

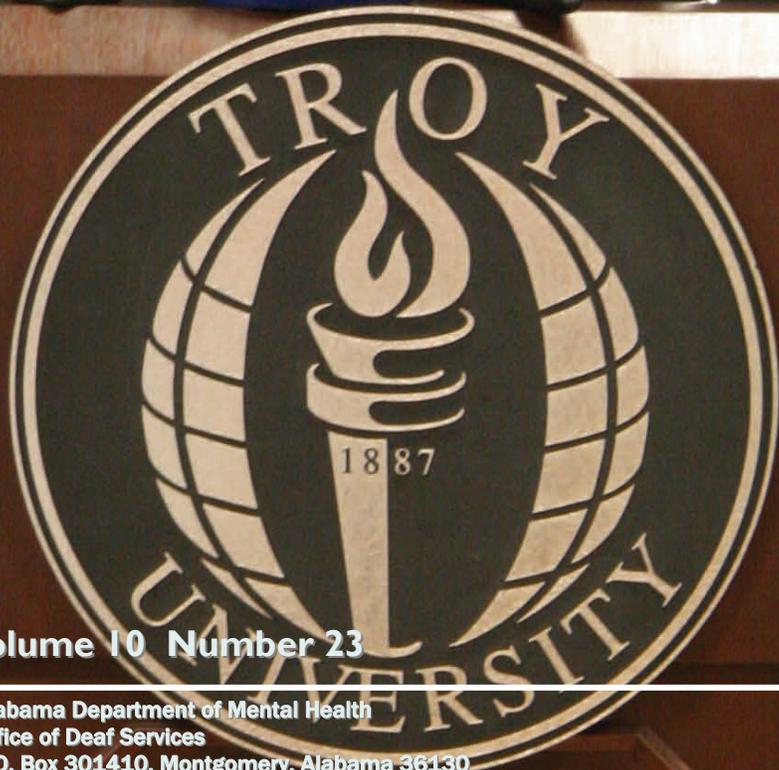
Signs of Mental Health

ODS's 10th YEAR!



Commissioner Opens 11th Interpreter Institute

**Why Commissioner
Reddoch Is Unique
in MHIT History**



Volume 10 Number 23

September, 2013



Editor's Notes



Another Issue wasn't published. In spite of our best intentions, things just sometimes go awry.

This year has been a year of blessing and tribulation. Those of you who follow us on Facebook or Twitter probably know some of the health challenges the staff has had. Several of our number have or are fighting through serious medical problems. Yet they are still here. They care about the people we serve. And through that caring they inspire the rest of us.

Some things have to go by the wayside when an organization is operating short-handed and in crisis mode. Alas, the Signs of Mental Health is one of the things we just had to let go. We won't promise that we are fully back on track but we will promise that we will put forth our best effort. The next edition should come out early December.

In this issue we have some good stuff to share. Another Interpreter Institute has come and gone. It went very well even before taking into consideration the hurdles that staff had to overcome to pull it off. Kudos to the MHIT staff and all the volunteers. The wrap up starts on page four.

We have new staff to introduce to you , including the first intern we have ever had stay on and become a full-time staff person. Check them out on page two.

We report on a new project of MHIT on page 7 and a heart-warming follow-up to a consumer story on page 6. We hope you will enjoy the whole issue! Let us know what you think. ✂

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Signs of Mental Health
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On The Cover:

On the Cover: ADMH Commissioner James Reddoch opens the 11th Interpreter Institute of the Mental Health Interpreters Training Project.

Deaf Mental Health Pioneer Vernon Passes



McCay Vernon, Ph.D.

McCay Vernon, an iconic figure in the fields of deafness and psychology, passed from life on August 28, 2013 at age 84.

His exploration of the psychological aspects of deafness, his challenges to poor educational and mental health services for people who are deaf, and his advocacy of legal rights for people who are deaf extended throughout his nearly 60-year career in those fields. His lasting legacy includes the many former students and colleagues now serving in the fields of deafness and psychology.

Dr. Vernon was born at Walter Reed Hospital in Washington, D.C. to Colonel Percy Vernon and Teresa Preble Vernon. Upon his father's death, the family moved to St. Augustine where he attended Ketterlinus High School. He entered the Army at age 17 and served with military intelligence in Korea.

Upon his discharge, he obtained his bachelor's degree at the University of Florida and later earned Master's degrees from Gallaudet University and Florida State University. He completed his doctoral work in Psychology at Claremont Graduate University in California.

New Staff Join ODS Team



Lance Weldgen, Jr.

ODS welcomes the first new staff members to be hired since 2010 as three new people begin their duties.

