ODS Produces ASL Videos

Aside from our ASL versions of our long-running 258 Series, the Office of Deaf Services has been busy creating more ASL videos on various topics for the community!

Led by our Visual Gestural Specialist—Justin Perez, our Clinical and Communication Access staff have been involved with topic-development, scripts, transcripts, captioning, and voice-over work. As we continue to work on providing high quality and accessible videos we hope you will check out our videos on our YouTube Channel (and Dropbox for certain video projects) if you have any feedback or suggestions please contact us at: xxxxx@mh.alabama.gov

Available YouTube Videos:
- Suicide Prevention Awareness
- Consumer Rights
- 2019 Mental Health First Aid (MHFA)

Available Dropbox Videos:
- Alabama Cities
- Older Alabama Signs

Upcoming Videos:
- Deafness and Clinical Training (DACTS)
- Mental Health Interpreter Training Institute
- Access Services
- Office of Services – What We Do

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Editor's Notes

This will be a bit of a strange issue. It is being put together before our annual Deafness and Clinical training, which is later this month. Usually DACTS is the center piece of the winter issue. I know, its April and its already spring, but allow me my literary license as Editor! We will have another issue coming out in a couple of months covering DACTS.

This will also the first issue I have actually had an associate editor. Jennifer Kuyrkendall will be on board helping to keep things moving forward. It’s part of a general “youth movement” at ODS. Our interpreting interns from Troy are winding down their time with us, and I have to admit, they grew on me.

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Signs of Mental Health

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On The Cover:
Clockwise from top left: Makoto Ikegami, Charlene Crump, Dr. Deb Guthmann, Kevin Henderson, Robbin Washington, Brian McKenny, Kent Schafer and Steve Hamerdinger presenting at ASADS in Tuscaloosa, Alabama.
ODS is excited to be involved with the internship experience of three students from Troy University this semester. Katherine Anderson, Brian McKenny and Beth Moss are their assigned supervisors. In addition, the interns also receive support and feedback from other ODS staff and we hope that their experience is one where they may grow into the professionals we know they can be.

**Eliza Cantu**

Eliza Cantu is a senior at Troy University and approaching her graduation date, the summer of 2019. A proud Texan, born and raised, Cantu completed her initial training at Austin Community College in the heart of Texas. She graduated in May 2017 and shortly after she received her Associates degree, she took and passed the BEI: Basic. Nevertheless, she was still hungry for more education before entering the workforce. This desire led her to move to Alabama, so she could pursue her bachelor’s degree in the Interpreter Training Program at Troy University. Through the rich education and experience there, Cantu came into contact with ODS and had the opportunity to become involved and to learn from the wonderful staff members and mentors there. Cantu had yet to be afforded the opportunity to interpret or be involved in the inner workings of the mental health interpreting.

Through this experience she found herself challenged and stretched in ways she had never imagined. Now, she is eager and even more equipped to enter the interpreting field as a thoughtful and competent professional.

**Allyssa Côté**

Allyssa Côté grew up in Enterprise, Alabama and currently resides in Montgomery, Alabama. She has thoroughly enjoyed her time working with the Office of Deaf Services and is grateful to all of the staff that have encouraged her to grow and develop her skills as a young interpreter.

Upon graduation, Côté plans to interpret in the Montgomery area. Allyssa aspires to earn the National Interpreter Certification and Qualified Mental Health Interpreter Certification within the next four years. She also plans to continue her work with the mental health field and is considering pursuing a Master’s degree, although she is unsure of what she would want to study at this time, however, she knows that she wants to further her career.

In her free time, you will find Côté cuddling with her cats, Dave and Ava, and spending time with close friends and family. She enjoys learning new information and engaging in philosophical discussions with her peers to discuss the intricacies of life.

**Veronica Hughes**

Veronica Hughes was born and raised in a rural town near Troy, Alabama. Hughes’ journey into learning ASL actually had nothing to do with her prior knowledge of the language, but through the mental health field.

She has been involved in mental health for varying reasons, however, it was when Hughes’ parents adopted her little sister and they were advised that she would never be able to talk. As her sister grew up, she proved them wrong, even though she has a mental illness “selective mutism” and may go weeks without uttering a word, this communication challenge led Hughes to discover ASL. Hughes had never seen ASL being used before since she lived in a rural area, so in her research she learned about ASL. If it were not for being a part of the mental health world and for her parents adopting her little sister, Hughes probably would not have found herself into the field she is pursuing now. Hughes will always be involved in the mental health field and will be pursuing a masters degree in social work upon graduation from Troy University’s Interpreter Training Program this summer. 
The week started out with Deb Guthmann doing presentations that focused on the various aspects of substance use and dependency and how it impacts DHH individuals. She shared national data and clinical approaches that can be used with this population as well as providing a summary of the available specialized services and programming for residential, aftercare and sober living options. In addition, Dr. Guthmann also shared information about the recent shifts in tobacco use due to the increased usage of e-cigarettes and shared lessons from a curriculum that was developed as a two-year grant with UCLA to be used with DHH students. The project involved DHH students from two mainstream and two Schools for the Deaf located in California. Through focus groups and other activities, the students were involved in the development of the curriculum.

Another focus of the training involved a federal grant that has involved the translation and validation from English to ASL of several substance abuse, mental health and career screening tools. The grant is in its fifth and final year and is finalizing the development of an online portal that will be available for professionals to use.

Dr. Guthmann and the other speakers used a number of hands-on activities throughout the week to give participants the opportunity to tryout a number of activities they could use with the DHH consumers they work with. In order to give the participants an opportunity to meet a number of other professionals who work in prevention, treatment and aftercare focused projects, several professionals gave presentations using web conferencing software. We were fortunate to have Keven Poore, Director of the Substance and Alcohol Intervention Services for the Deaf (SAISD) available to utilize use web conferencing to talk about their program which is located on the NTID campus and about the prevention efforts they do in the communities of Rochester, New York. He also talked about prevention strategies and ways these can be adapted to benefit the Deaf community and youth. Keven also talked about their in-

(Continued on page 5)
volvement with the Norris Clinic, also located in Rochester, New York and provides drug and alcohol treatment to hearing and DHH individuals. Since Keven is a CDI, he also talked about considerations to keep in mind when interpreting in various substance abuse settings. He stressed that due to the lack of ASL-only treatment services in the country, interpreters are often tasked with ensuring accurate and clear communication occurs between the providers and deaf consumers and the challenges involved with that process.

Jesse Wilson, Program Manager of Signs of Life (SOL) was also able to utilize web conferencing to share information about SOL’s program at Deaf Community Services in San Diego. He discussed the program components and described the comprehensive outpatient drug and alcohol treatment model they use. Jesse also informed the participants that they have a sober house for men called Signs of Change and a sober house for women called Signs of Hope.

