter Should Know." Most of the interpreters worked in public schools. Some were from residential schools and a few said they were freelance interpreters who worked in mental health centers where deaf children went for therapy. Liz talked about child development and how it is different for deaf children. She addressed the factors that put deaf children more at risk for developing emotional and behavior disorders. In-

terpreters were very interested in their role in therapy as communication experts and how cases with children are more complicated than cases with adults. There are usually multiple agencies involved and differing opinions of various family members and school officials by the time a child has to seek mental health treatment. On top of that, assessing a deaf child carries the risk of misdiagnosis if the clinician is not trained to work with this special population.

Brian McKenny's two presentations had great participation and a combined 300 individuals.

The first, "Interpreting with Deaf Professionals in Clinical Settings," co-presented with Nancy Allen, of South Carolina, explored challenges involved while working with Deaf clinicians.

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"A number of participants stated they were glad to be able to 'come out of the closet' as mental health interpreters, receiving validation for techniques they were already employing.



Brian McKenny (far right) gives one of two presentations at the National Registry of Interpreters for the Deaf Conference in San Francisco.

DMH/MR STARTS NEW PLANNING PROCESS DEAF COMMUNITY INPUT SOUGHT

The Alabama Department of Mental Health and Mental Retardation is beginning a planning process that involves the inclusion of family members, consumers and stakeholders through local assessment meetings to be conducted through the fall. This represents a significant opportunity for members of the Deaf Community to have input in future directions of mental health services.

DMH/MR wants consumers and family members to fully participate in this process and is planning to make sure that communication access is provided at each local needs assessment meeting.

- The Montgomery Area Mental Health Authority will hold its Local Needs Assessment Meeting on October 9th from 9-12 at Dalraida Baptist Church, 3838 Wares Ferry Road, Montgomery 36109. (MI)

- The Dothan area will hold its Local Needs Assessment Meeting October 16, 2007 from 2:30 – 4:00 p.m. at the Vaughn Blumberg Services Cafeteria, 2715 Flynn Road. (MR)
- South Central AL MHC will hold its Local Needs Assessment Meeting October 18th from 1-2:30 on the McArthur Campus of Lurleen B. Wallace College, 107 Main St., Opp. (MI, SA, MR)
- Chilton-Shelby MHC will hold its Local Needs Assessment Meeting November 14th from 2:30 to 4:00 at the AL Power Company in Clanton. (MI, SA, MR).

More meetings will be scheduled in the coming weeks. Watch for announcements on the ALDMH listserve. To subscribe to this list, go to ALDMH Group page [HERE](#). 

“This represents a significant opportunity for members of the Deaf Community to have input in future directions of mental health services.”

NOTES AND NOTABLES

Two ODS staff members have had papers accepted at the Southeast Regional Institute on Deafness

Wendy Lozynsky, Region I coordinator and **Shannon Reese**, Region II Coordinator, will be presenting at the annual event to be held in October in Greenville, SC.

Beth Metlay, Region IV Coordinator, was on the faculty of “SoberCamp” a substance abuse recovery program which ran from August 19 to August 24. The camp was held at Camp Mark 7, in the Adirondack mountains near Old Forge, New York. She has been part of the Faculty for a number of years.

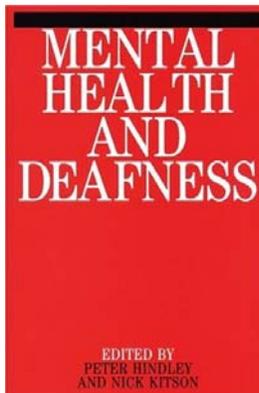
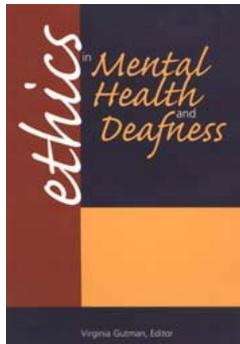
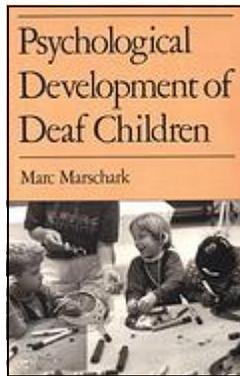
Steve Hamerdinger, ODS Director, gave a well-received lecture at the “Preparedness for All” Conference in Birmingham last month.