Lance Weldgen, who spent the past 12 months in Alabama doing a clinical practicum and internship in counseling has returned to become a full-time staff therapist. He has assumed responsibility for Region 1, which includes the 18 northernmost counties in Alabama. It has been without clinical support since the spring of 2012. He is a recent graduate of Walden University with a Masters in Counseling. Arriving in Alabama in August 2012 for his practicum, he spent a full year learning from ODS clinicians and staff. While not the first intern at ODS, Weldgen is the first student to stay on as a staff member at the completion of the internship.

Another recent graduate, Katherine Anderson was recently hired as the Mental Health Interpreter at Bryce Hospital in Tuscaloosa. Anderson has Bachelor of Arts in Sign Language Interpreting, Deaf Studies, with a minor in Psychology from Maryville College in Maryville, Tennessee. This past May, she graduated from Gallaudet University with her Master's in Social Work.

Vyron Kinson, hired to be the ODS Communication Specialist, is a current student in counseling at the University of South Carolina. "I would like to earn a Master of Arts in Social Work and fulfill my dream of being a Licensed Clinical Social Worker or a licensed counselor and therapist," he told *SOMH*. Kinson possesses a Bachelor of Arts degree in Social Work with a minor in Psychology from Gallaudet University, graduating in May 2009.

Due to budget woes in recent years, Anderson, Kinson, both based at Bryce, and Weldgen are the first new staff members that the ODS has been able to hire since spring of 2010. Previously, ODS had absorbed lay-offs from the closing of the Bailey Deaf Unit. Regions 2 and 4 remain without ODS clinical support, although staff interpreters are based in those regions and ODS staff clinicians do have consumers in their case loads living in those regions .

All three bring strong backgrounds to their new positions. Kinson worked as an Intensive Case Manager for a child Case Management Program at *PAHrtners* (formerly the Deaf Services Center) in Glenside, PA. He was



Katherine Anderson and Vyron Kinson

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Bryce Base

Katherine Anderson, Interpreter
Vyron Kinson. Communication Specialist

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Interpreter Institute Continues To Inspire Participants

Alabama's Mental Health Interpreter Training program convened its 11th interpreter Institute at Troy University's Montgomery campus August 5, 2013. The five day training drew 83 participants from 27 states.



Above: A full house at Troy University Montgomery's Whitley Hall as MHIT and Troy partner for the 5th straight year.

Right: An MHIT tradition is to see whether ODS Director Hamerdinger can get the group do something outrageous. Here they are acting like chickens.

Below: the 2013 Class Picture taken in historic Davis Theatre.

Alabama Department of Mental Health Commissioner James Reddoch (see sidebar) opened the Institute with remarks that reflected on the growth of MHIT from a tiny in-state project to an internationally influential way of viewing mental health interpreting. "The first year I talked to small group of people. This year, the room is filled with the best in the country."

ODS once again partnered with ADARA and Troy University. This is the fifth year this partnership has jointly hosted the Institute.

Countless hours are spent every year planning the Institute. Steve Hamerdinger, ODS Director, remarked that MHIT is nearly a 365-day conversation in our shop. Close attention to detail means a smoothly run conference. From Pennsylvania we heard, "I honestly have never attended such a smoothly run training. I don't feel like a single moment of my time was wasted and learned such a great deal. I am looking forward to maintaining contact with you and all of the talented people around you down there."

The core faculty all returned from last year's edition. They were joined by several new presenters. Together they conducted 32 different workshops and 43 actual clock hours of instruction.

Joining the veteran faculty, which included Robert Pollard, Robyn Dean, Charlene Crump, Carter English, Kathy House, Steve Hamerdinger, Brian McKenny, Shannon Reese and Roger Williams, etc., were first time presenters Malissa Galligher, Kendra Keller and Scott Staubach.





Top left: the "Hearing Voices" activity is always rated high by the participants. This activity gives them a simulation of living with auditory hallucinations.

Bottom Left: Role-plays are another way of using experiential activities to reinforce the lecture materials. It also frequently provides a comic relief as the week of long days starts to take its toll.

Below: Student workers, whose role was formalized this year, were invaluable. Left to right: Lauren Cash, Erin Groomes (both from Troy) Emily Perzan, Suzanne Bush (both from Austin Community College).

This was the first year in which the role of student workers was formalized. In the past, some students from Troy University came as participants and/or volunteers to assist with MHIT. This year, students were officially recognized for their role and their function was structured. They were selected based on faculty recommendation from their interpreter training programs. The Institute was very fortunate to have four excellent student workers; two from Troy University and two from Austin Community College. Throughout the week, they provided assistance with registration, distributing handouts, assisting the presenters, helping with continuing education paperwork and many other small tasks that made the experience so much better for the participants.

Since the first institute in 2003, 700 people have attended the Interpreter Institute, many more than once. A Wisconsinite told us, "This is the third MHIT I attended and it continues to be an important part of my professional development. Thank you for conducting this very worthwhile training for 11 years." Altogether, 45 states and four different countries have sent representatives to the Institute. Japan has set up a program modeled after Alabama's MHIT.

