

MONTGOMERY

# Signs of Mental Health



BALL	0	STRIKE	0	OUT	0								
AT BAT	1	2	3	4	5	6	7	8	9	10	R	H	E
AT BATS	0	0	0	0	0	0	0	0	0	0	0	0	0
RUNS	0	0	0	0	0	0	0	0	0	0	0	0	0
ERAS	0	0	0	0	0	0	0	0	0	0	0	0	0
BASES ON PLAY	0	0	0	0	0	0	0	0	0	0	0	0	0
OUTS	0	0	0	0	0	0	0	0	0	0	0	0	0
											1	2	1

Ms Charlene Crump



## Crump Named State Employee of the Year

Volume 7 Number 2

May, 2010

## Editor's Notes:



Wow. That is about the reaction we had around the editorial shop here at *Signs of Mental Health* when we heard the news that Charlene Crump was named Alabama State Employee of the Year. This came on top of *SOMH* editor Steve Hamerdinger being awarded the Alice Cogswell award from Gallaudet University Alumni Association. Numb shock would accurately describe our reaction.

One of the things that both Crump and Hamerdinger stressed was that their awards were given to an individual in recognition of work done by a team, but that is the way the system works sometimes. The Alice Cogswell award, for example, recognizes Hamerdinger's work, but it was the work of Alabama's Deaf Community over the past 25 years that prepared the ground for the establishment of the Office of Deaf Services, and the work of a loyal, dedicated staff over 8 years that made the program what it is.

The same is true for Crump's award. Her work in mental health interpreting was built on the work of others before her and was aided by some really good people who have come to work for the Office of Deaf Services.

None of this, of course, is to take away anything from the accolades. It's just that it's never about one person. It is always about the team.

And about the people we serve.

We are proud of Charlene and Steve, but no more proud than we are of the other men and women who labor by their side day by day. As Hamerdinger said during his acceptance speech in Washington, "The honor goes the deaf people of Alabama with humble thanks for allowing us to be their servants." 

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### On The Cover:

Charlene Crump was named Alabama State Employee of the Year at a ceremony on field at the Montgomery Biscuits. (The Biscuits are the AA farm team for the Tampa Bay Rays) Related story on page 3.

## Why We Do It

The Office of Deaf Services is involved a number of cross-agency efforts, as highlighted in this issue. When you add those to things we do entirely in-house, like the Mental Health Interpreter Training Project and our monthly "Deaf Coffee Night," it would seem like we do a lot of things that are not "mental health" related. But if you think about it, they are related, just not directly. And they support the programs.

Alabama state agencies have, historically, heavily relied on partnerships and cooperative ventures to do things. We enjoy a very low level of taxation in this state, which in turn means that state agencies are not lavishly funded. Yet people need services and services need support efforts underpinning them.

For example, take interpreter services for deaf consumers of mental health services. It is unrealistic to expect them to be able to serve our consumers effectively without training. But training is expensive. In order to offset the costs of training, we depend on partnerships with other agencies and support those efforts with "in-kind" help. This means sending people to the training, providing material and personnel support and so on.

*Continued on page 10*

# Crump Named State Employee of the Year

Charlene Crump was named State Executive Branch Employee of the Year Thursday, May 13<sup>th</sup>, at a special recognition ceremony at State Employee Night at the Montgomery Biscuits. Crump, the Statewide Mental Health Interpreter Coordinator at the Office of Deaf Services, was previously named Alabama Department of Mental Health Employee of the Year and was one of three state employees, one from each branch of the government, garnering the honor.

As she usually does, she deflected the praise. "In tennis, the old adage states that if you want to be a better tennis player, you need to play with individuals who are better than you and challenge you to do your best," Crump remarked. "I've been very fortunate in my position with the Department of Mental Health to be surrounded by incredible people who do their best everyday to accomplish the impossible. I am honored to represent such an amazing group."

The on-field recognition was followed by a presentation of the State Employee of the Year proclamation by ADMH Commissioner John Houston. "I am aware that Charlene Crump has received numerous awards within her profession over the years. She is an outstanding person and truly deserving of those accolades," Houston remarked. "As the ADMH Employee of the Year, she was nominated to represent our department in the statewide Employee of the Year competition through State Personnel. She won! Being selected Employee of the Year by State Personnel is particularly impressive when you consider that she was selected from a pool more than 30,000 state employees from all departments crossing professional lines. That speaks well, not only of her professional contributions, but of her personal character and example. We are very proud of Charlene and celebrate with her on this outstanding achievement."



*Charlene Crump receives her Executive Branch Employee of the Year certificate from ADMH Commissioner John Houston.*

Susan Chambers, Associate Commissioner for the Mental Illness division agrees. "Charlene is a consummate professional who is highly regarded as an interpreter, teacher and advocate. She understands Deaf culture and the challenges associated with accessing mental health services and is extraordinarily effective in helping others understand them as well."

Among the achievements for which Crump was recognized is the internationally applauded Mental Health Interpreter Training, soon to have its 8<sup>th</sup> Interpreter Institute. She has previously been named Interpreter of the Year by the Southeast Regional Institute on Deafness (2004) and by the Council of Organizations Servicing Deaf Alabamians (2002). She was also named 2007 Citizen of the Year by the Alabama Association of the Deaf, attesting to the broad respect she has earned.

The work she has done led such national experts as Neil Glickman, America's most prominent author on mental health and deafness, to say that, "The sophistication of these interpreters [under her] not only meets the level of best practice, it establishes it."



