

SIGNS OF MENTAL HEALTH



**Inside:
BDU Begins 24/7 Operations
ODS Conducts 5-Year Review**



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



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Signs of Mental Health
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Editor's Notes:



Some months are busy and some months are simply out of control (cue the Rolling Stones!) Of course, some of us at ODS aren't so young anymore but we are still foolish, charming and lucky. (I won't touch angry and vain!)

In the space of a few short weeks, we had a staff retreat, a five-year review, a new version of our Interpreter Institute, covered interpreter needs for dozens of Local Needs Assessments around the state—all this in addition to serving our

usual caseload of consumers.

One thing that always impresses me about our staff is how unselfish they are. Many times they go out of their way to help others. This is highlighted by the story on the Georgia Group Home this issue. ODS staff members did it because it was right, not because they got any benefit from it.

This is a packed edition of the *Signs of Mental Health*. We do hope you will enjoy reading it. And don't forget to check out the regular features like the *ODS Bookshelf* and *Notes & Notables*. ✍

Happy Holidays

From all of us at the



ON THE COVER:

Allen Stewart, Director of Greil Hospital (standing) leads a discussion on the needs of the Bailey Deaf Unit post opening. (Seated left to right: Shannon Driskell, Director of Nursing, Steve Hamerdinger, Director, Office of Deaf Services, Scott Staubach, Director, Bailey Deaf Unit..

DEAF UNIT BEGINS 24/7 OPERATIONS

After operating for nearly a year on a 12 hour a day, 7 day a week schedule, the Bailey Deaf Unit has extended its programming around the clock, announced Allen Stewart, Director of Greil Memorial Psychiatric Hospital and Scott Staubach, BDU Program Director.

Consumers began physically residing on the Unit on November 9th. Prior to that time, they were housed on the other units and came to BDU for programming during the day. The change allows for more concentrated programming for Deaf consumers.

This announcement marks the culmination of the effort of many people over a long period of time. The process was significantly more difficult than expected, according to officials. BDU, which opened for limited programming in 2005, has faced many barriers in its attempts to expand services around the clock. Dr. Fran-



ces Ralston, the first Unit Director, who was hired in November, 2004, to get the unit up and running. It would require several more months to start actually serving consumers in a specialized program. Services were provided 3 hours a day, 5 days a week beginning April, 2005.

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BDU Interpreters Deb Walker and Brian McKenny work on communication strategies for consumers at BDU.



**DEAF SERVICES
REGIONAL CENTERS**

**Region 1: Northern Alabama
Wendy Lozynsky**

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

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

J-B-S Mental Health Center
956 Montclair Road, Suite 108
Birmingham, AL 35213
205-986-9213 (Voice)
205-591-2216 (TTY)

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

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

**Region 4: Southern Region
Beth Metlay Coordinator**

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



PANEL REVIEWS ODS, RECOMMENDS COURSE FOR THE FUTURE

The Office of Deaf Services recently completed a five – year review of its programming. The Peer Review process was conducted by a panel of national experts in Deaf Services over a period of several days between October 30th and November 1st. The focus of the review was to examine gaps in services which would in turn drive the development of program goals over the next 5 years.

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

The panel included nationally respected leaders, Dr. Barry Critchfield, Director of the Office of Deaf Services at the Missouri Department of Mental Health, Dr. Neil Glickman, Director of the Deaf Inpatient Program at the Westborough State Hospital in Massachusetts, and Roger Williams, the Director of Services for Deaf and Hard of Hearing People at the South Carolina Department of Mental Health. Two key in–state stakeholders were also on the panel. Judith Gilliam, the President of the Alabama Association of the Deaf, represented the Deaf Community. Dr. John Mascia, Director of E.H. Gentry Training



John Moore, CEO of the Deaf Service Center in Columbus, OH, leads ODS staff in a SWOT analysis to help prepare for the Peer Review.

School, part of the Alabama Institute for the Deaf and Blind, brought the viewpoint of collaborating agencies.

Preparatory work for the review included a staff retreat during which John Moore, the Executive Director of Deaf Service Center

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Review Panel listens to a presentation about JBS Deaf Services. Left to Right: Judith Gilliam, Roger Williams, John Mascia, Barry Critchfield.

TROY UNIVERSITY PLEDGES INTERPRETER TRAINING PROGRAM

Troy University officials announced with Gov. Bob Riley a \$250,000 grant from the Department of Education that will be used to implement a bachelor's degree program aimed at increasing the number of interpreters for the deaf and hearing impaired.