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Commissioner Reddoch Makes MHIT History



Alabama Department of Mental Health Commissioner James Reddoch holds a unique place in the history of MHIT. We have had lots of VIPs open the Institute over the years. We have even had Commissioners drop by to see what the excitement was about. Reddoch, though, is the first sitting Commissioner to open the annual Institute. That's cool. But what's more cool is that he

is a former member of the Institute faculty, having taught forensic mental health the first two years. That means he is the first (and likely the only) MHIT faculty member to ever become a state commissioner for mental health. One of the great things about MHIT is that Alabama's mental health leaders give it so much support. "I so much enjoyed being there to open the meeting. In fact, I kept trying to find a way to come back by to visit, but I just got too busy," the Commissioner said.



Sometimes The Story Ends Well...



Editor's Note: Brian was a recipient of Deaf Services from the very beginning of our program. He was a resident of JBS Mental Health Authority's deaf group homes for several years. We received this note from Brian's dad, Jeff and it just made our day. Jeff graciously gave permission to share it with our readers and here it is. Photos courtesy of Brian's family. At left, Brian chats with his dad.

Today is Brian's birthday! Thirty years ago he was born 2 ½ months early at Presbyterian Hospital in Charlotte, NC and weighed only 2 pounds & 13 ounces. He was not expected to live. We soon discovered that he was totally blind and profoundly (totally) deaf ... and as young parents were fearful of what the future would hold for our first child.

So Marie and I turned to our Lord and Savior, Jesus Christ, for strength and guidance. In Philippians 4, Paul says "do not be anxious about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus".

As you most likely already know, God hears and answers prayers! Although, sometimes we don't get the answer we want, as evidenced in Brian's case by the fact that he has now lived 10,959 days in total darkness and total silence.

Yet, tonight Marie and I took our son out to a nice restaurant for a great dinner, and had the most wonderful time with him! On weekends he loves to ride on our boat and feel the wind and water hitting him in the face. You ought to see and hear him laugh.



Signs of Mental Health

Brian really enjoys riding on the back of my motorcycle (wearing all the appropriate safety gear) and will lean enough to the right or left for the wind to come into his helmet. About every 15 minutes, from his seat behind me he'll pop me on my helmet ... as if to make sure I'm still up there driving.

He loves the house he lives in ... and the people he's with every day. It's wonderful to see how he has grown there.



Brian gets a birthday kiss from his mom, Marie...

God has watched over Brian from his moment of birth 30 years ago. The Lord has guided us through much prayer (our prayers and the prayers of so many friends, church members, pastors, and family). In fact, many of you reading this note we found as a result of prayer.

Through God's guidance, Brian has attended the best schools for deaf-blindness in the world, and has been taught by the most incredible teachers. He has been blessed with people in church who loved him and helped him as he dealt with all the challenges of growing up in a dark and silent world. His physicians have been very understanding of his challenges and have often gone the extra mile to find a solution. And the organizations that have helped Brian with living independently (as he can) have loved him and cared for him as if he was their own.

It's amazing how things have worked out over the years ... how Brian has been challenged ... and how God has provided solution after solution after solution! ✨

Left: Brian and his mom enjoying a boat ride

Supervisor Training Aims to Expand Practicum Options

The Mental Health Interpreter Training Project held a special two-day training April 18-19, 2013 for people who were selected to become practicum supervisors of other interpreters hoping to earn certification as a Qualified Mental Health Interpreter (QMHI). Eight Participants were invited.

The goal was to develop the ability to have successful practicum sites outside of Alabama. Success, in this case would be defined as practicum participants being able to pass the QMHI examination.

Led by Charlene Crump and Steve Hamerdinger, the training was designed to allow supervisors to follow a standard format, especially in regards to focus of critiques and reporting. Through the use of videos, group discussion and small group work, the class examined the work of supervising candidates for QMHI status along three axes: theory, application, and reporting.



Participants included ODS staff members, Sereta Campbell, and Brian McKenny. They were joined by long time MHIT Faculty member, Roger Williams of South Carolina. Wisconsin sent two people, Jamie Garrison and Kate Block. They were joined by Kendra Keller from California, and Lynne Lumsden, from Washington State. Nicole Maher from Australia was invited as a special guest.

MHIT makes heavy use of Dean and Pollard's Demand-Control Schema. Guiding candidates toward being better able to analyze their choices within a DC-S framework consistently across various sites was one of the primary goals of this training.

While MHIT has previously attempted "distance supervision" the results were disappointing. Candidates were not passing the exam after the practicum. "That is usually an indication



that the material being discussed during the practicum was not the same material as that which was on the test," said Hamerdinger. MHIT project leaders decided to suspend distance supervision in 2007. An increasing number of MHIT participants coming for a few specific places gave impetus to rethinking locally-based practicum.

