

Signs of Mental Health





Another MHIT come has and gone. It was a heck of a class too. We full coverage starting on page four.

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The Office of Deaf Services, and indeed the whole Department of Mental Health, will be going through big changes in the months ahead. Happening immediately is the transfer of Scott Staubach to the community program in central Alabama and Ben Hollingsworth to northern Alabama.

Another big event was ODS Director Steve Hamerdinger's invitation to Japan to lecture about Deaf Services. He felt very honored to be asked, and ODS is basking in the recognition as well.

There are several big conferences coming up that might interest our readers, including the Southeast Regional Institute on Deafness in October and Breakout in June.

Other tidbits are scattered throughout this issue, such as an article from Susan Fraker about an exciting program called Deaf off Drugs and Alcohol.

Its been a fun issue to work on. We hope you enjoy it as much as we did. ✍

Reese Honored by VSA Alabama

Very Special Arts of Alabama (VSA) awarded their 2011 Sherri Van Pelt award to Shannon Reese in recognition of her work with deaf consumers at The 9th Annual ArtPartners Live Auction & Showcase on August 21.

VSA, the international organization on arts and disability, was founded more than 35 years ago by Ambassador Jean Kennedy Smith to provide arts and education opportunities for people with disabilities and increase access to the arts for all.

VSA is a pioneer in the field of arts and disability and has been a leader in changing society's attitudes toward people with disabilities. As society evolves, the attitudes and language used by the disability community also evolves.

ArtPartners is a year-round creative mentoring program taking place in Birmingham, Mobile/Fairhope, and Sylacauga. The program pairs children and adults with disabilities and chronic illnesses with local artists to build mentoring rela-



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On The Cover:

France Ralston, Ph.D., who is the psychologist on the Bailey Deaf Unit, makes a presentation on DBT at the Mental Health Interpreter Training.

ODS Experiences Major Changes in Personnel, Assignments

Beginning October 1, there will be numerous changes to Deaf Services in Alabama. These changes will increase the presence of ASL – fluent community services.

The most noticeable change is the transfer of Scott Staubach, formerly the Director of the Bailey Deaf Unit to Region III therapist and the transfer of Ben Hollingsworth to Region I. This doubles the availability of ASL – fluent psychotherapy, and fills a position that has been vacant for over 18 months.



Scott Staubach, transfers from BDU to Region III

The downsizing of facility operations and the massive layoffs announced in August have resulted in over 1,000 fewer positions across the Department of Mental Health. These cuts, amounting to nearly 25% of the workforce, were forced by the draconian reduction in appropriations for mental health services which has resulted it rethinking how services are delivered.

Deaf Services has had to absorb some cuts along with the rest of the department. Tammy Peacock, Associate Commissioner for Mental Illness and



Ben Hollingsworth, transfers to Region I

Substance Abuse, has committed to protecting community services as much as possible, a position reflected in the transfer of Staubach to community services.

It also means that the Bailey Deaf Unit will have no deaf-specific leadership for the first time in its history. All supervision of services at the deaf unit will now be handled by hospital administration, generally by clinical discipline.

This change will be counterbalanced by increased access to linguistically competent clinical services in the community. Regional Therapists positions have been vacant for anywhere between 18 months through more than three years. This is partly due to frozen positions and partly due to the lack of qualified applicants willing to relocate to the areas of need. Moving Hollingsworth to Region I and Staubach taking Hollingsworth's place will double available clinical hours. It also gives ODS a clinician with many years of experience, setting the stage for possible internships and practicum sites for clinical training programs. 

DEAF SERVICES REGIONAL OFFICES

Region 1

Ben Hollingsworth, Therapist
Dawn Vanzo, 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

Scott Staubach, Therapist
Wendy Darling, Interpreter

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
501 Bishop Lane N.
Mobile, AL 36608
(251) 450-4353 (Voice)
(251) 450-4371 (TTY)



Largest Ever Class Attends Interpreter Institute

The ninth annual Interpreter Institute was conducted August 22 – 26 on the campus of Troy University at Montgomery. This internationally recognized training, co-sponsored by the Office of Deaf Services, the Alabama Association of the Deaf, the American Deafness and Rehabilitation Association and Troy University Interpreter Training Program, drew 83 participants from 29 states.



