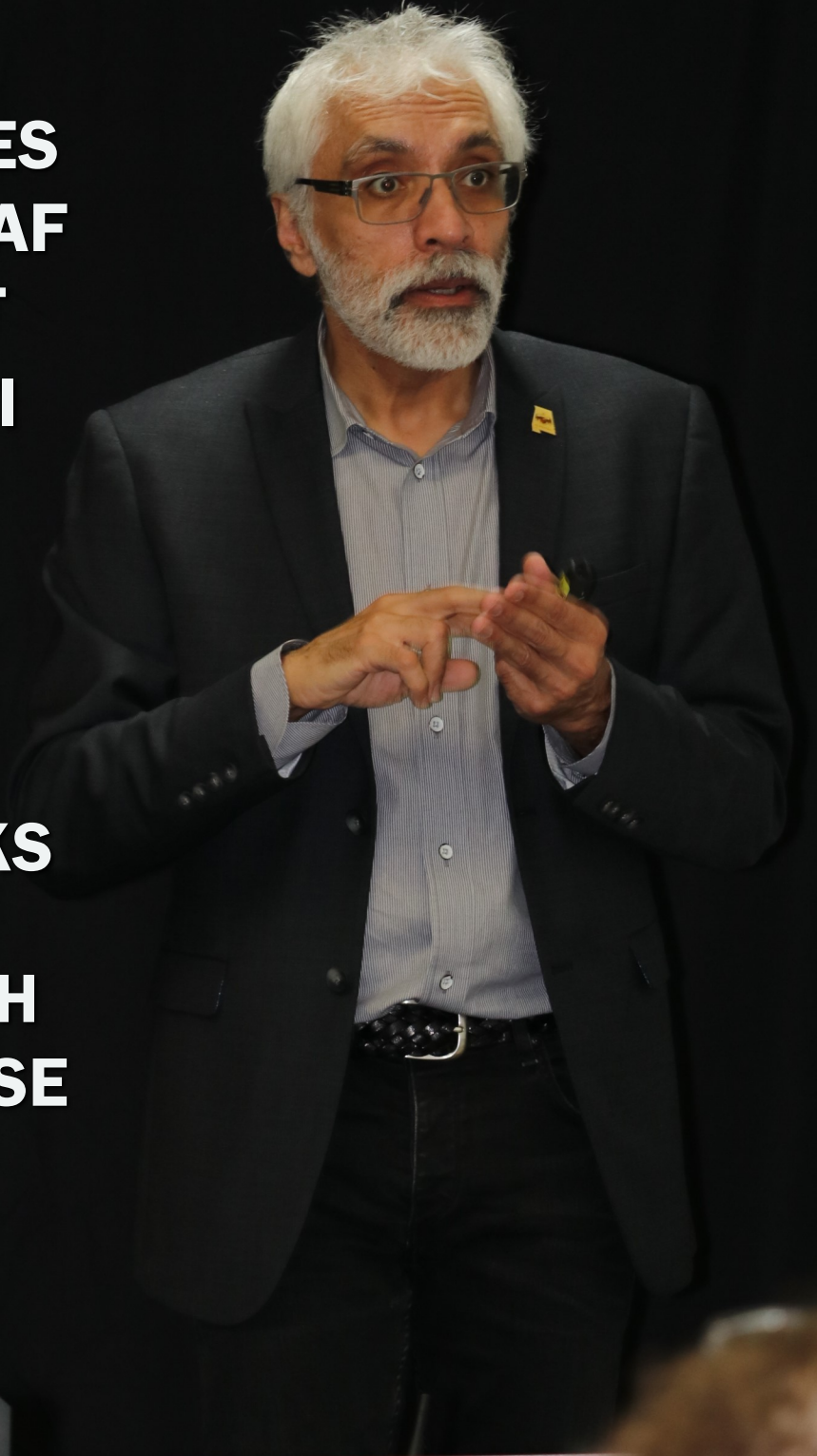


# *Signs of Mental Health*

**DACTS FEATURES  
RENOWNED DEAF  
PSYCHIATRIST  
SANJAY GULATI**



**ALABAMA LOOKS  
TO REMAKE  
MENTAL HEALTH  
CRISIS RESPONSE**



# COVID-19 and Deaf Services



By Amanda Somdal, Region IV Therapist,  
Office of Deaf Services

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As the COVID-19 makes its way around America, Alabama decided it was necessary to decrease face to face interactions among its residents. Different organizations, companies, and agencies had decided to support social distancing by closing secondary and post-secondary schools, stores offering mobile ordering/curbside services, libraries closing their branches, churches streaming their services, and various mental health centers closing or limiting services offered. Governor Ivey felt it was prudent to allow state employees to work from home, and Commissioner Lynn Beshear ordered all staff to begin what has been termed telework on Tuesday, March 17<sup>th</sup>. The Office of Deaf Services (ODS) is relatively technologically savvy, so staff will continue to provide mental health services to clients around the state through telehealth technology.

ODS therapists and interpreters, while working from home, reached out to their clients/consumers in their regions to check-in, provide reassurance, information, and therapy/interpreting services. With permission from mental health centers, ODS therapists use videophones, text messaging, Zoom, and FaceTime to communicate with clients and their families. Resources like educational videos, entertainment in ASL or captions, informational websites, hobbies, and how-to videos were gathered by ODS therapists and shared with their clients and families due to limited or no access to community resources such as local library, schools, and community advocacy centers. ODS therapists continue to provide in person sessions for those who have no access to technology or struggle to understand how to use technology.

There is an unexpected change that had occurred – more and more mental health centers are having to review their stance on tele-mental health with service providers other than the psychiatrists. Tele-mental health has often met with apprehension, trepidation, or flat out refusal among some mental health centers. Reasons varied between thinking it was unnecessary, or that the center was not built to support technology usage, to it being a low priority. Due to the insistence on social distancing, many consumers are canceling their appointments. They are preferring to communicate over the phone or wait until “all of this is all over.” However, those same consumers need continued mental health support to maintain stable functioning, especially during this high anxious and stressful time. The solution is to use telehealth technology to provide mental health services. ODS therapists know that while tele-mental health services are not the same as in-person services, it does provide a peace of mind of being able to communicate in American Sign Language with your therapist rather wait in silence until “this is all over.”

While both ODS therapists and interpreters are not in session or assignments with their clients or collaborating with different service providers, they are working on various projects such as monthly Speaker’s Bureau presentations, creating therapy tools, catching up on mental health articles, and researching ideas and resources to use in therapy. ✍

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## On The Cover:

*Dr. Sanjay Gulati, a child psychiatrist who is deaf, discusses language deprivation syndrome at the 2020 Deafness and Clinical Training Series.*

## Allyssa Côté Joins ODS as New Mental Health Interpreter at Bryce Hospital



ODS has always strived to “grow our own” working professionals by way of providing limited financial supports and internship opportunities to post-secondary students. In the past, we have had several individuals who were recipients of such opportunities and have been valuable assets to the community in which they now serve.

While ODS has previously hired interns on the clinical side, Allyssa Côté is the first person in ODS’ 18-year history who has been recruited from the students receiving post-secondary tuition support, which including doing her practicum and internship. Her growth and commitment to mental health paved the way for her to become a full-time state employee in January 2020.

ODS has been impressed with the progression of Côté’s interpreting skills and professionalism since first working with her in 2018. Côté is assuming the position formerly held by Jennifer Kuyrkendall at Bryce Psychiatric Hospital in Tuscaloosa. We look forward to her continued growth as she becomes nationally certified and eventually obtaining her Qualified Mental Health Interpreter certificate.