Following the 2011 Interpreter Institute, talks began with a few experienced QMHIs and a decision was made to go ahead with allowing a pilot program. The first test group was selected from QMHIs who were already MHIT instructors or who are interpreter master mentors and have shown commitment to the concepts espoused by MHIT.

Successful outcomes of this pilot project could lead to more remote sites being developed. 



Left: Hamerdinger makes a point during training. Right top: Williams and Block work through an exercise as Crump instructs. Right Bottom: Sitting, left to right: Jamie Garrison, Sereta Campbell, Nicole Maher, Kendra Keller. Standing: Steve Hamerdinger, Charlene Crump, Brian McKenny, Kate Block, Lynne Lumsden, Roger Williams.



As I See It

Teddy Losacano

We are used to seeing stories from around the country about deaf people who are ill-served by the mental health systems in their areas. Don't misunderstand; Alabama has it pretty good compared to many places.

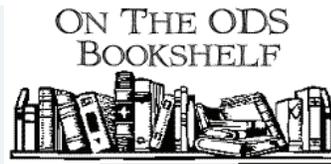
Teddy Losacano, of Penacook, New Hampshire lives in a state that does not have particularly good services for deaf people with mental illness. But 46-year-old Losacano has a harder time than most. He is blind, deaf and has a cognitive disability sustained from a bout of scarlet fever. He receives "support" from the local Developmental Disabilities providers. He grew up with two deaf parents and was fluent in sign language, allowing him to respond to questions and communicate his own needs. Those skills have slipped away not by natural deterioration, but because of disuse. And he is fighting back.

A lawsuit filed last month seeks to hold the agencies responsible for his care accountable. In particular, the suit names Community Bridges Easter Seals of New Hampshire, Concord Hospital, and Concord Psychiatric Associates, alleging that for the past 15 years those organizations failed day after day to provide staff who could communicate meaningfully with him. The whole story is told poignantly in the [Concord Monitor](#).

Losacano's story is similar to many deaf people who are mentally ill and cognitively disabled. They are warehoused in nursing homes and adult care facilities who are willing to bear the costs of making their services accessible. This is especially tragic in Losacano's care because he was one of about eight percent of all deaf people who grew up in a home where parents were also deaf. He was not language deprived when he entered the system. Alas, he is now, and the language deprivation he has experienced has led to the deterioration of his language ability. This leads his providers to say they do not need to offer interpreters because he can't understand them anyway. This, of course, means he suffers even more language deprivation.

The lawsuit seeks to change that. In particular, the suit holds that the providers offered "services" and changed medications without a sign language interpreter present, thus without Losacano's consent, violating state and federal law.

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Important Articles You Must Read

Barclay, David. A, Rider, Matthew A., Dombo, Eileen A. (2013) Spirituality, religion, and mental health among deaf and hard of hearing people: a review of the literature. JADARA, Fall 2012: 399 - 415.

Spirituality is increasingly being used in both assessment and intervention strategies. Available peer-reviewed literature and recent published dissertations are reviewed related to spirituality and religion among deaf and hard of hearing people. Knowledge is integrated in the context of mental health practitioners who work with deaf and hard of hearing people. Several themes including disability meanings, communication, family dynamics, and macro accessibility and representation are identified as topics to be applied to current mental health practice and future mental health research related to spirituality among deaf and hard of hearing people.

Crowe, Teresa V. (2012) Intimate partner violence in the deaf community. JADARA, Spring 2013: 71-84

Recent indicators show that domestic violence is prevalent in the United States and in the world. Individuals with disabilities, including those who are deaf or hard of hearing are at a higher risk for physical, sexual, and psychological abuse. Given the prevalence of IPV in the deaf community, practitioners may want to explore outreach and intervention strategies. They may want to focus on understanding the interplay of dynamics that influence violence in relationships as well as the role of support systems for individuals seeking help.

Palese A, Salvador L, Cozzi D. (2011) One-dimensional scales for pain evaluation adopted in Italian nursing practice: giving preference to deaf patients. Palese A, Salvador L, Cozzi D. Journal of Nursing Measurement's. 2011;19(2):91-104.