Elly Carpenter, Counseling Supervisor and Jamie King, Counselor at the Minnesota Chemical Dependency Program for DHH, shared information about their program model and that they had just celebrated 30 years since opening. Jamie and Elly talked about the program history and shared some of the clinical activities they use with clients. Karran Larrsen, Deaf Recovery Coach Trainer, also presented information via web conferencing about a program they have in Massachusetts where she is trained as a Recovery Coach Trainer and has provided through the recovery coach academy to 20 DHH individuals. The recovery coach academy includes training on ethical considerations, motivational interviewing, cultural competence, addiction 101 and provides mental health information. Once the DHH trainees complete their internships, they will be able to provide support to DHH individuals in Massachusetts.

The Alabama Department of Mental Health’s Office of Deaf Services staff also presented on several topics this week. Charlene Crump presented valuable information about the complex relationships between substance abuse and mental health providers, interpreters, and consumers who are deaf and the myriad of decisions which impact the treatment

(Continued on page 6)
process. The workshop included a discussion of language deprivation, etiological impact, and language dysfluency as it relates to interpreting within treatment settings.

Kent Schafer and Brian McKenny gave a full-day presentation that focused on DHH youth and the many language barriers they face. They talked about how these DHH students are more likely to engage in risky behavior, substance use, and self-harm instead of seeking help. Kent and Brian used a number of vignettes and hands-on activities enabling the participants to meet in groups and discuss the presenting issues and possible solutions when dealing with a variety of DHH youth.

Steve Hamerdinger did a fantastic job presenting information to the participants about dysfluent language in general and Language Deprivation Syndrome (LDS) and how it can create tremendous barriers to the successful treatment of addiction. Various video vignettes of examples of individuals with LDS were shared, and the participants engaged in wonderful discussions about how they would handle the situations.

Makoto Ikegami, ASL Therapist, Kevin Henderson, Senior Case Manager, and Robbin Washington, House Manager, shared information about Hope House which is part of the CaringWorks program and provides residential treatment for DHH men in Atlanta, Georgia. They discussed the clinical approaches adapted by deaf staff members to work with DHH program members and shared some videotaped stories of recovery.

The training was a very intensive and positive experience for all that were involved. Participants left ASADS with several clinical activities they could use with consumers and the knowledge of resources available that they were not previously aware of. Participants also met a number of colleagues who are working with challenging clients in similar situations and were able to learn new approaches and strategies for addressing them. We want to thank all the wonderful speakers from Alabama and all the other states who helped make this training possible. In the future, we hope ASADS will offer another specialized track on substance abuse issues when working with DHH individuals.

**ITP Interns**

**Conference Interpreting Opportunity**

In light of the Deaf Track offered at ASADS this year and while coordinating interpreter coverage, Jennifer Kuyrkendall seized an opportunity to provide several Troy University ITP interns a taste of conference interpreting. A separate Intern Track was created that provided interns with a set 4-day schedule, of active and inactive hours to work towards their internship requirements. Interns were paired in teams with an on-site interpreter supervisor and were assigned to cover several different workshops, registration desk, and announcements during the week. Approvals were given by each workshop presenter for our presence and to allow interns to be filmed. Daily schedules were from 7am – 4:45pm and included workshop topics such as human trafficking, recovery, suicide, PTSD, language dysfluency, and play therapy.

This opportunity certainly tested all of the intern’s stamina, copy-signing skills, teaming negotiations, feeding preferences, professional communication skills, punctuality, attire/footwear and interpreting techniques. Over 30 minutes worth of video footage of each intern’s work were captured and shared with them and their intern supervisors, along with written feedback from the two on-site supervisors.

Interested in establishing an ITP internship/observation site in your area? Keep your eyes peeled for our next edition where we will be sharing more information on our own ODS ITP Intern Program!
Reinforcing the Bridge Between ODS and ASD

Historically, the collaboration between the Office of Deaf Services and Alabama School for the Deaf have not been the close. This past school year has been a unique challenge that has left ASD and ODS looking to strengthen the partnership in order to meet the needs of faculty, staff, and students at ASD. There have been a handful of meetings throughout the school year, however, one major drawback was that the meetings were almost entirely held remotely.

On March 6, 2019, Miranda Nichols, Region V Therapist, several ODS staff, ASD psychology team and E.H. Gentry were able to meet face to face, with a few ODS staff joining remotely. Due to ODS staff being spread throughout the state, it is a rare occurrence to be able to get everyone together in the same room, so this was quite an accomplishment! Following the meeting, there was a delicious lunch that was made by Kelli Hallmark and we were given a fantastic tour of the campus that was led by two ASD student representatives. These students demonstrated their knowledgeable ASD’s history and what it has to offer, in addition to demonstrating excellent leadership skills. We felt incredibly welcome and are thankful to our great hosts for making us feel right at home.

There may be some changes in the upcoming years, and you can expect to see some familiar ODS faces around ASD a little more in the future. We are looking forward to working together on developing trainings to equip staff with more tools to aid with guiding them through the field of mental health. ODS will also be making an appearance at registration day this summer if you see us be sure to say hello! The psychology team at ASD is working hard towards promoting learning and systemic changes for students and staff. We are very excited to be a part of their vision as we work together to make our bridge stronger.

Region III School-based Services

The lack of transportation and missed classes were often given as reasons for inaccessibility to mental health service by parents of deaf children and adolescents in Mobile, Alabama for ODS Region III Mental Health Therapist, Jag Dawadi.

As the new year set in, the ODS Mobile regional office addressed this long-standing issue with the provision of school-based therapy. This approach simply brings mental health service to the students’ learning environment. Currently, three Mobile students – two children and one adolescent, along with their parents, are benefiting from this kind of creative service delivery. At local schools, teachers are able to meet with Dawadi to discuss specific concerns in a pre-session, which helps to better plan therapeutic sessions. In addition, teachers and Dawadi are able to discuss approaches on how to best manage student behaviors in the classroom.

School-based mental health service is not a new idea. Many mental health centers around the state are taking providing this, in when they do, it is not unusual to find ODS therapists involved. In addition to Dawadi’s work through AltaPointe, Kim Thornsberry has worked with Riverbend in Florence, and, of course, Miranda Nichols work on the campus of ASD through AltaPointe.

Almost three months since the start of the program, Dawadi has observed many positive changes in students such as increased concentration in classroom activities and emotional regulation. As the ODS Mobile regional office continues fine-tuning collaborative efforts with the school system and mental health center, Dawadi foresees this approach continuing in the future due to the many evident benefits.
Of late, I have been quite involved in the swirl of controversy surrounding language deprivation and attempts to remediate its pervasive impact. In the Fall, I did a nationwide webinar on the impact of language deprivation on the mental health service system. Later this Spring, I will join Charlene Crump and Neil Glickman at ADARA to co-present an all-day session on the same topic.