The five-day training opened with remarks from Associate Commissioner Tammy Peacock who praised the work of the ODS in preparing and putting on the Institute. After the training, Dr. Peacock stated that she was "extremely

impressed with the impact MHIT has made on the national level in the fields of mental health and deafness and interpreting."

This year's class set numerous records. In addition to being the largest class ever, from the most states ever, it was also the largest class of deaf participants (13). This year the median experience level was also the highest ever, at close to 10 years experience each before attended the training. Several had attended previous Institutes. One of them was Jamie Garrison, from Wisconsin. "Years ago, I attended MHIT for the first time and it revolutionized the way I viewed and approached my work in mental health settings," Garrison remarked. "As any professional knows, changing personal and professional schema requires commitment and practice. For that reason I will forever be part of the MHIT family."

All the main faculty members from the 2010 edition returned this year with the addition of some new presenters at the optional early morning and lunch sessions. There were 32 separate sessions (some ran concurrently) and 14 faculty members. Of those, five have presented at least 8 of the previous Interpreter Institutes. Long-time veterans include Charlene Crump, Robyn Dean, Steve Hamerding, Robert Pollard, and Roger Williams. Several others have been on the faculty more than five times, including Brian McKenny and Shannon Reese.



Top: Role playing as a method of integrated learning has been a staple of MHIT since the beginning. Right to left: Elizabeth Lucey, Jean Plant, Brian McKenny, Rachel Koons, Jan Humphreys, Roger Williams. Left: Dr. Tammy Peacock (right) opens MHIT as Dawn Vanzo interprets.

Wednesday afternoon had special break out sessions for Deaf Interpreters and for MHIT Alumni. Deaf interpreters were able to discuss ways to break material down for communicating to people with extremely limited language. In a round table led by Shannon

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Largest Ever Class Attends Interpreter Institute

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Reese, participants were encouraged to share "what works." The Clinician Panel exposed MHIT alumni to what clinicians are looking for when they work with interpreters. Eric Hedberg, MD and Daphne Kendrick, LCSW, discussed the clinician – interpreter – consumer triad from their point of view, which was as non-signing hearing clinicians. Both are very experienced and comfortable using interpreters.



Shannon Reese leads a breakout for deaf interpreters

Not all the participants were veteran interpreters with years of experience. Each year, a small number of novice interpreters are admitted to the training under the "Director's Exemption Program. Always numbering less than five, these exempt participants are promising young professionals who have shown a great interest in mental health work. One of the exempted participants this year was Mariann Travis. "It was such an honor to have the opportunity to interact and learn from the seasoned professionals I met there," she said. "I am exceptionally impressed with [ODS] and the forward thinking that is apparent in their work. Where/when do I sign up for next year?"

There already are applicants for next year's class. The date has yet to be set, but some people have sent in their application with comments such as, "I don't care when it is, I am going to be there."



MHIT Participants joined in a Deaf Community ASL Supper

It wasn't all work. Each evening a social event was scheduled for those who wanted to "get out of the hotel." One night was reserved for a game played by Montgomery's double-A baseball team, the Biscuits. Another night included joining the "silent dinner" hosted by the Montgomery Area Chapter of the Alabama Association of the Deaf.

Many thanks are in order to our partners and our sponsors. Troy University and the Interpreter Training Program there are at the top of the list. Their contributions, in providing the training space, sending volunteers and other things, made it possible to keep things running smoothly.



One of the "Brown Bag" sessions included a tour of the Rosa Parks Museum in Montgomery, which was right across the street from the training site.

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As I See It
Paul Hamedinger

Assumptions, Expectations and Oppression

It is easier for a Deaf American to get by in Tokyo than it is to get by in any American city.

If that sounds surprising, it was. It surprised me. Nevertheless, after the first couple of days I found that Japanese people were very open to "non-traditional" means of communication. They didn't condescend and then didn't show impatience (except once when I couldn't figure out the coinage quick enough when making a purchase in a convenience store during the evening rush).

Hey, I'm a Gaijin. A blue-eyed devil. I was expecting to be made fun of or be ignored. I best I expected to have to be guided everywhere by someone who knew ASL and could translate everything. My own personal inter-vener, as it were.

Instead, I found Japanese people were largely helpful, especially when I gestured I was deaf. They didn't expect me to "read their lips." They understood that talking louder would not have helped. They got it that showing me something (either on a map, in person, or some other way) was more effective than endlessly repeating the same thing over and over. In fact, I never had a single person try to "talk" to me after I pointed out I was deaf. We immediately switched to some other mode of communication.

