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Steve Hamerdinger, Editor

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Signs of Mental Health



DEAF GROUP HOME OPENS IN MOBILE



Ben Hollingsworth discusses the new group home with Steve Hamerdinger

Alabama's newest group home for deaf people with mental illness opened on July 14th in Mobile, accepting three consumers. The home, operated by the Mobile Mental Health Center, was the result of a decision by center director Tuerk Schlesinger to increase the effectiveness of services for deaf people in southern Alabama. Mr. Schlesinger was concerned that misunderstandings or minor communication breakdowns were needlessly escalating into crisis situations because of the language barrier. The success of the Birmingham homes convinced him to try something similar in Mobile.

The Princess Helen Road home follows the three-person model that

the previous deaf group homes have used. This model allows for more individualized attention and the smaller number of people in the home makes it easier to create a "normal" home environment.

The small scale also makes it easier to locate homes that can be easily adapted to the visual needs of deaf people. Several modifications have been added to the house in order to increase the consumers' independence. For example, all of the rooms have light switches on the outside of the rooms so staff can "ring the door bell," protecting consumers privacy. Each room has an *Alertmaster 6000*[®] system so residents are aware of activity in the home, including the front doorbell and the telephone.



Amanda Flowers discusses plans with group home consumer

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SPECIAL ADDICTIONS GROUP FOR DEAF PEOPLE PILOTED

A special addictions group for deaf people was made possible by a unique collaboration of several agencies. It is one of the first efforts in Alabama to provide a linguistically and culturally affirmative substance abuse treatment group.

In May, Liz Hill, the region II Coordinator of Deaf Services, was contacted by Florence Vance, a vocational rehabilitation counselor in Talladega. She was seeking assessment for four of her consumers. As it turned out, three of the four consumers assessed were shown to have an alcohol addiction. Ms. Vance and Ms Hill agreed that a type of Alcoholics Anonymous (AA) group for deaf people should be set up and would be highly beneficial.

As the word spread about the upcoming group, two other consumers were referred to it, making a total of five members. This was considered to be small enough to serve the communication needs of deaf consumers, and yet, large enough to justify having a group session. Ms Hill contacted Caradale Lodge, the substance abuse division under Cheaha Mental Health Center. Gary Garner, Director of Caradale Lodge, was extremely enthusiastic about the concept and offered to provide whatever support necessary to make the group happen. It was agreed that the group would have sessions two days a week for two hours each – Mondays and Thursdays from 9 am to 11 am.

Several of the consumers did not have access to transportation which would make getting to Caradale

Lodge in Sylacauga very difficult. Thanks to the efforts of Ricky Holman, AIDB's Regional Center in Talladega provided transportation for the consumers.

Sessions were co-led by a hearing Caradale Lodge substance abuse counselor and Ms Hill. It was a new experience for both therapists. Hill, who is a mental health counselor, had never led a substance abuse group before while the substance abuse counselor never had a deaf group before. Sign language interpreters were needed, not just because of the hearing co-therapist, but also because of the diversity of communication needs within the group. Often it was necessary to take pause and assess what was going on and "cross-train" the therapists in each other's respective specialties. Much cultural education – showing that there was a difference between the values of the larger hearing population and the values of the Deaf community- was required. Frequently it was necessary to check in with group members to ensure that the content was being understood.

During the group, which met for two months, progress was noted, even with consumers who were previously thought to be intractable. As Ms Hill remarked, "It was a joy to watch the consumers' progress on their road to recovery." Recovery is a lifetime journey, but it starts with one small step and that step was certainly taken by attending these sessions. Thanks to the Department of Rehabilitation Services and AIDB's Talladega Regional Center for their help in making this a reality. *✍*



Region 1: Northern Alabama *Scott Staubach, Coordinator*

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

Region 2: Central Alabama *Shannon Reese, Coordinator*

J-B-S Mental Health Center
956 Montclair Road, Suite 108
Birmingham, AL 35213
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Region 3: Wiregrass Region *Liz Hill, Coordinator*

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

Region 4: Mobile *Ben Hollingsworth, Coordinator*

Mobile Mental Health Center
5750B Southland Drive
Mobile, Alabama 36693
(251) 662-2226 (Voice)
(251) 661-5820 (TTY)
(251) 662 2249 (Fax)



DEAF GROUP HOME OPENS IN MOBILE

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There is a videophone in the home allowing consumers to make calls themselves, both directly to other deaf people and to hearing people through the video relay system. Using VRS has opened a door to independence that was previously not available to deaf consumers with poor English reading and writing skills.