Through the Interpreter Training Program, Troy will offer the state's first bachelor of science degree in education with a comprehensive program in interpreting and eventually establish a Center on Deafness on its Troy Campus. In addition to the grant, the University will provide \$250,000 in matching funds, and commitments from several other partners will help establish student scholarships. Partnering with the University and the Department of Education will be the Alabama Department of



Alabama Association of the Deaf President, Judith Gilliam addresses the media. AAD has long been advocating for an ITP and sought ODS help in working with the various agencies involved

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



Charlene Crump interprets as Dr. Hawkins talks about the Interpreter Training Program at Troy University

over the reigns at the University, recognized the need for certified interpreters. He said that the University had become aware of the crisis facing the deaf community and was grateful for an opportunity to help address the situation.

“We want our interpreters to be prepared, we want our counselors to be prepared, and we also need other professionals who can go into the marketplace and elevate the quality of life for our citizens who happen to be deaf or hearing impaired. It doesn't have to stop there, but that's a good starting part,” Dr. Hawkins said.

Rehabilitation Services and the Alabama Department of Mental Health and Mental Retardation.

Troy Chancellor, Dr. Jack Hawkins Jr., who headed the Alabama Institute for the Blind and Deaf for 10 years before taking

Troy University announced the grant at a news conference in the Rosa Parks Library and Museum Auditorium at the Montgomery Campus. Dr. Joe Morton, Alabama Superintendent of Education, and Judith

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ODS STAFF ASSIST GEORGIA WITH FIRST GROUP HOME FOR DEAF CONSUMERS

Shannon Reese, Region II coordinator and Teresa Crum, Group Home Manager for the Gardendale House traveled to Snellville, Georgia on November 11, 2007 to help train the staff of a new group home being opened for deaf consumers.

The Atlanta metro area home, owned by Barbara Austin, is thought to be the first of its kind in Georgia.

“My daughter and I were at the home when the staff arrived and I was in awe at the professionalism and the presentation presented by Shannon Reese and Tessy Crum.”



Training participants (left to right) Heather White and Katie Counts listen as Tessy Crum explains procedures use in the Birmingham group homes.

The training opened with a discussion of mental health/mental illness led by Reese. The staff had no previous training in this area so much of the time was focused on very basic information about symptomology and what to expect when working with con-

sumers with mental illness. Crum then went into detail describing the operation of a group home as a therapeutic program. One of the major focuses of Alabama's group homes is in teaching residents to be more independent and to train them in independent living skills.

“[The training] was an eye-opening experience for them and for us as well because we realized that we do have the best model for group homes and we saw firsthand the minimal training that the staff received for working with MI/MR individuals,” said Reese.

Gale Belton, the mother of one of the residents said, “My daughter and I were at the home when the staff arrived and I was in awe at the professionalism and the presentation presented by Shannon Reese and Tessy Crum. I must tell you, I was thoroughly impressed when they walked in with [a] laptop and projector, ready to go to work. It was non-stop training and they presented points that will make a difference in service delivery. This is the first home in Georgia focused on deaf consumers, so your help in getting it off the ground and

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Training participants (left to right) Barbara Jean Austin, owner, Katie Counts, Heather White, Dyshanna Dozier, Andrea Kemp, Juli-Ann Chive, Toni Williams, Shannon Reese and Tessy Crum presented.

As I See It

Steve Hamerdinger



"The degree to which some hearing participants were unfamiliar with the realities of deafness was also made personal as signing participants engaged in a lively sidebar discussion. In complete silence, animated and intense signs flashed across the room, leaving those unable to understand the language unable to ascertain even the broad topic under debate. The summary interpretation provided minutes later was a powerful reminder to hearing participants of what it means to be excluded from a conversation."

I was reading through some old papers a couple of weeks ago preparing for the Peer Review when I pulled up the document published by the National Association of State Mental Health Directors, Medical Directors Council titled, "Reducing the Use of Seclusion and Restraint Part III: Lessons From the Deaf and Hard of Hearing Communities." (Full Disclosure: I was one of the consultants on the writing of that document. You can read the whole thing at <http://www.mh.alabama.gov/downloads/DeafServices/ODS.ReducingTheUseOfSeclusionAndRestraintPartIII.pdf>) I was reminded of this during the Peer Review when during a particularly lively discussion one of the audience members who is deaf asked the meeting participants to please be control to prevent overlapping conversations. In other words, it was a plea to follow "Deaf Rules."

This isn't so strange, I guess. Any time a meeting is held with both deaf and hearing participants it usually defaults to English being the language of discourse and the rules of conduct being that of hearing culture. This is in no way a criticism. I'm rarely in a meeting where interpreters were employed that did not do so. It is, however, a reminder of the depth of the disenfranchisement of minorities within the larger culture.

Even in environments that make the efforts to be sensitive and accommodative to Deaf people, we will still be – well – the minority. People simply forget. I'm not talking about willfully putting down deaf people like recently happened in San Gabriel, California (see sidebar, page 14). I'm talking about just plan forgetting. That happens with a

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TROY UNIVERSITY PLEDGES INTERPRETER TRAINING PROGRAM

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Gilliam of the Alabama Association for the Deaf also participated in the news conference.

