

Signs of Mental Health

The ADA at 25: How Has It Worked Out for Deaf People With Mental Illness?



ADA
AMERICANS WITH
DISABILITIES ACT
25
1990-2015

June, 2015

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



Editor's Notes



Hard Working and Loyal Staff

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The Office of Deaf Services has several staff members who have been with us for a long time. Sometimes we don't think about it until the service pins start showing up. Three did and this got us to thinking.

Charlene Crump has a 15-year service pin which includes a stint at the Alabama Department of Rehabilitative Services. She has been with ODS since March of 2003.

Shannon Reese received a ten-year pin, which is deceiving. She has actually been part of the Deaf Services Team since April 2003, but the first two years she was an employee of the Jefferson-Blount-St.Clair Mental Health Authority before the regional office staff became ODS employees.

Scott Staubach also started his career when the regional centers were under the mental health centers, hiring on at Mental Health Center of Madison County in April of 2004. He transferred to ODS in May of 2005. He left for a short time in at the end of 2005 and came back in December of 2006. He has been with ODS ever since.

Like Reese and Staubach, Dawn Vanzo joined the ODS staff in the change over of the regional staff from the Mental Health Centers to ODS. She originally started as Region I interpreter August, 2004 when the position was under the Mental Health Center of Madison County (now Wellstone).

They aren't the only long-serving staff. Brian McKenny joined the team in April of 2004 and Lee Stoutamire has been with ODS since June of 2005.

In addition to being long-serving, ODS staff members have also been highly applauded by the community. The list of awards won by the staff would fill many pages of this newsletter. Readers are invited to look back over past issues to see some of them.

Pages four and five of this issue reports on awards won this year at the Annual Meeting of the Council of Organizations Serving Deaf Alabamians. It is always wonderful to see ODS staff and affiliated programs recognized by their peers in other agencies.

The *Americans with Disabilities Act* is 25 years old. We have a report on the festivities and a retrospective by your faithful scrivener beginning on page six.

The 13th annual Interpreter Institute is "sold out" again, but the on-line training part of the Mental Health Interpreter Project is still always open. The faculty continually improves the product, both in content and delivery platforms. A report on the newest changes is on page 12.

This issue, as usual with the Spring edition, is a little shorter than the others, but fear not! There will be lots of news in the Summer issue when we will report on the Interpreter Institute and unveil some other projects that have been percolating for a while.

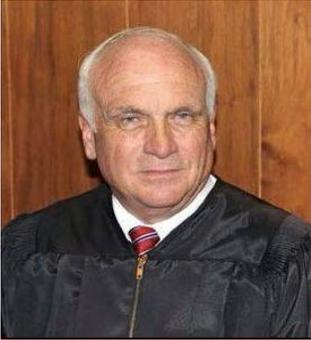
Signs of Mental Health
ADMH, Office of Deaf Services
James Reddoch, Commissioner
Steve Hamerdinger, Director
P.O. Box 310410
Montgomery, AL 36130
steve.hamerdinger@mh.alabama.gov

On The Cover:

The "Road to Freedom" bus parked outside the State Capitol, May 12, 2015. The stop was one of many on a planned year-long nationwide tour.

DMH Commissioner Reddoch Retires Governor Names Probate Judge Perdue as New Commissioner

On June 19, 2015, Governor Robert Bentley announced the appointment of Crenshaw County Probate Judge Jim Perdue as the new commissioner of the Alabama Department of Mental Health. Judge Perdue will fill the position vacated by Jim Reddoch, who resigned to return to retirement on June 30.



Judge Jim Perdue

“Judge Jim Perdue has been a dedicated public servant to the citizens of Crenshaw County for 12 years, and he will bring a wealth of knowledge and experience to serve the consumers of mental health services,” Governor Robert Bentley said. “We have made significant progress in the treatment for those who have mental illness, intellectual disability and substance abuse disorders in Alabama. Jim Perdue will continue to promote these efforts and work with department staff to support families and consumers of mental health services.”

Perdue currently serves as President of South Central Alabama Mental Health Board and is a member of the Alabama Mental Health Advisory Board of Trustees. In both positions, Judge Perdue helped lead the board’s transition of patients in institutional care to community-based settings for treatment and support.

“I am honored and humbled by this opportunity to serve as the next Commissioner of the Alabama Department of Mental Health, and I thank Governor Bentley for his support and confidence in me,” Judge Jim Perdue said. “I look forward to building on the progress Commissioner Reddoch and his team have made to improve the department and better serve the citizens who need mental health services in Alabama.”

Outgoing commissioner Jim Reddoch has had experience in nearly every area of mental health services in the state. Prior to his retirement, Reddoch was director of the Taylor Hardin Secure Medical Facility in Tuscaloosa from 2000 to 2009. During his tenure at Taylor Hardin, Reddoch was also designated as an assistant attorney general for the State of Alabama. Before serving as director of Taylor Hardin, Reddoch was the director of Bryce Hospital in Tuscaloosa from 1992 to 2000. He was also a deputy commissioner for the Department of Mental Health from 1988 to 1992.



*Outgoing Commissioner
Jim Reddoch*

“Jim Reddoch has been a loyal member of my team, and has devoted his career to serving consumers in the mental health community,” Governor Robert Bentley said. “He came out of retirement to lead the department’s effort three years ago to transition patients out of an institutional-based setting and back into communities where they could be near family and friends. Jim also led the opening of the new state-of-the-art Bryce Hospital, which is a national model for providing the latest in patient care. We will miss Jim, but wish him all the best as he returns to retirement.”

(Continued on page 14)

DEAF SERVICES DIRECTORY

Central Office

Steve Hamerding, Director, Deaf Services
VP: (334) 239-3558

Text: (334) 652-3783

Charlene Crump, State Coordinator

Communication Access

Office: (334) 353-7415

Cell: (334)324-1972

Shannon Reese, Services Coordinator

VP: (334) 239-3780

334-Text: 294-0821

Statewide Psychologist, Vacant/Recruiting

Joyce Carvana, Administrative Assistant

Alabama Department of Mental Health

P.O. Box 301410 (Mailing Address)