Côté originates from Enterprise, Alabama and completed the Interpreter Training Program at Troy University, graduating summa cum laude in May 2019. Acting as a student volunteer for two consecutive years at MHIT, she also completed her interpreting internship with Brian McKenny, Charlene Crump, and the rest of the ODS interpreters across the state. Upon her graduation from Troy, Côté hit the ground running - first, as a freelance interpreter, and then joining the staff a few months later.

The field of mental health interpreting is one that Côté enjoys and is proud to contribute to as a staff member. She wants to work towards advocating for communication access and ending the stigma against mental health. In the future, Côté would like to earn a Master’s degree in a field related to either mental health or interpreting - in which ODS has no doubt she will excel at.

Côté currently resides in Tuscaloosa with her husband, Sean, and two cats, Dave and Ava. In her free time, you can find her enjoying being a cat parent, perusing various YouTube videos, and experimenting with the art and science of cosmetics. ✍

## Regional Crisis System Assessment Meetings

No one is immune from the impact of untreated behavioral health needs. Each year, 20-25% of the population meets the criteria for a mental health diagnosis. Behavioral health crisis services have emerged as one of the most effective tools within the larger system of care to improve the lives of people struggling with mental health or substance abuse issues. According to the Alabama Department of Public Health, behavioral health is the second most significant health concern for the people of Alabama. There is a genuine human toll experienced within our state.

To ensure Alabama moves in the right direction for future crisis services, the [Alabama Department of Mental Health](#) has begun the process of establishing a Behavioral Health Crisis Care Continuum, with a legislative budget request. ADMH is proud to receive the support of Governor Ivey and legislative leaders for the creation of the first crisis diversion centers in Alabama.

Over the period February 10 - 28, [Regional Crisis System Assessment Meetings were held in eight locations around the state](#). These meetings were open to all citizens interested in mental health services to the meetings to offer their vital input and information. ODS Director Steve Hamerdinger participated in several of these meetings, keeping in front of the discussion the vital issue of language access, not just for deaf consumers, but all people who use languages other than English.



**Commissioner Beshear and Brian McKenny.**

Commissioner Lynn Beshear made a point to emphasize that being able to respond to the needs of all special populations, and especially deaf people with mental illness, would be a priority in any new system that arose from the this assessment process. She has charged ODS with developing proposals that will be responsive to those needs based on information gathered at the meetings. This will present an exciting opportunity to try an innovative approach. ✍

# DACTS Brings World Renowned Expert to Alabama

Over two days, February 20 and 21, ODS hosted its 12<sup>th</sup> edition of the Deafness and Clinical Training Series (DACTS) for individuals working with deaf consumers, hosting Dr. Sanjay Gulati, a world renowned expert on language acquisition in deaf people and the foremost promoter of the emerging concept of Language Deprivation Syndrome (LDS).



DACTS is structured so that one day focuses on audiences who are deaf or sign-fluent, and the other day focuses on audiences who are hearing and are not sign-fluent. This allows for each day's program to take a different look at the topic being presented.



The first day, Dr. Gulati argued for the need to see this population through a new lens, one that recognizes the complicated and confusing mesh of behavior, cognition, and language inherent in deaf people with inadequate

## Signs of Mental Health

early exposure to language. He reviewed the current literature on language deprivation with emphasis on neurodevelopment and how this influences psycho-social development. He explored ways of adapting programming and service to be more effective with this population.

Dr. Gulati's topic on the second day, "How is Working with Deaf People Different: The Importance of Considering Development, Behavior, and Language in Working with Deaf Consumers," was geared to helping providers understand the link between often intractable behaviors and failure to acquire functional language during the critical period birth to 3 years of age. He reviewed recent research which validates the anatomical basis and time course of the critical period for first language acquisition, and which shows the risks to the development of executive functions, including empathic abilities among individuals who are language deprived. Dr. Gulati discussed various aspects of working with individuals who are deaf or hard of hearing impacted by language deprivation and how this phenomenon has far-reaching impact on behavioral, social, and cognitive development, which, in turn, necessitates adaptation in service provision.



**Top Right: Dr. Gulati addresses a full house on day one. Bottom right: Part of the crowd at DACTS**

**Above: Dr. Gulati explains The critical period for language acquisition and how important it is to be sure that every child is exposed to functional language at birth. Next Page: Brian Moss , permitted Deaf Interpreter and ODS Staff with Dr. Gulati**

*(Continued on page 5)*

## DACTS Brings World Renown Expert to Alabama

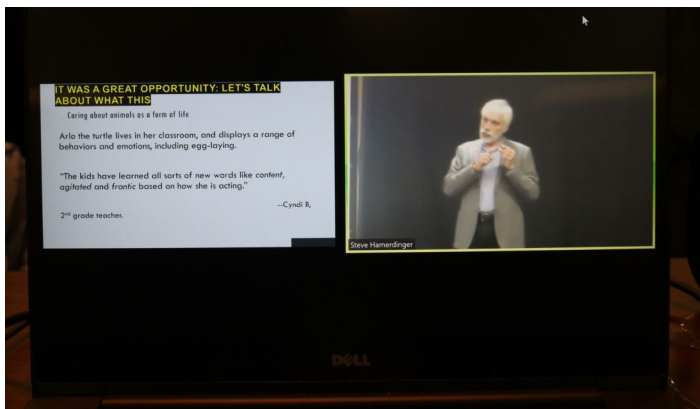
(Continued from page 4)

Dr Gulati graduated from Eastern Virginia Medical School and completed his residency in psychiatry at Albany Medical College, and then held a child psychiatry fellowship at Cambridge Hospital. Ever since, he has been on staff at the Deaf & Hard of Hearing Services at Cambridge Hospital and the Deaf & Hard of Hearing Program at Children's Hospital, Boston. Dr. Gulati is also a professor at Harvard Medical School, researches in the area of language deprivation, and consults widely to schools and agencies. Drawing from personal experience as an individual with hearing loss, Dr. Sanjay Gulati is well-versed in the challenges and trials associated with deafness. The son of a surgeon and anesthesiologist, Dr. Gulati, navigated medical school before the passage of the ADA. He surmounted each obstacle and, in the process, helped others to embrace hearing loss not as a constriction but as an opening door into a wider and better world. He has authored or co-authored several seminal works on language deprivation, including a groundbreaking lecture at Brown University, which can be seen on YouTube ([https://www.youtube.com/watch?v=8yy\\_K6VtHJw](https://www.youtube.com/watch?v=8yy_K6VtHJw).) and Gulati, S. (2018). Language deprivation syndrome. In Language deprivation and deaf mental health (pp. 24-53). Routledge., Ryan, C., & Johnson, P. (2019). Understanding Language Deprivation and Its Role in Deaf Mental Health. American Annals of the Deaf, 164 (4), 519-524.

Altogether, 192 people attended the event, which was co-sponsored by the Montgomery Area Mental Health Authority. Thursday drew 122 people, of who 33 were deaf and three were hard of hearing. Friday's session was attended by 70 people. Dozens of different organizations were represented.

Ben Hollingsworth, who is a Rehabilitation Counselor from Decatur, Alabama, was effusive in praising the presentation. "I thought Dr. Gulati provided a perspective that is fresh and sorely needed for people in our helping profession, framing ideas to help us better understand and interact with our consumers. This presentation was a deep dive in the world of language deprivation syndrome and how it impacts Deaf individuals from birth to adulthood, giving insight into how LDS can influence everyday lives." One participant said, "I felt like I was sitting in a college classroom learning from a distinguished scholar." Several people commented on how in-depth the information was.