Discussing language deprivation is political dynamite, apparently. From my position on the Board of the National Association of the Deaf, I am able to see how this is playing out across the country. There are a number of states in which the Deaf Community is pushing legislation intended to measure deaf children’s progress toward acquiring language, which is not limited to just English. This has engendered vociferous opposition from the usual suspects, this time led most notably by the American Speech-Language-Hearing Association, with voluble support from various state charters of A.G. Bell and various proponents of Auditory-Verbal (A-V) approaches.

One of the things that is most interesting/exasperating about the ongoing street brawl this has become is that is it the same fight that has been raging in the United States for the past 200 plus years. The arguments sound exactly the same. Only the clothes and settings seem to change.

Late during the last legislative session, I sat in on a hearing debating the Alabama version of the LEAD-K bill. The Alabama Department of Mental health maintained a studiously non-committal position on the bill, but I couldn’t resist the theater that would inevitably ensue from any legislative hearing.

A-V proponents dutifully trotted out immaculately dressed kids who represented undeniable success in education. They read pre-prepared texts, spoke passionately about how many friends they had and their participation in various social activities. All good stuff. There is no denying that about a third of the kids who are implanted and educated in an A-V environment do well. How well, depends on the measurements used, but I won’t begrudge that. It was equally obvious that all these kids were upper middle class. Tastefully, and, to my eye, expensively attired, puerum, et matrem, (hey, clothes make the man/woman, right?), they exuded a sense of entitlement and confidence that comes with the ability to buy anything they want or need. Clearly no expense was spared to ensure success for these prodigies. With resources come the freedom and flexibility to spend large portions of parental time to practice, drills, exercises and shuttling to specialists that make it possible to benefit from the A-V approach. More power to them.

The display was not unlike what Thomas Hopkins Gallaudet found so objectionable in Great Britain in 1815, when he was investigating approaches to deaf education. Cherry-picking oddities and putting them on display has been a carnival sideshow staple since time immortal. Whether it was on a stage in some tony theatre district in the 19th century, or in some hallowed hall of a legislature, the formulaic prescription, designed to tug at the auditory heartstrings of the observer, has not changed. Hebrews 13:8!

One wonders about the other two-thirds of the families with deaf kids who have been unable to avail themselves to all those additional supporting resources that are available to more well-to-do parents? Are we not creating a whole generation of at risk kids who have failed to acquire a functional language because their parents were told that only “dumb deaf people sign”. Hall, et.al., ably cover the objections raised by A-V only proponents in their recent article “Deaf children need language, not (just) speech.” (Hall, M. L., Hall, W. C., & Caselli, N. K. (2019). Deaf children need language, not (just) speech. First Language, 0142723719834102.) I won’t rehash their points here, other than to emphasize that language acquisition is not a zero-sum game. In fact, studies have shown that bilinguals outperform similar monolingual peers on both verbal and nonverbal tests of intelligence and tend to achieve higher scores on standardized tests. So why do A-V people fight so hard against early exposure to sign language? This has been a paradox that has perplexed me as long as I have been aware of the controversy—and that has been well neigh 60 years now.

The famous scene from Mr. Holland’s Opus depicts what happens all to often. The doctor pronounces in the most somber tones he can muster how parents must never sign, lest their child not “find his place in the hearing world.” That the he language deprived deaf child will have even less chance appears not to cross their minds.

By the same token, I have little patience with ASL-only radicals, primarily because they make it so easy for the “other team” to score points. Worse than that, factions within the deaf community have started something of a civil war among themselves with one side perfectly willing to blow up the (Continued on page 9)
Each month the Huntsville Museum of Art hosts Accessible Art Works (AAW), in collaboration with the Alabama Institute for Deaf and Blind (AIDB), for members of the deaf community. This month, ODS’ Keshia Farrand was able to attend and meet with both members of the community as well as representatives from the Alabama Department of Rehabilitation Services (ADRS). At this event, attendees can view exhibits in the museum as well as create their own works of art.

The AAW program is comprised of two programs – one for people with vision impairment, low vision or blindness and the other program is specific to those who are deaf or hard of hearing. Each session will allow an assistant or companion to attend with the workshop participant. These sessions give one the opportunity to experience a docent-led private tour of specific art pieces from a current exhibit, followed by an art making session led by a trained instructor. AAW sessions are offered on a monthly basis, year-round. Sessions for Blind/Low Vision participants will be verbally descriptive and contain tactile components, while sessions for Deaf/Hard of Hearing participants will have an ASL Qualified Interpreter during the tour and the art making component, as well. The AAW program is free of charge to participants and a companion thanks to a generous grant from the Lowe Foundation and a partnership with the Alabama Institute for Deaf and Blind (AIDB).

If you are interested in attending, please check out the website to pre-register: http://hsvmuseum.wpengine.com/academy/accessible-art/
A vast majority of hearing Americans – 72 percent - have little to no experience with Deaf people throughout the course of their lives, according to a first-ever survey conducted by Communication Service for the Deaf (CSD), the world’s largest Deaf-led social impact organization. 81 percent consider being Deaf a communication disadvantage. Only slightly more than half (53 percent) say they “absolutely” would recommend a Deaf person be hired for a job.

“With more than 70% of Deaf people either unemployed or underemployed, there is no issue more critical than the elimination of ongoing biases and misperceptions about who Deaf people are and what we are capable of achieving,” said Christopher Soukup, CEO of CSD. “Inexperience with and ignorance of any community form a bedrock for both overt and unconscious biases. Now, more than ever, it is time to unite and create clear pathways for Deaf success.”

Did You Know... New Survey from Communication Service for the Deaf Reveals 72 Percent of Hearing Americans Have Little to No Experience With Deaf People

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. (Alabama licensed interpreters are in Italics)

Denotes Qualified Mental Health Interpreters
* Denotes Certified Deaf Interpreters . †Denotes QMHI-Supervisors.