100 North Union Street (Physical Address)

Montgomery Alabama 36130

Main Number: (334) 353-4703

FAX: (334) 242-3025

Region 1

Kim Thornsberry, MA, CRC, Therapist

VP: (256) 217-4308

Text: (256) 665-2821

Dawn Vanzo, Interpreter

Mental Health Center of Madison County

4040 South Memorial Pkwy

Huntsville, AL 35802

Office: (256) 705-6347

Cell: (256) 684-5589

VP: (256) 217-4308

Region 2

Therapist, Vacant

Sereta Campbell, Interpreter

Taylor Hardin Secure Medical

1301 Jack Warner Parkway

Tuscaloosa, AL 35404

Cell: (334) 328-7548

Region 3

Therapist, Vacant/Recruiting

Lee Stoutamire, Interpreter

AltaPointe Health Systems

501 Bishop Lane N.

Mobile, AL 36608

Office: (251) 461-3447

Cell: (251) 472-6532

VP: (251) 281-2258

Region 4

Scott Staubach, LPC -S, Therapist

VP: (334) 239-3596

Text: (334) 324-4066

Wendy Darling, Interpreter

Montgomery Area Mental Health Authority

2140 Upper Wetumka Road

Montgomery, AL 36107

Voice: (334) 279-7830

Cell: (334) 462-4808

Region 5

Brian McKenny, Interpreter

P.O. Box 301410

Montgomery Alabama 36130

Office: (334) 353-7280

Cell: (334) 462-8289

(334) 462-4808 Cell

Bryce Based

Katherine Anderson, Interpreter

Vyron Kinson, Communication Specialist

Deaf Services Staff and Programs Haul in Awards

The people working at ODS have been receiving recognition and awards for their work since the early days, but rarely have they received as many prestigious awards as have been collected in 2015.

Heading up the list, the Council of Organizations Serving Deaf Alabamians presented Charlene Crump with its Earl Lindsey Lifetime achievement award on June 10. This award is given “to an individual that has provided outstanding services and contributions to the Deaf/hard of hearing community for a significant period of time.” According to Steve Jobs, the inventor of Apple Computer, “Innovation distinguishes between a leader and a follower.” There are many people who take the ideas of others and pass them off as their own. What distinguishes Ms. Crump is that the ideas others pass off are often hers. Ms. Crump has brought mental health interpreting to the national stage. The internationally renowned Mental Health Interpreter Training Institute is one example. Dr. Neil Glickman, one of the world’s leading authorities on mental health and deafness says, “Alabama leads the world in in mental health interpreting. Honestly, the level of skill of the mental health interpreters you have [in Alabama] and level of training have and sophistication they have, this is as good as it gets.”



Above: Charlene Crump. Above right (left to right): Anita Moore, Daphne Kendrick

At that same event, COSDA also presented three other awards to ODS affiliated individuals and programs. Each year, COSDA presents a Service to the Community Award to an individual providing exemplary service to deaf, hard of hearing, late deafened or deaf-blind people over the past 12 months. This year that award went to Anita Moore, the house manager for the Civitan House group home in Clanton.



“Having a heart for the people she works with is the secret to Ms. Moore’s success,” said Steve Hamerdinger. “She genuinely cares for her consumers and for the staff working under her.” Civitan House provides care for 6 consumers at a time. These consumers arrive with many needs and many issues with which to deal. Under the director of Ms. Moore and her staff, these consumers are frequently able to move back to living independently. She currently supervises eight people, all of whom are fluent signers and most are deaf. She provides a place for deaf people serve and be served. Truly, “for us, by us.”

Moore’s employer, Chilton-Shelby Mental Health Center, was named Employer of the year. This award was given as recognition for the agency’s continuing support in the employment of deaf/hard of hearing individuals. It recognized the CHSMHC went beyond merely hiring deaf people and moved into the realm of creating a truly “Deaf” centered program. They did this by announcing that they will not hire anyone to work at Civitan House who did not have at least Intermediate Plus on the Sign Language Proficiency

(Continued next page)

Interview. This created a workforce almost entirely deaf and was, according to Clinical Director Kathy Crouthers, one of the goals of the project.

It is noteworthy that CSMHC welcomes consumers into Civitan House that no one else in state will accept. They believe that because of their staff is almost entirely deaf and most of them are experienced in working with severely mentally ill people, Civitan House is better able to support the deaf consumers in their path to recovery.

ODS Communication Specialist, Vyron Kinson, was given COSDA's Leadership award, which recognizes a Deaf or Hard of Hearing person who has demonstrated both outstanding leadership and professional growth within the Deaf community. In addition to his work as a communication specialist, Kinson is currently the Vice-President of the Alabama Black Deaf Advocates organization. He is credited with helping to revitalize ABDA and leading them toward a more active role in the larger Deaf Community in Alabama.



Above: Vyron Kinson. Right, ADARA President, Michelle Niehaus, presents the Schreiber Award to Steve Hamerdinger via remote hook up

ADARA has been ODS Directors Steve Hamerdinger's avocation for 14 years where he held a variety of positions on the Board of Directors, including President, Vice-President and newsletter editor. On April 24, at the biennial conference held in Rochester, NY, they showed their appreciation by presenting him with their Frederick Schreiber Award which is given in recognition of lifetime service to ADARA.



Michelle Niehaus, President of ADARA, stated "When I think of ADARA, I think of Steve Hamerdinger. As a graduate student, I met Steve and learned in no uncertain terms from him that I didn't know what I did not know about Deaf and Hard of Hearing Services. Many of you may be able to relate. Yet, instead of discouraging young professionals, Steve has always encouraged not only professional development but ADARA as the primary means to do so.

"Through his work in New Mexico, Missouri, and Alabama, Steve has shown his commitment to mental health services. He creatively addresses unmet needs and fights unending battles to ensure that people get the access they need and deserve. He brings providers together and trains them with humor and frankness. How many people have gone from having 'NFC' to being a credible provider due to Steve's influence?

"Steve's humor, intelligence, and commitment have long been an inspiration to me. He has made significant contributions to the field across the country and the world... and we're lucky that one vehicle he has used to do so has been ADARA."

"While it is nice to collect awards and plaudits, they are merely tokens showing the commitment our people have to the folks we serve," said Hamerdinger. "We don't do this work to pile up hardware, but to change lives. The true reward is when a consumer leaves our service as a stable, independent, and successful member of the community."

Everyone at ODS looks forward to providing many more years of "award-winning" service to deaf people with mental illness. ✍

The ADA Legacy Tour Stop in Alabama

Deaf Services On Hand to Help Out

In mid-May the ADA Legacy Project's Road to Freedom bus stopped in Montgomery and Birmingham to promote the observation of the 25th anniversary of the Americans with Disabilities Act. The stop in Montgomery on May 12, included a short talk from Governor Robert Bentley along with comments from other key leaders and stakeholders.

ODS partnered with the Alabama Department of Rehabilitation Service to provide interpreters for the Montgomery event.

The ADA Legacy Tour is a traveling exhibit designed to raise public awareness and generate excitement about ADA25. It is produced by The ADA Legacy Project, Disability Rights Center, ADA National Network and the Museum of Disability History. Launched at the Abilities Expo in Houston on July 25-27, 2014, the year-long tour will culminate in Washington, D.C., on July 26, 2015, exactly 25 years after President George H.W. Bush signed the ADA into law. The tour will visit nearly 60 cities along the way (www.adalegacy.com/ada25/ada-legacy-tour).