The program is desperately needed, said College of Education Dean Dr. Lance Tatum, because of the lack of interpreters available in Alabama and by a decision from the National Registry of Interpreters for the Deaf (RID) that will require the bachelor's degree in order to gain national certification and licensure by 2012."

The lack of interpreters has been acutely felt in Mental Health as several interpreter positions remain unfilled. "Right now our consumers are feeling the pinch of the lack of interpreters and it becomes a real quality of care issue," said Steve Hamerdinger, Director of the Office of Deaf Services. "Our direct care staff and coordinators are super but they can't be everywhere every minute." *✍*

INTERPRETER INSTITUTE EXPANDS WITH IN-DEPTH TRAINING

Interpreters from several states gathered in Montgomery September 17 – 21 for in-depth training on topic areas offered under the Mental Health Interpreter Training program's Interpreter Institute.

MHIT-II drew 42 participants from 12 states. (Alabama, Arizona, California, Hawaii, Ohio, Virginia, Wisconsin, New York, North Carolina, Missouri, Florida, and Mississippi)

Presentations were designed to be an expanded learning opportunity for those

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FOCUS ON THE STAFF:

TONY OVERSTREET



Hi. My name is Tony Overstreet and I work in the Bailey Deaf Unit at Greil Memorial Psychiatric Hospital as a Deaf Care Worker. I started working here in November 2006. Now it has been a year and I love working here. BDU staff and the staff on the hearing units are great people to work with. I enjoy taking care of the patients at Greil. I was named Employee of the quarter last month so you can see that I do work very hard.

I was born in Montgomery, Al. My mom had German measles and I was born hard of hearing. I do use ASL all the time, though, because I have deafness in my family. My mom said when I was little I used to interpret for my grandfather who was deaf, also my uncle and a lot of my cousins too. In my family, females are the deaf gene carrier, but deafness usually hits the males.

I went to the Alabama School for the Deaf in Talladega in 1968 I didn't stay long because my stepfather was in the army. We moved to Oklahoma and I went to the Oklahoma School for the Deaf from 1969 to 1973.

I moved back to Montgomery and went back to the Alabama School for the Deaf for a while. I did go to a private Christian school for one year from 1978 to 1979. Then I went back to ASD, and graduated in 1983

Before I came to BDU I worked in the grocery business. I worked in a several grocery stores as a produce worker. I also worked at Maxwell Air Force Base commissary for 10 years.

For 11 years, I lived in Prattville, out in the country, and drove 40 miles to get to work. I moved to Montgomery last spring and now I am only a minute away from work. You can see I love my job very much.

In my spare time I like to get on the computer and search for music to download. I love to build bird houses and I also collect old coins and foreign coins. I have a collection of old soda and Avon bottles too. ✍

INTERPRETER INSTITUTE EXPANDS WITH IN-DEPTH TRAINING

Continued from previous page

who had attended the first level of the Interpreter Institute. Most of the presenters had previously presented at one or more of the past five Institutes.

Robyn Dean, of Rochester, NY, opened the five day training with an in-depth look at how to teach and learn through case conferencing and supervision. Her work with Demand – Control Schema is internationally known.

Testing and Assessment was covered by Steve Hardy-Braz of North Carolina. Dr. Hardy-Braz is one of the country's leading experts on psychological testing of deaf people.

One full day was devoted to forensic work and interpreting led by Ron Lybarger of Missouri. The group spent time looking at the unique challenges created by the confluence of mental health and legal interpreting. Carolyn Ball, who heads the interpreter training program at William Woods University in Missouri, worked with the participants on consecutive interpreting.

The intent of this training was to be practical rather than theoretical. In each case, material was tied back to the actual work interpreters do. ✍

DEAF CONSUMERS HONORED AT VSA FETE

Two consumers of Deaf Services were honored by the VSA Arts Alabama by having their work included in the "Traveling Exhibit." This exhibit toured the state from April through September ending with a special reception with Governor Riley on Tuesday, October 23rd in the Old Supreme Court Chambers at the Capital in Montgomery

Kelley Cheney and Rosemary Alfano were among those selected to have their pieces included in the show. Both were on hand to meet the Governor and show him their work. They were accompanied by their mothers.



Governor Riley admires Rosemary Alfano's art during the VSA of Alabama's reception.

VSA arts of Alabama is a non-profit organization dedicated to promoting the arts for people with disabilities by implementing arts-related programming, training, and advocacy across the state.

This past year, JBS Deaf Services received a grant to allow consumers to have weekly activities with VSA of Alabama. Through this effort, several deaf consumers have had their work shown at VSA events around the state. Some of the art has sold, generating income for the consumers. While the cash raised by this activity may be small, the esteem raised is invaluable.