The philosophy and methods of Alabama’s MHIT spread to yet another state as Missouri hosted **Steve Hamerdinger** and **Charlene Crump** in a two-day seminar this past summer. Jointly sponsored by the Missouri Department of Mental Health and the Office of Courts Administrator, the training focused heavily on the clinical practice of mental health interpreting.

Mona Ivey (nee Nealy) has accepted a position with the Alabama Division of Rehabilitation Services. She has served as the Communication Specialist at the Bailey Deaf Unit for the past 2 years. She will be missed.

Region I Coordinator, **Wendy Lozynsky**, continued bringing home hardware when she was selected as for the “Distinguished Service Award” from the Southeast Regional Institute on Deafness. She will join several other Alabamians who are being recognized for their work at the annual awards dinner.

This feature, highlights books that are being read by ODS and Deaf Services staff members around the state. Not all the books will be strictly about deafness and not all will be strictly about mental health, but all will help increase knowledge and understanding of how deaf people living with mental illness can be better served. The editors welcome contributions of ideas and reviews from our readers as well. Send your contributions to ODS in care of: steve.hamerdinger@mh.alabama.gov.



ON THE ODS BOOKSHELF



Some "oldies, but goodies: this month:

Marschark, M. (1993). *Psychological Development of Deaf Children*. New York: Oxford University Press. ISBN-10: 0195068998

Marschark's first book, it was also the first comprehensive examination of the psychological development of deaf children. Even though it is "long in tooth" by today's standards, it is a worthwhile read. A great deal has been updated since it came out, and indeed, Marschark has spearheaded much of the research. Knowing where we have been helps us know where we are going.

Gutman, V. (Ed.) (2002). *Ethics in Mental Health and Deafness*. Washington, DC: Gallaudet University Press. ISBN-10: 156368120X

Gutman, edits a book which examines the ethical issues in mental health and deafness from a number of perspectives. Irene Leigh's lead chapter explores her view of the ethical challenges that deaf practitioners face. Joining Gutman and Leigh are contributors examining , Bob Pollard looking at ethics and research, Bill McCrone discussing legal issues and several others.

Hindley, N & Kitson, K, I. (Ed.) (1999). *Mental Health and Deafness: A Multidisciplinary Handbook*. London: Whurr Publishers Ltd. ISBN-10: 156368120X

Much progressive work has been done in Britain in mental health and deafness. This volume is a quick overview of how they approach it.

Hot Off the Presses: Important Articles You Must Read

Embry, Richard A.; Grossman, Frank D. (2007) The Los Angeles County response to child abuse and deafness: a social movement. *American Annals of the Deaf*; Winter 2006/2007;

Horton, H.K., Silverstein, S.M., (2007) Cognition and functional outcome among deaf and hearing people with schizophrenia, *Schizophrenia Research*, doi:10.1016/j.schres.2007.04.008.

Hunt, Linda M. and de Voogd, Katherine B. (2007) Are Good Intentions Good Enough?: Informed Consent Without Trained Interpreters. *Journal of General Internal Medicine*. 2007 May; 22(5): 598–605.

Kushalnagar, Poorna, Krull, Kevin, Hannay, Julia, Mehta, Paras, Caudle, Susan, John Oghalai. (2007) Intelligence, Parental Depression, and Behavior Adaptability in Deaf Children Being Considered for Cochlear Implantation. *Journal of Deaf Studies and Deaf Education* 12:3 Summer 2007.

Moore, Dennis, McAweeney, Mary (2007) Demographic characteristics and rates of progress of deaf and hard of hearing. *American Annals of the Deaf*; Winter 2006/2007; 151, 5.

Tate, C. M. & Adams, S. (2006) Information gaps in the deaf and hard of hearing population: a background paper [Electronic version]. Retrieved September 1,2007 from <http://www.wiche.edu/MentalHealth/InformationGapsResearchPaper.pdf>

van der Werf, M., et al., (2007) Mild hearing impairment and psychotic experiences in a normal aging population, *Schizophrenia Research*., doi:10.1016/j.schres.2007.04.006.



AN ODS BOOK REVIEW

Dialectical Behavior Therapy Skills Training Video: "Opposite Action: An Adaptation From The Deaf Perspective"

Review by Beth Metlay

Among the many "evidence-based practices" that have become vogue in recent years is Dialectic Behavior. Intuitively attractive, the approach nevertheless runs into numerous problems when applied to deaf people with mental illness.

This video, produced by Behavior Tech, LLC and Behavior Tech Research, Inc and in collaboration with The Deaf Wellness Center, Rochester, NY and directed by Robyn Dean and Robert Pollard, teaches modifications to DBT that allow it to be effectively used by some deaf consumers.