ODS combined with ADRS to provide interpreters for this event. Right to left: Charlene Crump, Graham Sisson and Shannea Morgan of Montgomery Independent Living Center

“The Americans with Disabilities Act is among the most important civil rights laws passed in the last quarter century,” explains Disability Rights and Resources Executive Director Dan Kessler. “To quote President Bush when he signed the ADA in 1990, ‘Let the shameful wall of exclusion come tumbling down.’ Movie theaters, restaurants, hotels, hospitals and other places are certainly more accessible than they were 25 years ago. But we still have a long way to go. People with disabilities still live in institutions against their will. Too many people with disabilities who want to work are denied employment. The ADA25 Legacy Tour reminds us of where we have been and the work we have ahead of us.”

The mission of The ADA Legacy Project is to honor the contributions of people with disabilities and their allies by:

- *preserving* the history of the disability rights movement;
- *celebrating* its milestones; and
- *educating* the public and future generations of advocates.

ODS Director, Steve Hamerdinger, said, “The ADA has certainly helped reduce the barriers to full participation in life. The job isn’t done yet, but today it’s good to reflect on how far we have come.”

Governor’s Office on Disabilities (GOOD) Executive Director Graham Sisson, “It has definitely made a positive difference in my life. GOOD is happy to be a partner in the 25th Anniversary Celebration of the ADA, which focuses on

the progress made under that law and on what remains to be done.”

There are still too many people with disabilities unemployed. There are still too many inaccessible places. There are still too many TV shows and movies that are not captioned. The internets are often not accessible to people who are blind or deaf.

But as the journey of 1,000 miles begins with a single step, so must the journey that began 25 years ago move forward step by step. ✂



As I See It

John Hamending

This year marks the 25th anniversary of the passage of the Americans with Disabilities Act. On a bright and warm day, July 26, 1990, President George Bush signed the Act before thousands of people in a ceremony on the White House lawn. It was only 5 days after it cleared Congress. It was also the most ambitious civil rights legislation since 1964 and, arguably, impacted far more people.



President Bush Signs the Americans With Disabilities Act as (left to right) Evan Kemp, Rev. Harold Wilke, Sandra Parrino and Justin Dart look on.

As with the momentous Civil Rights Act, the signing of the ADA was not the end of discrimination. Rather, it set the battlefield for on-going struggle and led to untold abuses by people who fraudulently claimed a “disability”.

Nor has every person with a disability benefited equally from the law. Like the Rehabilitation Act of 1973 and the Education for All Handicapped Children Act of 1975, the ADA benefits disabled people who hear and speak English more than those who did not.

This is not to say that the lives of deaf people have not improved. Of course, they have. And much can be owed to the Act for that improvement. But we still daily encounter barriers, particularly if we are American Sign Language users. These barriers are less about our hearing than they are about our language.

Businesses that would not think twice about building a wheelchair ramp, will balk at hiring interpreters. We have

hospitals who will pressure deaf people to waive their right to free language assistance before they will offer treatment. This isn't a waiver, this is extortion. And, by the way, the right to an interpreter isn't guaranteed by the ADA. It's because of Title VI of the Civil Rights Act by way of Executive Order 13166. You read that right. The ADA does not guarantee interpreters. It only says that accommodations have to be reasonable. Unfortunately, all too often it's SHPs who decide what reasonable will be.

Employers generally will pass over a qualified deaf applicant for someone who is hearing and the jobs we do tend to get are lower level jobs. I have heard CEOs of programs that “serve” deaf people say that they think it is necessary to hire hearing people “who sign” for manager positions supervising deaf people so that they can “communicate” with everyone. Never mind that they never define how well that hearing person needs to sign nor do they pay attention to the subtle differences in how deaf and hearing people interact with each other.

[Police will rarely have an interpreter available, even when they know in advance that the person of interest is deaf.](#) LaShonn White, a domestic violence victim who called 911 for assistance, was tased, arrested and held in jail in Tacoma, Washington for 60 days. She was running toward the police, you see, and didn't stop when the officer told her to. No interpreter was offered or provided at any time. On January 3, 2014, Pearl Pearson was beaten by Oklahoma police officers for “failing to obey verbal commands.” [On February 13, 2014, Jonathan Meister was tased outside his friend's home where he went to pick up a snowboard for a trip to Utah.](#) The police thought he was a burglar and when he didn't respond to verbal commands, they physically took him down, choking him to the point of unconsciousness. A few days later, [police in Bridgeton, Missouri, as St. Louis suburb, tased Robert Kim, another deaf man who is also diabetic and went into a life-threatening shock](#) while waiting for roadside assistance.

These are the lucky ones. They survived. [Edward Miller, of Daytona Beach, Florida did not.](#) He was shot 6 times and killed last September when he didn't obey police commands. [Nor was John Williams.](#) “Hey, put the knife down,” the officer says three times. When the man, 50-year-old John T. Williams, does not drop the knife, police officer Ian D. Dirk' fires five rounds, killing him.

Upon surviving these encounters, deaf people will have to deal with the courts. Every state in the country has laws that “promise” communication access, but when push comes to shove, the Judge in the court room will have the final say. A

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Interpreter Intern Aims To Be a Mental Health Interpreter

By Lauren Cash

From a young age, I had a passion. I had a dream. I had a goal. In first grade I was quietly sitting in my seat waiting for the first day of school to start. I was so excited to see my friends walk through the door because we hadn't seen each other throughout the summer. I noticed one girl in particular whom I had never seen before. She was using her hands to communicate. I was fascinated. Her assigned seat was right beside mine and we quickly became best friends. This girl, Miranda, and her interpreter taught me sign language throughout the year, and I became skilled enough to communicate with her without the use of an interpreter. Miranda and I quickly became inseparable.

Miranda moved to the Alabama School for the Deaf (ASD) in fourth grade; however, the story doesn't end there. We have kept in touch to this day and she is one of the many reasons for my success.

I knew from that first day of first grade that I wanted to be involved with the Deaf community. I quickly had a passion for signing and a heart for the Deaf. My dream was to one day become an interpreter like the one for Miranda. My goal seemed a bit far-fetched, but I knew if I believed and dreamed big that it could be accomplished.

After many years of believing and dreaming, I found Troy University. My family and I discussed the program, called for information, and scheduled a meeting with the Director of the program. My very supportive family and I arrived at Hawkins Hall to meet with the director. We all talked for a while and decided that this would be the perfect college and placement for me for the next four years. I was beyond excited.