Despite the increasing attention given to pain, little is known about how deaf patients communicate their pain and which pain scales they prefer to use. Studies of the validity of various scales often specify conditions that exclude them. With the aim to explore the preferred pain evaluation scale and the method of administration when evaluating deaf patients, a descriptive phenomenology of qualitative research study was undertaken and articulated in two phases. In the first phase, a purposeful sample of 10 nurses with experience in the care of deaf clients was studied using focus groups to collect data regarding which pain scale they used and the methods they used to administer the scales in clinical settings during care to deaf patients. In the

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Important Articles You Must Read

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second phase, a purposeful sample of 16 deaf people was engaged in multiple focus groups to analyze a set of one-dimension scales that emerged from the first phase of the study with nurses and to discuss their preferences for pain scales. Nurses who participated in the focus group reported using the numerical rating scale, visual analogue scale, Faces Pain Scale, and the Iowa Pain Thermometer (IPT) scale when caring for deaf people. Deaf patients involved in the second phase of this study preferred the IPT scale. Participants also noted the interference of environmental factors such as dimly lit rooms or glaring lights in situations that required lipreading for communication of pain such as in operating rooms. It was concluded that decisions regarding how to administer pain scales to deaf persons need to consider the preferences and the values of the patients. To avoid the risk of misunderstanding the pain of deaf patients, practice guidelines and strategies related to measuring pain in deaf persons should be specified by deaf associations at international, national, and local levels. Utilization of a simple sign language even at an international level could guarantee security in the communication of the pain between patients and health care workers and may help in the assessment of acute pain even in emergency conditions.

Whyte, Aimee K. , Aubrecht, Alison L., McCullough, Candace A., Lewis, Jeffrey W., Thompson-Ochoa, Danielle (2013) Understanding deaf people in counseling contexts. <http://ct.counseling.org/2013/10/understanding-deaf-people-in-counseling-contexts/> Retrieved September 27, 2013.

This article is only a starting point to understanding Deaf people in counseling contexts. It is not comprehensive. When meeting with a Deaf client, several important issues need to be considered, including cultural competence, assessing and working through personal biases, counselor advocacy and client empowerment, communication, confidentiality, service delivery, referral, consulting and connecting with professional Deaf counselors, and working with sign language interpreters.

NAD Issues Position Statement on State Mental Health Coordinators Serving Deaf and Hard of Hearing Individuals

The National Association of the Deaf (NAD) strongly believes that in order to create a culturally affirmative mental health services delivery system for people who are deaf, the system must start with a competent state mental health coordinator. In the 2003 and 2008 position statements, the NAD recognized that states need to develop a statewide continuum of mental health services for deaf individuals and while many of the recommendations in these papers remain pertinent today, the NAD identifies a pressing need for state mental health coordinators to champion positive changes in their home states.

The creation of a state mental health coordinator position within the State Mental Health Authority to establish and conserve the mental health continuum serving deaf consumers would be a key first step in developing those services (Gournaris, Hamerdinger & Williams, 2013). While it is not mandatory for this position to be within the State Mental Health Authority, as emphasized by these authors, working within the state system gives the coordinators a stronger position in defining optimal mental health services for deaf consumers with mental health needs living in their home states.

The presence of a state mental health coordinator also provides the necessary visibility and an institutional presence within the state system that cannot be replicated by a non-state agency serving a smaller target population or a regional area (Gournaris, Hamerdinger & Williams, 2013). Again, whether the state provides the clinical services directly or develops contracts with providers in the private sector for service delivery, the statutory responsibility for mental health services in the public sector rests with the state. Employment within a state agency also gives the coordinators the authority to develop policies, procedures, and guidelines for serving deaf consumers, setting a statewide standard of care, as well as maintaining control in distributing grants as appropriate to private mental health agencies who meet these standards. It is also very important for the coordinators to be optimally placed within organizational hierarchy where these positions will have the authority to implement and manage a statewide system of mental health care for deaf consumers versus merely serving as consultants or subject matter experts.

The full statement can be retrieved here <http://www.nad.org/issues/health-care/mental-health-coordinators/position-statement> 

Save the Date
2014 Interpreter Institute
August 4 - 8
Montgomery, Alabama
Full Details Coming Soon
Watch www.MHIT.org



Notes and Notables

Madison Darling, a freshman at the University of Alabama and daughter of ODS staff interpreter **Wendy Darling**, spoke at the Alabama Suicide Prevention and Resource Coalition (ASPARC) conference in Homewood, AL on September 27.



Madison Darling, standing, Presents as mom Wendy, seated far right, looks on. Wendy is justifiably proud.

ASPARC is a collaborative coalition of persons and organizations interested in suicide prevention who represent the public and private sectors, community agencies, experts and universities, hospitals, child protection advocates, professional associations, and citizens. One of the objectives of the conference was to “obtain necessary tools to develop high school suicide prevention clubs”.

Madison was invited to provide tips and insight to the successes and failures she experienced when she established the Suicide Prevention Organization, a program she developed, at Prattville High School. As part of her presenta-

tion she modeled one of the “Health Talks” she presented to students at PHS as an example of how to approach the subject and get kids talking about it in a healthy way. She did an outstanding job and was approached by an attendee from Alabama Department of Public Health’s Injury Prevention Program to ask her to speak at the Students Against Destructive Decisions, a statewide conference in February.