"Some of the art has sold, generating income for the consumers. While the cash raised by this activity may be small, the esteem raised is invaluable. ."



Kelly Cheney (center) with Mindy Cheney and Governor Riley

NOTES AND NOTABLES

Associate Commissioner for Mental Illness, **Susan Chambers** became a grandmother for the first time when her daughter gave birth to Harrison Newell, born November 19th. Congratulations.

Steve Hamerdinger, ODS Director, gave the closing talk at the first Mississippi Deaf Symposium, October 20, in Jackson MS. He talked about how to advocate for better mental health services for Deaf people and what Mississippi needed to do.

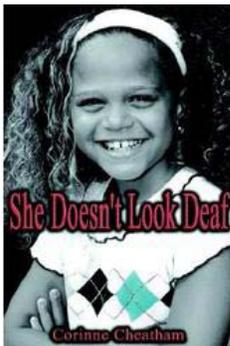
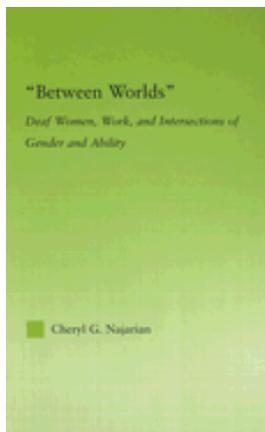
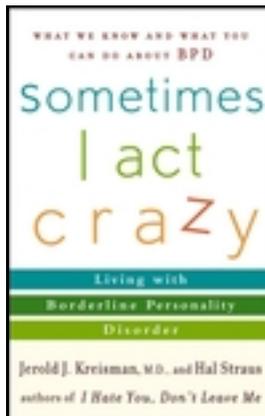
Region I Coordinator, **Wendy Lozynsky**, continued bringing home hardware when she was selected as for the "Distinguished Service Award" from the Southeast Regional Institute on Deafness.

Beth Metlay, Region IV Coordinator, has been volunteering at The Haven, a non-profit sanctuary for animals that will be cared for regardless of how long it takes to find them loving homes. She and her dog, Ferdi, were part of the organization's float at a recent holiday parade. Beth dressed up as the



"Maddie" mascot of Maddie's® Pet Rescue Project of Baldwin County

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



ON THE ODS BOOKSHELF



Kreisman, Jerold J. and Straus, Hal. (2004). *Sometimes I Act Crazy: Living with Borderline Personality Disorder*. New York: Oxford Wiley and Sons. ISBN-10: 01471792144

This book is an easy read for anyone wanting to better understand the daily life of a person with Borderline Personality Disorder (BPD) and its impact on their relationships with family members and co-workers. It incorporates both clinical information and case studies giving insight into the way the symptomology presents itself. It offers techniques for approaching and dealing with individuals who have BPD and has applicability for therapists and interpreters in clinical practice.

Najarian, Cheryl G. (2006). *Between Worlds: Deaf Women, Work, and Intersections Of Gender and Ability*. New York: Taylor and Francis Group. ISBN-10: 0415979129

The purpose of this book is to illustrate the struggles of Deaf women as they negotiate their family, educational, and work lives. This study demonstrates how these women resist and overcome the various obstacles that are put before them as well as how they work to negotiate their identities as Deaf women in the Deaf community, hearing world, and the places "in between."

Cheatham, Corinne . (2006). *She Doesn't Look Deaf*. Coral Springs, FL: Metier Books. ISBN-10: 1595260323

She Doesn't Look Deaf examines the emotions and struggles a parent goes through while raising a deaf child. Parenting is a challenge in and of itself, but add a child with a special need and the stressors increase ten-fold.

Hot Off the Presses: Important Articles You Must Read

Atkinson, J.R. Gleeson, K. Cromwell, J. O'Rourke, S. (2007). Exploring the Perceptual Characteristics of Voice-Hallucinations in Deaf People. *Cognitive Neuropsychiatry* 12(4), 339-361.

Bevan Yueh, MD, MPH, and Paul Shekelle, MD, PhD. (2007) Quality Indicators for the Care of Hearing Loss in Vulnerable Elders. *Journal of the American Geriatrics Society*, Volume 55, Issue s2, Page S335-S339

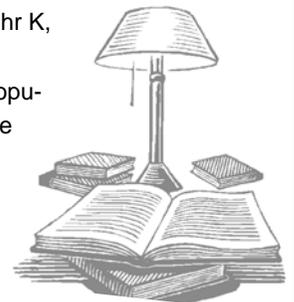
Gany, F. M.D., Leng, J. M.D., Shapiro, E. M.B.A., Abramson, D. Ph.D., Motola, I. M.D., Shield, D. and Changrani, J. M.D. Patient satisfaction with different interpreting methods: a randomized controlled trial. *Journal of General Internal Medicine*. Volume 22, 2, Pages 312-318

Gupta M, Caddy J. (2007) Deaf client with bipolar illness: a case report. *Clinical Practice Epidemiological Mental Health*. 2007 Sep 28;3(1):19 [Epub ahead of print]

Lukomski, Jennifer. (2007) Deaf College Students' Perceptions of Their Social-Emotional Adjustment *Journal of Deaf Studies and Deaf Education*. 2007 12: 486-494.