## DEAF SERVICES REGIONAL OFFICES

### Region 1

**Therapist, Vacant**

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

### Region 2

**Therapist, Vacant**

**Sereta Campbell, Interpreter**  
Bryce Psychiatric Hospital  
200 University Boulevard  
Tuscaloosa, AL 35401  
(205) 759-0698 (Voice)  
(205) 759-0890 (FAX)

### Region 3

**Ben Hollingsworth, Therapist Interpreter, Vacant**

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

### Region 4

**Therapist, Vacant**

**Lee Stoutamire, Interpreter**  
AltaPointe Health Systems  
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Mobile, AL 36608  
(251) 450-4353 (Voice)  
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## State Gets Deaf Emergency Preparedness Training

The Alabama Emergency Management Agency partnered with the Office of Deaf Services and the Alabama Department of Rehabilitative Services to make available training for the deaf community and first responders conducted by the Community Emergency Preparedness Information Network (CEPIN). The training was held April 1, 2010 in Montgomery.

Forty-four participants from a range of state and local agencies, as well as the Deaf Community attended the eight hour event, which was held at the Alabama Department of Rehabilitation Services office in Montgomery. ODS coordinated the logistics and communication access. Other state agencies collaborating in the effort included the Alabama Department of Public Health and the Alabama Institute for the Deaf and Blind.

CEPIN has been providing specialized training for over six years. The course, Emergency Responders and the Deaf and Hard of Hearing Community: Taking the First Steps to Disaster Preparedness, was developed pursuant a grant from the U.S. Department of Homeland Security.

CEPIN trainers, Andy Pelham and Christine Seymour, conducted the training which was intended to provide participants with an understanding of the tools and knowledge needed to prepare a community response for deaf, hard of hearing, late-deafened, and deaf-blind individuals, as well as respond to and recover from emergencies ranging from weather-related emergencies to a terrorist attack. Seymour is the Emergency Preparedness Regional Specialist for the Western U.S. and Hawaii for CEPIN (Community Emergency Preparedness Information Network) as part of a national team that developed the course. Pelham is a trainer for the U.S. Department of Energy

(National Nuclear Security Administration's Counter Terrorism Operations Support).

Alabama is well ahead of most states in plans for assisting deaf people in times of disaster.

This is the second time CEPIN has done training in Alabama. The first time was almost exactly three years earlier (March 30, 2007). CEPIN Program Director, Neil McDevitt, was effusive in his praise. "I've heard nothing but very positive things from our instructors and Glenna about the participants. CEPIN is grateful for the opportunity to go around the country and teaching in wonderful places like Montgomery, AL. We believe preparedness is critical for everyone but no one can do it alone. Emergency managers and responders need to sit in the same room as deaf and hard of hearing people and learn from each other." 



*Deaf and hearing participants had to work through how to communicate even if an interpreter was not present. It was a "real-life" exercise in how to make plans for including deaf people in emergency response. Clockwise from the left: Glenda Harris, ADPH; Stephan Marnbazo, ADPH; Frances Ralston, ADMH; Shannon Reese, ADMH*

# Supersite Aids in Testing for State Interpreters

The Department of Mental Health, Office of Deaf Services is taking a leading role in assuring all people who are Deaf in the state of Alabama receive quality interpreting services. Recently, ODS has, in partnership with the Alabama Institute for the Deaf and Blind Regional Center in Tuscaloosa, opened a National Testing System Supersite. It is the only one in Alabama and one of the few in the southeast.



*Sereta Campbell, Region III Interpreter and ODS Supersite Coordinator*

The National Testing System is the process for demonstrating professional competence leading to certification by the Registry of Interpreters for the Deaf (RID), the leading sign language interpreter certification in the United States.

The National Testing System includes the National Interpreter Certification (NIC) Interview and Performance exam and all CDI, SC:L and OTC exams. The NIC exam is a joint testing system between the Registry of Interpreters for the Deaf and the National Association of the Deaf. Supersites are authorized administrators for all certification exams listed.

An RID Supersite is a facility that partners with the Registry of Interpreters for the Deaf to administer certification tests for interpreters. Testing sites are located around the country. Each testing site has a site coordinator to serve as the main contact for the site. Site coordinators are responsible for maintaining a secure location for the test materials and

scheduling testing slots with candidates. Site coordinators also schedule Local Test Administrators (LTA), or serve as the LTA, for all tests and ensure adequate testing facilities and equipment is available to offer the tests.

Testing sites offer at least 50 performance test slots per year and also offer the written portion of the test twice per year.

Opening the supersite is not the only benefit for interpreters in Alabama that has grown out of ODS's commitment to improved interpreter quality. The Alabama Department of Mental Health has been deeply involved in the establishment of the new four-year Interpreter Training Program at Troy University.

ODS also established the internationally recognized Mental Health Interpreter Training Program (MHIT). The annual Interpreter Institute, one of the several projects of MHIT, is a 40-hour intensive training specializing in mental health interpreting that leads to a specialty certification as a Qualified Mental Health Interpreter. This year, the 8<sup>th</sup> annual class will run July 25 - 30, in Montgomery.