This often took the form of "follow me." Tokyo's public transportation system is mind-bogglingly huge and therefore it is equally complex and confusing. It is daunting for a non-Tokyo native Japanese and enough to induce near mental paralysis to a visitor. Several times I needed to "ask for help" to get on the right train because in some stations there can be as many as 12 lines all crisscrossing on multiple levels. Invariably, there would be someone, who seeing my plight, would show me which line on the map and then lead me to the right platform.

It got to where approaching people was not an event likely to induce tachyarrhythmia.

By contrast, in America, it seems to be "expected" that I can "lip-read" everyone. In the dark. When they are looking the other way. And if I fail, it is evidence of some cognitive defect on my part. Consider this tale of two coffee shops, 6,700 miles apart. Both were of the same chain, the famous one with the green circle logo. In the one in Tokyo, I gesture that I am deaf and they fall over themselves to get the picture menu, help me decide the best item on the menu for my tastes that day, ensure that I know when it's ready and are patient while I count out the remittance. In the one in Alabama it was – different. Here it was "HUH?" "You have to read my lips." "I don't have time to write to you what I said."

The difference seems to be in assumptions and expectations. In Japan, I was not expected to be able to "lip-read" Japanese and as a corollary, was not really expect to write either. In the United States, I am expected to have 100% comprehension of all human speech regardless of how distorted it might be. Nor was my intelligence judged on the basis of my ability to speak Japanese. In this country, I know it is different. I have done live demonstrations of this difference with audiences when I present in ASL for part of a presentation and then present in spoken English for the other part.

Audience reaction to me when I start to "speak" in ASL versus their reaction then I speak English is always interesting. Part of it, of course, is that we all prefer to get our information first hand and not filtered through an interpreter. That's the point I try to make in my workshops and I would like to think it's effective. I also think, though, that the audience's perception of my intelligence and functioning level changes as well. It's hard to measure it but you can see in the faces of people that they are more comfortable with the Talking Deaf person rather the "Silent One."

It is precisely within the realm of assumptions and expectations that oppression rears its head. It is "assumed" that deaf people can lip-read and talk and those that cannot are less "bright" than those that can. It is expected that all deaf people can read and write English with all the competence of someone who heard the mother tongue since the day they were born and those that cannot are defective and to be pitied.

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Hamerdinger Delivers Invited Lecture in Tokyo

The Japanese Association of Social Workers with Deaf and Hard of Hearing people invited Office of Deaf Services Director Steve Hamerdinger to speak to the 20th annual conference of social workers for deaf and hard of hearing people on August 6th in Tokyo, Japan. His lecture was attended by over 100 people. He was in Japan from August 1st through August 7th. His visit was hosted by Tokyo Deaf Support Center.

Describing how Alabama provides services to deaf people, he emphasized the importance of "deaf people serving deaf people." He noted that it was important to account for language deprivation and dysfluency in designing programs, which is a large part of why interpreters often not sufficient to provide equal access.

The lecture was given in American Sign Language and then translated in Japanese Sign Language and finally into spoken Japanese, a time-consuming process. Interestingly, most of the ASL - to - JSL interpreters were deaf. "It would appear to me, in my limited time in Japan, that Japanese are quicker to use Deaf Interpreters than we are in the United States," Hamerdinger said.



Mori Soya, Project Coordinator of the Disability and Basic Human Needs Team, a World Health Organization project, interprets into JSL as Hamerdinger watches. Yoshida and his wife, Ami Mori are both deaf and both are certified interpreters

In addition to Tokyo Deaf Support Center, Hamerdinger also visited a number of social service programs during the week he was in Japan. Among the programs he visited were the Japanese Federation of the Deaf, the Information and Cultural Center for the Deaf, the Tokyo Metropolitan Rehabilitation Center and the Acorn, a collection of group homes and programs in Saitama.

He was also invited to lecture at the Japan College of Social Work where he talked about what the Alabama Department of Mental Health expects of clinicians who work with deaf people. "His presentation was wonderful and useful for us to improve our services and policy in Japan," said Kota Takayama, a licensed social worker who happens to be deaf. He went on to observe, "We also need to train clinicians and sign language interpreters [working with deaf people] in mental health settings."