Written by the Deaf Wellness Team: Susan Chaper, Robyn Dean, Julianne Gold Brunson, Sharon Haynes, Amanda O'Hearn and Robert Pollard, the script was based on the original work by Dr. Marsha Linehan, Ph.D, and her research into one of the Dialectical Behavior Therapy Skill aspects called the Opposite Action.

It showed two deaf therapists, Julianne and Sharon, meeting to prepare for group session and discussing the terms of Opposite Actions. The concept of Opposite Action is to use behavioral skills to change the unwanted emotion or behavior. They were preparing to work on how to teach a group the new skills.

In the first group session Julianne and Sharon taught the participants about Opposite Action to help them understand the concept of how they can change their emotional responses. For example, if a person has

fear of people, he tends to avoid going to parties. So with opposite action, instead of avoiding going to party, the person will have to go out and socialize. It is believed the negative cycle will decrease by opposite action if person keeps going to parties. They used lots examples and discussion about what they did.

Then after the first session, Julianne and Sharon met again to discuss outcomes for the next group session.

The second session focused on the consumers' homework from the previous session. As before, Julianne and Sharon are shown in a post-session discussing the outcome of the group process.

In my opinion this DVD is two thumbs up! The first reason for this is that, as the title, "An Adaptation from the Deaf Perspective," implies, the actors communicated with American Sign Language (ASL) and described several situations or settings that incorporate deaf experiences, such as frustration with communication breakdowns with hearing families, awkward situations in deaf clubs, dealing with anger from when they are unable to get interpreters when needed and so forth.

Secondly, the adaptations made to the DBT model are those that have specifically been shown to work. Such adaptations are crucial if therapists are to be able to use the model.

If you want more information about this DVD, you can look at the website for more information see <http://www.urmc.rochester.edu.dwc/>. 



"[As] the title, 'An Adaptation from the Deaf Perspective,' implies, the actors communicated with American Sign Language (ASL) and described several situations or settings that incorporate deaf experiences."

AS I SEE IT

Continued from page 7



They will recognize tokenism inherent in placing a quiet, compliant deaf person who is afraid to make waves on a committee for the sole purpose of being able to say, 'But we DID have a deaf person on the board.'"

are deaf do better in an environment where everyone signs, why service providers need to listen to deaf consumers, and that problems deaf consumers face will not be solved by having someone who can correctly fingerspell 23 letters of the alphabet about 75% of time.

The fundamental point that people miss is that its not just that their ears do not work, but rather that their whole world view is transformed from one that is auditorally based to one that is visually based. Just recently I have heard stories of providers – all of whom have been in workshops and training events where this stuff has been addressed – providing “accommodations” by “sitting the deaf person next to the therapist” in group sessions, or by providing a deaf person with a dry erase board to carry around to “communicate.” And then insist that the behavior problem the deaf consumer displays is the result of aggression and oppositional behavior. It’s enough to give one a raging case of Intermittent Explosive Personality Disorder.

I would venture to guess that some of the people reading these words are shaking their heads knowingly, thinking, “Nothing new....” Others are wondering what’s wrong with asking a deaf person with a border line IQ and a 1st grade reading level to read and sign a three page consent form written in the very densest legalese. There’s another group, though, that will see what’s wrong with this and will react with genuine compassion and sympathy. They are the ones who take up the cause to make things better for deaf consumers and become some of our

best advocates. They will be the ones that we try to reach.

People who “get it” understand that it is morally corrupt to establish an “advisory group” to guide the development of programs to serve deaf people without involving deaf people from the onset. They are the ones that will argue that this is no different than having all white men running a historically black college. They will recognize tokenism inherent in placing a quiet, compliant deaf person who is afraid to make waves on a committee for the sole purpose of being able to say, “But we DID have a deaf person on the board.” Never mind that the person in question became deaf at the age of 95 and is now 110.

Thankfully, not all the people I have to interact with are implicitly or explicitly “audist.” There are many good people out there. Unfortunately, the principles of heirachiology will virtually guarantee that such people will soon rise on to bigger and better things. People who are effective, genuine and compassionate are in demand everywhere. They “go places.” The ones that stay and make up a permanent bureaucracy are the ones who seem least able to let go of cherished dogma and are the most psychologically unable to accept information counter to their world views. The phrase, “My mind is made up - don’t confuse me with the facts,” nicely describes them.