Tuohy B, Cooper G. (2007) Listening to deaf people. *Mental Health Today*. 2007 Jul-Aug;:27-9.

Turner O, Windfuhr K, Kapur N. (2007) Suicide in deaf populations: a literature review. *Annals of General Psychiatry*. 2007 Oct 8;6 (1):26



AN ODS BOOK REVIEW

“Unspeakable: The Story of Junius Wilson”

By Susan Burch and Hannah Joyner

Review by Charlene Crump

“The staff really didn’t understand.” That was one of the most poignant themes in the book “Unspeakable” which examines the story of Junius Wilson, wrongly committed to a North Carolina state mental institution and held captive, from the age of 17 to his death in 2001 at the age of 93.

Wilson attended the North Carolina School for the Colored Blind and Deaf in Raleigh for eight years. There he learned what his often referred to as “Raleigh signs,” which is a unique dialect that differs from standard American Sign Language. He was dismissed from the school at the age of 16 for staying overnight at a state fair while on a school trip.

After returning home, Wilson was accused of rape by a family member. Declared unable to participate in his own defense and dangerous to himself or others, he remanded to the criminal ward of North Carolina’s State Hospital for the Colored Insane (later renamed Cherry Hospital) in Goldsboro. In these deplorable, disease – ridden and dilapidated conditions, Wilson would spend nearly all his life in veritable isolation. Because the staff could not and would not learn his language, he was unable to receive any type of treatment or education. Because he was considered dangerous, he was castrated - “cured” - and sent to work on the facility farm under the guise of rehabilitation. Because he was

deaf, he was viewed as an individual who was incapable of caring for himself and locked up for 76 years.

Through the years, Wilson’s behavior belied the “insanity charge. He ran his own business of selling worms and washing cars, from which he earned enough money as to be declared ineligible to receive Medicaid. Still people felt he was unable to care for himself.

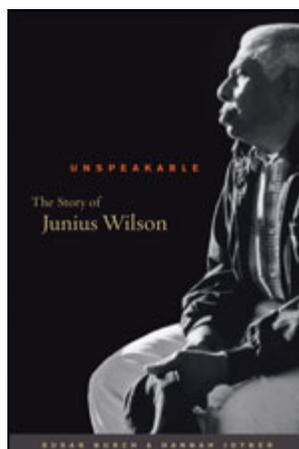
Eventually, changes in federal law, and changes in treatment for individuals who were mentally ill from warehousing to active treatment and release into the community prompted several individuals to question the

appropriateness of Wilson’s placement. Eventually, all legal charges had been dropped by the accuser and Wilson was judged to be neither insane nor mentally retarded. Several attempts were made over the years by advocates to point out that his placement was inappropriate and he should receive active treatment. Of course, that would mean that the staff

had to learn sign language in order to communicate with him - a requirement that was bitterly resented by the treatment team who felt that they “communicated with him just fine.”

Eventually, litigation led a settlement agreement through which the state of North Carolina would move the elderly Wilson into a cottage located on the campus of Cherry Hospital freeing him from institutionalization. He was provided with support services that allowed him to be free of the wards for the first time in three – quarters of a

“Because he was considered dangerous, he was castrated - ‘cured’ - and sent to work on the facility farm under the guise of rehabilitation. Because he was deaf, he was viewed as an individual who was incapable of caring for himself and locked up for 76 years.”



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PANEL REVIEWS ODS, RECOMMENDS COURSE FOR THE FUTURE

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JBS CEO Dr. Richard Craig speaks to the panel as Charlene Crump interprets

in Columbus, Ohio, lead an analysis of unit strengths, weaknesses, opportunities and threats.

The panel was hosted by Deaf Services Office at JBS Mental Health Authority. Presentations from several different viewpoints allowed the panel to be oriented to the services that ODS provides. Associate Commissioner for Mental Illness Susan Chambers welcomed the Panel and explained what she hoped would come from it. "Office of Deaf Services has made considerable progress over the past five years under [Steve] Hamerdinger's leadership. His staff are passionate advocates and are committed to the provision of quality services. However, we also know that there are gaps in the service delivery system that will require careful planning in the future. The peer review report should help develop a framework for us to address those gaps and to deliver services in the most efficient manner."