Left: Steve Hamerdinger lecturing at the Japan College of Social Work as Kota Takayama, deaf interpreter and licensed social worker, interprets into Japanese Sign Language. Above: Ami Mori Sato interprets questions from the audience.

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Largest Ever Class Attends Interpreter Institute

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Our fiscal partners, ADARA and the Alabama Association of the Deaf, handled all the finances of the project. We could not do it without them.

The faculty and staff were especially impressive to the participants. "The topics and experiences, the range and quality of speakers, the ability to hold our attention for long hours, the balance of visual materials (power point, handouts, readings, etc.) – the amazing resources provided ... WOW!"

Program Director, Charlene Crump and ODS services Coordinator Shannon Reese put hundreds of into the project even before the doors opened the first day. They also put in 12 to 14 hour days each of the five days of the Institute.

All this work ensured that the Institute ran smoothly and that time was well used. One participant speaking about the "On the John Training" posters remarked that "Every second was utilized, even the time we

spent in that bathroom!"

This effort to maximize learning opportunities led to the creation of extra training opportunities. "Early bird sessions" took place 45 minutes before the start of the days "official sessions," while "brown bag sessions" happened during the noon hour. Each session featured something that was not part of the official curriculum. Showcasing new and different ideas or sometimes things that people just thought would be fun to learn, these session increased the overall value participants received for their money and time coming to Alabama. Examples of sessions included working with black deaf people, working with DeafBlind people, mental health and domestic violence and many other sessions.

We are looking forward to having a whole new crop of people pursuing certification as Qualified Mental Health Interpreters. At the time of this writing, four people have begun the process.

All in all, it was a week for the record books. Now on to 2012 and the 10th Interpreter Institute! ✂

A Trainer's View of the Training: Mental Health Interpreter Training (MHIT) was a life changing experience for me – an interpreter for over 45 years, one who has worked in difficult settings like mental health and one who has actively participated in professional development over the years. This training was:

- **Expertly organized - never a wasted minute or movement, every minute was used;**
- **Staffed with the most knowledgeable and front line instructors and staff;**
- **Offered ample resources for use during and after the training – articles, sample legal documents, appropriate terminology, current medications and how they may affect communication, etc.**
- **Provided opportunities to try hands on skills, engage in collegial dialogue, and challenge our own practice paradigms.**

I recommend this training to everyone who wants to go "the next step" in your personal and professional evolution. It has/is changed/changing my life! - Jan Humphrey

MHIT (2011) At A Glance

Vital Statistics

- MHIT is in its ninth year and constitutes a week long training consisting of 40 plus hours of actual classroom time.
- 100 individuals (83 Registered Participants) participated in the training this year and a total of 546 individuals have been trained since its inception. Several individuals have taken the training more than once, these numbers are not duplicated in the total number of participants.
- 32 formal sessions and 8 poster sessions over 44.5 actual clock hours of instruction
- 14 faculty members, all veterans of previous MHIT institutes.

Formal Education

| | |
|----|---------------------------------|
| 4 | Current ITP Student |
| 20 | Associates degree/or equivalent |
| 36 | Bachelors degree |
| 21 | Masters degree |
| 1 | MD (Pediatician) |
| 1 | PHD (Mental Health) |

Certification Levels

| | |
|----|--|
| 63 | National Certification |
| 13 | CDI/CDI-W/DI |
| 12 | Other State credentialing |
| 4 | ITP Students |
| 22 | Other, including mental health professionals |
| 4 | Alumni |
| 1 | Japanese/English Interpreter |
| 1 | Non-signing Hearing Clinician serving Deaf Consumers |

Residency Status

| | |
|----|-----------|
| 45 | Southeast |
| 10 | Southwest |
| 23 | Northeast |
| 19 | Northwest |

Cumulative Statistics

| | |
|-----|--|
| 546 | Total number of different people trained at MHIT |
| 9 | Number of years MHIT has been running |

States in attendance:

Participants from 29 different states were in attendance including;

| | |
|--------------------------|--------------------|
| Alabama (16) | Minnesota (1) |
| Arizona (2) | Missouri (2) |
| California (4) | North Carolina (2) |
| Connecticut (1) | New Jersey (1) |
| District of Columbia (1) | New Hampshire (1) |
| Florida (1) | New York (5) |
| Georgia (15) | Oklahoma (1) |
| Indiana (8) | South Carolina (1) |
| Kansas (1) | Tennessee (3) |
| Kentucky (4) | Texas (2) |
| Louisiana (1) | Vermont (1) |
| Massachusetts (3) | Washington (1) |
| Maine (1) | Wisconsin (14) |
| Maryland (1) | West Virginia (1) |
| Michigan (1) | |