Fortunately, the wheel is there. We run on – on the off chance that someone, somewhere, will leave the door of the cage open. Then, ***As I See It***, all we have to worry about where the family cat is...

✍

POSITIONS AVAILABLE WITH DEAF SERVICES

OFFICE OF DEAF SERVICES

INTERPRETER,
Region II (Birmingham)
SALARY RANGE: 73 (\$33,241 - \$50,396)
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 or licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified or eligible to receive certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. Certification must be obtained within 24 months of hire.

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

Steve Hamerdinger
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100 North Union Street
Montgomery, AL 36130
Steve.Hamerdinger@mh.alabama.gov
(334) 353-4701 (TTY)
(334)353-4703 (Voice)

THE BAILEY DEAF UNIT

The following positions are based at Greil Memorial Psychiatric Hospital, 2140 Upper Wetumpka Road, Montgomery, AL. 36107

DEAF CARE WORKER (Continuous Recruitment)
SALARY RANGE: 50 (\$20,277 - \$28,682)
QUALIFICATIONS: High School Diploma or GED - Entry Level Position. Must have Advanced level signing skill in American Sign Language (ASL) as measured by a recognized screening process, such as SLPI. Thorough knowledge and understanding of Deaf Culture is required.

MENTAL HEALTH RN – I
SALARY RANGE: 73 (\$33,241 - \$50,396)
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. Proficiency or willingness to learn American Sign Language to achieve an "Intermediate" level of signing skills as measured by a recognized screen process, such as SCPI within three years

RECREATION/ACTIVITY SPECIALIST I
SALARY RANGE: 66 (\$27,962 - \$42,477.60)
QUALIFICATIONS: Graduation from a four-year college or university with a degree in therapeutic recreation, adaptive

physical education, or physical education. Other directly related education and/or work experience may be substituted for all or part of these basic requirements. **Must be in possession of, or eligibility for certification as a Certified Therapeutic Recreation Specialist (CTRS) through the National Council for Therapeutic Recreation.**

Proficiency in American Sign Language at or exceeding "intermediate plus" level of signing skills as measured by a recognized screening process such as SLPI.

MENTAL HEALTH SOCIAL WORKER I
SALARY RANGE: 63 (\$25,956 - \$39,456)
QUALIFICATIONS: Graduation from an accredited four-year college or university including completion of a social work program with eligibility for license as a Bachelor Social Worker (BSW). **Must be in possession of, or eligible for licensure as a Bachelor Social Worker (LBSW) as issued by the Alabama Board of Social Work Examiners. Valid licensure must be obtained within one year of employment and maintained.**

Proficiency in American Sign Language at or exceeding "intermediate plus" level of signing skills as measured by a recognized screening process such as SLPI.

MH Specialist I (BDU) – COMMUNICATION SPECIALIST
SALARY RANGE: 70 (\$31,968.00 - \$48,424.80) (As of October 1,2007)
QUALIFICATIONS: Bachelor's degree in Communications, Psycholinguistics, Deaf Studies or a related field. Other **job related education and/or experience** may be substituted for all or part of these basic requirements. Native or near-native signing skills equal to Superior level of signing skills in American Sign Language, as measured by a recognized screening process (SLPI). Certification in either sign language (RID), in teaching American Sign Language (ASLTA-Q or ASLTA-P), or equivalent must be obtained within one year of employment.

For more information on any of these positions, or for application, please contact:
Letitia Hendricks
Director of Human Resources
Greil Memorial Psychiatric Hospital,
2140 Upper Wetumpka Road, Montgomery, AL. 36107
Letitia.Hendricks@greil.mh.alabama.gov
(334) 262-0363 ext. 231 (V)
334)834-4562 (FAX)

Scott Staubach
Director, Bailey Deaf Unit

Continued on next page

DEAF SERVICES GROUP HOMES

HOME COORDINATOR (Birmingham)
(\$30,618 to \$32,148)

QUALIFICATIONS: Bachelor's degree in a social service or related curriculum, two years' experience working with deaf mentally ill population and supervision/running a residential program. Must have near intermediate plus signing skills in American Sign Language (ASL) as measured by a recognized screening process such as the SLPI and have a thorough knowledge of Deaf Culture. Must have a valid Alabama driver's license and car insurance.