Amanda Flowers and Ben Hollingsworth discuss services at the mobile group home

Physical accommodations are only part of the story, however. Equally important is the programming. The house manager, Amanda Flowers (see *Focus on the Staff*, page 6), previously worked in one of the group homes in Birmingham. She brings that experience to Mobile and plans to use it to help build a therapeutic environment, not just a "group home" During an interview Ms. Flowers remarked that the goals was to provide a family – like approach. "We help each other out and work closely with each other," she said.

The home, which is the fourth of its kind opened in Alabama, provides residential services for three women. The home focuses on a high level of care for consumers with medical issues in addition to their mental illness. It is a much needed addition to the continuum of services.

JOHN HOUSTON NAMED DMHMR COMMISSIONER

Ed. Note: We are very happy to learn of Commissioner Houston's appointment. Throughout the long process of bringing Culturally Affirmative Deaf Services to Alabama, Mr. Houston's advice, encouragement and help has been invaluable. Under Mr. Houston's guidance we expect that services will continue to improve and that Alabama will become the premier state for mental health services to people who are deaf or hard of hearing. The follow is an excerpt from the Governor's Press Release.

MONTGOMERY- Governor Bob Riley announced on August 4, 2005 that he has appointed John Houston to serve as Commissioner of the Alabama Department of Mental Health and Mental Retardation.

He replaces Kathy Sawyer, who retired on February 1 after serving for 28 years at the department, including six years as commissioner. Since Sawyer's retirement, Houston has served as Acting Commissioner of the agency.

"No one is better suited to serve in this incredibly important position. Over the past six months, Commissioner Houston has demonstrated an ability to manage this agency effectively and responsibly. In addition, he is widely regarded as a dedicated advocate for the people and the families this department serves," said Governor Riley.

"In my years of service to the individuals and families that our agency serves, I have learned a great deal and have received much more than I have given," Commissioner Houston said. "I am truly honored to be joining Governor Riley's Cabinet as Commissioner of this agency that touches so many lives."



*Mental Health Commissioner
John M. Houston*

Commissioner Houston has worked for the past 19 years at the department. For almost a decade, he served as Executive Assistant to five different commissioners of the agency. As Executive Assistant, his responsibilities included multi-systems planning and liaison activities with other state agencies. He participated in the planning and development of legislation and program implementation regarding early intervention services for infants and toddlers with developmental disabilities and for multiple needs children. 

DID YOU KNOW?

Several studies have found that the average stay of a deaf patient was far greater than hearing inpatients, with many staying over twenty years in the system, (Vernon & Daigle-King, 1999). However, Mental Health facilities specializing in Deafness report that deaf patients stayed no longer than hearing patients with 97% staying less than a year.

THE HIDDEN PROBLEM IN DEAF SERVICES: THE LFD POPULATION

The following is from a Position Paper developed by the LFD Strategic Work Group convened by PEPNet through a grant from OSEP and endorsed by the Rehabilitation Services Administration.

Within the population of individuals who are deaf or hard of hearing are a group of individuals with inadequate or no environmental supports whose functional skills and competencies are considered to be significantly below average making them the most at risk and underserved portion of the overall deaf population. These individuals, over the years, have been given a variety of labels, including underachieving, multiply handicapped, severely disabled, minimal language skilled and traditionally underserved, in addition to the current label of low functioning deaf (LFD). None of these labels adequately describe the population.

The LFD population is one of the most underserved components of the nation's disability population.

The LFD population is estimated between 125,000 to 165,000 individuals. While all members of the LFD population share the common characteristic of hearing loss, this population is also presumed to experience a number of risk factors, mostly environmental, that can affect their academic, social and vocational competence. These risk factors can include any one or combination of the following: the presence of secondary disabilities, being foreign born, having English as a second language, a lack of family support, inappropriate diagnosis, substance abuse, discrimination, inappropriate education, and residence in a rural or low income urban setting.