While discussing with the director what this program had to offer, she asked me a very odd question. "Do you like sushi?" My reply was a simple, "no" because I had never tried it. She then went on to ask if I would ever give it a chance. I said of course (I'm not the picky type). After this very strange

discussion, she offered me the Department of Mental Health scholarship. She said that if I was willing to step out of my comfort zone and try something new and challenging, then this was the scholarship for me. I graciously accepted, but didn't really give thought to what she said that day. I now understand this discussion and wouldn't want it any other way.

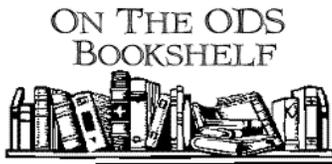


Steve Hamerdinger (the director of the Deaf Services at the Department of Mental Health), and Charlene Crump (the state Mental Health interpreter coordinator) have been two of my biggest supporters during my time at Troy University. Steve was the one to offer the scholarship to the school and I am very grateful for his offer.

After my years at Troy, it was time for internship. Steve and Charlene accepted me into their internship program and I am definitely a better person for that. I worked with them for a full semester and learned the in's and out's of mental health. Wendy Darling (staff interpreter for DMH) was my amazing mentor and was so patient with me during my time with her.

Some of the things I really liked about my internship were working and meeting different interpreters that I will work with in the future, learning about mental health interpreting from the great consumers and my amazing mentor, Wendy Darling, and, meeting many consumers and opening my eyes to the struggle that face each day! My heart is with them!

These individuals that I have written about are truly my heroes! Miranda got this passion started for me and I will never have the words to thank her. Steve, Charlene, and Wendy have shown me how to be a genuine interpreter and have given me a love for mental health. I want to thank these individuals from DMH, Troy University, my family and friends, and especially the Deaf community for their love and support offered to me during this humbling experience of becoming an interpreter.



Important Articles You Must Read

Fellinger, J., & Holzinger, D. (2015). *Social Relations, Mental Health, and Deaf Learners: Approaches to Intervention*. In: *Educating Deaf Learners: Creating a Global Evidence Base*, Knoors, H and Marschark, M. (eds) 389.

Authors review the literature related to mental health issues with deaf children and offer ideas for intervention.

Humphries, T., Kushalnagar, P., Mathur, G., Napoli, D. J., Pad-den, C., Rathmann, C., & Smith, S. (2014). *Bilingualism: A Pearl to Overcome Certain Perils of Cochlear Implants*. *Journal of Medical Speech-Language Pathology*, 21(2), 107-125.

Cochlear implants (CI) have demonstrated success in improving young deaf children's speech and low-level speech awareness across a range of auditory functions, but this success is highly variable, and how this success correlates to high-level language development is even more variable. Prevalence on the success rate of CI as an outcome for language development is difficult to obtain because studies vary widely in methodology and variables of interest, and because not all cochlear implant technology (which continues to evolve) is the same. Still, even if the notion of treatment failure is limited narrowly to those who gain no auditory benefit from CI in that they cannot discriminate among ambient noises, the reported treatment failure rate is high enough to call into question the current lack of consideration of alternative approaches to ensure young deaf children's language development. Recent research has highlighted the risks of delaying language input during critical periods of brain development with concomitant consequences for cognitive and social skills. As a result, we propose that before, during, and after implantation deaf children learn a sign language along with a spoken language to ensure their maximal language development and optimal long-term developmental outcomes.

Cole, P., & Cantero, O. (2015). *[Deaf stigma in mental health, the example of mental health]*. *Revue medicale suisse*, 11 (461), 398-400.

Deaf people with mental illness have to face to a double stigma: mental illness and deafness. Deaf and hard of hearing are a fragile population in term of accessibility to psychiatric care. The approach to the psychiatric clinic of deaf people must face the stigma that permeate the professionals in mental health about deafness. The possibilities to improve the condition of the deaf in the care and reduce stigma in these vulnerable populations are growing more and more last years.

Roberts, S., Wright, B., Moore, K., Smith, J., Allgar, V., Tennant, A. & Rogers, K. (2015). *Translation into British Sign Language and validation of the Strengths and Difficulties Questionnaire*.

To accurately detect mental health problems in deaf children we have translated the Strengths and Difficulties Questionnaire (SDQ), the most commonly used tool in Child and Adolescent Mental Health Services, into British Sign Language (BSL). It is a version for deaf young people, deaf parents and deaf teachers.

We translated the English version into BSL using two teams of bilingual translators, one translating them into BSL and the other translating the new BSL version back to English (without having seen the original). Focus groups and an expert panel checked for cultural and linguistic appropriateness.

To 'validate' the new BSL version we compared the results from the BSL SDQs with a 'gold standard' clinical assessment interview administered by a clinician with specialist knowledge of both Deaf culture and child mental health.

At the end of the study we showed that the BSL version (including young person, parent and teacher versions) of the SDQ was able to detect mental health problems. This will be helpful for future research and also means we can develop better scoping of the mental health needs of deaf children and young people.

Szudek, J., Ostevik, A., Dziegielewska, P., Robinson-Anagor, J., Goma, N., Hodgetts, B., & Ho, A. (2012). *Can Uhear me now? Validation of an iPod-based hearing loss screening test*. *Journal of otolaryngology-head & neck surgery= Le Journal d'oto-rhino-laryngologie et de chirurgie cervico-faciale*, 41, S78-84.

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MHIT Practica Adopts New Tools—Broaden Experiences

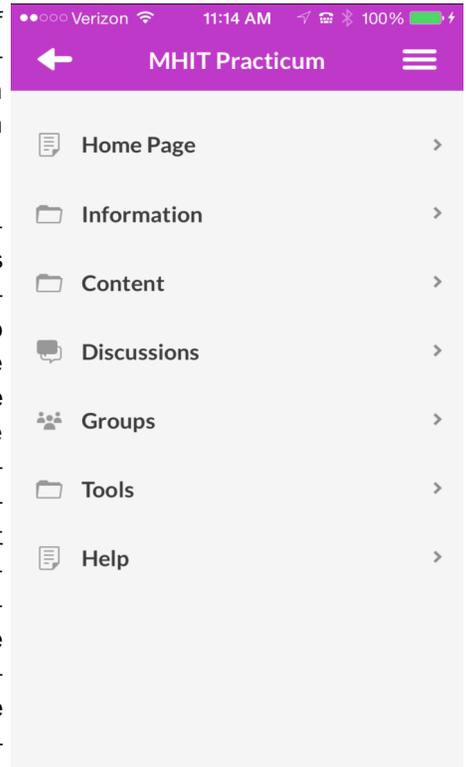
One of the hallmarks of our Mental Health Interpreter Training (MHIT) project is that staff work diligently to always raise the bar. It is frequently discussed among staff “what can we do better?” One such project that was undertaken this year was a look at improving aspects of the MHIT practicum.