It was an eye-opening presentation for many participants. "I had no idea how much language deprivation affected most everything we do." Friday participants were especially impacted since many of them had never been exposed to the idea that a person could grow up with being acquiring a functional language. "It was awesome! Definitely helped me to see language deprivation in a different perspective! Especially on the time concept thing!"



For the first time, DACTS experimented with streaming the presentation on a limited basis during the first day. The results were encouraging and DACTS planners are looking into streaming future workshops. It also allowed for newly permitted Deaf Interpreter Brian Moss to take the stage for his first conference interpreting experience.



DACTS is an outgrowth of the Mental Health Interpreter Training Project which supports the development of training for people working in mental health settings. Other programs supported by MHIT include, Mental health and Deafness Online Training (<http://mhit.org/online-learning.html>), Classes2Go (<http://mhit.org/classes2go.html>) Deaf 2-5-8 (<http://mhit.org/other-stuff.html>) and various workshops and training events around the state of Alabama. Over the years, some of the nation's top authorities on Deaf mental health care have presented at DACTS, including Barry Critchfield, Michael Harvey, Deb Guthmann, Alexis Greeves, Neil Glickman, Roger Williams and Melissa Anderson.



# SLPI: ASL Refresher Training for ODS Staff

*By Charlene Crump, Statewide Interpreter Coordinator, Office of Deaf Services*

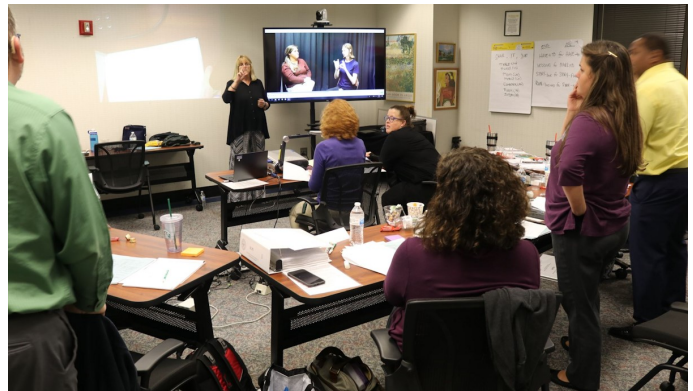
On February 3 - 6, 2020, members of the Office of Deaf Services team participated in a week-long refresher training for the Sign Language Proficiency Interview: American Sign Language (SLPI: ASL) in Montgomery, Alabama. The refresher was led by Sharon Lott, NTID ASL Training and Evaluation Coordinator, and Molly Estes, Member of the National SLPI: ASL Leadership Board. Participants included: Charlene Crump, Keshia Farrand, Steve Hamerding, Jennifer Kuyrkendall, Brian Moss, Shannon Reese, Kent Schafer, Lee Stoutamire, Amanda Somdal and Kim Thornsberry.



**ODS staff with trainers—Molly Estes and Sharon Lott.**

The SLPI: ASL serves a vital component in many areas across the state. In the Alabama Department of Mental Health (DMH) system, the SLPI: ASL is used for hiring staff who work with individuals who are Deaf, including DMH community and facility staff and staff who work at Deaf group homes. Staff who provide clinical services to deaf recipients shall be fluent in sign language, defined as advanced or better on the SLPI: ASL assessment. Individuals who provide direct care (Mental Health Workers, Deaf Care Workers) must demonstrate fluency in sign language at an Intermediate Plus or better level on the SLPI: ASL assessment. The noted levels are written into the community mental health center standards and DMH policy. Some positions, such as the Visual Gestural Specialist, must have a Superior or better rating. DMH also provides SLPI: ASL ratings for students at the Troy University Interpreter Training Program (ITP) as they enter and exit the interpreting program. Additionally, DMH occasionally provides SLPI: ASL results for members of the community.

During the training, participants conducted actual SLPI interviews and SLPI ratings in which they analyzed and discussed in peer groups. The National SLPI: ASL Leadership Board took on an active leadership role after the retirement of the developers of the SLPI: ASL, Frank Caccamise and Bill Newell. During their tenure, they have attempted to redefine the levels of the SLPI: ASL, including raising sign language standards to more accurately reflect the sign language abilities of individuals who are fluent native signers. As a result, DMH is finding that the current levels are a full 1 to 1.5 levels lower than the previous version of the SLPI. This will have a significant impact on the hiring of employees as well as the potential impact of students within the local ITP. ✍



## Clinical Social Work Intern Joins ODS



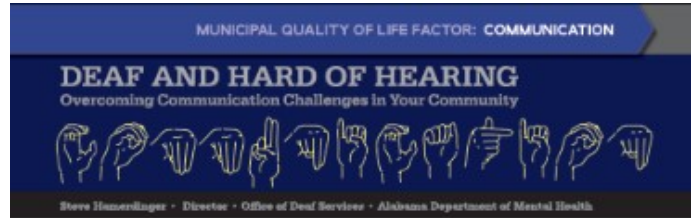
Hannah Helms is a social worker intern with both the Alabama Department of Mental Health Office of Deaf Services (ODS) and Alabama School for the Deaf (ASD). She hails from Northern Virginia but has resided in Washington, D.C., the last couple of years. After completing the internship, Hannah will graduate from Gallaudet University with a master's degree in clinical and school social work. She earned her bachelor's in Deaf Studies from the same university. Her internships with both ODS and ASD allow for experience in both areas of social work-study. Working with ODS has also allowed the opportunity to learn more about language deprivation and dysfluency through working with Deaf patients at Bryce Hospital.

*(Continued on page 7)*

## Clinical Social Work Intern Joins ODS

(Continued from page 6)

Almost every job Hannah has had over the last twelve years has included children including nanny, respite care worker, and preschool assistant. Seeing the interactions and issues between Deaf preschoolers and their families is one of the reasons she decided to enter the field of social work. She hopes in the future to work with children and families. In her free time, Hannah can be found spending time with any of her 15 nieces and nephews, reading, or competing in board games and sports. ✂



**K**ate, a 30-year deaf woman with a history of severe mental illness, was brought to the emergency department (ED) of the local hospital by the police following a 911 call from a resident who noticed her wandering through the business section of town in the wee hours of the morning. When the police officers approached her, she did not respond to their spoken, then shouted commands. When one of the officers grabbed her, her glasses fell off. She tried to protest that she needed to be able to sign, needed an interpreter and needed her glasses. But because her speech is not understandable, the officers considered her to be psychotic and restraining her. She was wrestled to the ground and her hands were cuffed behind her back. At the hospital, no attempt was made by the ED staff to locate a qualified interpreter. The psychiatric resident on duty proceeded to assess her because they could not communicate and he did not attempt to secure an interpreter; he had no history and no ability to gauge whether Kate was psychotic, which, as it later turned out she was. Nevertheless, the doctor declared there was nothing wrong with Kate and released her without having ever had effective communication with her. The officers then transported her to the local jail, where she was held for several days with the arrest having occurred late first night. He was explained to her why she was arrested and how long she would be incarcerated. She was shut out of access to telecommunications devices commonly used by deaf people, so she could not reach her family. Kate had no interpreter for her meeting with the public defender. At the initial arraignment hearing, there was no interpreter, so the proceedings had to be postponed. Three days later, Kate finally was able to have a court date with an interpreter, after the facility intervened with support from the mental health system's deaf services team.