Technology Provides Recovery Hope for Deaf Consumers



DODA

Specialized Services for the Deaf

By Susan Fraker

Deaf Off Drugs & Alcohol (DODA) is an alcohol and drug treatment service provided by Wright State University's CAM program. DODA, in partnership with the Ohio Department of Alcohol and Drug Addictions Services, is funded by a federal grant from the Center of Substance Abuse Treatment. DODA provides out-patient treatment services for Deaf or Hard of Hearing individuals living in Ohio through the use of Technology Assisted Care. The counselor and case managers use videophones or computers with webcams to meet with Deaf consumers



online no matter where they live in Ohio. Treatment services include private counseling, group counseling, case management, recovery support, and advocacy.

In addition to treatment services DODA wants to provide access to recovery support to the Deaf community nationwide and allows the Deaf recovery community to use their video conference software to host Alcoholic Anonymous (AA) or Narcotics Anonymous (NA) meetings. Anyone wanting to join a 12 step meeting can see the meeting schedule at <http://doda.nefsis.com>. All you need to join is a PC computer with a webcam and a high speed internet connection.

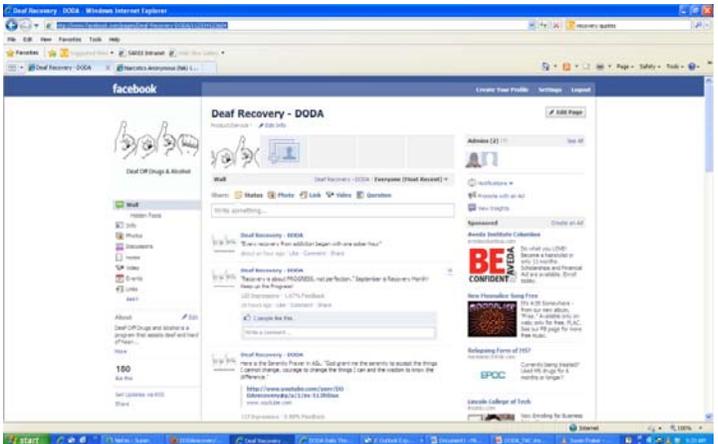
DODA recognized the need for more Recovery Support materials in American Sign Language and with permission from the Hazelden Foundation used the



book *"Twenty-four Hours a Day"* to produce ASL daily meditations and thoughts for the day. You can visit <http://doda.nefsis.com> every day to view each day's ASL video.

DODA also uses the internet to share recovery information with everyone by using social media websites like YouTube and Facebook. You can view the DODA Recovery Video Channel by visiting <http://www.youtube.com/user/DODArecovery>.

DODA also has a Facebook page. Become a fan of DODA by visiting <http://www.facebook.com/pages/Deaf-Recovery-DODA/112334123604>



For more information about DODA contact Susan Fraker susan.fraker@wright.edu or calling 937-775-1308 or video phone 937-641-8173.

(Editor's Note: This type of program holds great promise for rural states like Alabama. Maintaining recovery after initial treatment has long been extremely challenging for deaf people. Aftercare programs are poorly equipped to deal with communication access and 12-Step groups have been problematic for deaf members both in terms of access and in terms of understanding the source material.)

Sweet Home
SERID
Fabulous after 40!
Montgomery, AL
October 15-19, 2011

SERID celebrates more than 40 years of hosting annual conferences in different southeastern states. The Southeast Regional Institute on Deafness is an annual conference providing educational and professional development for individuals serving consumers who are deaf, hard-of-hearing, deaf-blind, and late-deafened.

**For full program and registration information, please see
<http://www.serid2011.com/>**



Important Articles Recently Published

Kushalnagar P, Topolski TD, Schick B, Edwards TC, Skalicky AM, Patrick DL (2011) Mode of communication, perceived level of understanding, and perceived quality of life in youth who are deaf or hard of hearing. *Journal of deaf Studies and deaf Education*. 2011 Fall;16(4):512-23. Epub 2011 May 2.

Youth who use speech as their single mode of communication were more likely to report greater stigma associated with being DHH than youth who used both speech and sign. These findings demonstrate the importance of youths' perceptions of communication with their parents on generic and DHH-specific youth quality of life.