The practicum is one aspect of the Qualified Mental Health Interpreter certification offered by the Alabama Department of Mental Health. Once a person who is nationally certified completes the 40 hour MHIT training, they may elect to work towards certification. The next step is to participate in a 40 hour supervised practicum. Current recognized QMHI Supervisors are Sereta Campbell, Brian McKenny, Charlene Crump (Alabama), Kate Block and Jamie Garrison (Wisconsin), Roger Williams (South Carolina), Lynne Lumsden (Washington) and Kendra Keller (California).

Participants in the 2014 MHIT Cohort were the first to participate in an online forum through CourseSites that allows the practicum interpreter to upload case studies completed for observation or through supervised work, time log, article reviews, etc. Through this venue, all of the practicum supervisors, with the addition of Steve Hamerdinger who manages the practicum program, can participate in guiding the practicum interpreter. The questions and comments are meant to assist the practicum interpreter in thinking more critically, learning to discuss issues they may have to address in their work, understanding the Demand Control Schema (Pollard and Dean), and to analyze their own behavior and choices. This allows the practicum interpreter to re-

ceive the benefit of multiple perspectives rather than working solely with one supervisor.

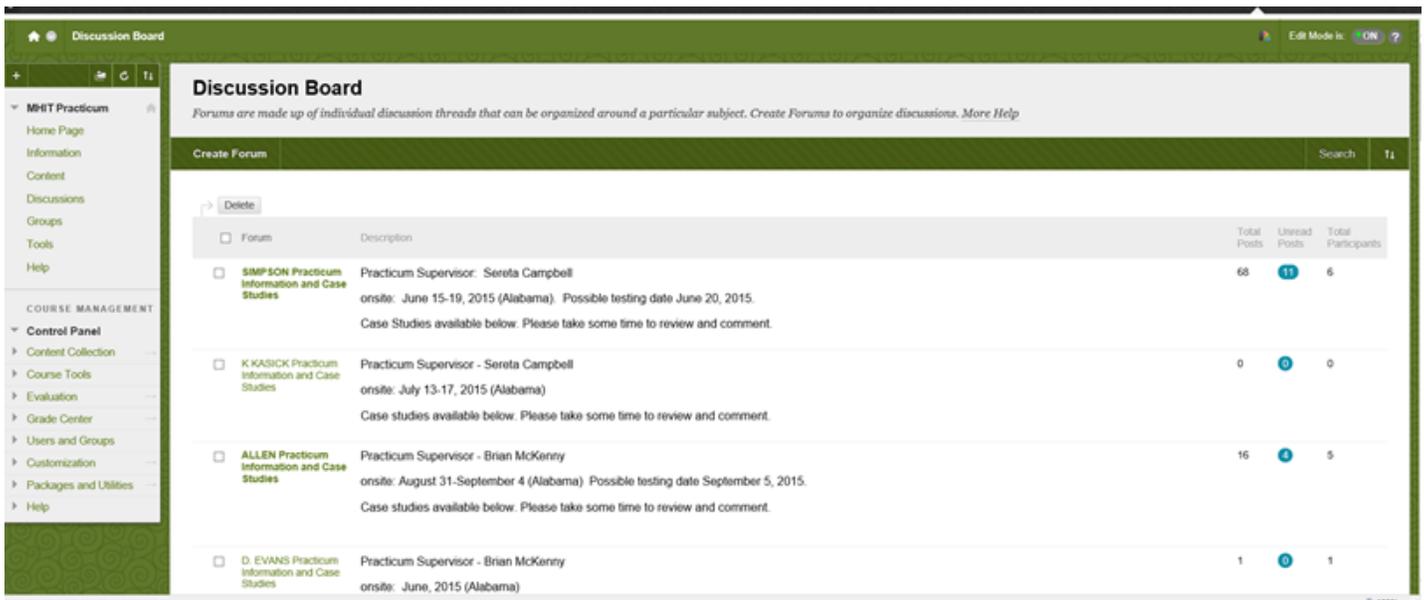
The additional benefit is that it allows the program committee opportunities to monitor and provide feedback on the progress of the practicum interpreter. Practicum supervisors can assist each other in offering ideas for supervision based on the information contained in the case studies and the discussions.



And of course, “there’s an app for that!”, which makes participation in the course easy for the participants and supervisors alike.

This is considered all the more important as MHIT looks to expand the number of places where practica can be completed. This vehicle will allow for close monitoring of practica regardless of where it is actually done.

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MHIT Practica Adopts New Tools

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Here's a look at some of the questions/comments/suggestions that have been made on the site from supervisors.

- *I would want to know from the agency if this is a regular med check or a follow up to a hospital stay. Is she a frequent flyer to the hospital? That could give a hint as to how stable the patient is.*
- *I would hope for a pre and post meeting with the therapist but I get the feeling that might not be possible. I usually have much better luck getting a post meeting because I am already in the office and they can't throw me out :) I would come with some articles about Bi-polar and Deafness for the counselor if needed (and my 2 minute elevator speech). I would also have community resources with me (particularly if she needs some advocacy or other life skills since the family does not communicate well and she is passive)... Office for the Deaf and Hard of Hearing, and the local independent living center (we have Deaf staff at ours).*
- *Although you didn't mention your specific language choices here, it did bring to mind thoughts regarding implicit and explicit communication styles. While the therapist's comments/thoughts may have been clear, I wonder if the interpretation becomes more implicit (via the process)? Would there be other ways of phrasing*

the interpretation that would have been more explicit? Of course, not discounting the hallucinations and obvious state that the consumer was in at the time.

- *Several times you have mentioned that you were uncomfortable knowing exactly how to identify or introduce yourself to the groups? Have the observations given you a better idea of what you might do for the next time in this situation? How do you think you would introduce/identify yourself? (If you had it to do all over again)*
- *This is another example rich in "deaf" stuff that the clinician would not be aware of. What level of sophistication does the deaf person have with interpreters? Does that influence the control option chosen? Would those control options have been effective if the consumer were language deprived? In what ways does the therapist actually engage the consumer on a cultural level? In what ways might she have missed critical things, especially related to psychotropic medications?*
- *Use of silence as a therapeutic technique....What is the typical response of an interpreter when they interpret a question to a deaf consumer and there is no response or the response is continually "I dunno"? How does this compare with the way silence was used in this situation?*

This tool also gives program faculty valuable feedback about how to improve the practicum experience. 🔄