Kate's story is true and highlights some of the difficulties deaf people face when interacting with local officials. Many of the things mentioned in the story are prima facie violations of Federal laws and regulations. In most cases, individuals are not even aware of those requirements. In addition to depriving Kate of proper care that could have led to avoiding her incarceration, those actions exposed various entities to

legal liability. This article will discuss some of those and recommend solutions.

### An Antiformal Approach

When a deaf person interacts with municipal systems, whether it be law enforcement, medical services, or even probate and licensing branches, one significant challenge is attitudinal. Deaf people are often viewed by society as defective or incompetent. Hearing loss is sometimes equated to having a cognitive problem. This attitude has been consistently, albeit inaccurately, held by many throughout history.

"On the whole what [deaf people] mind is not so much that they are left out, as the fact they are left out because hearing people consider them inferior, as not a full human being."



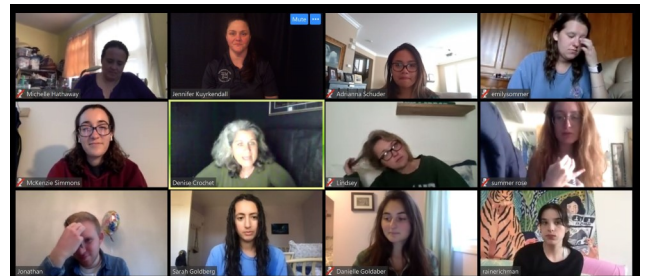
Steve Hamerdinger, Director of the Office of Deaf Services with the Alabama Department of Mental Health, gives a presentation using American Sign Language at the 2019 Deaf Leadership Conference/Deaf Life and Career Institute regarding communication challenges faced by the deaf community. The message was a combination of audio and sign language. Photo by Fern de la Photography, contributed by the Madsen Center.

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Steve Hamerdinger had an article, "Deaf and Hard of Hearing: Overcoming Communication Challenges in Your Community" published in the March/April 2020 issue of the Alabama Municipal Journal.

For a second year in a row, Jennifer Kuyrkendall presented on "An Introduction to Mental Health Interpreting" for students of the Special Topics Linguistics course at Tulane University on March 24th. This is an introductory interpreting course that is offered at the New Orleans campus and taught by certified interpreter, Denise Crochet. This presentation, provided via Zoom, allowed students exposure to mental illness, language dysfluency, interpreting considerations, and educational/training opportunities. ✂



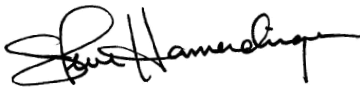
Screenshot of the Zoom platform of participants.

## Notes and Notables Events and Honors in the ODS Family



On March 17th in Fargo, North Dakota, Charlene Crump presented "Language Dysfluency Considerations for Interpreters" in conjunction with ASL Interpreting Services (ASLIS) through a grant provided by the Minnesota Department of Human Services: Deaf and Hard of Hearing Services Division. This presentation garnered 121 participants, 21 of which were in person. This training discussed types of language dysfluencies, specific language patterns associated with these dysfluencies, discussed causality as it relates to communication approaches, included a brief overview of a communication skills assessment tool used in programs, videotaped samples with dysfluent language, and also included a discussion of the application of information presented.

# As I See It



As I write this, the Office of Deaf Services and the entire Department of Mental Health, are in a brave new world of “telework” and “virtual services.” On Sunday, March 15, Governor Kay Ivey declared that all state workers were to be given permission to work from home. Monday morning, March 16, it was announced that all Department of Mental Health staff except those working in the facilities would be “teleworking.”

COVID-19 has created a very confusing and fearful situation for deaf consumers. On one hand, they have nearly unprecedented access to information. Many of the press conferences and briefings now feature a live interpreter. This is good. There is also a great abundance of information produced in ASL, more that I can ever recall being available. Some of it is quite good. Some of it leaves a lot to be desired.

All this information generates a lot of chatter on social media, not all of which bears any passing resemblance to reality. It is an unfortunate human tendency to attend more to social media than to authoritative sources. Mark Twain wryly observed that “A lie can travel halfway around the world while the truth is putting on its shoes.” There is also a human tendency to panic in situations such as these.

The fears surrounding COVID-19 is leading to measures that are, on one hand, imminently reasonable, and on the other hand, disastrous for deaf people. Social distancing and self-quarantine lead interpreters to stop working. Interpreting agencies are closing operations. One of the largest providers of onsite interpreters for Alabama hospitals has ordered all of its staff interpreters and contract interpreters to cease work. Hospitals respond to this by increased reliance of commercial video relay interpreters, many (most?) of whom are not trained in mental health work. Even more critically, many of those interpreters struggle to work with deaf people who are dysfluent.

Just this afternoon, I was involved with a case where a deaf person is being “treated” in a private hospital psychiatric ward. This person is language deprived, uses atypical sign language, and is actively psychotic. Instead of helping the deaf person stabilize, this linguistically inappropriate

placement is actually making the patient sicker than when they first arrived. This consumer is expected to be able to participate in therapy using a tablet on which a marginally qualified interpreter is trying to make clear whatever it is that he needs to know. The Language Deprivation Syndrome (LDS), plus the technical challenges, in addition, the marginal interpreted product creates a perfect storm of problems. We are working with the referring mental health center, which has a relatively large caseload of deaf consumers, to contain the situation. COVID-19 has immeasurably complicated this since the hospital is essentially on restricted access status.

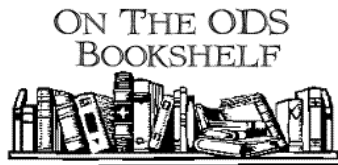
This is one example of how ODS staff is “teleworking.” They are diligently reaching out the people we serve and to mental health centers that serve deaf people to make sure that those especially vulnerable people receive and understand information about COVID-19 and understand how to protect themselves.

Some commendable efforts are being made to make it easier for deaf people to access mental health services. The Center for Medicaid and Medicare Services is relaxing rules that inhibit the use of remote technology, making it easier for our staff to reach out to deaf consumers. We are being allowed to do therapy by various means which heretofore were not approved. All telephonic strategies are allowed. This includes video phones, FaceTime, text, all of which are phone-based. Videoconferencing is encouraged and ODS is well prepared for this as every staff member has a Zoom account.

As *Signs of Mental Health* goes to press, we do not know how long it will be before things return to “normal.” If ever. But we are fortunate to work in a state like Alabama where the Governor is committed to keeping services to citizens going and committed to containing the outbreak. We are doubly blessed with a Commissioner and other senior ADMH leadership who are committed to making sure deaf people with mental health challenges are not neglected. I have been especially grateful for a supportive boss, the Associate Commissioner for Mental Health and Substance Abuse Services, who has kept Deaf Services in the forefront of upper level discussions. There will be major challenges to overcome. People will be anxious and concerned about the future.

Franklin Delano Roosevelt famously told us that “All we have to fear is fear itself.” **As I See It**, one of the most important roles for ODS, and indeed the entire country, is maintaining a belief that we will overcome this crisis and emerge stronger for it. ✂





## Important Recent Articles of Interest

**Dale, B. A., & Neild, R. (2020). The assessment needs of families with children who are deaf and hard of hearing referred for an autism spectrum disorder evaluation. *Psychology in the Schools*, 57(3), 475-484.**

With the increasing prevalence of autism spectrum disorder (ASD), clinicians and schools are receiving a larger number of assessment referrals for eligibility or diagnostic clarification of ASD in children who are deaf and hard of hearing (D/HH). Meeting this increasing demand is often difficult given not all assessment professionals seek specialized ASD training and even fewer have experience working with D/HH children. Therefore, families are disadvantaged because of the lack of assessment professionals who specialize in both these areas. School psychologists without such experience are at-risk for misinterpreting or missing key diagnostic information. This study explored the assessment experiences of four families of D/HH children who have ASD. Hearing parents' and D/HH parents' perspectives were gathered to explore the family needs. An open-ended survey asked parents to recall the assessment techniques utilized during the process and relate how their child's language skills were accounted for by the clinician. Parent responses revealed interpreters were utilized for various reasons unique to each family. Families expressed difficulty finding ASD specialists who had experience working with D/HH children. This study highlights the importance of selecting a trained interpreter and emphasizes the need of more professionals who have experience assessing ASD in D/HH children.