Left to Right: Myron Gargis, CEO Mountain Lakes Behavioral Health Care, Mark Moore, Jackson Place Group Home Manager, Brian McKenny, ODS Staff Interpreter, Scott Staubach, ODS Regional Therapist,

ODS staff and contracted programs hauled in several awards at the Council of Organizations Serving Deaf Alabamans award Luncheon June 12. **Scott Staubach** was named Professional of the Year, while **Brian McKenny** hauled in the Interpreter of the Year. In recognition of the Deaf Group Home at Jackson Place in Woodville, **Mountain Lakes Behavioral Health Care** was named Employer of the year. **Myron Gargis** and **Mark Moore** accepted that award.

Congratulations to all the winners. 🎉

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)*

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, Prattville
Pat Smartt, Sterrett
Lee Stoutamire, Mobile
Frances Smallwood, Huntsville
Cindy Camp, Piedmont
Lynn Nakamoto, Hawaii
Roz Kia, Hawaii
Jamie Garrison, Wisconsin
Kathleen Lamb, Wisconsin
Dawn Ruthe, Wisconsin

Paula Van Tyle, Kansas
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

Teresa Powers, Colorado
Melanie Blechl, Wisconsin
Sara Miller, Wisconsin
Jenn Ulschak, Tennessee
Kathleen Lanker, California
Debra Barash, Wisconsin
Tera Vorpal, Wisconsin
Bridget Bange, Missouri
Julayne Feilbach, Wisconsin
Sue Gudenkauf, Wisconsin
Tamera Fuerst, Wisconsin
Rhiannon Sykes-Chavez, New Mexico
Roger Williams, South Carolina
Denise Kirby, Pennsylvania
Darlene Baird, Hawaii
Stacy Magill, Missouri

New Staff Join ODS Team

(Continued from page 3)

promoted to Assistant Program Director for the Residential Treatment Facility for adolescent males. He also worked as a Human Services Specialist at the McKinney House, a deaf residential program of the South Carolina Department of Mental Health.

Anderson, who lists Decatur, AL as home, has also had various experiences which give her insights to what works and doesn't work. She has had internships in Colorado and New Mexico (interpreting) and in Maryland and Fort Florida (Social Work). She is eager and excited to work for the ODS. "Working for the Office of Deaf Services provides [me] the opportunity to combine [my] passions and utilize [my skills in] sign language interpreting, American Sign Language, psychology, and social work."

Joking that he misses the mountains most, Colorado native Weldgen is nevertheless excited to make the transition from being an intern to being a full-time therapist in Alabama. He holds a Bachelor of Arts in Sociology/Psychology from the University of Colorado. He has worked as a chef and is also an ordained minister. Weldgen explains why he came back, "Under the supervision of ODS clinicians, I aim to obtain licensure as a counselor. Meanwhile, I hope to become much more skilled in working with consumers who have borderline personality disorder." He also has some long-term plans. "Admittedly, I hope to return to my home state some day and establish a quality mental health office (yes, to enjoy mountains once again). Maybe I could follow the step of our Director, Steve Hamerdinger, and open an Office of Deaf Service in Colorado." ✍

As I See It

(Continued from page 8)

This happens routinely in states where there is no court order protecting deaf people's right to communication and sometimes even in states where there are such orders. While people who are mentally ill and are served by the community mental health system funded by Alabama's Department of Mental Health have some protection against the abuses Losacano is experiencing, those who are in the private system or on Medicaid waivers are far more vulnerable.

As the public mental health system increasingly gets swallowed up by private medical provider under the guise of "healthcare reform" we will see ever more hard-won rights lost. **As I See It**, without constant vigilance by advocates, we will all soon become Teddy Losacano. ✍

Deaf Mental Health Pioneer Vernon Passes

(Continued from page 2)

Vernon was author of five books in the field of deafness, over 250 journal articles, and an award-winning public television documentary, "They Grow in Silence."

After serving in a number of schools for the deaf, he became head of a research project on deafness at Michael Reese Hospital in Chicago. Later he was instrumental in establishing a graduate program at Western Maryland College (now McDaniel College) to prepare professionals to work with individuals who are deaf.



He was active in the field of deaf/blindness and served on the board of the Foundation Fighting Blindness. In more recent times he focused on his forensic practice in which he became a strong advocate for justice and legal rights for people who are deaf.

He was always a strong advocate for the use of sign language. Among the many awards Vernon received during his career were The American Psychological Association Award for Distinguished Contributions to Psychology in the Public Interest, the Medal of Honor from the British Association of the Deaf, the Declaration of Merit from the World Federation of the Deaf, and the American Psychiatric Association Award for "Career Contributions to Mental Health and Deafness." He received Honorary Doctor of Letters degrees from Gallaudet University and McDaniel College.