Charlene Crump, Montgomery*
Denise Zander, Wisconsin
Nancy Hayes, Talladega
Brian McKenny, Montgomery*
Dee Johnston, Talladega
Lisa Gould, Mobile
Gail Schenfisch, Wyoming
Dawn Vanzo, Huntsville
Wendy Darling, Montgomery
Pat Smartt, Sterrett
Lee Stoutamire, Mobile
Frances Smallwood, Huntsville
Cindy Camp, Piedmont
Lynn Nakamoto, Hawaii
Roz Kia, Hawaii
Kathleen Lamb, North Carolina
Stacy Lawrence, Florida
Sandy Pampling, Wisconsin
Katherine Block, Wisconsin*
Steve Smart, Wisconsin
Stephanie Kerkvleet, Wisconsin
Nicole Kulick, South Carolina*
Janet Whitlock, Georgia
Sereta Campbell, Tuscaloosa*
Thai Morris, Georgia
Tim Mummm, Wisconsin
Patrick Galasso, Vermont
Kendra Keller, California
June Walatkiewicz, Michigan
Melanie Blech, Wisconsin
Sara Miller, Wisconsin
Jenn Ulschak, Tennessee
Kathleen Lanker, California
Debra Barash, Wisconsin
Tera Cater Vorpahl, Wisconsin
Julayne Fellbach, New York
Sue Gudenkauf, Wisconsin
Tamera Fuerst, Wisconsin†
Rhiannon Sykes-Chavez, New Mexico

Roger Williams, South Carolina*
Denise Kirby, Pennsylvania*
Darlene Baird, Hawaii
Stacy Magill, Missouri
Camilla Barrett, Missouri
Angela Scruggs, Tennessee
Andrea Nelson, Oregon
Michael Klyn, California
Cali Luckett, Texas
Mariah Wojdacz, Georgia
David Payne, North Carolina
Amber Mullett, Wisconsin
Nancy Pfanner, Texas
Jennifer Janney, Delaware
Stacie Adrian, Missouri†
Tomina Schwenke, Georgia
Bethany Batson, Tennessee
Karena Poupard, North Carolina
Tracy Kleppe, Wisconsin
Rebecca De Santis, New Mexico
Nicole Keeler, Wisconsin
Sarah Biello, Washington, D.C.
Scottie Allen, Wisconsin
Maria Kielma, Wisconsin
Erin Salmon, Georgia
Andrea Ginn, New Mexico
Carol Goeldner, Wisconsin
Susan Faltinson, Colorado
Crystal Bean, Arizona
Mistie Owens, Utah†
Claire Alexander, Minnesota
Amanda Gilderman, Minnesota
Jolene Hudson, Washington State
Melissa Marsh, Minnesota
Bridge Sabatek, Minnesota
Adrienne Bodisch, Pennsylvania
Beth Moss, Tuscaloosa
Jasmine Lowe, Georgia
Pam Hill, Georgia

Lori Erwin, Georgia
Jenae Hanson, Minnesota
Katherine Anderson, Birmingham
Christina Healy, Oregon
Becky Lukkason, Minnesota
Leia Sparks, Wisconsin
Roxxanna Sylvia, Massachusetts
LaShawnda Lowe, Pratville
Jamie Forman, New York
Leia Sparks, Wisconsin
Jamie Garrison, Wisconsin (Emeritus)
Deb Walker, Georgia
Tara Tobin-Rogers, New York†
Leah Rushing, Georgia
Keshia Farrand, Huntsville*
Lori Milicic, Pennsylvania
Shawn Vriezen, Minnesota†
Kathleen Drerrup, Texas
Melody Fico, Utah
Emily Engel, Minnesota
LaVern Lowe, Georgia
Paula MacDonald, Minnesota
Margaret Montgomery, Minnesota
Rachel Effinger, Virginia
Karen Holzer, Wisconsin
Rebecca Conrad-Adams, Ohio
Dixie Duncan, Minnesota
Brandi Hoie, Minnesota
Renae Bittner, North Dakota
Jennifer Kuurkendall, Tuscaloosa
Jessica Minges, Kentucky
Lisa Heglund, Wisconsin
Colleen Thayer, Oregon†
Susan Elizabeth Rangel, Illinois†
Tina McDaniel, Oregon
Melissa Klinworth, Washington
Eloisa Williams, Washington
Donna Walker, Washington
Judy Shepard-Kegl, Maine
“Hard—Won” QMHI Credential Valued Most

This is my 40th year since being certified as an interpreter. I have experienced every venue of interpreting, including many mental health settings. I have stood for so many credentialing exams that RID calls me to ask which ones I want on my name badge for conventions because they won’t all fit. As an interpreter trainer, I am committed to taking any credentialing exam I expect my students to stand for. But, personally, the most valued of my credentials was only recently acquired and it was hard won—the QMHI.

I am committed to life-long learning and in that pursuit, have taken many training programs, workshops, and courses along the way. As I became more seasoned as an interpreter, my ability to fully participate in professional development opportunities was often stunted by the assumption by myriads of workshop presenters and instructors that I already knew this stuff paired with a request to hold back so as not to derail the discussion. Or, the assumption was that I was already “set in my ways” and would not be open to new ideas. I resented having a damper placed upon my personal learning adventures. I want to ask questions. I want to be challenged. I want to be held to high expectations. I want to dialogue with other professionals and to participate in deep discussions. I have never been “set in my ways,” but if I were, I would want to be shaken to my core and challenged to be flexible in my perspectives.

From day one, MHIT, the practicum experience through the Alabama Department of Mental Health, and the credentialing examination process provided me with nothing but the most informative and demanding learning adventure I could ask for. MHIT requires credentialing before participation, so the albatross of “being too credentialed” was lifted. There was not a day at MHIT that I didn’t go back to my motel room with new learning, new questions, and new goals. My knowledge and experiences were stretched. My foundation was shaken up sufficiently to allow continual restructuring and new growth. The mental health training came from a diverse range of mental health professionals deeply engaged in clinical work was offered full bore for the taking. The activities, like the hearing voices activity, were well-planned, substantive, and impactful. I was intellectually nourished and satisfied, while still left hungry for more.

I applied to participate in the practicum experience. What I learned from it went far beyond my highest expectations. The pre-required observations and journaling I had to do yielded intense scrutiny and challenging questions from not only my practicum mentor but a from host of mental health professionals in the program. Every journal entry became a cascade of learning experiences, each one pushing me farther and farther along in my thinking—none were easy to respond to. I had to think deeply, do research, and re-think. This journaling experience continued through my week on-site as well, often into the wee hours of the night. While on-site, the dialogues with my mentor, other interpreters (both Deaf and hearing), and mental health professionals working at the various sites were intense. It was just me on site and it felt like I had unconditional attention and support from the entire team. Every assignment (and there were so many and the experiences so rich) involved preparation, pre-processing, teaming, and post processing.

After much reading, studying, mentoring, and preparation, I was approved to take the eight-hour, totally essay format, written test. No cutting of corners there either. Never have I worked so hard to complete a written test. It was rigorous and comprehensive, and I was totally prepared to fail despite all my studying and preparation—and I am no slouch. Even in the testing experience, learning happened.

This program is perfect for any credentialed interpreter wanting to focus on and have a foundation in mental health interpreting, but I want to speak to those interpreters like me, who have been around the block. This program will challenge you, validate you, and feed your professional development cravings in a way that that never disappoints. It will both exhaust you (in a good way) and will rejuvenate you. Go for it. I am glad I did.