Since its establishment nearly 8 years ago, the Office of Deaf Services has made it a priority to raise expectations of interpreters and to help them meet those expectations. Collaboration with other agencies make possible an environment that provides the necessary tools to guide interpreters in areas such as skill enhancement, good ethical decision-making skills, competency in specialized areas such as mental health and legal interpreting and ultimately national certification. ODS looks forward to continuing to offer workshops and trainings on a variety of topics designed to encourage interpreters toward continuous improvement. ✂

## 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

Charlene Crump, Montgomery  
Denise Zander, Wisconsin  
Nancy Hayes, Remlap  
Brian McKenny, Montgomery  
Dee Johnston, Talladega  
Debra Walker, Montgomery  
Lisa Gould, Mobile  
Gail Schenfisch, Wyoming  
Dawn Vanzo?, Huntsville  
Wendy Darling, Prattville  
Pat Smartt, Sterrett

Lee Stoutamire, Mobile  
Frances Smallwood, Huntsville  
Cindy Camp, Jacksonville  
Lynn Nakamoto, Hawaii  
Roz Kia, Hawaii  
Jamie Garrison, Wisconsin  
Vanessa Less, Wisconsin  
Kathleen Lamb, Wisconsin  
Dawn Ruthe, Wisconsin  
Paula Van Tyle, Kansas  
Joy Menges, Ohio

Judith Gilliam, Talladega  
Stacy Lawrence, Florida  
Sandy Peplinski, Wisconsin  
Katherine Block, Wisconsin  
Steve Smart, Wisconsin  
Stephanie Kerkvliet, Wisconsin  
Nicole Kulick, South Carolina  
Rocky DeBuano, Arizona  
Janet Whitlock, Georgia  
Sereta Campbell, Tuscaloosa

## Overcoming Communication Barriers... The Missing Piece



By Jessica Edmiston,  
Special Projects Consultant  
Alabama Institute for the  
Deaf and Blind

Photo by Lisa Sams, AIDB

The human brain is like a mosaic—intricate pieces constructed to form a larger work of art. One missing component can compromise the entire work.

Thus, when working with children and youth struggling with emotional and behavioral issues, Alabama Institute for Deaf and Blind (AIDB) Health and Clinical Services and Alabama Department of Mental Health (ADMH), Office of Deaf Services (ODS), pair expertise and resources to restore what some might describe as the missing piece.

Recently, the two agencies came together under a distinct program, Overcoming Communication Barriers, supported by Senator Richard Shelby and administered by AIDB through the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Within the program, 30 students who are deaf, blind and multi-disabled and at-risk of dropping out or losing their placement in AIDB's residential schools or within west Alabama school systems, receive individualized counseling and case management services in school, at home and in their communities through AIDB's Talladega-based residential facilities and statewide network of Regional Centers. A school-based mentoring component matches participants with mentors who also have disabilities or experience in the rehabilitation or special education fields. In addition to ADMH, West Alabama Local Education Agencies, the Alabama Department of Rehabilitation Services, Alabama Association of the Deaf,

Talladega and Tuscaloosa County Jails, Mentor Alabama, Alabama Department of Economic and Community Development and Alabama Department of Public Safety have supported program components.

"Students who are deaf, blind and/or multidisabled encounter the same mental health needs as their peers without hearing loss: substance abuse, suicide, social acceptance, academic fluctuations and behavioral issues," explains AIDB President Dr. Terry Graham. "In fact, there are multiple definitions of 'at-risk' and multiple numbers of model 'at-risk' programs. However, few—if any—specifically target students with sensory and multiple disabilities and the communication barriers that exacerbate the issues."

"Specifically speaking of hearing loss, a true continuum of culturally affirmative care for deaf children means that services are available in a variety of settings and are customizable to meet their specific clinical needs. Ideally, there should be a range of services available in the home and in the school. It also means that such a program would have strong ties with schools serving deaf students. Regrettably, this is

rarely the case, yet this is what makes Overcoming Communication Barriers structurally strong," states ADMH ODS Director Steve Hamerdinger, who provides oversight to 1,700 deaf and hard of hearing people who receive services in state-operated facilities and certified community-based programs.

Hamerdinger, who is deaf and fluent in American Sign Language (ASL), explains that it has been long debated whether deafness is a risk factor for emotional and behavioral disorders. In a report entitled "Serving Severely Emotionally Disturbed Deaf Youth: A Statewide Program Model" co-written by Elizabeth Hill, they cite, "Those who are strong advocates of the cultural view of deafness may bristle at the idea that people with hearing loss

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# SLPI Training Pulls State Agencies Together

The Department of Mental Health (ADMH), the Department of Vocational Rehabilitation Services (ADRS) and the Alabama Institute for the Deaf and Blind (AIDB) came together on April 29<sup>th</sup> and 30<sup>th</sup> at the ADMH central office in Montgomery to participate in an annual Sign Language Proficiency Interview (SLPI) Refresher Training which was open to all individuals who had been previously trained and identified by their respective agencies as SLPI evaluators.

Most Alabama state agencies, including ADMH, AIDB and ADRS, use SLPI for making determinations of prospective employees' sign language competence. Although levels required for positions vary across agencies, the uniform acceptance of SLPI helps assure consistency in ratings.

The SLPI is also used by the Interpreter Training Program at Troy University to measure Sign Language fluency prior to acceptance in the program. Prospective Majors are required to have an Intermediate Plus rating.

ADMH participants included Sereta Campbell, Charlene Crump, Ben Hollingsworth, Brian Mckenny, Shannon Reese, Lee Stoutamire, Dawn Vanzo, and Debra Walker. ADRS was represented by Angel Dahlgren, Wanda Cobb, Susan Gordon, Jaime McPoland, Diane Napper, Rocky Truman and Flo Vance, while AIDB sent Jennifer Fanning, Sam Feibelman, and Cheryl Willis.