Bernabei V, Morini V, Moretti F, Marchiori A, Ferrari B, Dalmonete E, De Ronchi D, Rita Atti A.. (2011) Vision and hearing impairments are associated with depressive-anxiety syndrome in Italian elderly. *Aging & Mental Health*. 2011 May;15(4):467-74.

This study's findings suggest that sensory impairment in older adults can increase their probability of experiencing depressive and anxiety syndrome. Correction of these deficits could improve the quality of life in this population.

Sheppard K.. (2011) Using American Sign Language interpreters to facilitate research among deaf adults: lessons learned. *Journal of Transcultural Nursing*. 2011 Apr;22(2):129-34.

Epub 2011 Feb 11.

Training eliminated potential problems during data collection. Unexpected issues included participants asking for "my interpreter" and worrying about confidentiality or friendship in a small community. Conclusions: Lessons learned included the value of careful training of interpreters prior to initiating data collection, including resolution of possible role conflicts and ensuring conceptual equivalence in real-time interpreting.

Sheppard, K. And Badger, T. (2010), The lived experience of depression among culturally Deaf adults. *Journal of Psychiatric and Mental Health Nursing*, 17: 783–789. doi: 10.1111/j.1365-2850.2010.01606.x

Culturally Deaf adults lost hearing at early ages, communicate primarily in American Sign Language (ASL), and self-identify as culturally Deaf. Communication barriers lead to isolation, low self-esteem, abuse, and inadequate health care. Screening Deaf patients for depressive symptoms poses challenge. Nurses are rarely familiar with ASL, and depression screening tools aren't easily translated from English to ASL. Consequently, Deaf adults are not adequately screened for depression. Qualitative interviews were conducted with culturally Deaf adults, and certified interpreters helped to enhance understanding. Text was gener-

ated from interview transcriptions and researcher observations. No novel depressive symptoms were described. Various ASL signs were used to represent depression; two participants used a unique gesture that had no meaning to others. Childhood experiences leading to depression included sexual or physical abuse, feeling ostracized from family and like a burden. Suicidal gestures communicated severity of depression. Adults felt interpreters were unwelcome during mental health encounters. No participants were asked about depressive symptoms despite frank manifestations of depression. Study describes antecedents and consequences of depressive symptoms among Deaf adults. Understanding symptom manifestations and challenges experienced by Deaf patients helps identify those at risk for depression, thereby reducing morbidity and mortality.

Horton HK, Silverstein SM. (2011) Visual context processing deficits in schizophrenia: effects of deafness and disorganization. *Schizophrenia Bulletin*. 2011 Jul;37(4):716-26.

Visual illusions allow for strong tests of perceptual functioning. Perceptual impairments can produce superior task performance on certain tasks (ie, more veridical perception), thereby avoiding generalized deficit confounds while tapping mechanisms that are largely outside of conscious control. Using a task based on the Ebbinghaus illusion, a perceptual phenomenon where the perceived size of a central target object is affected by the size of surrounding inducers, we tested hypotheses related to visual integration in deaf (n = 31) and hearing (n = 34) patients with schizophrenia. In past studies, psychiatrically healthy samples displayed increased visual integration relative to schizophrenia samples and thus were less able to correctly judge target sizes. Deafness, and especially the use of sign language, leads to heightened sensitivity to peripheral visual cues and increased sensitivity to visual context. Therefore, relative to hearing subjects, deaf subjects were expected to display increased context sensitivity (ie, a more normal illusion effect as evidenced by a decreased ability to correctly judge central target sizes). Confirming the hypothesis, deaf signers were significantly more sensitive to the illusion than nonsigning hearing patients. Moreover, an earlier age of sign language acquisition, higher levels of linguistic ability, and shorter illness duration were significantly related to increased context sensitivity. As predicted, disorganization was associated with reduced context sensitivity for all subjects. The primary implications of these data are that perceptual organization impairment in schizophrenia is plastic and that it is related to a broader failure in coordinating cognitive activity.

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On The ODS Book Shelf

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Horton HK., (2010) Linguistic ability and mental health outcomes among deaf people with schizophrenia. *Journal of Nervous & Mental Disease* 2010 Sep;198(9):634-42.