MENTAL HEALTH TECHNICIANS
(Birmingham)
(\$16,242 to \$17,052 FULL TIME POSITIONS)
(\$7.80/hr PART TIME POSITIONS)
(\$7.00/hr RELIEF POSITIONS)

QUALIFICATIONS: High School Diploma or GED. Must have near intermediate plus signing skills in American Sign Language (ASL) as measured by a recognized screening process such as the SLPI and have a thorough knowledge of Deaf Culture. Must have a valid Alabama driver's license and car insurance.

For more information about the Birmingham positions, contact:
Malissa Cates, Program Director
JBS Mental Health/Mental Retardation Authority
956 Montclair Road, Suite 108
Birmingham, AL 35213
205-591-2212 (Voice)
205-591-2216 (TTY)
mcates@jbsmha.com

BEHAVIORAL SPECIALIST FOR DEAF HOME
(Mobile)

QUALIFICATIONS: Bachelor's degree in mental health discipline. Must be deaf or proficient in American Sign Language and have a thorough understanding of deaf culture. Must have and maintain a valid Alabama driver's license. Must have knowledge of adult psychiatric service provision.

For information about the Mobile positions, contact:
Beth Metlay, Coordinator
Mobile Mental Health Center
2400 Gordon Smith Drive
Mobile, AL 36617
251-450-4353 (Voice)
251-450-4371 (TTY)
251 450 4323 (Fax)
Beth.Metlay@mh.alabama.gov

ODE TO MHIT?

This is something a little different. We liked it. We hope you do too.

By Rosalind Kia and Lynn Nakamoto

*We came from different places
To gain skills in mental health arena
To learn what an interpreter faces
And to use the demand control schema*

*Theories flying left and right
Psychotropic meds galore
Studying late into the night
Wondering what else was in store*



Roz Kia and Lynn Nakamoto digesting radical new ideas at MHIT. They both went on to earn their QMHI status.

*How great it was to be told
To trust in what we see
And try to be more bold
When faced with dysfluency*

*How wonderful, how marvelous
The time we shared tho short
The mentors who believed in us--
The 2006 cohort*

CURRENT QUALIFIED MENTAL HEALTH INTERPRETERS

Becoming a *Qualified Mental Health Interpreter* in Alabama requires a rigorous course of study, practice and examination that takes most people nearly a year to complete. It involves 40 hours of classroom time, 40 hours of supervised practica and a comprehensive examination covering all aspects of mental health interpreting.

Charlene Crump, Montgomery
Nancy Hayes, Hayden City
Dee Johnston, Oxford
Lisa Gould, Mobile
Dawn Marren, Huntsville
Pat Smartt, Sterett
Frances Smallwood, Huntsville
Lynn Nakamoto, Hawaii
Roz Kia, Hawaii
Kathleen Lamb, Wisconsin
Paula Van Tyle, Kansas

Sue Scott, Mobile
Brian McKenny, Montgomery
Debra Walker, Montgomery
Jill Farmer, Arley
Wendy Darling, Prattville,
Lee Stoutamire, Mobile,
Cindy Camp, Jacksonville
Jamie Garrison, Wisconsin
Vanessa Less, Wisconsin
Dawn Ruthe, Wisconsin
Kathleen Bucher, Huntsville

ODS HAS STRONG REPRESENTATION AT NATIONAL RID CONFERENCE

Continued from page 8

Also discussed were the uses of register, as well as the interpretation choices one could make to best facilitate this relationship.

His second session, "Interpreting the Mental Status Exam for the Deaf Inpatient," explored the impact of the interpreter on the provision of the MSE. McKenny discussed methods and techniques to ensure that this highly vital assessment can be appropriately administered in the absence of clinicians with specialized background in deafness.

responses must change to validate and parallel the therapeutic goals.

A number of participants stated they were glad to be able to "come out of the closet" as mental health interpreters, receiving validation for techniques they were already employing. Others inquired when the next Alabama MHIT training was, that they HAD to be there. ODS already has received several follow-up calls and applications, even though the date for the training has not yet been set.

Attending RID, was, as always a tremen-



Mental Health Interpreter Coordinator Charlene Crump's talk attracted more than 350 people, further solidifying Alabama's role as one of the nation's leaders in cutting edge approaches to mental health interpreting for Deaf consumers.