Over the course of the two days, participants reviewed proposed changes in the national SLPI system, including;

- Superior/Superior Plus SPLI rating for all team members.
- Successful completion of a four day SLPI training workshop and recommendation by the trainers
- Successful completion of interviewing and rating refresher re-certification training by national team every five years.
- Teams must maintain an inter-rater reliability chart.
- Team must submit a listing of updated team members annually.
- Attendance at biennial meetings either at a larger conference (ASLTA, CIT, etc.) or through regional/local conferences.

The purpose of the training was twofold; to help establish continuity of SLPI evaluations across all department teams and to further the collaborative relationship and to widen the base of SLPI team members who conduct interviews and evaluations for students entering the Troy University Interpreter Training Program.

Participants received updated notebook forms, and reviewed the core elements of the SLPI – Interviewing, Function, Form and Evaluations. Presenters included Charlene Crump and Shannon Reese. The presentation included developmental exercises based on issues and questions that had risen up over the past year. Participants had the opportunity through team discussion to ask questions which helped to clarify standards and expectations.

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## Overcoming Communication Barriers... The Missing Piece

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are more susceptible to mental illness. In a sense, they are right. Not hearing is usually biologically irrelevant to mental status.

“However, deaf children have challenges that the larger hearing population do not normally experience,” they state. “So, while the biological hearing loss may not lead to higher risk for mental illness, the psycho-social impact of the hearing loss creates other risk factors that most certainly do raise the risk. Early childhood hearing loss creates barriers to intrafamilial communication, which in turn contribute to developmental deficits.”

In the report, the authors cite research that indicates lack of communication in the home and inappropriate educational placements result in many children and adolescents who are deaf having limited language proficiency in both spoken language and sign language. Examples might include hearing parents failing to communicate with their children in ASL; children not being introduced to ASL at an early age and/or children not being diagnosed with a hearing loss at an early age. The article illustrates that limited language skills result in frustration, poor social skills, poor self-image and the inability to communicate basic needs of safety and desires.

“Providing effective treatment for children who have such a challenging clinical presentation is a lengthy and complicated process that requires attending to not just the child, but also the entire social system surrounding the child,” they explain. “In other words, treatment requires a continuum of care.”

AIDB Executive Director of Health and Clinical Services Shirley Hamer, explains that the Overcoming Communication Barriers Program has been structured so that parental and student mental health support, if needed, can be tailored through school-based and independent counselors; presentations to staff and guardians; and partnership with agencies like ADMH.

“Overcoming Communication Barriers has provided homebound services that AIDB has not been able to do in previous times,” explains AIDB Psychologist Kathryn Duncan, who is housed on the Alabama School for the Deaf campus. “Services such as in-home behavioral assistance, one-on-one in-home parenting classes, training for the parents regarding medical issues, as well as camps for student growth

have benefited our students greatly.”

Dr. Robert Kline, Alabama School for the Blind Psychologist, concurs, however, he notes that some students he sees are progressing more than others. One student who started the program in their home community and transferred to ASB this year is doing very well. He notes that within the Program, *ability* is promoted over *disability*.

“This program has provided resources I wished for but did not dream would be available,” states former Psychology Director and current AIDB Vice President, Dr. Frieda Meacham. “Having access to additional diagnostics, therapy, and consultants in the home are invaluable. We have long needed this type of interface and I am so appreciative of its existence through Overcoming Communication Barriers. The mentoring component also provides the type of emotional support needed by all of us. These pieces can sometimes be missing or fragmented in life. Overcoming Communication Barriers fills the gaps.”

To learn more or partner within Overcoming Communication Barriers, contact Jessica Parker, AIDB Assistant Director for Development (256.761.3571 / [parker.jessica@aidb.state.al.us](mailto:parker.jessica@aidb.state.al.us)), or Program Coordinator Karen Carden (205.381.1601/ [karencarden@aol.com](mailto:karencarden@aol.com)). To acquire mentoring information contact Program Coordinator Edith Kelley (256.375.6807/ [kelley.edith@aidb.state.al.us](mailto:kelley.edith@aidb.state.al.us)) or visit [www.aidb.org](http://www.aidb.org). To read the full 2005 report referenced herein, visit [www.mh.alabama.gov](http://www.mh.alabama.gov), Deaf Services. To learn more about the ADMH and/or ODS, visit their website ([www.mh.alabama.gov/MIDS](http://www.mh.alabama.gov/MIDS)) or contact Steve Hamerdinger by phone or via email at 334.239.3558 or [Steve.Hamerdinger@mh.alabama.gov](mailto:Steve.Hamerdinger@mh.alabama.gov), respectively.



Rosie, a service dog in training, obeys the signed command “sit” from handler, Leigh Warren. Rosie is in training for certification through [HOPE Animal Assisted Crisis Response](#). She attended the CEPIN training and was an immediate hit.

Picture by Janet Holmes.