Judy Shepard-Kegl
Ph.D., QMHI, CSC, CI/CT, NIC-M, NAD-IV, SC/L, Ed.K-12, OTC, BEI-Master, Core CHI, Master Mentor
Over the past several years, WellStone Behavioral Healthcare in Huntsville, has been very kind to let staff from the Office of Deaf Services use space in their building as a home base in Region I. Kim Thornsberry, Region I Mental Health Therapist and Keshia Farrand, Region I Interpreter Coordinator, have increasingly been working across Region I with deaf consumers who are dual-diagnosed and often consult with the Community Support teams for other deaf consumers served by the Developmental Disabilities Division. As part of an effort to establish working relationships between the two divisions, we were able to obtain office space at the DD regional building in Decatur, Alabama. Kim and Keshia split their time between both offices when not traveling. We are fortunate to have secured space at the DD regional office not only to establish relationships in the area, but also for the ability to utilize the state office network and shared drives. That said, our presence at the DD Region I office will benefit both the Office of Deaf Services, AL Department of Mental Health, and AL Department of Developmental Disabilities Division and Deaf consumers we serve.

Previously, the offices of Miranda Nichols, Region V Mental Health Therapist, was located at the JBS Mental Health Authority and Katherine Anderson, Region V Interpreter Coordinator, was located at the Developmental Disabilities Region V Office on Oxmoor. Unfortunately, in December 2017 the DD Region V Offices flooded which caused DD Region V employees and Anderson to relocate. There were discussions of housing Nichols and Anderson together with the rest of the DD employees at the new office location. After some time, the move was confirmed and it took a year for all arrangements to be finalized with the new office space and staffing. As of March 2019, both Region V Therapist and Interpreter Coordinator have settled into their new office space in Homewood.

Anderson and Nichols are excited to be in their new offices, look forward to a supportive and collaborative work environment, and are grateful to have the opportunity to share the space with DD Region V, Advocacy, Early Intervention, and Autism departments.

Beth Moss is a recent transplant to Tuscaloosa, Alabama and immediately saw an opportunity to create a network of support with a team of working professionals, students, and anyone who is pursuing certification and licensure. Along with co-worker Jennifer Kuyrkendall, they set up the Tuscaloosa Interpreter Study Group. The
Notes and Notables
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encouraging them to share information. Laughter ensued with various students figuring out how to tell a story or provide a replacement behavior in order to gain a sugary reward. One can hope they have discovered how important it is to encourage and reinforce each other to grow the future.

In February 2019, Jennifer Kuyrkendall presented an “Introduction to Mental Health Interpreting” presentation to an introductory interpreting course at Tulane University in New Orleans, Louisiana taught by Denise Crochet. This presentation allowed students exposure to mental illness, language dysfluency, interpreting considerations, and educational/training opportunities. In addition, students were able to participate in a smaller version of MHIT’s well-known Hearing Voices activity. Kuyrkendall was also able to utilize a space large enough to accommodate interested ITP students, pre-certified and certified interpreters from the surrounding New Orleans community through Barbara Lovas and New Orleans Sign Language Services for an additional free presentation at Canal Boulevard Baptist Deaf Church.

Katherine Anderson, a class of 2011 Maryville College Alumna and Sarah Gregory, discussed issues, career opportunities, and the post-graduate experience of professionals in American Sign Language and Deaf Studies. ITP students were able to ask questions and receive feedback to help them understand what to expect after graduation, best professional practices, and how to prepare themselves to be competitive in such a dynamic field.

On March 22nd, the Alabama School for the Deaf hosted an event to introduce students to various careers. As a member of the community, the Office of Deaf Services provided a booth with Justin Perez, Charlene Crump, and Kent Schafer in attendance. It was clear that Charlene has a special place at ASD in the years gone by as people actively sought her out. Justin was able to answer questions on how his media and technology experience, while enrolled at Rochester Institute of Technology, led him to the current position of Visual Gestural Specialist. Kent bumped into several different students and staff...

Abstract: Studies investigating the impact of having a child with hearing loss on the lives of parents and families have shown divergent results. Where some studies have reported that childhood hearing loss is associated with parental mental health problems, such as depression and stress, other studies report no impact on parental mental health and/or wellbeing. Objective: The aim of this study was to examine the association between child-related variables—degree of hearing loss, additional disabilities, sign language abilities, cochlear implants (CI), externalizing and internalizing emotional and behavioral difficulties measured by the Strength and Difficulties Questionnaire (SDQ)—and parent-related variables—parents living together, parents' mental health, spouse activities without children, and parents' experience of the child as being a burden for the family. Method: Data of 257 parents of children with hearing loss from a national survey were included. Results: Only 18% of the children with hearing loss did not live with both parents, a figure significantly lower than that of the general population. The child variables of degree of hearing loss, having a CI or not, and sign language ability were not significantly associated with any of the parent variables investigated. The child having a disability in addition to hearing loss was found to be significantly associated with the frequency of spouses engaging in activities without children and reports that the child was a burden for the family. Both higher externalizing and internalizing scores on the SDQ were significantly associated with parental mental health problems, frequency of spouse activities without children, and the degree to which the child's difficulties were experienced as a burden for the family. Conclusion: Children's hearing loss, per se, was found not to be significantly related to several key parent and family variables. However, children having additional disabilities and behavioral and emotional difficulties were significant with parent and family variables. This study thus underlines the need for further studies concerning relationships among factors related to childhood hearing loss and various family factors in order to better understand their impact on child development and family life.


Abstract: There have been many reports on the treatment effect of cochlear implantation and hearing aids in the treatment of tinnitus in patients with severe hearing loss. However, as far as we are aware, there are no reports of investigation of treatment approaches for the tinnitus of deaf patients whose communication is solely carried out in sign language due to a long duration of deafness. Case presentation: We experienced a case of severe tinnitus with bilateral deafness for more than 50 years. The patient is a 69-year-old woman who communicates with her family solely in sign language. Family stress triggered the onset of tinnitus, accompanied by sleep disorder and palpitations. At the initial visit, she suffered from severe tinnitus (THI 94) as well as strong tendencies toward depression and anxiety. Because neither the patient nor her family was willing to use cochlear implantation, the administration of an antidepressant and a sleep-inducing agent was started, which resulted in improvement of the psychological conditions. Tinnitus distress, synchronized with the heartbeat, was relieved by the addition of autogenic training. At four and half years after the initial visit, the THI score had dropped to 0, and the subjective tinnitus and palpitation had almost disappeared, with only a low dose of antidepressant necessary. Conclusion: A deaf patient with severe tinnitus was successfully treated with drug and psychotherapy.