Presentations by Hamerdinger, Wendy Lozynsky, Region I coordinator, Scott Staubach, Bailey Deaf Unit Director, Malissa Cates, JBS Deaf Services Director and Charlene Crump, statewide Mental Health Interpreter Coordinator, gave the panel a

comprehensive overview of the current state of Deaf Services in Alabama.

Part of the review process included site visits to two of the group homes. Dr. Richard Craig, executive Director of JBS Mental Health Authority, spoke with the panel prior to the tour. He talked about coming to realize that having services provided by deaf staff to deaf consumers was the most effective way to facilitate recovery.

"[The] Office of Deaf Services at Alabama DMHMR is doing an outstanding job providing mental health services to Deaf Alabamians," said Dr. Critchfield, Chairman of the review panel. "Of particular note were the Housing initiatives in Birmingham, Mental Health Interpreter training programs, the Bailey Deaf unit at Greil Hospital and Regional outpatient services throughout the state. It was also noteworthy the number of Deaf staff members in community programs and at BDU."



Dr. Neil Glickman (top right) discusses best practices as Allen Stewart, Facility Director (bottom Right) and Scott Staubach, BDU director (bottom left) listen. Brian McKenny BDU Staff Interpreter provides the interpretation.

Dr. Neil Glickman visited the Bailey Deaf Unit on Friday, November 1st. His full day visit allowed him to get an in – depth view of current operations. At the time of his visit, the Unit was still running 12/7 operations. (Since then, BDU opened for 24/7 operations.

“Overall the program is to be highly complimented and recognized for so much progress in such a relatively short period of time.”

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POSITIONS AVAILABLE WITH DEAF SERVICES

OFFICE OF DEAF SERVICES

INTERPRETER, (Two Positions)
Region II (Birmingham) & Region III (Montgomery)
SALARY RANGE: 73 (\$33,241 - \$50,396)
QUALIFICATIONS: Combination of training and experience equivalent to a two-year degree plus three years of full-time experience interpreting in a variety of different settings. Must be licensed or eligible or licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified or eligible to receive certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. Certification must be obtained within 24 months of hire.

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

Steve Hamerdinger
Director Office of Deaf Services
ADMH/MR
100 North Union Street
Montgomery, AL 36130
Steve.Hamerdinger@mh.alabama.gov
(334) 353-4701 (TTY)
(334)353-4703 (Voice)

THE BAILEY DEAF UNIT

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

DEAF CARE WORKER (Continuous Recruitment)
SALARY RANGE: 50 (\$20,988 - \$29,685)
QUALIFICATIONS: High School Diploma or GED - Entry Level Position. Must have Advanced level signing skill in American Sign Language (ASL) as measured by a recognized screening process, such as SLPI. Thorough knowledge and understanding of Deaf Culture is required.

MENTAL HEALTH RN – I
SALARY RANGE: 73 (\$36,124 - \$54,768)
QUALIFICATIONS: Graduation from an accredited School of Nursing or graduation from an accredited four-year college or university with a degree in Nursing. Possession of or eligibility for a certificate of registration to practice nursing as issued by the Alabama Board of Nursing.
Preference will be given to candidates having some experience in working with the deaf and hard of hearing individuals. Proficiency or willingness to learn American Sign Language to achieve an "Intermediate" level of signing skills as measured by a recognized screen process, such as SCPI within three years

RECREATION/ACTIVITY SPECIALIST I
SALARY RANGE: 66 (\$27,962.40 - \$42,477.60)

QUALIFICATIONS: Graduation from a four-year college or university with a degree in therapeutic recreation, adaptive physical education, or physical education. Other directly related education and/or work experience may be substituted for all or part of these basic requirements.

Must be in possession of, or eligibility for certification as a Certified Therapeutic Recreation Specialist (CTRS) through the National Council for Therapeutic Recreation. Proficiency in American Sign Language at or exceeding "intermediate plus" level of signing skills as measured by a recognized screening process such as SLPI.

MENTAL HEALTH SOCIAL WORKER I
SALARY RANGE: 63 (\$26,865.60 - \$40,836.00)
QUALIFICATIONS: Graduation from an accredited four-year college or university including completion of a social work program with eligibility for license as a Bachelor Social Worker (BSW). Must be in possession of, or eligible for licensure as a Bachelor Social Worker (LBSW) as issued by the Alabama Board of Social Work Examiners. Valid licensure must be obtained within one year of employment and maintained.