# Interpreter Ethics

by:

Brian McKenny, CI, CT NIC, QMHI



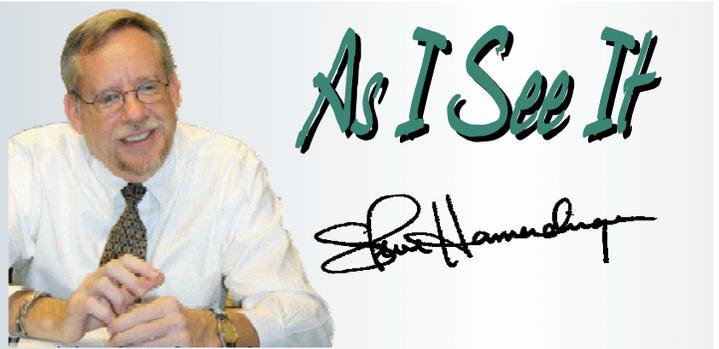
Tenet one of the NAD-RID Code of Professional Conduct states, "Interpreters adhere to standards of confidential communications." What "confidentiality" means is as varied as the assignments we are called to interpret. So are "ethics."

Interpreters are a unique breed. We are found in all aspects of life. From birth to death, in times of celebration and grief, through health and illness, we are there. We are called upon to be "chameleons," fitting in everywhere and nowhere at the same time. Consider ethics a toolbox of sorts. We cultivate a multitude of tools for our needs, but each project requires only a few of these tools. So too, must interpreters learn the ethical tools used in the fields we interpret.

The traditional approach to interpreting taught in training programs across the country, while providing a solid framework for future work, does not well address the ethical needs for mental health work. Interpreters must be aware of the process to which the clinicians we work with adhere. A recent example of a misinterpretation clearly illustrates this. A psychiatrist asks, "Do you remember why you came to the hospital?" One interpretation might be PAST REMEMBER YOU COME+TO HERE HOSPITAL? WHY?, while another might be PAST REMEMBER YOU HIT+TO THERAPIST? CAME-HERE. REMEMBER? Depending on the situation I've been in, I admit I've used both. The problem here is what the clinician wants in this situation. The former choice measures the client's free recall ability, while the latter measures his ability to recall by prompting. Both abilities are clinically significant, but the clinician, a psychiatrist in this case, needs to know how the interpreter processed the question, so he has the appropriate facts for diagnosis. In other words, our work needs to be transparent.

Confidentiality is another area that differs somewhat from the norm. While information garnered from a mental health assignment should not be shared with the outside world, to extend this "cone of silence" to those members of the client's

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We read a lot of list serves around the ODS office. Sometimes this feels like a time waster, but once in a while something lands in the inbox that makes us sit up and take notice.

*I am a licensed Therapist and I have basic ASL skills. I want to be able to improve my skills because providing quality mental health services to the deaf population is important to me. I am willing to provide pro bono services to someone who really needs counseling. I just need them to be patient with me in understanding as my signing is not very fast.[\*]*

Our first reaction was, "What the...?"

On reflection, we thought, "Well... at least the person making the above request is realizing that they are not qualified to provide professional level services yet, right?" Maybe not. *Pro bono* means the budding signing therapist does this out of the goodness of her or his heart, true, but what is the real motivation behind it?

What do we make of this "arrangement"? Who is monitoring/mentoring her sign language development? Practicing new skills without "coach" watching to spot errors only reinforces bad habits. Unless this person is working closely with a native or near native signer who is also a clinician there are all sorts of bad things than can develop from this. How will this person know when the asymmetry of the communication creates a situation of misunderstanding on a subconscious level? What's to prevent the misunderstanding from developing into a misdiagnosis? If the person is using a language mentor to monitor the sessions, who is not also a clinician acting in a clinical supervision capacity, what about the privacy of the deaf person? We would love to see the informed consent on that! Deaf people have long felt that hearing people had too much control over their private lives. This will not help!

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## Why We Do It...

(Continued from page 2)

Of course, when they have projects they need our support. The "Overcoming Communication Barriers" project with the Alabama Institute for the Deaf and Blind is an example. ODS has certain expertise that we can lend to AIDB. They help us, we help them. The taxpayer saves money because AIDB does not have to duplicate services that the Alabama Department of Mental Health is already providing.

Providing opportunities for cross training between staff of the various agencies is also helpful. The Sign Language Proficiency Interview training illustrates this principle. Since all agencies use the SLPI in hiring decisions, candidates need to have the assessment done in a timely manner. But if each agency had to rely on its own team, it can bog down quickly, especially when one agency or another has a sudden rush to fill positions. (Think of school systems in the summer.) Such cross-training also helps people understand the parameters of service each agency operates under.

An example of this would be the common misunderstanding that ODS can provide "counseling" to any deaf person or that VR should find any deaf person a job. Obviously that is not true, but often staff in various agencies forget that. Joint training allows occasional reminders that there are limitations to what services can be provided, like reminding VR staff that consumers have to have a severe mental illness to be served by ODS, or reminding ODS staff that VR can only work with clients that are "employable" and that they also have acceptance criteria.

The final group of things we do that fall into the "why do they do that?" category are things that seem at first glance to be "social." Coffee Night is an example. Yes, one of the purposes is to create opportunities for our deaf staff to have social events outside of work, but that's not the sole, or even the main reason for the activity. They also create activities for consumers and for sign language students. The benefit to the former is obvious, but the benefit to the latter is equally important, if less obvious. Sign language students become employee and interpreters. It's the incubator of future services and service providers.

So the next time you get an announcement for a workshop sponsored by ODS there is a good chance that our sister agencies are heavily involved as well. It's good for us, good for the taxpayers and good to Alabama. 

## As I See It

Continued from page 9

Why can't this person polish signing skills by either spending quality time in the Deaf Community or by hiring an ASL mentor? Either way would remove the danger that lack of ASL skills will compromise treatment.