Vernon was predeceased by his first wife, Edith Goldston Vernon, who was deaf and played a vital role in his career. Through her, he gained critical insights into the needs of people who are deaf. With his second wife, the former Marie vonGuntzen, he co-authored two books on serial killers, one of whom was deaf. ✍

Ed. Note: Adapted from the Washington Post. We knew "Mac," from work on several projects. A great light has been extinguished. We mourn his passing. R.I.P.

Interpreter Institute Continues To Inspire Participants

(Continued from page 5)

Attendees lauded the experience. One attendee from New York told SOMH, "I had such a wonderful time at MHIT. You and your staff really did an incredible job! I have NEVER been to such a well-organized conference." "This is a phenomenal training," said another participant, "Everything from the process of being a quality practitioner, providing quality services (interpreting) to deaf consumers, to the outstanding presenters."



Top: The Institute often falls when Montgomery's local AA team, the Biscuits are in town. MHIT Night at the Biscuits has become a tradition.

Below: Being able to have one-on-one time with the leaders in the metal health interpreting field is one of the big draws of the Institute format.

Top Right: Information comes fast and the content is rich.

Middle Right: Early Bird and Brown Bag sessions add low key content and also provide a proving ground for future Institute faculty.

Bottom Right: A special breakout session for Deaf Interpreters has been a regular part of the Institute agenda for years.



The Institute has earned its reputation for attention to details in the little things by which the participants come away impressed. "Kudos to the pre-conference and conference organization, tips -no stone left unturned! List of groceries, restaurants, medical, pre-reading, yahoo-group, flash-drive, You name it!" "Loved the "OTJ" Trainings - Hilarious Name-Phenomenal Idea!!" "The exercise of "hearing voices" was extremely effective. The experience was eye opening and helpful in standing in a client's shoes and developing empathy for people who are taken by schizophrenia."

Signs of Mental Health



The Institute is the first part of meeting the requirements to become a Qualified Mental Health Interpreter (QMHI) in Alabama. The next step will involve participating in a supervised practicum. As we go to press, MHIT leaders report that there are eight interpreters already in the pipeline for practicum.



Historically, less than ten percent of each class complete the rigorous process and earn their "Q". Since 2003, there have been 57 interpreters who have earned "Q" status out of which 52 have maintained that status. This is the first year that practicum interpreters have an expanded choice of practicum supervisors. (See story on page 7). They will also have more clearly defined timelines than in the past.

As SOMH goes to press, the staff is already planning for the 2014 Institute, which will be August 4–8 in Montgomery. Make plans to come! 



MHIT By the Numbers

Candidates who Completed MHIT Program (2013)

- 96 individuals (83 Registered Participants) participated in the training this year and a total of 700 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.
- 7 Deaf, 76 Hearing
- 32 different workshops with 4.3 ceus were offered (43 clock hours of training)

Formal Education

- 5 Current ITP Student
- 22 Associates degree/or equivalent
- 28 Bachelors degree
- 17 Masters degree
- 1 PHD (Mental Health)

Certification Levels

- 54 National Certification
- 7 CDI/CDI-W/DI
- 13 Other State credentialing
- 5 ITP Students
- 3 Other, including mental health professionals
- 6 Alumni
- 1 Ukrainian/Russian/English Interpreter

States in attendance:

Participants from 27 different states and 1 country were represented including

| | | |
|-----------------|--------------------|------------------|
| Alabama (20) | Jamaica (1) | Ohio (1) |
| Arkansas (2) | Kentucky (4) | Oregon (2) |
| Arizona (1) | Massachusetts (2) | Pennsylvania (2) |
| California (10) | Maryland (1) | Tennessee (1) |
| Delaware (1) | Michigan (4) | Texas (9) |
| Florida (1) | Minnesota (1) | Virginia (2) |
| Georgia (6) | Missouri (1) | Wisconsin (9) |
| Hawaii (1) | North Carolina (5) | |
| Iowa (2) | North Dakota (2) | |
| Indiana (2) | New York (4) | |



HOLD THE DATES! February 6 AND 7, 2014

Sponsored by: Alabama Department of Mental Health-Office of Deaf Services and ADARA



Using Play Therapy and Other Non-Verbal Projective Approaches to Working with Deaf Children and Adults

Intended Audience:

Signing Audience: February 6

Hearing (non-signing) Audience: February 7

Location:

Alabama Public Library

6030 Monticello Drive, Montgomery, AL

About the Workshop: Play Therapy, Sand Tray and other projective techniques can be powerful tools to help clinicians be more effective with any consumer. They are especially helpful when working with deaf consumers who also may be language deprived or otherwise dysfluent. Ms. Greeves, a recognized expert in play therapy with deaf consumers, shares her expertise to audiences all over the country.