**Levinger, M. Triad in the Therapy Room-The Interpreter, the Therapist, and the Deaf Person. *Journal of Interpretation*, 28 (1), 5.**

The Deaf Community is increasingly aware of the possibility of receiving professional help in coping with normative developmental tasks as well as with more complex emotional and mental difficulties. This is partly thanks to the development of services that are accessible to this population and the introduction of sign language interpreters into the therapy room for deaf people who know sign language. Although the introduction of interpreters has greatly enhanced communication between the therapist and the recipient of therapeutic services, all three participants must contend with the unique dynamics of the triad thus formed. Using various

models, including Bowen's model of the dynamics in a triad, this theoretical article explores from three perspectives the dynamics that may develop in individual therapy of deaf people: the creation of coalitions as each of the three individuals examines the relations of power and control in the room; coping with the feeling of increased exposure to a third person; and the creation of triangles as a mechanism for coping with the level of emotional stress.

**Lambez, T., Nagar, M., Shoshani, A., & Nakash, O. (2020). The Association Between Deaf Identity and Emotional Distress Among Adolescents. *The Journal of Deaf Studies and Deaf Education*, 1-10.**

The sociocultural approach regards being deaf as a cultural characteristic in the identity of a deaf/hard-of-hearing (D/HH) person. The degree to which one integrates the hearing and Deaf cultures ("acculturation") is an important factor for the well-being of deaf adolescents. We examined the relationship between acculturation patterns and emotional distress among D/HH (n = 69) compared to hearing (n = 60) adolescents in Israel. We used culturally and linguistically accessible measures. Our findings showed no significant differences in emotional distress between D/HH and their hearing counterparts. Acculturation played an important role predicting emotional distress. Identification with both the Deaf and hearing cultures was associated with reduced somatization. Exposure to discrimination and social support was also associated with emotional distress in predictable ways. Findings are interpreted within the specific context of Israeli society and highlight the importance of using adaptive linguistic and cultural assessment tools with D/HH populations.

**Marin, J. (2020). A Medical Interpreter Training Program and Signed Language Interpreters' Decision Latitude: Exploring the Impact of Specialized Training. *In Handbook of Research on Medical Interpreting*, (421-455). IGI Global.**

The certificate in healthcare interpreting (CHI) is a medical signed language interpreter training program in the U.S. This qualitative study consisted of focus groups to examine the effect of CHI on graduates' views of their role, responsibilities, and decision latitude. Analysis suggests that CHI may be shifting practitioners from a restrictive conduit model (taking no action when faced with a decision) to a values-based approach. Also outlined are features of the program that contribute to this shift. ✎

## Current Qualified Mental Health Interpreters

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

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

<i>Charlene Crump, Montgomery*</i>	Camilla Barrett, Missouri	Jamie Forman, New York
Denise Zander, Wisconsin	Angela Scruggs, Tennessee	Leia Sparks, Wisconsin
<i>Nancy Hayes, Talladega</i>	Andrea Nelson, Oregon	Jamie Garrison, Wisconsin (Emeritus)
<i>Brian McKenny, Montgomery*</i>	Michael Klyn, California	Deb Walker, Georgia
<i>Dee Johnston, Talladega</i>	Cali Lockett, Texas	Tara Tobin-Rogers, New York*
<i>Lisa Gould, Mobile</i>	Mariah Wojdacz, Georgia	Leah Rushing, Georgia
Gail Schenfisch, Wyoming	David Payne, North Carolina	<i>Keshia Farrand, Muscle Shoals*</i>
<i>Dawn Vanzo, Huntsville</i>	Amber Mullett, Wisconsin	Lori Milcic, Pennsylvania
<i>Wendy Darling, Montgomery</i>	Nancy Pfanner, Texas	Shawn Vriezen, Minnesota†
<i>Pat Smartt, Sterrett</i>	Jennifer Janney, Delaware	Kathleen Drerup, Colorado
<i>Lee Stoutamire, Mobile</i>	Stacie Adrian, Missouri*	Melody Fico, Utah
<i>Frances Smallwood, Huntsville</i>	Tomina Schwenke, Georgia	Emily Engel, Minnesota
<i>Cindy Camp, Piedmont</i>	Bethany Batson, Washington	LaVern Lowe, Georgia
Lynn Nakamoto, Hawaii	Karena Poupard, North Carolina	Paula MacDonald, Minnesota
Roz Kia, Hawaii	Tracy Kleppe, Wisconsin	Margaret Montgomery, Minnesota
Kathleen Lamb, North Carolina	Rebecca De Santis, New Mexico	Rachel Effinger, Virginia
Stacy Lawrence, Florida	Nicole Keeler, Wisconsin	Karen Holzer, Wisconsin
Sandy Peplinski, Wisconsin	Sarah Biello, Washington, D.C.	Rebecca Conrad-Adams, Ohio
Katherine Block, Wisconsin*	Scottie Allen, Wisconsin	Dixie Duncan, Minnesota
Steve Smart, Wisconsin	Maria Kielma, Wisconsin	Brandi Hoie, Minnesota
Stephanie Kerkvliet, Wisconsin	Erin Salmon, Georgia	Renaie Bitner, North Dakota
Nicole Kulick, South Carolina*	Andrea Ginn, New Mexico	<i>Jennifer Kuyrkendall, Birmingham</i>
Janet Whitlock, Georgia	Carol Goeldner, Wisconsin	Jessica Minges, Kentucky
Sereta Campbell, Oregon*	Susan Faltinson, Colorado	Lisa Heglund, Wisconsin
Thai Morris, Georgia	Crystal Bean, Arizona	Colleen Thayer, Oregon†
Tim Mumm, Wisconsin	Mistie Owens, Utah†	Susan Elizabeth Rangel, Illinois†
Patrick Galasso, Vermont	Claire Alexander, Minnesota	Tina McDaniel, Oregon
Kendra Keller, California*	Amanda Gilderman, Minnesota	Melissa Klindtworth, Washington
June Walatkiewicz, Michigan	Jolleen Hudson, Washington State	Eloisa Williams, Washington
Melanie Blechl, Wisconsin	Melissa Marsh, Minnesota	Donna Walker, Washington
Sara Miller, Wisconsin	Bridget Sabatke, Minnesota	Judy Shepard-Kegl, Maine
Jenn Ulschak, Tennessee	Adrienne Bodisch, Pennsylvania	Lacey Darby, Washington
Kathleen Lanker, California	<i>Beth Moss, Tuscaloosa</i>	Danielle Davoli, New York
Debra Barash, Wisconsin	Jasmine Lowe, Georgia	Sandy Pascual, Oregon
Tera Cater Vorpahl, Wisconsin	Pam Hill, Georgia	Christina Jacob, Virginia
Julayne Feilbach, New York	Lori Erwin, Georgia	J. Eric Workman, Tennessee
Sue Gudenkauf, Wisconsin	Jenae Farnham, Minnesota	Kacy Wilber, New Jersey
Tamera Fuerst, Wisconsin†	<i>Katherine Anderson, Birmingham</i>	Cody Simonsen, Utah
Rhiannon Sykes-Chavez, New Mexico	Christina Healy, Oregon	Laura Beth Miller, Alaska
Roger Williams, South Carolina*	Becky Lukkason, Minnesota	Adeline Riley, North Carolina
Denise Kirby, Pennsylvania*	Leia Sparks, Wisconsin	Debbie Lesser, Georgia
Darlene Baird, Hawaii	Roxanna Sylvia, Massachusetts	Sarah Trimble, Minnesota
Stacy Magill, Missouri	<i>LaShawnda Lowe, Prattville</i>	Henry Yandrasits, Wisconsin

## Help Wanted – Join Our Team!

Deaf Therapist II

**SALARY RANGE:** 80 (\$55,327.20 - \$84,350.40)

**WORK LOCATION:** Birmingham, AL

### MINIMUM QUALIFICATIONS:

- Promotional from Deaf Therapist I.