As a consequence of these risk factors and lack of appropriate environmental and social supports, LFD individuals often have limited communication abilities, experience difficulty maintaining employment, demonstrate poor social and emotional skills and cannot live independently without transitional assistance. Most LFD adults read below the second grade level with academic achievements below the fourth grade. These individuals are



not likely to have high school diplomas and are typically unable to participate in college and other post secondary vocational programs. In contrast, today the majority of social supports and services available to deaf and hard of hearing youth and adults are targeted to those individuals who are able to participate in post secondary training and education programs. These programs are not able to effectively serve individuals who are not college bound, who are most at risk, or who have been identified as low functioning. Unfortunately, there is no parallel system of financing from federal, state and local governments for post secondary training at non-college or vocational programs.

There are no federally-funded rehabilitation centers and few state and local resources that can effectively address the needs of these individuals. State-to-state differences with regard to policy, resources, funding mechanisms and

the role of the state agencies have limited access to appropriate services for the population. Federal funding for direct services targeted to the population has been without consistent intent, continuity or clearly defined expectations. The "musical" grants (time-limited pilot projects) for programs serving the LFD population have lead to restricted eligibility and services. In addition, fees for services from state vocational rehabilitation (VR) agencies are not sufficient to address the long-term comprehensive needs of the LFD individual, and few Centers for Independent Living provide services to individuals who are deaf or hard of hearing, and, among those that do, fewer provide services to this population most at risk. The problem is compounded by differences in the levels of skill and expertise of professionals working with the population and the availability of those professionals across the country. Federal and state efforts to serve this population have been further hindered by the lack of consistent and clear criteria for identifying LFD individuals, resulting in unreliable demographics and estimates of the population. Yet, federal resources have not been available for a coordinated study of population characteristics, and service delivery methods and outcomes. Research efforts related to the LFD individual have been limited to a single five-year project.

The challenges LFD youth and adults face in their daily lives result from the failure of national service delivery systems to provide access to appropriate services and environmental supports that will assist these individuals to become meaningfully employed and

**ODS - JACKSONVILLE
STATE UNIVERSITY
PARTNER FOR INNOVATIVE
TRAINING APPROACHES**

The Office of Deaf Services has teamed up with Jacksonville State University, Office of Disability Support Services to offer a unique continuing education opportunity for interpreters working in mental health settings.

Powered by the Blackboard distance learning application, (see <http://www.blackboard.com>) the Mental Health Interpreter Training Project hosts a monthly session on current literature of importance to mental health interpreters. Jacksonville State University (JSU) has been using this platform for distance learning for several years and it has proven effective.

Discussions between MHIT Coordinator Charlene Crump and Cindy Camp, JSU Disability Support Specialist, led to the idea of partnering to use the application for the MHIT project. Originally conceived as a tool for extending the instruction offered during the annual Mental Health Interpreter Training, the project has proved popular with both practicing interpreters and clinicians working with deaf people.

Past discussions have covered areas as diverse as “Facial Affect Recognition in Prelingually Deaf People with Schizophrenia,” “Models of Alcohol and Other Drug Treatment for Consideration when working with Deaf and Hard of Hearing Individuals,” “Creating and Strengthening the Therapeutic System for Treatment Settings Serving Deaf Children” and “Formal Communication Disorder: Sign Language in Deaf People with Schizophrenia.” *Continued on Page 7*



As I See It

By Steve Hamerdinger

The other day we were discussing issues of importance in the Deaf Community with some of our regular correspondents when one of them stated, rather categorically, that the Office of Deaf Services was “stealing all the interpreters” in the state, and that the “smart deaf people” couldn’t get interpreters when they needed them. It was difficult to resist the temptation to succumb to a fit of the giggles. How awesome our power must be to single-handedly disrupt the entire supply – demand equation for interpreters in the state of Alabama. We could have sworn that other agencies were doing some really good work as well and that interpreters were being hired right and left by school districts, the Alabama Division of Rehabilitation Services, the Alabama Institute for the Deaf and Blind and others.