Getting therapy from a student in supervision is one thing. A fully competent supervisor is responsible for the student's work product. And we suppose that a deaf person who enters into the arrangement could do so eyes wide open. But in this situation, there does not appear to be a qualified supervisor and that makes it problematic.

Bartering professional services is as old as the hills, of course. A fully competent professional providing service to another fully competent professional in consideration of *quid pro quo* is certainly ethical (if not always legal). Each professional performs in a fully competent manner, giving full value of their service in exchange for the same from the other professional. If someone were to provide counseling services to a plumber in exchange for plumbing work at home, this would not be alarming (except, perhaps, to the tax collector.)

But this is not what is happening here. The deaf person is giving full value (the sign language mentoring) but not receiving full value from the therapist. If the therapist were paying the deaf person for their time, no one would be objecting. Or if the deaf person were even freely volunteering the time, this would be just peachy. But under no circumstance would the therapy be considered **competent** when the level of communication is sub-par.

But hey, the world has always ascribed either a substandard level of care for deaf people or a super human ability of deaf people to make sense out gibberish. Only a very enlightened few would even think to analyze the inequity of this proposed arrangement.

We doubt that any malfeasance is attached to this person's intent. Not thinking it through, subconsciously subordinating ASL, and being really naïve about the likelihood of not causing harm to the consumers while he or she is "practicing signs", yes, but not malfeasance. Nevertheless, "practicing" on real live consumers in real live therapy sessions without supervision is not professional. **As I See It**, our enterprising therapist would be much better advised to cease therapy with deaf people and spend that time hanging out with good language models who will happily help with ASL skills without the sham of pseudo-therapy.

\* P.S. Like in typing, it's not the speed, it's the accuracy. 

# Interpreter Ethics

(Continued from page 9)

treatment team can be disastrous. Confidentiality has long been confused for privacy. A more accurate definition would be "trust." The client entrusts me as the interpreter to not use this information in a way that would harm him. In mental health, not sharing certain information is doing harm. Legal decisions such as Tarasoff (1976) are as applicable to interpreters in mental health as they are to clinicians. "Duty to warn" or "danger to self or others" supersedes any perception of client right to privacy, as well, in most states, the suspected abuse of children, elderly and vulnerable populations. In the latter, interpreters, as contractors to mental health facilities, are mandated reporters of said abuse.

The Registry of Interpreters for the Deaf, in its Standard Practice Paper on Interpreting in Mental Health Settings, outlines some of the core competencies interpreters should have to effectively work in this field. Alabama continues to lead the way, though, being the only place on Earth to enact such standards into law. 

## Deaf Community Sues PA Department of Public Welfare

PHILADELPHIA, April 29 /PRNewswire-USNewswire/ – Disability Rights Network of Pennsylvania filed a class action lawsuit in U.S. District Court today against the Pennsylvania Department of Public Welfare (DPW) alleging multiple violations of federal law in how DPW provides services to deaf persons with intellectual disabilities.

"Imagine living in a home where you cannot communicate with anyone – you can't tell someone what you like, or that

you are sick or in pain. That's how hundreds of deaf people with intellectual disabilities are forced to live because DPW has failed to assure that they can communicate with those around them," says Rachel Mann, attorney at Disability Rights Network of Pennsylvania.

According to the complaint, only "a small fraction of the counties in Pennsylvania have any residential mental retardation programs that accommodate the needs of deaf residents. Nor are there many other mental retardation programs, such as day programs, that accommodate such needs."

"Our clients want to be able to participate in the same kinds of programs afforded to other adults with intellectual disabilities – rehabilitation, vocational training, various therapies and social events," continues Mann. "DPW's iscrimintory treatment clearly violates federal law."

The complaint – available at [www.drnpa.org](http://www.drnpa.org) – cites violations of Section 504 of the Rehabilitation Act, the Americans with Disabilities Act and Title XIX of the Social Security Act. Disability Rights Network alleges that the Department of Public Welfare's ongoing failure to "provide equal access to programs and services" – by not, among other things, ensuring that providers hire staff who are fluent in American Sign Language – essentially subjects these persons to "a life of virtual isolation."

Montgomery and Allegheny are two of the few counties in Pennsylvania that currently have community residential programs for deaf individuals with mental retardation. Hundreds of others across Pennsylvania are unable to communicate effectively with housemates and caregivers due to a lack of deaf-accessible services. 

## Notes and Notables



**Sereta Campbell**, ODS Region II interpreter, was delighted to finally earn her Qualified Mental Health Interpreter certification. She could barely contain her glee. We are delighted for her as well.

ODS Director **Steve Hamerdinger** was honored by the Gallaudet Alumni Association with the Alice Cogswell award, given for service to deaf people. Hamerdinger, who received his Masters degree in counseling from Gallaudet, was recognized at the University's annual Charter Day event. **Patrick Robinson** (right) of AIDB, a GUAA Board Member, introduced Steve at a gala luncheon in Washington, DC. The award was presented by **Hillel Goldberg** (left) of the Laurent Clerc Cultural foundation.



*Breakout Conference:  
Effective Mental Health Services  
for Deaf and Hard of Hearing Persons*

*June 17-19, 2010*

Westin Atlanta North Hotel at Perimeter  
Seven Concourse Parkway  
Atlanta, GA

**Goal of the Conference**

The *American Deafness and Rehabilitation Association (ADARA)* is pleased to revive the *Breakout Conference* in cooperation with the *Gallaudet University Regional Center at Flagler College*. The goal of this conference is to provide training and networking opportunities for mental health professionals serving deaf, deafened, and hard of hearing adults and/or children who have severe mental illness or emotional disorders. Presentations will provide increased awareness of Deaf culture issues and best practices that attendees will be able to implement and utilize in the workplace.