OR

- Master's degree in Counseling, Social Work, or Psychology. Must be licensed in discipline.

*Note: If these minimum qualifications cannot be met, the application may be considered for a Deaf Therapist I position.*

- Deaf Therapist I (B9000) – Master's degree in Counseling, Social Work, or Psychology.

### NECESSARY SPECIAL REQUIREMENTS:

- Must maintain licensure in discipline. If hired at Deaf Therapist I must demonstrate continual progress toward obtaining licensure.
- Must have near native-level signing skills equal to Advanced Plus level or higher of signing skills in American Sign Language (ASL) as measured by the Sign Language Proficiency Interview (SLPI).
- Must have a valid driver's license to operate a vehicle in the State of Alabama.

### KIND OF WORK:

- Serves as a therapist providing clinical services to deaf and hard of hearing consumers in an 11-county area.
- Ensures client files are up-to-date using mental health center protocol.
- Attends, completes, and remains current on all required training at each of the mental health centers served.
- Conducts clinical and communication assessments.
- Participates in Sign Language Proficiency Interview (SLPI) ratings as needed.
- Provides clinical supervision over University interns.
- Completes various reports and paperwork required.

### REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES:

- Knowledge of mental illness and the effects thereof upon individuals who are deaf or hard of hearing (D/HH).
- Knowledge of psychotropic medications, their use and side effects.
- Knowledge of deaf culture.
- Knowledge of community mental health and community substance abuse service providers.
- Ability to use American Sign Language fluently.
- Ability to utilize the computer, internet resources, and various software packages.
- Ability to communicate effectively both verbally (i.e. spoken English and American Sign Language) and in writing.
- Ability to acquire understanding of visual-gestural communication approaches used by consumers who are dysfluent.

**METHOD OF SELECTION:** Applicants will be rated based on an evaluation of their education, training, and experience and should provide adequate work history identifying experiences related to duties and minimum qualifications as mentioned above. All relevant information is subject to verification. Drug screenings and security clearance will be conducted on prospective applicants being given serious consideration for employment and whose job requires direct contact with clients.

**HOW TO APPLY:** 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](http://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 or RSA Union Building, 100 North Union Street, Montgomery, Alabama 36104. Copies of License/Certifications should be forwarded with your application. A copy of the academic transcript is required. Appointment of successful candidate will be conditional based on receipt of the official transcript provided by the school, college, or university.

**DEADLINE:** Until Filled

Click Here to Apply: <https://tinyurl.com/y2pxr4sr>

# Open Letter—MHIT 2020



KAY IVEY  
GOVERNOR

STATE OF ALABAMA  
**DEPARTMENT OF MENTAL HEALTH**  
**RSA UNION BUILDING**  
100 NORTH UNION STREET  
POST OFFICE BOX 301410  
MONTGOMERY, ALABAMA 36130-1410  
WWW.MH.ALABAMA.GOV



LYNN T. BESHEAR  
COMMISSIONER

March 23, 2020

To: MHIT Participants and Alumni

The Mental Health Interpreter Training Program (MHIT) 2020 is currently scheduled for August 3-7, 2020 in Montgomery, Alabama. MHIT has been attending to the current crisis related to COVID-19 and will continue monitoring the situation.

If the situation escalates or continues its current course, a decision will be made by May 31, 2020 whether to proceed with the on-site training or to conduct MHIT remotely. This announcement will be conveyed on the [www.mhit.org](http://www.mhit.org) website and via email to participants registered on CourseSites. If the decision is made to provide the training remotely, additional information will be provided in the subsequent months regarding access.

In the meantime, some individuals have reached out to us regarding payment. MHIT understands that some individuals, especially those who work in private practice, may have recently experienced a reduction in income. For participants impacted by this situation, MHIT will offer a payment plan option for individuals accepted into MHIT through April 30 as follows, upon written request:

1. \$100 must be paid within 30 days of the acceptance into MHIT.
2. The remainder of the registration fee must be paid within 60 days of the original acceptance into MHIT (this extends the total payment amount by an additional 30 days).

For Alumni session enrollees, MHIT will offer a payment plan option, upon written request to [alumni@mhit.org](mailto:alumni@mhit.org), for individuals accepted into MHIT Alumni Sessions through April 30, 2020.

Stay healthy!

- The MHIT Team



# 18th Mental Health Interpreter Training Core Program

**August 3-7, 2020**  
**Montgomery, Alabama**

A Presentation of:  
Mental Health Interpreter Training Project,  
Office of Deaf Services, Alabama Department of Mental Health.  
In Partnership with ADARA and Troy University

Complete information at [www.mhit.org](http://www.mhit.org)

# The Institute Is:

A 40 - hour course designed to provide a sound basis for clinicians and interpreters to work effectively in mental health settings as part of a professional team. It includes lectures, demonstrations, exercises, evaluation and discussion to develop knowledge, skills and resources to ensure that services are linguistically and culturally appropriate.

- It will include introductions to:
  - ✓ Medical and mental health systems and culture, considering individuals who are deaf
  - ✓ Sources of communication breakdown associated with mental illness and treatment for individuals who are deaf
  - ✓ Clinicians and Interpreters: roles, tools, and resources,
  - ✓ Severe language dysfluency and Visual - Gestural Communication,
  - ✓ Psychiatric emergencies,
  - ✓ Support groups and Community Mental Health Services, and
  - ✓ Demand-Control Theory applied to mental health/deafness work.



Presenters include: Bob Pollard, Robyn Dean, Roger Williams, Steve Hamerdinger, Charlene Crump, Brian McKenny, Kent Schafer, Amanda Somdal, and others.

## WHO SHOULD ATTEND:



Candidates for the Alabama Mental Health Interpreter Training (MHIT) Interpreter Institute are selected based on a screening process that ranks the suitability of registrants for available vacancies based on the following categories; Formal education, interpreting certification/licensure, interpreting experience, involvement in the mental health community, involvement in the language community, continuing education, and residency. This training meets the pre-practicum training requirement of interpreters working towards Certification as a Qualified Mental Health Interpreter according to Alabama State Code 580-3-24.

	Through January 31	Through March 31	After March 31	Day Rate
Participants	\$340	\$390	\$425	\$110
Alumni	\$240	\$290	\$325	\$90

- Before July 1st refunds will be provided upon written request minus 15% processing and handling fee.
- Refunds will not be provided after July 1st, however, registration fees will be applied to the subsequent year.
- Discounts available for groups of six (6) or more from the same entity. Must have a single payer. See [www.mhit.org](http://www.mhit.org) for further information and restrictions
- Applications reviewed on first-come, first-serve basis. Student participation is limited to four students. Note: Students who apply for worker status must submit evidence of full time status in a recognized University Program along with faculty recommendation. Contact [info@mhit.org](mailto:info@mhit.org) for more information.