(Continued on page 15)

Abstract: Early cognitive development relies on the sensory experiences that infants acquire as they explore their environment. Atypical experience in one sensory modality from birth may result in fundamental differences in general cognitive abilities. The primary aim of the current study was to compare visual habituation in infants with profound hearing loss, prior to receiving cochlear implants (CIs), and age-matched peers with typical hearing. Two complementary measures of cognitive function and attention maintenance were assessed: the length of time to habituate to a visual stimulus, and look-away rate during habituation. Findings revealed that deaf infants were slower to habituate to a visual stimulus and demonstrated a lower look-away rate than hearing infants. For deaf infants, habituation measures correlated with language outcomes on standardized assessments before cochlear implantation. These findings are consistent with prior evidence suggesting that habituation and look-away rates reflect efficiency of information processing and may suggest that deaf infants take longer to process visual stimuli relative to the hearing infants. Taken together, these findings are consistent with the hypothesis that hearing loss early in infancy influences aspects of general cognitive functioning.


Abstract: A myriad of cultural and language-related factors can affect the communication between clinicians, interpreters, and patients. Misunderstandings can lead to diagnostic errors; inadequate treatment; disengagement; and, thereby, poor clinical outcomes. A qualified interpreter can decrease the risk of miscommunication. The integration of an interpreter in the clinical encounter can shape the course of treatment and patient experience. Therefore, developing clinicians’ awareness about and skills to address contextual challenges in using interpreters in transcultural psychiatry is of great importance. Clinicians who are trained to work effectively with interpreters can improve clinical outcomes for individuals with limited language proficiency. This is illustrated through a clinical case example.


Abstract: The present study compared sign-only to simultaneous sign and speech (SIMCOM) on recall of stories by deaf children. Thirty-six 11 to 14-year-old deaf students were presented with a series of short stories bimodally (using simultaneous sign and speech/SIMCOM) and unimodally^ (using sign-only) and then asked to recall whatever they could remember. A within-subject analysis was used to examine the differences in recall scores as a function of communication mode. Participants scored significantly higher in the sign-only condition than in the SIMCOM condition. There were no differences due to age, gender, home language, pure-tone average, or type of hearing-assistive technology (hearing aids or cochlear implants), but scores in both groups correlated with standardized reading scores. The finding of improved recall with sign-only presentation suggests that simultaneous speech and sign may have compromised comprehension by competing for limited attentional resources. The findings challenge the use of SIMCOM in classrooms.
The Alumni Interpreter Institute Is:

MHIT Alumni Sessions is a separate conference that runs concurrently with MHIT. It is a 40-hour course designed to provide more in-depth and continuing education on topics related to mental health and mental health interpreting building on the foundational information acquired at MHIT. All documents will be provided via Google Docs.

MHIT Alumni Sessions 2019 Presenters include Robyn Dean, Robert Pollard, Roger Williams, Kent Schafer, Charlene Crump, etc. Topics will include Interpreting a Competency Exam, Forensics, Ethics in Mental Health Settings, etc. See registration form for final list of presenters and presentation topics.

Mental Health First Aid will be offered as an all-day training on Tuesday, August 6, 2019
*An extra $20 fee for training materials will be charged.

WHO SHOULD ATTEND:
Candidates for the Alabama Mental Health Interpreter Training (MHIT) - Alumni Sessions have already completed the 40 hour MHIT Interpreter Institute, including but not limited to Qualified Mental Health Interpreters (QMHI), and QMHI—Supervisors. Participant acceptance is on a first come first serve basis.

MHIT ALUMNI PARTICIPANT VS MHIT ALUMNI SESSIONS
Any person who has previously attended MHIT is eligible to attend MHIT Alumni Sessions. Registering for Alumni Sessions provides participants access to only the MHIT Alumni Sessions courses. If a participant would like the option to attend courses in both MHIT and MHIT Alumni Session, then the participant needs to apply for MHIT at the Alumni rate. MHIT and MHIT Alumni Sessions have separate application forms. If you are accepted to MHIT as an Alumni, you are automatically registered for MHIT Alumni Sessions.

<table>
<thead>
<tr>
<th>Rates</th>
<th>Participant Weekly Rate</th>
<th>Participant Daily Rate</th>
<th>QMHI Flat Rate</th>
<th>QMHI-S</th>
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<tr>
<td></td>
<td>$200</td>
<td>$70</td>
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</tr>
</tbody>
</table>

- 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.
- Applications reviewed on first-come, first-serve basis.
- Student participation is limited to two students. **Note: Students who apply for worker status must submit evidence of full time status In a recognized Interpreter Training/Preparation Program along with faculty recommendation.** Contact info@mhit.org for more information.
- We reserve the right to cancel the training if minimum class size is not obtained. In the event of cancellation, registration

Get up-to-date information at the MHIT website: 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.
INTERESTED IN BECOMING A QUALIFIED MENTAL HEALTH INTERPRETER?

If a participant attends all 40 – hours of the MHIT Alumni Sessions training it can* count as the required prerequisites for QMHI Practicum. However, if you attended MHIT prior to 2013 it is required that you retake MHIT prior to pursuing QMHI Practicum.

* Acceptance to QMHI Practicum and approval of prerequisite courses are at the discretion of the Qualified Mental Health Interpreter Board.

QUALIFIED MENTAL HEALTH INTERPRETERS

MHIT Alumni Sessions will satisfy the continuing education requirement for renewing QMHI Certification

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.

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

Follow Us On Twitter

Like Us on Facebook

NEWSLETTER:

For copies of our newsletter, “Signs of Mental Health” contact our office or go to www.mhit.org/quarterly-newsletter.html to see current copies.

Alabama Department of Mental Health
Office of Deaf Services
P.O. Box 301410

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.
MHIT IS: A 40-hour course designed to provide a sound basis for 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. This course includes introductions to Medical and Mental Health Systems and Culture; Sources of communication breakdown associated with mental illness and treatment; 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 Interpreting. The Institute is a collaborative effort between the Alabama Department of Mental Health’s Office of Deaf Services, ADARA and Troy University Interpreter Training Program.

Presenters Include
Bob Pollard, Robyn Dean, Roger Williams, Steve Hamerdinger, Charlene Crump, Amanda Somdal, Kent Schafer, et al.

Cost Of Training:

<table>
<thead>
<tr>
<th></th>
<th>After February 28</th>
<th>Day Rate</th>
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<tbody>
<tr>
<td>Participants</td>
<td>$425</td>
<td>$110</td>
</tr>
<tr>
<td>Alumni (Full Institute)</td>
<td>$325</td>
<td>$90</td>
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</table>

Rates are tentative. Check MHIT.org for final rates.

- The alumni track will meet the 40-hour pre-practicum requirement. It will meet annual CMP requirements for QMHI renewal. Watch www.mhit.org for details.
- 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. See 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 Interpreter Training/Preparation Program along with faculty recommendation. Contact info@mhit.org for more information.