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

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

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

Letitia Hendricks
Director of Human Resources
Greil Memorial Psychiatric Hospital,
2140 Upper Wetumpka Road, Montgomery, AL. 36107
Letitia.Hendricks@greil.mh.alabama.gov
(334) 262-0363 ext. 231 (V)
334)834-4562 (FAX)

Scott Staubach
Director, Bailey Deaf Unit

DEAF SERVICES GROUP HOMES BIRMINGHAM

HOME COORDINATOR (Birmingham)
(\$30,618 to \$32,148)
QUALIFICATIONS: Bachelor's degree in a social service or related curriculum, two years' experience working with

Continued on Next Page

deaf mentally ill population and supervision/running a residential program. Must have near intermediate plus signing skills in American Sign Language (ASL) as measured by a recognized screening process such as the SLPI and have a thorough knowledge of Deaf Culture. Must have a valid Alabama driver's license and car insurance.

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

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

For more information about the Birmingham positions, contact:

Malissa Cates, Program Director
JBS Mental Health/Mental Retardation Authority

956 Montclair Road, Suite 108
Birmingham, AL 35213
205-591-2212 (Voice)
205-591-2216 (TTY)
mcates@jbsmha.com

MOBILE

BEHAVIORAL SPECIALIST FOR DEAF HOME (Mobile)

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

For information about the Mobile positions, contact:

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

ODS HELPS OTHER DEVELOP BETTER PROGRAMMING

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running is applauded."

Learning, sharing and doing are three major pillars of the ODS philosophy. "We serve Alabamians first and foremost, but we are also constantly seeking to improve ourselves. As we do, other states notice it and ask us to share," said Steve Hamerdinger, ODS director. ✍



Tessy Crum stress a point with Heather White as Shannon

CURRENT QUALIFIED MENTAL HEALTH INTERPRETERS

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

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

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

“Unspeakable: The Story of Junius Wilson

Continued from page 11

century.

By this time, unfortunately, Wilson’s health was failing. Nevertheless, during the last seven years of his life, he relished his residency in this cottage and welcomed guests by showing them his home and his baseball cap collection. He had a driver to take him to places in the community and he enjoyed the freedom of riding anywhere that he could – including visits with the family from which he was removed as a young man. Though he had suffered a stroke which severely limited his signing ability, Wilson still enjoyed chatting with familiar friends who came to visit him, including a couple of other deaf patients who were still patients of Cherry Hospital.

This book describes Mr. Wilson’s story. Many of the details of his early life are sketchy and rely upon supposition. The initial portion of the book is a slow read for individuals familiar with deafness and discriminatory practices in the south during this era, as the authors, Susan Burch and Hannah Joyner, spend the first few chapters explaining, often redundantly, the cultural and social setting in which Wilson was raised. For readers removed by time and distance from the dismal reality of the south in the first half of the 19th century, this examination of how segregation and Jim Crow laws effected deaf African Americans can be eye – opening. For those who are well – grounded in the history of the Civil Rights movement, it can be tedious. The pace picks up in the later chapters as the authors move on to better documented ground.

Wilson’s “Unspeakable” brings to mind the lessons from the famous study by 1940’s

study conducted by Hindler who stated that the most debilitating aspect of deafness was not the inability to hear “Not the disability, but the negative and devaluating attitude of hearing people.” This was reiterated numerous times by staff and a system who believed that they were “communicating just fine”, “that he understands me”, and “we care for him and are doing what’s best for him.”

Sadly, there are numerous deaf individuals who suffered similar treatment by society whose stories have yet and may never be told. “Unspeakable” should serve as a reminder and inspiration to those who work among mentally ill deaf people ✎

SOME PEOPLE NEVER LEARN

*Posted without comment—None needed.
From the San Gabriel Valley Daily News*

Deaf student fights for help His sister has already gained access to instant transcriber

By Melissa Pamer, Staff Writer

GLENDORA - After a year long legal battle, a deaf student at Glendora High School won the right to have an in-class, real-time transcription service. Now her younger brother, also deaf and a freshman at the high school, is fighting to get the same service. "Victor's educational needs are no different than Samantha's," [attorney David] Grey said. "It almost borders on malicious ... to battle it again."

Read the whole thing.

origin.sgvtribune.com/news/ci_7430351

“Sadly, there are numerous deaf individuals who suffered similar treatment by society whose stories have yet and may never be told. “Unspeakable” should serve as a reminder and inspiration to those who work among mentally ill deaf people”

AS I SEE IT

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low incidence population. Unless a person works with and lives with deaf people day in and day out they will default back to what they know – “hearing rules.”

I really should say hearing, English – speaking rules. Last month I met with some advocates for the Hispanic Community as part of an effort Commissioner Houston is making to reach out to Spanish speaking people in Alabama. That meeting seemed to feel different from many of the meetings I have with English-speaking people. It reminded me yet again that the struggle isn't about deaf versus hearing, but about language access. The exact same thing happens to Spanish speaking people in a mixed Spanish – English environment as happens to deaf people. The default goes to the majority language and access for people with limited English proficiency becomes secondary. Cultural rules particular to the minority culture are forgotten.