## CERTIFICATION QUESTIONS:

You do not have to be nationally certified to take the training. It is competitively based, however, which could impact an individual's acceptance into the program. Individuals who are Deaf, especially those working in the mental health field or who work as CDI's are encouraged to apply. Alumni of the program are welcome to attend. We reserve the right to cancel the training if minimum class size is not obtained. In the event of cancellation, registration fees will be refunded, however DMH will not be responsible for other costs incurred.

Get up-to-date information at the MHIT website: [www.mhit.org](http://www.mhit.org). All information and updates will be posted there. If there are any discrepancies between this announcement and the information on the website, the website supersedes any information here.

# Information You Can Use:

## Flying to Montgomery:

- Montgomery Regional (MGM)
- Birmingham (BHM) 90 miles
- Atlanta (ATL) 152 miles

*Flying directly into Montgomery is often less expensive than renting a car and driving from larger airports. MGM is served by Delta, Northwest, US Air and Continental. Rental cars are available on site.*

## Driving Directions to Troy University at Montgomery



### From North/South/West: (including Montgomery and Birmingham airports)

- Take I-65 to Montgomery
- Take the CLAY ST exit, EXIT 172, toward DOWNTOWN
- Turn LEFT onto HERRON ST
- HERRON ST becomes BIBB ST
- Turn RIGHT onto COMMERCE ST

### From East: (including Atlanta airport)

- Take I-85 to Montgomery
- Take I-65N ramp heading to Montgomery/Birmingham and travel 4.8 miles
- Take the CLAY ST exit, EXIT 172, toward DOWNTOWN
- Turn LEFT onto HERRON ST
- HERRON ST becomes BIBB ST
- Turn RIGHT onto COMMERCE ST

## Local Hotels

**Hampton Inn**  
100 Commerce Street  
Montgomery, AL 36104

**Embassy Suites**  
300 Tallapoosa St  
Montgomery, AL 36104

**Renaissance Montgomery Hotel & Spa**  
201 Tallapoosa St  
Montgomery, AL 36104

**Drury Inn (Group Rate Available)**  
1124 Eastern Blvd.  
Montgomery, AL 36117

**Hilton Garden Inn**  
1600 Interstate Park Dr  
Montgomery, AL 36109



**La Quinta**  
1280 East Blvd  
Montgomery, AL 36117

**Fairfield Inn & Suites**  
8970 EastChase Parkway  
Montgomery, AL 36117

**Staybridge Suites**  
7800 EastChase Parkway  
Montgomery, AL 36117

**Hampton Inn and Suites**  
7651 Eastchase Parkway  
Montgomery, AL 36117



## Eating Out:

*There are numerous restaurants near the hotels. Participants will find a wide range of options from American to Vietnamese.*

## For More Information:

Check out the visitors' Center Website at  
<http://www.visitingmontgomery.com>

Get up-to-date information at the MHIT website: [www.mhit.org](http://www.mhit.org). Current information and updates will be posted there.

# OFFICE OF DEAF SERVICES

Among the one in five Alabamians who will need mental health services in their lifetimes are more than 39,000 people who are deaf or hard of hearing.

Because deafness or hearing loss pose their own challenges in coping with risk factors and accessing and receiving treatment services, the Alabama Department of Mental Health has established an Office of Deaf Services to break down the barriers that inhibit the department in its mission to enable Alabamians to live in recovery.

## NEWSLETTER:

For copies of our newsletter, "Signs of Mental Health" contact our office or go to [www.mhit.org/quarterly-newsletter.html](http://www.mhit.org/quarterly-newsletter.html) to see current copies.



### Mentoring and Clinical Supervision

Our staff interpreters provide clinical supervision and mentoring for interpreters who complete MHIT and work in the field. They also are actively providing workshops around the country.

### Online Learning:

Online training in hot areas relating to Deafness and/or interpreting and Mental Health. Pre-registration required. Continuing Education Credit Offered

### Clinical and MH Interpreter Trainings

MHIT periodically offers workshops on various topics related to Deafness and/or interpreting and Mental Health.

For more information  
[www.mhit.org](http://www.mhit.org)

Follow Us On Twitter

Like Us on Facebook



- Continuing education pending for RID, NBCC, CRC, Social Workers.



ALABAMA STATE BOARD OF  
SOCIAL WORK  
EXAMINERS

**Please Note:** The language of the conference is not prescribed. We do ask participants to be mindful and sensitive to the fact we have deaf participants and communication choices take this into consideration. We also ask that participants are respectful of other's choices.





Alabama Department of Mental Health - Office of Deaf Services  
and ADARA PRESENTS



*Mental Health Interpreter Training*  
**MHIT ALUMNI SESSIONS**  
**August 3 - 7, 2020**

Open to all former alumni of previous MHIT Institutes

**Pre-registration is required by July 15, 2020. No registration accepted at the door. Seating is limited to 50 participants each session.**

**THURSDAY AUGUST 6 – Mental Health First Aid - Youth will be offered as an all-day training. Participants must select to attend either MHFA Youth or the Alumni Courses. MHFA Youth requires an additional cost for training materials. Pre-Registration is required. Functional certification awarded upon completion.**

**CONFIRMED PRESENTERS:**

**Robyn Dean, PhD, Robert Pollard, PhD, Steve Hamerdinger, Steven Hardy-Braz, Judy Shepard-Kegl, Romy Spitz, Kota Takayama, Amanda Somdal, Roger Williams, and Tomina Schwenke, PhD.**





Alabama Department of Mental Health-Office of Deaf Services  
and ADARA PRESENTS



*Mental Health Interpreter Training*  
**MHIT ALUMNI SESSIONS SCHEDULE**

**August 3 - 7, 2020**

Open to all former alumni of previous MHIT Institutes

**Pre-registration is required by July 15, 2020. No registrations accepted at the door.  
Seating is limited to 50 participants each session.**