A Minimum of 4.0 CE/CEUs Will Be Offered in the Main Track
Approximately 4.0 CE/CEUs in the Alumni Track
Clinical CEUs Are Pending

For complete information visit www.mhit.org
**MHIT ALUMNI SESSIONS**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Workshop Title</th>
<th>Presenter</th>
<th>Continuing Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 5, 2019</td>
<td>Alumni Session 1: Welcome/Introduction to MHIT Alumni Sessions</td>
<td>Katherine Anderson</td>
<td>1.00 Clinical hours</td>
</tr>
<tr>
<td>9:00 a.m. – 10:00 a.m.</td>
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<td>0.10 RID ceus</td>
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<tr>
<td>August 5, 2019</td>
<td>Alumni Session 2: Compassionate Approaches</td>
<td>Kate Block</td>
<td>1.75 Clinical hours</td>
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<td>0.175 RID ceus</td>
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<tr>
<td>August 5, 2019</td>
<td>Alumni Session 3: Assessment of Deaf Children for Diagnostic Purposes Part 1</td>
<td>Natasha Kordus</td>
<td>1.5 Clinical hours</td>
</tr>
<tr>
<td>1:15 p.m. – 2:45 p.m.</td>
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<td>0.15 RID ceus</td>
</tr>
<tr>
<td>August 5, 2019</td>
<td>Alumni Session 4: Assessment of Deaf Children for Diagnostic Purposes Part 2</td>
<td>Natasha Kordus</td>
<td>1.25 Clinical hours</td>
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<td>August 5, 2019</td>
<td>Alumni Session 5A: Forensics and the Deaf Population</td>
<td>Robert Pollard</td>
<td>2.25 Clinical hours</td>
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<tr>
<td>August 6, 2019</td>
<td>Alumni Session 6: Erikson’s Stages and the Impact on the Deaf Population</td>
<td>Kent Schafer</td>
<td>2.0 Clinical hours</td>
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<tr>
<td>August 6, 2019</td>
<td>Alumni Session 7: Decision Making Spectrum</td>
<td>Charlene Crump</td>
<td>1.75 Clinical hours</td>
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<td>0.175 RID ceus</td>
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<tr>
<td>August 6, 2019</td>
<td>Alumni Session 8: Mental Health Interpreting Ethics</td>
<td>Brian McKenny</td>
<td>2.25 Clinical hours</td>
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<td>August 6, 2019</td>
<td>Alumni Session 9: Cognitive Development in Deaf Children</td>
<td>Natasha Kordus</td>
<td>2.75 Clinical hours</td>
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<td>3:45 p.m. – 6:30 p.m.</td>
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<tr>
<td>August 6, 2019</td>
<td>ALL DAY: Mental Health First Aid (Requires separate registration)</td>
<td>Steve Hamerdinger, Amanda Somdal</td>
<td>8.75 Clinical hours</td>
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<td>8:00 a.m. – 6:30 p.m.</td>
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<tr>
<td>August 7, 2019</td>
<td>Alumni Session 10: Analyzing Dysfluency</td>
<td>Charlene Crump</td>
<td>2.0 Clinical hours</td>
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<td>0.20 RID ceus</td>
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<tr>
<td>August 7, 2019</td>
<td>Alumni Session 11: Intake Assessments</td>
<td>Katherine Anderson</td>
<td>1.75 Clinical hours</td>
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<td>10:15 a.m. – 12:00 p.m.</td>
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<td>0.175 RID ceus</td>
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<tr>
<td>August 7, 2019</td>
<td>Alumni Session 12: Mental Health Vocabulary: Working w/ Language and/or FOI Deprivation</td>
<td>Amanda Somdal, Justin Perez</td>
<td>2.0 Clinical hours</td>
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<td>August 7, 2019</td>
<td>Alumni Session 13: Interpreting a Competency Exam</td>
<td>Roger Williams</td>
<td>2.75 Clinical hours</td>
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<td>0.275 RID ceus</td>
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<tr>
<td>August 7, 2019</td>
<td>CDI/DI and the DC-S in Mental Health (Deaf participants only)</td>
<td>Robyn Dean</td>
<td>2.0 Clinical hours</td>
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<tr>
<td>August 8, 2019</td>
<td>Alumni Session 14: Young, Angry, and Deaf: Why ODD is a misdiagnosis</td>
<td>Amanda Somdal, Kent Schafer</td>
<td>1.5 Clinical hours</td>
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<td>8:00 a.m. – 10:00 a.m.</td>
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<tr>
<td>August 8, 2019</td>
<td>Alumni Session 15: 12 Steps/AA</td>
<td>Ashley Reuss</td>
<td>1.75 Clinical hours</td>
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<td>0.175 RID ceus</td>
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<tr>
<td>August 8, 2019</td>
<td>Alumni Session 16: History of Deaf People in Mental Health Systems</td>
<td>Steve Hamerdinger</td>
<td>2.0 Clinical hours</td>
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<td>August 8, 2019</td>
<td>Alumni Session 17: TBD</td>
<td>Robyn Dean</td>
<td>3.0 Clinical hours</td>
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<td>August 8, 2019</td>
<td>Alumni Session 18: TBD</td>
<td>Steven Hardy-Braz</td>
<td>2.0 Clinical hours</td>
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<td>August 9, 2019</td>
<td>Alumni Session 19: TBD</td>
<td>Steven Hardy-Braz</td>
<td>1.75 Clinical hours</td>
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<td>0.175 RID ceus</td>
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<tr>
<td>August 9, 2019</td>
<td>*Main Session 1: Communication Assessments in Mental Health</td>
<td>*Roger Williams</td>
<td>2.0 Clinical hours</td>
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<td>12:30 p.m. – 2:30 p.m.</td>
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<td>0.20 RID ceus</td>
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<tr>
<td>August 9, 2019</td>
<td>*Main Session 2: Mentoring, Practicum, and Certification</td>
<td>*Steve Hamerdinger</td>
<td>1.0 Clinical hours</td>
</tr>
<tr>
<td>2:30 p.m. – 3:30 p.m.</td>
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</tbody>
</table>

*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.

Registration on next page.
Alabama Department of Mental Health-Office of Deaf Services
and ADARA PRESENTS

Mental Health Interpreter Training
MHIT ALUMNI SESSIONS

August 5 - 9, 2019

Open to all former alumni of previous MHIT Institutes

<table>
<thead>
<tr>
<th>Participant Weekly Rate</th>
<th>Participant Daily Rate</th>
<th>QMHI Flat Rate</th>
<th>QMHI-S</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>$70</td>
<td>$50</td>
<td>No Cost</td>
</tr>
</tbody>
</table>

Pre-registration is required by July 15, 2019. No registration accepted at the door. Seating is limited to 50 participants each session.

TUESDAY AUGUST 6 – Mental Health First Aid will be offered as an all-day training. Participants must select to attend either MHFA or the Alumni Courses. MHFA requires an additional $20 cost for training materials. Pre-registration is required.