Some 350 people attended Charlene Crump's presentation which focused on how various clinical diagnoses may effect interpreter choices in the interpreting assignment. Crump examined various milieus, diagnoses and treatment approaches and explained how interpreters'

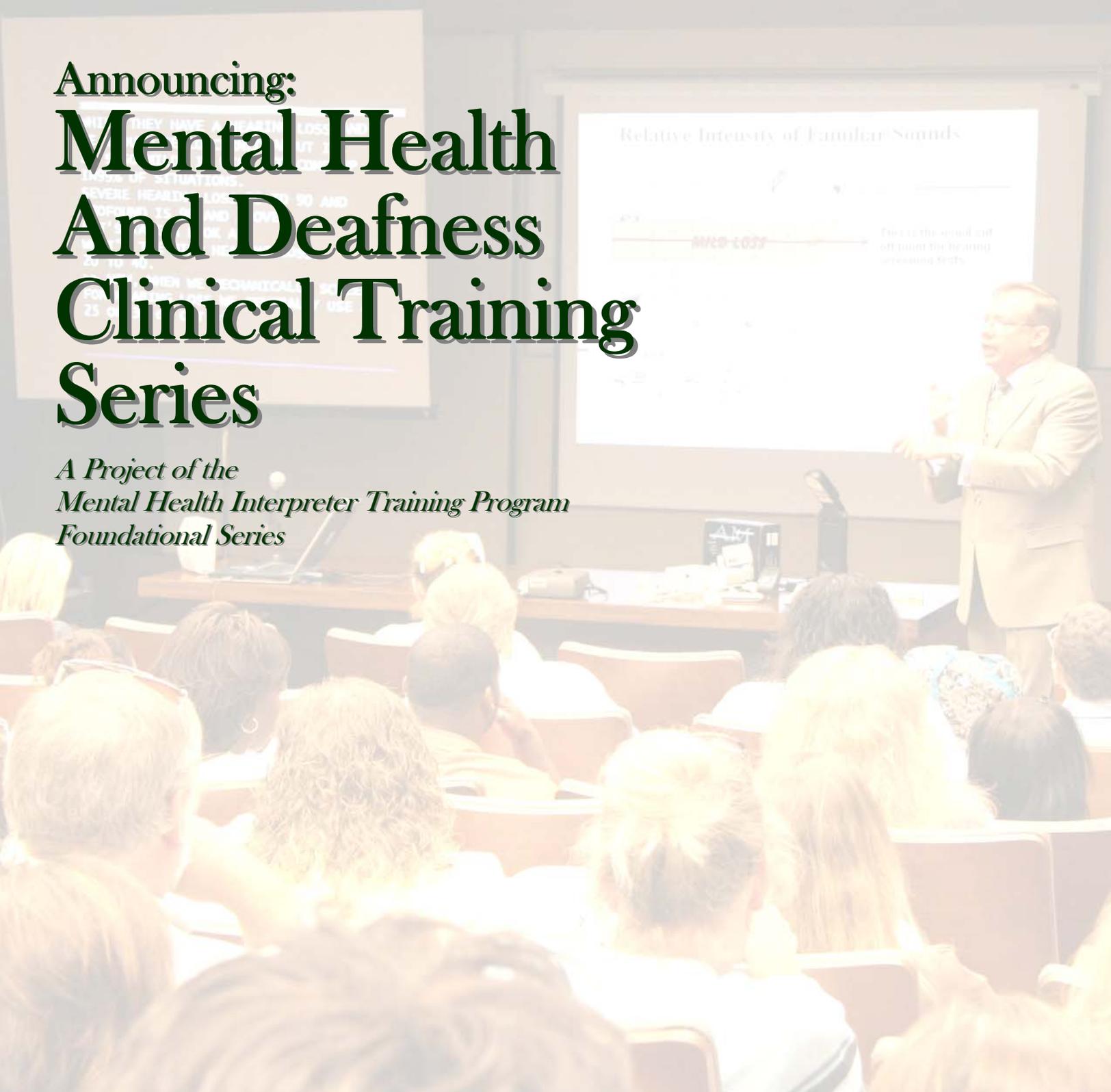
dous opportunity to participate in the growth of interpreting as a practice profession and to learn from a variety of speakers on a host of topics. It also gave Alabama a chance to put in the national spotlight some of the things being done here.



"It gave Alabama a chance to put in the national spotlight some of the things being done here."

Announcing: Mental Health And Deafness Clinical Training Series

*A Project of the
Mental Health Interpreter Training Program
Foundational Series*



**Dates and Topics TBA
Montgomery, Alabama**

A Presentation of
Mental Health Interpreter Training Project
Office of Deaf Services
Alabama Department of Mental Health and Mental Retardation

For more information contact Charlene.Crump@mh.alabama.gov