**Hotel Information**

The conference will be held at the Westin Atlanta North Hotel at Perimeter. Single and double rooms are available at \$99/night + taxes. Triple and quad rooms are available at \$199/night and suites are available at \$209/night based on availability. **Reservations must be made no later than Tuesday May 18, 2010.** Rates are valid 3 days prior and post conference dates, based on availability. Guests will receive complimentary internet access in room and one breakfast coupon per room per night.

Individuals may make their reservations by calling the hotel at 1-800-937-8461 or Fax at 770-395-3918. A credit card number or 1 nights advance deposit will be required to secure a room. Cancellations must be received 24 hours prior to arrival or 1 night room and tax will be assessed. There is a \$75 early departure fee. Guests wishing to avoid this fee must advise the hotel at or before check-in.

Guests may make reservations online at <http://www.starwoodmeeting.com/book/flagleru>

**Tentative Schedule**

*Thursday June 17*

9:00 – 4:00 pm Dialectical Behavior Therapy pre-conference  
7:00 -9:00 pm Reception and opening presentation

*Friday June 18*

8:30 – 10:00 Plenary session with keynote presenter  
10:00 -12:00 Concurrent sessions  
12:00 – 1:30 Lunch on your own  
1:30 -5:00 Concurrent sessions

*Saturday June 19*

8:30 – 12:00 Concurrent sessions  
12:00 – 3:00 Lunch and closing keynote presentation

For more information, contact Steve Larew at [SLarew@flagler.edu](mailto:SLarew@flagler.edu) or 866-948-8248 VP

# Registration Form

*Breakout Conference:  
Effective Mental Health Services  
for Deaf and Hard of Hearing Persons*

*June 17-19, 2010*

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  TTY  Voice  VP  
Email \_\_\_\_\_

Sign Language interpreters will be provided. If you have other accessibility requests, please submit by May 14, 2010.

ALD  CART Other \_\_\_\_\_

CEUs desired? RID \_\_\_ LMHC \_\_\_ APA \_\_\_ NASW \_\_\_ Other \_\_\_

**Mail Registration (Saturday lunch included) Must be postmarked by June 10, 2010**

Dialectical Behavior Therapy pre-conference	\$150.00	_____
Full Conference (Thursday reception, Fri, Sat)	\$200.00	_____
Student Registration (copy of School ID required) (must be full-time student)	\$150.00	_____
Friday Only	\$100.00	_____
Saturday Only (lunch included)	\$125.00	_____

**On-site Registration (After June 10, 2010)**

Full Conference	\$225.00
Student Registration (copy of School ID required)	\$175.00
One-day registration (meals not included)	\$150.00

Check Enclosed \_\_\_\_\_ Purchase Order Enclosed \_\_\_\_\_

**Credit Card**

Security code must be included to process. (3 numbers on back of card)

Card # \_\_\_\_\_ Security code \_\_\_\_\_ Exp date \_\_\_\_\_

*Please enclose a check for the registration fee made payable to Gallaudet University Regional Center. Requests for refunds must be received in writing by June 1, 2010).*

Mail this form and fee to: **Gallaudet University Regional Center  
Flagler College  
P.O. Box 1027  
St. Augustine, FL 32085-1027  
904-824-0714 FAX**

## Positions Available In Deaf Services

### Office of Deaf Services

#### INTERPRETER,

#### Region III (Montgomery)

SALARY RANGE: 73 (\$37,389 - \$56,685)

QUALIFICATIONS: Combination of training and experience equivalent to a two-year degree plus three years of full-time experience interpreting in a variety of different settings. Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and 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 an application, please contact:*

Charlene Crump

MHI Coordinator, Office of Deaf Services

ADMH/MR

100 North Union Street

Montgomery, AL 36130

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

(334) 239-3558 (VP)

(334) 353-7415 (Voice)

### Deaf Group Homes (Intellectual Disabilities) Montgomery

Volunteers of America, SE seeks Direct Support Professionals (DSP) to provide supports to individuals who use Visual Communication and who also have Intellectual Disabilities. Volunteers of America seeks caring, experienced individuals to provide the following supports: grooming and hygiene skills; communication skills; socialization; meal planning and preparation; housekeeping skills and money management skills – all in an effort to increase the person receiving services ability to live more independently. DSP must be able to complete written documentation, assist in general housekeeping and meal preparation, as well as provide transportation as needed using company vehicle. Part-time and full-time employment is available and several shifts are needed. This position requires: HS Diploma/GED, valid Alabama Driver's License, good driving record, employment history, fluent in American Sign Language and must be at least 18 years of age. Volunteers of America, SE offers competitive pay, benefits, excellent retirement plan and is an EOE and Drug Free Workplace.

Apply in person: 2005 North Country Club Drive  
Montgomery, AL 36106  
[334] 284-9372  
[334] 284-5108 Fax

## SLPI Training Pulls State Agencies Together

*(Continued from page 7)*

While reviewing core elements on the first day of the training, participants also conducted interviews. Interview candidates included students from Troy University's ITP and Auburn University – Montgomery, as well as, volunteers from the interpreter and Deaf communities.

On the second day of the training, participants continued to provide an additional round of interviews and conducted team evaluations. Participants had the opportunity to work with multiple team members.