Cognition has become prominent in the study of schizophrenia because of its importance for understanding the etiology of the illness and its consequences for living independently. For people with schizophrenia who are also deaf, investigations of cognition and schizophrenia are infrequent. This study examines the role of linguistic ability in relation to cognition, social cognition, and functional outcome among deaf adults with schizophrenia or schizoaffective disorder. The primary finding is that linguistic ability is positively and significantly associated with functional outcome above and beyond the contribution of cognition and social cognition. A younger age of sign language acquisition is significantly associated with superior linguistic ability, but did not moderate the effect of linguistic ability on other domains. Opportunities for deaf mental health consumers to participate in sign language enrichment programs and communicate with other skilled signers may be useful additions to standard psychiatric rehabilitation programming. More research is needed to clarify the consequences of deafness with regards to schizophrenia especially as it relates to language, vision, and symptoms.

Landsberger SA, Diaz DR., (2011). Identifying and assessing psychosis in deaf psychiatric patients. *Current Psychiatry Reports*. 2011 Jun;13(3):198-202. Review.

This article reviews recent research in the area of psychotic disorders in deaf psychiatric patients. Comparisons of the rates of psychotic disorders in the deaf and hearing populations suggest that psychotic disorders occur equally as often or even somewhat less often in the deaf population as in the hearing population. Consideration is given to the limitations of this small body of research, and recommendations for future research are provided. The contradictory literature on hallucinations in the deaf is also reviewed, and current theory about the manner in which hallucinations are manifested and experienced based on audiologic history is presented. The challenges encountered by clinicians in accurately assessing symptoms of thought disorganization in deaf people are reviewed. Specifically, the etiology of deafness, language dysfluency, and the skill and training of American Sign Language interpreters are considered as factors impacting accurate diagnosis. Recommendations from the current literature are also provided.

Current Qualified Mental Health Interpreters

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

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

Cindy Camp, Piedmont
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
Thai Morris, Georgia
Lynne Lumsden, Washington
Tim Mumm, Wisconsin
Patrick Galasso, Vermont
Kendra Keller, California
June Walatkiewicz, Michigan
Teresa Powers, Colorado

Did You Know?

Study investigated risk perceptions of cardiovascular disease among Deaf American Sign Language (ASL) users, linking perceptions to features of Deaf culture and communication. This information will be used to inform future strategies to promote cardiovascular health among Deaf adults. Four focus groups were conducted in Rochester, New York, with 22 Deaf participants in ASL. Videotaped sessions were translated and transcribed by a bilingual researcher. A team of investigators coded, analyzed, and identified key themes from the data. The resulting themes centered

on five major domains: knowledge, barriers, facilitators, practices, and dissemination. The majority of themes focused on barriers and knowledge. Barriers included lack of health care information access due to language and communication challenges, financial constraints, and stress. Inconsistent knowledge emerged from many key areas of cardiovascular health. The study outlines key themes for improving cardiovascular health knowledge and perceptions among Deaf ASL users. Findings suggest the importance of providing health educational programs and information in ASL to maximize understanding and minimize misconceptions.



Call for Presentations

Breakout Conference:

Transitioning to Recovery Focused Services

June 28-30, 2012

**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 announce the 2012 Breakout Conference. The focus of the "Breakout Conference" has always been "breaking out" of institutional care and "breaking into" community-based services. This conference seeks to provide training and networking opportunities for mental health professionals serving deaf, deafened, and hard of hearing adults, students and/or children who have mental illness or emotional disorders. Presentations will have a heavy focus on recovery-oriented best practices that attendees will be able to implement and utilize in the workplace.

Presentation Proposals

Presentation proposals should address current effective practices used in working with deaf and hard of hearing individuals with severe mental illness or emotional disorders. Proposals should be for 90 or 180 minute sessions. Proposals are not limited to possible topics listed below. Submitted proposals should include learning objectives and references that will assist in applying for professional continuing education units for conference attendees.

The deadline for submitting proposals is January 31, 2012

Areas and Possible Topics to be Addressed

- **Interfacing Education And Mental Health**
- **Working With Trilingual Families**
- **Testing Demonstrations**
- **Olmstead, Recovery, Peer Support**
- **Supporting Community Living Options**
- **Drug/Alcohol Abuse Treatment Strategies**
- **Sexuality Issues**
- **Trauma Informed Care**
- **Working With Low Functioning/Language Dysfluent Consumers**
- **Developing Cultural Competency**
- **Therapeutic Techniques/Theories And Effective Counseling Techniques And Strategies**

Process for Submitting Proposals

Complete the attached presentation proposal form.