Current Qualified Mental Health Interpreters

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

Charlene Crump, Montgomery*
Denise Zander, Wisconsin
Nancy Hayes, Remlap
Brian McKenny, Montgomery*
Dee Johnston, Talladega
Lisa Gould, Mobile
Gail Schenfisch, Wyoming
Dawn Vanzo, Huntsville
Wendy Darling, Montgomery
Pat Smartt, Sterrett
Lee Stoutamire, Mobile
Frances Smallwood, Huntsville
Cindy Camp, Piedmont
Lynn Nakamoto, Hawaii
Roz Kia, Hawaii
Jamie Garrison, Wisconsin*
Kathleen Lamb, North Carolina
Dawn Ruthe, Wisconsin
Joy Thompson, 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*
Thai Morris, Georgia
Lynne Lumsden, Washington*
Tim Mumm, Wisconsin
Patrick Galasso, Vermont
Kendra Keller, California*
June Walatkiewicz, Michigan
Melanie Blechl, Wisconsin
Sara Miller, Wisconsin
Jenn Ulschak, Tennessee
Kathleen Lancker, California
Debra Barash, Wisconsin
Tera Vorphal, Wisconsin
Julayne Feilbach, New York
Sue Gudenkauf, Wisconsin
Tamera Fuerst, Wisconsin
Rhiannon Sykes-Chavez, New Mexico
Roger Williams, South Carolina*

Denise Kirby, Pennsylvania
Darlene Baird, Hawaii
Stacy Magill, Missouri
Camilla Barrett, Missouri
Angela Scruggs, Tennessee
Andrea Nelson, Oregon
Michael Klyn, California
Cali Lockett, Texas
Mariah Wojdacz, Georgia
David Payne, North Carolina
Lori Milcic, Pennsylvania
Amber Mullett, Wisconsin
Nancy Pfanner, Texas
Jennifer Janney, Delaware
Stacie Bickel, Missouri
Tomina Schwenke, Georgia
Bethany Batson, Tennessee
Karena Poupard, North Carolina
Tracy Kleppe, Wisconsin
Rebecca De Santis, New Mexico
Nicole Keeler, Wisconsin
Sarah Biello, Washington, D.C.

Mental Health and Deafness

Online Training Revamped, More Video Based

For a number of years, the Mental Health Interpreter Training project of ODS has been offering online training for continuing education credit. Over the years the platforms used have changed and evolved.

Every two months a national expert on some topic related to mental health and deafness would discuss recent research and literature with a group of former Interpreter Institute participants. The discussion group was conceived as a way to keep Qualified Mental Health Interpreters current and to offer continuing education credit.

Originally operated in partnership with Jacksonville State University on their BlackBoard site, which had a lot features, but became unwieldy as it required JSU staff to keep the list of eligible participants up to date.

Around the time of changing MHIT became a partnership project with ADARA, a separate platform was incorporated into the mh.it.org website. This proved to be better for our purposes than other options then available. Easy to use and maintain, we were able to finally have effective control of who had access to it, which was an important factor in giving CEUs. Additionally, it allowed us to get full transcripts of the discussions.

Primarily text – based was important because most platforms available are heavily weighted to audio, which is disenfranchising to deaf participants. A level playing field was a top priority consideration, thus the “chat room” format seemed to work the best. There are disadvantages, however.

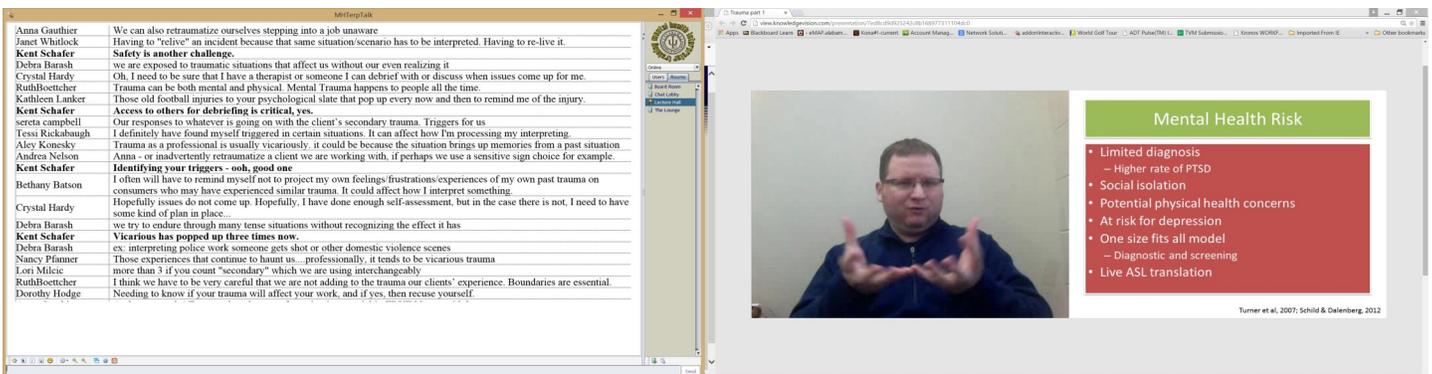
One thing that the ODS staff was aware of is that totally text-based training can be hard to follow, especially when the group got large. It is not uncommon to have as many as 30 people in the virtual class room at the same time and that can lead to multiple and overlapping threads.

Despite that disadvantage, the training events were held regularly. Nationally recognized presenters have been featured. A sampling of topics and presenters:

- Mental Health and Disasters by Rick Pope
- The Cultural Dissonance of Deaf Criminal Offenders: Antecedents of Linguistic and Cultural Dissonance by Aviva Glasner
- Play Therapy by Alexis Greeves
- Trauma-Informed Care by Sven Schild
- Working with Deaf Batterers by Amanda Somdal
- Working with Certified Peer Support Specialists: What Interpreters and Clinicians Need to Know by John Gour-naris
- D-C Schema Control model in MH by Kendra Keller
- Transference & Countertransference in MH by Betsy Carter

Recently, ODS has been experimenting with ways to make the training less text heavy while still retaining some of the live interaction that has been a major attraction. For about six months, ODS has used a platform called Knovio to show pre-recorded presentations complete with PowerPoint slides while keep a live chat open.

ODS is continually looking for ways to improve the platform while keeping the costs low. For more information about the MHDOT, check out <http://mh.it.org/onlinelearning.html>



Deafness and Addiction: Coping with Barriers While Trying to Stay Sober

By Brian McKenny, NIC, QMHI-S

Addiction knows no boundary...no ethnicity...no gender...no age...no disability status. Addictions treatment takes the form of three distinct, yet important phases – Prevention, Treatment, and Aftercare. With the addict who is Deaf, many obstacles lie in the search for recovery. The biggest such obstacle is often access.

There are few prevention programs out there geared towards the Deaf community. Project STAR (showing my age) and D.A.R.E. were never geared toward the needs of the culturally Deaf community. These programs are usually provided the school-age children, through an educational interpreter.