**AUDIENCE: 2019 MHIT PARTICIPANT ALUMNI, PREVIOUS MHIT ATTENDEES, QMHI CERTIFIED INTERPRETERS, THERAPISTS, etc.**

August 3, 2020; 9:00 a.m. – 10:00 a.m.	Alumni Session 1: MHIT Alumni Sessions	1.00 Clinical hours/0.10 RID ceus
August 3, 2020; 10:15 a.m. – 12:00 p.m.	Alumni Session 2	1.75 Clinical hours/0.175 RID ceus
August 3, 2020; 1:15 p.m. – 2:45 p.m.	Alumni Session 3	1.5 Clinical hours/0.15 RID ceus
August 3, 2020; 2:45 p.m. – 4:00 p.m.	Alumni Session 4	1.25 Clinical hours/0.125 RID ceus
August 3, 2020; 4:15 p.m. – 6:30 p.m.	Alumni Session 5	2.25 Clinical hours/0.225 RID ceus
August 4, 2020; 8:00 a.m. – 10:00 a.m.	Alumni Session 6	2.0 Clinical hours/0.20 RID ceus
August 4, 2020; 10:15 a.m. – 12:00 p.m.	Alumni Session 7	1.75 Clinical hours/0.175 RID ceus
August 4, 2020; 1:15 p.m. – 3:30 p.m.	Alumni Session 8	2.25 Clinical hours/0.225 RID ceus
August 4, 2020; 3:45 p.m. – 6:30 p.m.	Alumni Session 9	2.75 Clinical hours/0.275 RID ceus
August 4, 2020; 8:00 a.m. – 6:30 p.m.	ALL DAY: Mental Health First Aid - YOUTH	8.75 Clinical hours/0.875 RID ceus
August 5, 2020; 8:00 a.m. – 10:00 a.m.	Alumni Session 10	2.0 Clinical hours/0.20 RID ceus
August 5, 2020; 10:15 a.m. – 12:00 p.m.	Alumni Session 11	1.75 Clinical hours/0.175 RID ceus
August 5, 2020; 1:15 p.m. – 3:15 p.m.	Alumni Session 12	2.0 Clinical hours/0.20 RID ceus
August 5, 2020; 3:45 p.m. – 6:30 p.m.	Alumni Session 13	2.75 Clinical hours/0.275 RID ceus
August 5, 2020; 3:45 p.m. – 6:30 p.m.	CDI/DI in Mental Health Settings (Deaf participants only)	2.0 Clinical hours/0.275 RID ceus
August 6, 2020; 8:00 a.m. – 10:00 a.m.	Alumni Session 14	1.5 Clinical hours/0.15 RID ceus
August 6, 2020; 10:15 a.m. – 12:00 p.m.	Alumni Session 15	1.75 Clinical hours/0.175 RID ceus
August 6, 2020; 1:15 p.m. – 3:15 p.m.	Alumni Session 16	2.0 Clinical hours/0.20 RID ceus
August 6, 2020; 3:30 p.m. – 6:30 p.m.	Alumni Session 17	3.0 Clinical hours/0.30 RID ceus
August 7, 2020; 8:00 a.m. – 9:30 a.m.	Alumni Session 18	2.0 Clinical hours/0.20 RID ceus
August 7, 2020; 9:45 a.m. - 11:30 a.m.	Alumni Session 19	1.75 Clinical hours/0.175 RID ceus
August 7, 2020; 12:30 p.m. – 2:30 p.m.	*Main Session 1: Communication Assessments in Mental Health	2.0 Clinical hours/0.20 RID ceus
August 7, 2020; 2:30 p.m. – 3:30 p.m.	*Main Session 2: Mentoring, Practicum, and Certification	1.0 Clinical hours/0.10 RID ceus

*\*for alumni sessions only. This does not constitute admission into the core MHIT program. Exception: For Alumni participants attending participants attending for the full day on Friday, may attend the 12:30 p.m. workshop in the core session by Roger Williams on Communication Assessments in Mental Health and the 2:30 workshop in the core session by Steve Hamerdinger on Mentoring, Practicum, and Certification. Participants interested in pursuing the Qualified Mental Health Interpreter Certification must complete all 40 hours of the MHIT Alumni Sessions including the two main session presentations on Friday. Schedule and presentation topics are subject to modification and/or adaptation.*

**FOR UP TO DATE SCHEDULE INFORMATION PLEASE VISIT <http://mh.it.org/2020-institute.html>**

# DEAF SERVICES DIRECTORY

Alabama Department of Mental Health  
(Mailing Address) P.O. Box 301410

(Physical Address) 100 North Union Street, Suite 770, Montgomery, Alabama 36130

## Central Office

**Steve Hamerdinger, Director, Deaf Services**

[Steve.Hamerdinger@mh.alabama.gov](mailto:Steve.Hamerdinger@mh.alabama.gov)

Office: (334) 239-3558

Text: (334) 652-3783

**Charlene Crump, State Coordinator  
Communication Access**

[Charlene.Crump@mh.alabama.gov](mailto:Charlene.Crump@mh.alabama.gov)

Office: (334) 353-7415

Cell: (334)324-1972

**Shannon Reese, Service Coordinator**

[Shannon.Reese@mh.alabama.gov](mailto:Shannon.Reese@mh.alabama.gov)

VP: (334) 239-3780

Text: (334)-294-0821

**Joyce Carvana, Administrative Assistant**

[Joyce.Carvana@mh.alabama.gov](mailto:Joyce.Carvana@mh.alabama.gov)

Main Number: (334) 353-4703

FAX: (334) 242-3025

**Lee Stoutamire, Regional Interpreter**

[Lee.Stoutamire@mh.alabama.gov](mailto:Lee.Stoutamire@mh.alabama.gov)

AltaPointe Health Systems

501 Bishop Lane N.

Mobile, AL 36608

Cell/Text: (251) 472-6532

## Region IV

**Amanda Somdal, Therapist**

[Amanda.Somdal@mh.alabama.gov](mailto:Amanda.Somdal@mh.alabama.gov)

Montgomery Area Mental Health Authority

2140 Upper Wetumka Road

Montgomery, AL 36107

Office: (334) 440-8888

Text: (205) 909-7307

**Brian McKenny, Regional Interpreter**

[Brian.Mckenny@mh.alabama.gov](mailto:Brian.Mckenny@mh.alabama.gov)

P.O. Box 301410

Montgomery, AL 36130

Cell/Text: (334) 462-8289

## Region I

**Kim Thornsberry, Therapist**

[Kim.Thornsberry@mh.alabama.gov](mailto:Kim.Thornsberry@mh.alabama.gov)

DD Region I Community Services Office

401 Lee Street NE, Suite 150

Decatur, AL 35601

Office: (256) 217-4308

Text: (256) 665-2821

**Keshia Farrand, Regional Interpreter**

[Keshia.Farrand@mh.alabama.gov](mailto:Keshia.Farrand@mh.alabama.gov)

DD Region I Community Services Office

401 Lee Street NE, Suite 150

Decatur, AL 35601

Cell/Text: (256) 929-9208

## Region V

**Vacant, Therapist**

**Katherine Anderson, Regional Interpreter**

[Katherine.Anderson@mh.alabama.gov](mailto:Katherine.Anderson@mh.alabama.gov)

Beacon Center Office Park

631 Beacon Parkway W, Suite 211

Birmingham, AL 35209

Cell/Text: (205) 732-0716

## Region II

**Kent Schafer, Psychologist/Therapist**

(See Bryce Based)

**Jennifer Kuyrkendall, Regional Interpreter**

[Jennifer.Kuyrkendall@mh.alabama.gov](mailto:Jennifer.Kuyrkendall@mh.alabama.gov)

1305 James I. Harrison Jr. Parkway,

Tuscaloosa, AL 35403

Cell/Text: (334) 328-7548

## Bryce Based

**Kent Schafer, Statewide Psychologist**

Bryce Psychiatric Hospital

1651 Ruby Tyler Parkway

Tuscaloosa, AL 35404

[Kent.Schafer@mh.alabama.gov](mailto:Kent.Schafer@mh.alabama.gov)

Office: (205) 409-4858 (VP)

Text: (334) 306-6689

**Beth Moss, Interpreter**

[Beth.Moss@mh.alabama.gov](mailto:Beth.Moss@mh.alabama.gov)

Cell/Text: (334) 399-7972

**Allyssa Cote, Interpreter**

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Cell/Text: (334) 303-0411

**Brian Moss, Visual Gestural Specialist**

[Brian.Moss@mh.alabama.gov](mailto:Brian.Moss@mh.alabama.gov)

Text: (334) 339-0537

## Region III

**Jag Dawadi, Therapist**

[Jag.Dawadi@mh.alabama.gov](mailto:Jag.Dawadi@mh.alabama.gov)

Region III Community Services Office

3280 Dauphin Street, Building B, Suite 103

Mobile, AL 36606

Office: (251) 234-6038

Text: (251) 721-2604