Develop a brief abstract of the presentation, not to exceed 100 words. If accepted, this description will be included in the program book.

Please submit a summary, not to exceed 500 words, of the proposed presentation for review by the planning committee. This summary should include three (3) learning objectives.

Include a short biography (50-75 words) for each presenter.

Cite at least 2 references in APA format for information included in your presentation

Workshop sessions will be 90 or 180 minutes long. Put all the above information in MS Word and e-mail with the application form to:

**Steve Hamerdinger
Program Chair
steve.hamerdinger@mh.alabama.gov**

Selected presenters (two per presentation) will be provided free registration for the conference. Presenters will be responsible for their own travel, lodging, meals, and incidental expenses. Plan to bring your own laptop computer for PowerPoint presentations.

Hamerdinger Delivers Invited Lecture in Tokyo

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There was considerable interest in the Qualified Mental Health Interpreter certification among the Japanese with whom Hamerdinger interacted. Interpreter certification is not as strong there as it is here and deaf Japanese were very interested in increasing the quality of interpreter services.

"I was impressed that many of the programs I visited were headed by deaf professionals," said Hamerdinger. "I also found that Japanese deaf people share our frustration with the attitude that hearing people need to run programs 'for the deaf' because we are often perceived as incapable." ✍

Reese Honored by VSA Alabama

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tionships through collaborative engagement in the visual arts. The majority of ArtPartners sessions take place on Saturdays in the VSA Alabama studio where emerging artists with disabilities and community artists create collaborative works while cultivating friendships. A culminating ArtPartners live auction and showcase event was held in Birmingham to recognize outstanding art partnerships, give participants the opportunity to showcase their work to the public, and raise funds to support programming.

The 2011 Sherri Van Pelt Award was given to Desiree Moulin and Shannon Reese by Sherri Van Pelt, recognizing the collaborative spirit and creativity between the emerging artist and community artist (respectively). Shannon always enjoys working with children and adults with disabilities and chronic illnesses and has been involved with VSA Alabama since 2005. ✍

Left: Hamerdinger with a couple of spry nonagenarians at a nursing home in Saitama. The home, run by deaf people, cares for both hearing and deaf elderly people.

As I See It

(Continued from page 6)

Granted, this is what is called an over-generalization. It helps us understand, though, why American hearing service providers prefer interpreters over deaf clinicians. Somewhere, deep down in the American psyche, is the vestigial belief that deaf people are, indeed, dumb. It shows when people say that they want linguistically appropriate services and then act in a way as to make such a thing well-nigh impossible. We see it most often in America in the dispersion of deaf people across the service system under the guise of "least restrictive environment."

In Japan, we see more and more deaf people being served in programs that exemplify "For Us, By Us." Perhaps there is a lesson there. *As I See It*, social services for deaf people would be a lot more effective if the services had assumptions and expectations that more closely matched those of their consumers. ✍

2013 ADARA Conference
Minneapolis, MN

May 29 - June 1, 2013

Hilton Minneapolis/Bloomington
3800 American Boulevard East
Bloomington, Minnesota

Workshop Tracks:

- Mental health
- Chemical Dependency
- Rehabilitation
- Transition Independent Living

Save the date!

Professionals Networking For Excellence in Service Delivery
with Individuals Who are Deaf or Hard of Hearing



twitter



The Alabama Department of Mental Health recently joined Facebook, Twitter & YouTube! Please “like” us on Facebook by visiting <https://www.facebook.com/ALMentalHealth>. Also, follow us on Twitter at <https://twitter.com/#!/ALMentalHealth>, and check us out on YouTube at <http://www.youtube.com/user/ALMentalHealth>.

Also, for those on Facebook, the department is in charge of Project Rebound’s page at <https://www.facebook.com/projectrebound>. ADMH initiated Project Rebound to provide relief and assistance in the aftermath of a disaster in partnership with community organizations. Project Rebound began after Hurricane Ivan, returned after Hurricanes Katrina and Rita, and also returned after a tornado devastated the Enterprise community. Once again it has been reactivated to provide help to survivors of the Gulf Coast oil spill and the April 2011 tornado outbreak. Please like the Project Rebound page and help us increase awareness about this initiative.

Help us spread the word to others who may be interested in following ADMH news via these outlets!