---

Name

Agency

Address

City
State
Zip

Phone
VP

E-Mail

Payment Type: PayPal☐  Check☐

Participant☐ QMHI☐ QMHI-S☐

Total registration cost submitted:

Year attended MHIT (required):

Training Location:

Troy University, Montgomery
231 Montgomery Street – Bartlett Hall
Montgomery, AL 36104

Continuing education will be offered for interpreters and clinicians.

AUDIENCE: 2018 MHIT PARTICIPANT ALUMNI, PREVIOUS MHIT ATTENDEES, QMHI CERTIFIED INTERPRETERS, THERAPISTS

For additional information regarding continuing education, course descriptions, presenter bios, please visit www.mhit.org.

TO SUBMIT YOUR REGISTRATION:

Checks should be written to ADARA and mailed to:

Office of Deaf Services
Alabama Department of Mental Health
PO Box 301410, Montgomery, AL 36130
FAX: 334-242-3025
PHONE/VP: (205) 732-0716
ALUMNI@mhit.org

In the event the workshop is cancelled, you will be notified by email.

Refunds provided upon written request made prior to July 1, 2019. No refunds will be provided for participant cancellation on July 1, 2019 forward. All refunds are minus a 15% processing fee. However, fees may be applied to a future MHIT Alumni session.

Signs of Mental Health
MHFA in ASL Registration @ MHIT Alumni Sessions
8:00 am – 6:30 pm on Tuesday, August 6, 2019

Please print clearly.

<table>
<thead>
<tr>
<th>Name</th>
<th>☐ Deaf</th>
<th>☐ Hearing</th>
<th>☐ H/H</th>
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<td></td>
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</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>VP</td>
<td>Accessibility Accommodations:</td>
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<tr>
<td>E-Mail</td>
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</table>

Pre-registration is required. Be sure to indicate desired session.
Incomplete applications will be returned. Payment may be made by PayPal (CTRL+click on the link below) or checks can be written to ADARA and mailed to address indicated below:

$20 Registration Fee (Covers manual and materials)

FOR ADDITIONAL INFORMATION, REFUNDS, SPECIAL ACCOMMODATIONS OR TO SUBMIT YOUR REGISTRATION:

Office of Deaf Services
Alabama Department of Mental Health
PO Box 301410, Montgomery, AL 36130
FAX 334-242-0796
alumni@mhit.org

In the event the workshop is cancelled, you will be notified by email.

CEU/CE are available. Eligible participants must be in attendance for the full program to receive credit for completing the course.

The Alabama Department of Mental Health
- is approved as a provider of continuing education in nursing by the Alabama Board of Nursing and approves this program for 6.6 contact hours. ABNPO150, Expiration Date: July 12, 2021.
- is an approved provider of continuing education in social work by the Alabama State Board of Social Work Examiners and approves this program for 6 contact hours. Provider #0125, Expiration Date: January 31, 2020.
- is an approved RID CMP Sponsor. This activity has been awarded 0.6 CEUS in the area of Professional Studies by The Registry of Interpreters for the Deaf at the "some" Content Knowledge Level for CMP and ACET participants.
- Has been approved by NBCC as an Approved Continuing Education Provider, ACEP no. B824. Programs that do not qualify for NBCC are clearly identified. The Alabama Department of Mental Health, Office of Deaf Services is solely responsible for all aspects of this program. Participants completing the program may earn up to a total of 8 CE Hours.

The Alabama Department of Rehabilitation Services is approved by the Commission on Rehabilitation Counselor Certification (CRCC) to sponsor continuing education credits for counselors. Sponsor number 00060639.

$20 registration fee for MHFA is in addition to the fee for the Alumni Sessions.
JUNE 21, 2019
9:00 a.m. to 4:00 p.m.
CONNECTICUT VALLEY HOSPITAL
CONFERENCE ROOM 212/213
1000, SILVER ST. MIDDLETOWN CT
(Attention: Training is limited to a maximum of 35 participants)
This event is jointly sponsored by the Alabama Department of Mental Health and the Connecticut Department of Mental Health and Addiction Services

WHO SHOULD ATTEND?
- DMHAS Executives are encouraged to attend (if able).
- CEOs at all DMHAS state-operated facilities/or designees.
- All DMHAS state-operated facilities deaf or hard-of-hearing Team (staff interpreters, DHOH contact persons, DHOH professionals of programs and services).
- DMHAS state-operated facilities
- Client Rights Officers/or Advocates.
- All DMHAS state-operated facilities
- DHOH Advisory Board members.
- DMHAS Multicultural Healthcare Equity (OMHE), Director.
- OMHE, Director of the Deaf or Hard of Hearing Services.

BUILDING CULTURALLY AND LINGUISTICALLY APPROPRIATE AND EFFECTIVE SERVICES FOR PERSONS WHO ARE DEAF/DEAF-BLIND OR HARD-OF-HEARING

Presenter:
Steve Hamerdinger, M.A. Director
Office of Deaf Services
Alabama Department of Mental Health
Division of Mental Illness and Substance Abuse Services

LEARNING OBJECTIVES
- Leaders/participants will be able to describe why traditional mental health services for the deaf or hard-of-hearing community have not been as effective as services for hearing individuals.
- Leaders/participants will be able to identify elements of trauma-informed care for the deaf or hard-of-hearing community.
- Leaders/participants will be able to name characteristics of successful mental health initiatives for the deaf or hard of hearing statewide.
- Leaders/participants will be able to identify best practices to meet the needs of persons who are deaf/deaf-blind/HOH.
- Leaders/participants will be able to identify best model for building culturally and linguistically appropriate services for persons who are deaf/deaf-blind/HOH.

Accessibility Information
- ASL/DHOH Interpreters will be provided.
- Remote Captions for individuals who are Hard of Hearing will be provided.
- The building is handicap accessible.

CEU Information
- Psychology CEUs 6 Hours (Approved)
- Social Work CEUs: 6 (Pending Approval)
- Interpreters CES: 6 (Pending Approval)
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Language Deprivation and Deaf Mental Health

Neil S. Glickman PhD, University of Massachusetts Medical School
Wyatte C. Hall PhD, University of Rochester Medical Center

Language Deprivation and Deaf Mental Health explores the impact of the language deprivation that some deaf individuals experience by not being provided fully accessible language exposure during childhood. Leading experts in Deaf mental health care discuss the implications of language deprivation for a person’s development, communication, cognitive abilities, behavior, and mental health. Beginning with a groundbreaking discussion of language deprivation syndrome, the chapters address the challenges of psychotherapy, interpreting, communication and forensic assessment, language and communication development with language deprived persons, as well as whether cochlear implantation means deaf children should not receive rich sign language exposure. The book concludes with a discussion of the most effective advocacy strategies to prevent language deprivation. These issues, which draw on both cultural and disability perspectives, are central to the emerging clinical specialty of Deaf mental health.

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