Treatment is divided into two groups: Intensive Outpatient and Residential Inpatient. Outpatient treatment is often provided on a weekly basis, where the consumer is able to continue to work, while attending a 3-5 hour class once a week. Inpatient treatment is much more intensive, often with the consumer living in a dorm-style room onsite. Classes are often 9-10 hours or more each day. Again, many of these programs are provided through the use of interpreters, save a few specialized inpatient units in the country.

Where a great deal of trouble for any addict comes in, is adherence to an aftercare plan. These plans can include return meetings with an addictions counselor on an outpatient basis, or sober living placements. There is one tool nearly all aftercare plans have in common...meetings. Groups like AA, NA, CBT, and DBT groups can not only provide the recovering addict with a sober support group, they can continue to educate said addict about the disease of addiction and help preserve his or her sobriety. It is here where the true work of sobriety begins...to apply the tools learned in treatment without the safety net of a treatment center

This only happens when communication is accessible. Some of these groups do not provide such access, often citing an inability to afford the services of an interpreter, or an unwillingness to do so in a “closed” meeting. Whatever the reason, poor aftercare often leads to a relapse of addiction, and the process begins anew.

Interpreters are an answer, but not THE answer. Peer groups of other addicts who are Deaf exist, but are few. Sponsors who understand not only addiction, but the effect Deafness has on the addict, may be difficult to find.

What are some avenues you have taken that work? ✎

Current Known* Interpreted 12-Step Groups

Green Valley Baptist Church

1815 Patton Chapel Road Birmingham, AL
AA Meeting Mondays 12:15p - 1:15p

Mountain Brook Church

4200 Montevallo Road Birmingham, AL
"Keep It Simple" Wednesdays 6:00p - 7:00p

NA Meeting Fridays 6:00p - 7:00p

*Information is accurate as of June 23, 2015. There may be other groups not know to SOMH.

Something to Think About

Programs around the country are looking for ways to “reduce their costs” by turning to automated methods of providing language supports for people with limited English proficiency. One common way that people who are not familiar with the interpreting process use are on-line tools like Google Translate. They naively assume that it must be accurate.

[In an article published in November, 2014](#), researchers from the National Health Service in England tested that theory.

Ten commonly used medical statements were chosen by author consensus. These were translated via Google Translate to 26 languages. Translations only were sent to native speakers of each of these languages and translated back to English by them. The returned English phrases were compared with the originals and assessed for meaning. If translations did not make sense or were factually incorrect they were considered as wrong. Minor grammatical errors were allowed.

Ten medical phrases were evaluated in 26 languages (8 Western European, 5 Eastern European, 11 Asian, and 2 African), giving 260 translated phrases. Of the total translations, 150 (57.7%) were correct while 110 (42.3%) were wrong. African languages scored lowest (45% correct), followed by Asian languages (46%), Eastern European next with 62%, and Western European languages were most accurate at 74%.

There is considerable pressure to replace live interpreters with text-based automated translation services or even voice recognition software for deaf and hard of hearing people. Would you be willing to make life and death decisions know that the information you received is, at best, 74% accurate? ✎

Troy Intern Learns ODS Life

My name is Julie Shipp and I am in Troy University's Bachelor's Human Services program. I chose ODS for my internship because I wasn't sure exactly where I wanted to go after graduating and wanted to see if I liked mental health and if it was something I would want to pursue.

I learned so much during this internship with y'all.



One of the big things I've learned is how much work goes into putting on a conference. Not only before, but the work that needs to be done afterwards. I was able to learn there's a lot involved with getting registration setup and ready, getting the place where the event is being held setup, make sure there is enough of everything there (tables, chairs, pens, paper, certificates, etc.), I was also able to learn about giving out evaluation forms--the best way to do so during the workshop.

I also learned there's a lot involved with CEUs. I thought it was just going to RID (or wherever) and telling them that certain people went to a workshop and need to get their however many hours. I didn't realize they had to be approved, the sponsor needed instructor forms, handouts, certificates, evaluations, etc. And then making the excel file to send to RID to give them who was at which conference.

I learned I enjoy doing research. I didn't realize I would enjoy going and looking for different Domestic Violence shelters in Alabama. I also enjoyed contacting places, like the DV shelters, and seeing what tactics they use for if and when a Deaf person comes into their shelter--if they have a plan, and if not helping them realize they need to come up with a plan.

I learned that there is a lot more to ODS than just working on SLPI and setting up events, like Deaf coffee and open caption movies.

My goals for after graduation is to go to graduate school and become either a counselor or a psychologist. I still haven't decided which one yet. I'm hoping to get into Gallaudet University in Washington, DC. ✂

As I See It

(Continued from page 7)

30--second scan through Google will turn up dozens of instances.

We were promised equal access. We were promised jobs. We were promised an end to discrimination. A century and a half ago, freed slaves were promised 40 acres and mule. They are still waiting. *As I It*, so are we. ✂

Commissioner Reddoch Resigns, Judge Perdue New Commissioner

(Continued from page 3)

"I appreciate Governor Robert Bentley giving me the opportunity to serve as Commissioner of the Alabama Department of Mental Health since 2012. Throughout my career, I have always been passionate about the care of those individuals who suffer from mental illness, intellectual disabilities and substance abuse disorders. I greatly appreciate the dedication and hard work of the staff at the Department of Mental Health. Together, we have made tremendous progress in moving our consumers into a more modern, community-based care network. I know significant strides will continue to be made by those dedicated caregivers around the State who work untiringly to provide excellent care and treatment to our consumers," Reddoch said.

Perdue's appointment is effective July 1. ✂

On the ODS Bookshelf

(Continued from page 9)

OBJECTIVE:

To evaluate the uHear iPod-based application as a test for hearing loss.

METHODS:

We recruited 100 adult participants through a single otology practice. Patients with otorrhea and cognitive impairment were excluded. All patients completed the uHear test in the clinic and in the sound booth and underwent a standard audiogram by the same audiologist. We compared the results of the uHear test to the standard audiogram.

CONCLUSIONS:

The uHear application is a reasonable screening test to rule out moderate hearing loss (PTA > 40 dB) and is valid at quantifying the degree of hearing loss in patients known to have abnormal hearing. ✂



Things People Ask Us Real Issues—Real Answers

Frequently our office is asked for information related to mental health and deafness and/or interpreting. Below are a few of the examples we have been asked recently. The responses are not meant to be exhaustive listings of all possible resources, but provide information for the individual or agency requesting guidance. (Some information has been changed to protect the confidentiality of the consumers).

What knowledge base is needed for interpreters to work effectively in mental health settings?

I'm looking for information regarding what interpreters need to know when working in mental health settings. We would like to set up on-going training in our area, but need to be able to justify the need. Can you help us out with any standards, policies, articles, etc. that you are aware of?