The participants expressed a desire to have more frequent refresher opportunities ranging from monthly to quarterly.

Alabama has collaborated with the National Team to revise existing evaluation forms and interview procedures. Currently the statewide SLPI team members participate in a yahoo groups listserv where information can be systematically distributed. Monthly interviews are offered on the 2<sup>nd</sup> Friday of each month. Individuals may contact [Shannon.Reese@mh.alabama.gov](mailto:Shannon.Reese@mh.alabama.gov) to arrange an interview. 



ODS Advisory Group member, Rev. Jay Croft (left) was one of the volunteers who were willing to be interviewed at the SLPI training. Jaime McPoland, of ADRS is on the Right.

Such volunteers are critical in order to expose trainees to higher levels for sign language fluency. Often, people who are evaluated at the training events are lower level signers and raters do not get enough practice with those in the upper ratings, especially Superior and Superior Plus levels. Volunteers who graciously give their time to be interviewed and rated provide that practice.

# 8<sup>TH</sup> ANNUAL MENTAL HEALTH INTERPRETER INSTITUTE

July 26-30, 2010  
Montgomery, Alabama

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. The course includes: 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/CDIs/Interpreters who are Deaf, Psychiatric Emergencies, Confidentiality Ethics and Laws, Support Groups and Community Mental Health Services, Psycholinguistic Errors and Demand-Control Theory Applied to Mental Health Interpreting.

## PRESENTERS INCLUDE

Bob Pollard, Robyn Dean, Roger Williams, Steve Hamerdinger, Charlene Crump, Brian McKenny, Shannon Reese, et. al.

## COST OF TRAINING:<sup>1</sup>

Early Bird thru April 30	May 1 – July 19th	At the Door
Participants \$250	\$300	\$350
Alumni \$100	\$175	\$250
Students <sup>2</sup> \$100	\$115	\$125

1. Cost is for the full training and includes the text *Mental Health Interpreting: A Mentored Curriculum* by Bob Pollard.
2. Students are those who are enrolled full-time in a recognized interpreter training program.

**A MINIMUM OF 4.0 RID CEUS WILL BE OFFERED.**

## SPONSORED BY:

ADARA, Alabama Department of Mental Health – Office of Deaf Services and Troy University Interpreter Training Program

**Training will be held at  
Troy University Montgomery Campus**

## Online Article Discussions

Monthly discussions of research articles relating to Deafness and/or interpreting and Mental Health. Pre-registration required. Continuing Education Credit Offered  
<http://jsu.blackboard.com>

## List Servs

[www.yahoogroups.com](http://www.yahoogroups.com)  
To keep you informed of important news and events in mental health and deafness we operate:

ALMHI

Mental Health Interpreters

ALDMH

Deaf and Mental Health Issues

TERPINFO

General Interpreter Information  
Alabama

## MENTAL HEALTH INTERPRETER TRAINING WEBSITE

See <http://www.mhit.org/2010instituteinfo.html>  
for additional information and to download training applications

### Office of Deaf Services

Alabama Department of Mental Health  
P.O. Box 301410  
Montgomery, Alabama 36130  
334-353-4703 (v) 334-239-3780 (VP)



## A Glimpse Into A Very Strange Mind

# **CROMANIA** —A One-Man Show

A Family-Friendly Show To Benefit  
Friends of the Bailey Deaf Unit

Birmingham, AL

Friday, June 18th

7:00 pm

St. Stephen's Episcopal Church

Parish Hall, 3775 Crosshaven Dr.

Tickets: \$15.00 Adults

\$7.50 Children (under 12)

### About Friends Of the Bailey Deaf Unit

Friends of the Bailey Deaf Unit helps to provide for the needs of Bailey Deaf Unit patients that the hospital cannot provide: haircuts, clothing, and educational materials are just a few examples. It also encourages public awareness of mental health, especially in the Deaf community. F-BDU recognizes individuals who have made special efforts to improve the patients' welfare and rehabilitation. Contributions are gratefully appreciated.

### Who Is Crom Saunders?

Crom Saunders grew up in Northern California, and graduated from California State University, Sacramento with a M.A. in Creative Writing. Crom Saunders is very passionate about his theatre work! In addition to several appearances in full productions, and performing with the ASL Comedy Tour circuit, Crom has his own one-man show, "Cromania", which tours nationwide, featuring skits incorporating over 40 different characters, comedy, improv, and storytelling.

Crom also co-founded ICEWORM, a nationally touring troupe which features improv and sketch comedy. He recently completed his third directing job- an ASL production of the musical, "Grease," after having directed two other plays which Crom wrote himself. Crom has also been gaining recognition online with his Clogs, his unique vlogs which have been viewed by thousands of people on YouTube and Facebook.

Crom also has interpreted dozens of plays, from children's theatre to musicals and has taught ASL and theatrical workshops across the nation. He currently teaches at the ITP program featured at Columbia College, Chicago.

You can check out some of his work on <http://cromsaunders.tripod.com> or search "Crom Clog" on YouTube.

## A Deaf Comedian is:

1. A rare breed...
2. A person with a very strange view of the world...
3. A person who will leave you howling with laughter...

# Crom Saunders is at least one of these...

To purchase tickets, contact:

Scott Staubach ([scott.staubach@greil.mh.alabama.gov](mailto:scott.staubach@greil.mh.alabama.gov))

Rann Gordon ([Gordon.Rann@aidb.state.al.us](mailto:Gordon.Rann@aidb.state.al.us))

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