This is why deaf programs run by ASL fluent people and premised on deaf culture will always be more effective than sticking a deaf person into an environment that is “hearing” and making “accommodations.” It's not (well, usually not) a conscious decision to offer deaf people second-rate services. I don't believe most people intentionally ignore the differences between how “hearing world” and “deaf world” operate. I think that when faced with something strange and different, people seek comfort in the familiar. They default back to what they know. But second-rate service and its concomitant poor outcome is nonetheless the result.

There are times when it is good for hear-

ing people to be in an all deaf environment where they have to depend on interpreters to access discourse. It clarifies for everyone the difference between access and service; between accommodation and affirmation. There are people in DMH/MR who get it. This is tremendous progress over the past 5 years. **As I See It**, though, we still have a long way to go. ✍

“When faced with something strange and different, people seek comfort in the familiar. They default back to what they know.”

PANEL REVIEWS ODS, RECOMMENDS COURSE FOR THE FUTURE

Continued from Page 12

Dr. Glickman was generally positive in his comments and pointed out that areas of concern were “developmentally normal” for a new program. He has special praise for the Communications Department. “The sophistication of these interpreters in mental health interpreting not only meets the level of best practice, it establishes it,” he said.

Chairperson Critchfield concluded that, “Overall the program is to be highly complimented, and recognized for so much progress in such a relatively short period of time. It is expected that the excellent foundation for Deaf Alabamians will continue to grow, and continue to reach out to people in need of mental health, mental retardation and substance abuse services.” ✍



BDU Director, Scott Staubach talks discusses programming with Peer Review Panel

DEAF UNIT BEGINS 24/7 OPERATIONS

Continued from page 5

In March, 2006, programming was expanded to 8 hours a day 5 days a week as Dr. Ralston moved over to a new statewide deaf psychologist position and Steve Hamerdinger became the acting Director of BDU. The push for expanding to 24/7 operations began in earnest.

The major stumbling block was finding sufficient nursing staff. This problem was not limited to BDU, of course. There is a chronic shortage of nursing staff everywhere. It is particularly difficult with special units like BDU, however. Potential nurses were sometimes afraid of the communication challenges and the requirement that they learn American Sign Language over time concerned some.

A significant milestone was reached in August, 2006 when the last of the long – term deaf residents at Bryce Hospital were moved to Greil to enroll in BDU programming. There are currently no deaf consumers in any of the long term facilities except forensics and geriatrics.

In December, 2006, Scott Staubach, who was previously the Region I Coordinator under the Office of Deaf Services before taking a position as the director of mental health services at Journeys in Charlotte, NC, returned to Alabama to become the Unit Director. At that time, programming expanded to 12 hours a day to match the shift schedules that would be needed when BDU went to 24/7 operations. Other important changes happened around this time, including the establishment of a special class of direct care workers called “Deaf Care Workers.” “Establishing a mechanism for hiring deaf and signing mental health workers [is] an important achievement. Greil has succeeded here where other Deaf inpatient programs

haven’t, and this is one reflection of how well the unit is doing,” said Dr. Neil Glickman, the Director of the Deaf Inpatient program at Westborough State Hospital in Massachusetts. Dr. Glickman was in Alabama as part of the Office of Deaf Services Peer Review Panel. (See separate story on page 4. eds.)

The Unit still was not able to expand beyond this without additional nurses. In the late summer 2007 it was decided to try contracting for nurses to fill the vacant slots at Greil. This was an important decision. The staff assigned to BDU were, at times, working with as few as 4 patients in a staffing and programming pattern designed for 10. The cost per patient is much higher when the unit is under capacity. Further, there were frequent breakdowns in communication as some of the programming was handled by non-BDU staff.

When the consumers were moved from the hearing units to BDU, this tightened down the service pattern and allowed for more culturally affirmative approaches to be used. Most significantly, there are far fewer communication breakdowns between shifts

Moving the patients physically to BDU offers many intangible benefits as well. One of the most important ones is the feeling of *esprit de corps* among the staff. “As a clinical member of the Bailey Deaf Unit, I can sense the ownership of the daily operations of the unit in the sense that we now work together to solve unit-related problems and to provide specialized care and treatment,” said Dr. Ralston. 

“A significant milestone was reached in August, 2006 when the last of the long – term deaf residents at Bryce Hospital were moved to Greil to enroll in BDU programming.”

Mental Health and Deafness Clinical Training Series

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

Modifying DBT for Deaf Consumers

Presented By:

Dr. Amanda Ohearn

Assistant Professor of Psychiatry (Psychology),
University of Rochester Medical Center

AND

Sharon Haynes, LCSW

Social Worker, Deaf Wellness Center,
University of Rochester School of Medicine



Friday, March 7th
Montgomery, Alabama
Watch for Details

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

For more information contact [Liz Hill@mh.alabama.gov](mailto:Liz.Hill@mh.alabama.gov)