About the Presenter:

Alexis Greeves, LPC, RPT-S is a Licensed Professional Counselor and a Registered Play Therapist and Supervisor with a specialized training in work with children, adolescents and their families. She received her undergraduate degree from Wesleyan University and received her MA from Gallaudet University. Upon graduation, Alexis worked as a school-based mental health counselor at the elementary school on the [Gallaudet University](#) campus. She then worked in the training department where she presented nationally on using play therapy techniques with deaf and hard of hearing children. Alexis sees children of all ages in private practice and teaches the graduate-level Play Therapy class for the Department of Counseling and the Department of Social Work at Gallaudet.





FOR IMMEDIATE RELEASE

CONTACT: Talila A. Lewis ♦ (202) 455-9278 ♦ TL@behearddc.org

FEDERAL COMMUNICATIONS COMMISSION ENDS PREDATORY PHONE RATES FOR DEAF PRISONERS AND THEIR FAMILY MEMBERS

August 9, 2013, Washington, D.C. – Eight months ago, Helping Educate to Advance the Rights of the Deaf (HEARD) launched its Deaf Prisoner Phone Justice Campaign. Through this Campaign, HEARD lobbied the Federal Communications Commission (FCC) to bring an end to exorbitant prisoner telephone rates that disproportionately impact deaf and hard of hearing prisoners and their family members.

Today, the FCC adopted an order that, effective immediately, brings an end to these high rates. Significantly, the order prohibits companies from charging fees to deaf and hard of hearing prisoners who use relay services and from charging the same rates to communicate through this despairingly slow technology. Specifically, the order requires that phone companies base their rates on *actual costs*; provides a safe harbor rate of .12 per minute for prepaid calls and .14 minute for collect calls; and places an interim rate caps at .21 and .25 cents per minute for prepaid and collect calls, respectively.

During the Campaign, HEARD mobilized unprecedented participation from more than forty deaf and hard of hearing prisoners. These comments spoke to the isolating impact of inaccessible technology, sky-high rates, and additional fees being charged to prisoners using relay, that in most cases prevent them from communicating with anyone outside of prison. In addition, HEARD rallied members of the Deaf Community, family members of deaf prisoners and allies to submit comments about the unique impact of inaccessible telecommunications in prison for deaf prisoners and their family members and advocates. These comments illustrated how the absence of videophones and captioned telephones prevent deaf prisoners from connecting to their loved ones. They also illuminated issues related to systemic abuse of deaf prisoners that necessitates communication with advocates via sign language—a language that is unique from English.

Regrettably, this order does not address serious and sweeping accessibility concerns raised by HEARD related to the absence of videophone technology in all but one handful of prisons in this nation. We are pleased with today's historic vote that ends discriminatory practices that have disproportionately affected prisoners with disabilities for decades, but equality demands more. HEARD again calls on the leadership of Chairwoman Mignon L. Clyburn and the FCC to ensure that prison telecommunication is affordable *and* universally accessible. Notwithstanding today's vote, countless people with disabilities across this nation still cannot connect to their incarcerated loved ones.

HEARD's Deaf Prisoner Phone Justice Campaign will not end until deaf prisoners and their families have equal access to telecommunication in prison.

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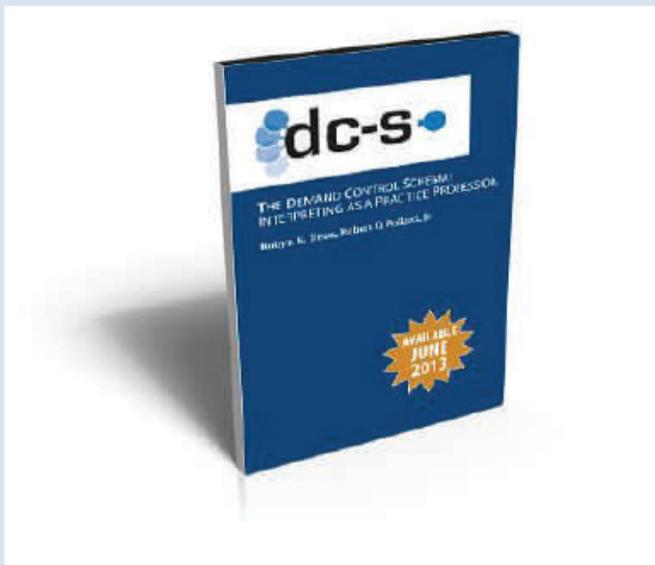
For more information about the Deaf Prisoner Phone Justice Campaign:

[HEARD vlog: Lobbying the FCC for Change: Equal Communication Access for Deaf Prisoners!](#)
[HEARD's Public Comment to the FCC](#)
[HEARD's Deaf Prisoner Submissions](#)

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.

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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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