- http://www.mh.alabama.gov/Downloads/MIDS/MHI_Training_standards_certification.pdf
- http://www.mh.alabama.gov/Downloads/MIDS/Mental_Health_Interpreting_withLanguage_Dysfluent_Clients.pdf
- http://www.imiaweb.org/uploads/pages/812_2..pdf
- http://www.albany.edu/womeningov/publications/core_competency.pdf
- <http://healthcareinterpreting.org/tag/mental-health-4/>
- <http://www.alabamaadministrativecode.state.al.us/docs/mhlth/3mhlth24.htm>
- http://www.mh.alabama.gov/downloads/MIDS/DS70703_TherapyUsingInterpretersQuestionsUseInterpretersTherapeuticSettingsMonolingualTherapists.pdf
- <http://www.kings.uwo.ca/academics/psychology/deaf/lead-conference/resources/>

Do you have any information related to interpreters and the use of restraints with Deaf people?

I'm looking information regarding interpreters working with deaf patients and the use of 4 point restraints. I'm assuming that if there is "best practice" information out there, you can likely steer me in the right direction. Summed up: interpreters are working in a locked psych ward with a minor from another country, minimal language. Brilliant individual, also

ridiculously strong. Needs to be restrained often for safety. Uses a DI/BI team. There are lots of perspectives on how and when interpreting is to occur, or not occur, during a restraint. Are you aware of any published materials on this?

- http://www.nasmhpd.org/docs/Seclusion_Restraint_3.pdf
- <http://www.ncbi.nlm.nih.gov/pubmed/21208052>
- <http://www.ncbi.nlm.nih.gov/pubmed/20414725>
- [Deafness and Challenging Behaviour: The 360 Perspective Sally Austen, Dave Jeffery \(pg. 219 -\)](#)
- [Deaf Mental Health Care Neil S. Glickman \(page 56 -\)](#)
- Alabama Department of Mental Health Community Program Standards also addresses (briefly) deaf/restraints.

Do you have resources regarding the use of consistent interpreters in mental health?

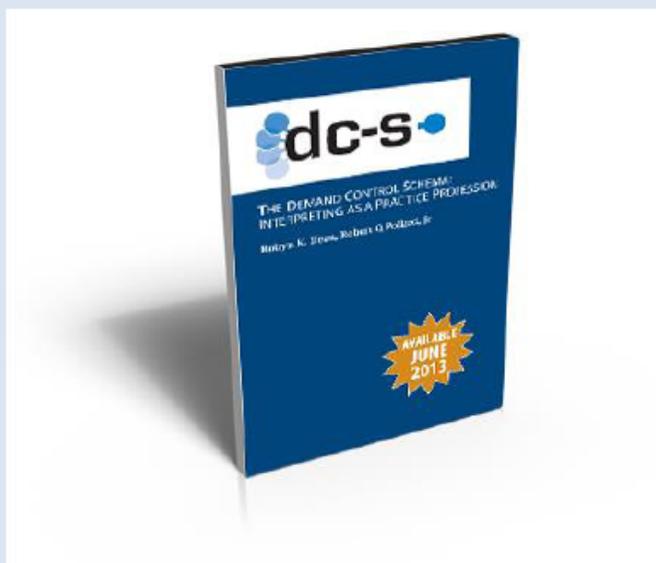
I'm writing for your help on a situation that keeps occurring here at our agency. We have a client receiving weekly therapy sessions and has had the same interpreter for several years. With the recent change made in interpreting services (a new department has assumed responsibility for this and does not have the same level of experience as the other department) a new interpreter is brought in every week and the client is having difficulty (as would anyone in therapy). I'm wondering if you know of an article directly discussing the importance of consistency for interpreters. Any other suggestions to give to the language access services department so they understand this? I've been telling them for months but the problem is still on-going.

- [Hamerdinger, S., & Karlin, B. \(2003\). Therapy using interpreters: Questions on the use of interpreters in therapeutic settings for monolingual therapists. Journal of American Deafness and Rehabilitation Association, 36\(3\), pp. 12-30.](#)
- [The Role of Interpreters in Psychotherapy With Refugees: An Exploratory Study](#)
- http://www.imiaweb.org/uploads/pages/812_2..pdf
- <http://cfs.cbcs.usf.edu/projects-research/docs/Interpreter%20Prof%20Psych.pdf>

AVAILABLE NOW!

*The Demand Control Schema:
Interpreting as a Practice Profession*

by
Robyn K. Dean
and
Robert Q Pollard, Jr.



Dean and Pollard have been developing the demand control schema (DC-S) and their practice-profession approach to community interpreting since 1995. This textbook is the culmination of nearly two decades of work, as it evolved over the course of 22 articles and book chapters and nine DC-S research and training grants. Designed primarily for classroom use in interpreter education programs (IEPs), interpreting supervisors, mentors, and practitioners also will find this book highly rewarding. IEPs could readily use this text in introductory courses, ethics courses, and in practicum seminars. Each of its ten chapters guides the reader through increasingly sophisticated descriptions and applications of all the key elements of DC-S, including its theoretical constructs, the purpose and method of dialogic work analysis, the schema's teleological approach to interpreting ethics, and the importance of engaging in reflective practice, especially supervision of the type that is common in other practice professions. Each chapter concludes with a class activity, homework exercises, a check for understanding (quiz), discussion questions, and an advanced activity for practicing interpreters. The first page of each chapter presents a list of the chapter's key concepts, preparing the reader for an efficient and effective learning experience. Numerous full-color photos, tables, and figures help make DC-S come alive for the reader and assist in learning and retaining the concepts presented. Formal endorsements from an international panel of renown interpreter educators and scholars describe this text as "aesthetically pleasing," praising its "lively, accessible style," its "logic and organization," and referring to it as an "invaluable resource" with international appeal to "scholars and teachers." Spoken language interpreters also are proponents of DC-S and will find the material in this text applicable to their education and practice, as well.

CONTENTS:

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| Chapter 1: Demands of Interpreting | Chapter 6: Teleology and Practice Values |
| Chapter 2: Controls of Interpreting | Chapter 7: Demand Constellations |
| Chapter 3: DC-S Rubric | Chapter 8: Consequences |
| Chapter 4: EIPI Categories | Chapter 9: Dialogic Work Analysis |
| Chapter 5: D-C Interactions | Chapter 10: The Reflective Practice of Supervision |

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2015 MENTAL HEALTH INTERPRETER INSTITUTE

AUGUST 3-7, 2015
MONTGOMERY, ALABAMA

MHIT Is:

A 40-hour course designed to provide a sound basis for interpreters to work effectively in mental health settings as part of a 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 Schema for Interpreting Applied to Mental Health.

The Institute is a collaborative effort between the Alabama Department of Mental Health's Office of Deaf Services ADA-RA and Troy University Interpreter Training Program

PRESENTERS INCLUDE:

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

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