It appears to us that the issue of “not enough interpreters for the smart deaf” is focusing on entirely the wrong part of the much larger problem. Leaving aside for a moment that Alabama’s attempts at developing interpreter training have been inadequate, we were struck by the “entitlement mentality” that seemed to pervade the whole conversation. “I’m a high achiever, therefore I should get all the services,” is a problem in many branches of disability services, but more so, it seems, in deafness.

To put it bluntly, it seems as if most of the resources in deafness go to people who are most able to “make it” and those in need of help the most cannot get it. Deaf people who are mentally ill have, historically, had a very hard time getting services. So have deaf people who fall into the ineloquently named category of “low-functioning.”

While the term may be grating, the problems individuals who are in this group face are daunting. Typically, they have low to average intellect, poor language skills (in both English and American Sign Language) delayed social skills, poor self-help skills, and non-existent self advocacy skills. If they are employed at all, they are working in menial jobs and have difficulty maintaining employment.

People who are “low-functioning” become frustrated when they try to get services. Since they are not “mentally retarded” they often are ineligible for services from the Division of Mental Retardation. Because they are “developmentally disabled” many providers of community mental health services think they are not mentally ill and turn them away. Due to chronic inability to hold a job they are not often considered candidates for vocational rehabilitation. Left with nowhere to go, they get into trouble with the legal system or become a burden on the social welfare system. They are often malnourished and frequently “self-medicated,” or to put it more bluntly, addicted. Uninformed of general hygiene and health habits, they fall victim to chronic medical and dental problems. *Continued on page 9*

NEW STAFF JOIN ODS

The Office of Deaf Services has hired three new staff interpreters, filling all the vacancies in the Regional Staff for the first time since the program began.

Wendy Darling became a full time staff interpreter in the Region III office on May 31st. She worked as a freelance interpreter prior to coming to ODS. A Georgia native, Wendy began her interpreting career by attending the Basic Interpreter Training Program in Knoxville, Tennessee in 1990. After that, she moved to Massachusetts and began working at a summer day camp for children with special needs. During the school year, she worked as a staff interpreter with The Education Cooperative, a collaborative program serving students with mild to moderate retardation and other disabilities. In 1996, Wendy and her family moved to Dothan, AL where she began working for the Alabama Institute for the Deaf and Blind, as a contract interpreter and then as the Interpreter Coordinator/ Staff Interpreter for the Dothan Regional Center of AIDB. Wendy has a degree in Criminal Justice from Faulkner University Wendy and her husband, Don, have two children, Madison and Dixon. In her spare time, she attends Auburn University - Montgomery in pursuit of a Masters degree in Public Administration. She is a member of Prattville First United Methodist Church, involved in TaeKwonDo with her son and is the Assistant Troop Leader of her daughter's Girl Scout troop.



Lee Stoutamire began his regional interpreter duties at the Region IV Office on June 13th. After being introduced to deafness, Lee decided during the early 90's to pursue training to become a sign language interpreter. Lee is a member of Phi Theta Kappa and upon completing his studies in 1996, started his interpreting career with Volunteers of America. During his time with Volunteers of America, Lee was also the apartment manager for Onderdonk Cottages, which are designed specifically for individuals who are deaf and hard of hearing. For the past 7, years Lee worked for the Alabama Department of



Rehabilitation Services as a staff interpreter working in a variety of settings. Lee is currently an instructor for Bishop State Community College in Mobile, AL for the Interpreter Training Program. Lee comes from a military family (always on the move), but calls Mobile home. In his spare time Lee likes to use his hands to perform culinary magic to excite the taste buds of family and friends.

Jill Farmer was a contract interpreter before becoming a full-time staff interpreter in the Region II office on June 27th. She had been



working at the Tuscaloosa complex where she provided interpreter services to consumers at Bryce, Harper and Secure Medical. Jill began her career as a sign language interpreter at Chattanooga State Technical and Community College in Tennessee. She worked as a staff interpreter for deaf students, staff and faculty. She later moved to Maryville, Tennessee to join the Disability Services Office at the University of Tennessee in Knoxville as a staff interpreter. This office served more than twenty deaf students, staff and faculty. Jill then moved to Arley, Alabama on beautiful Smith Lake to raise her family and work as a private practice interpreter in primarily the Birmingham and Tuscaloosa areas. Although mental health interpreting has complexities, Jill enjoys the satisfaction of the consumers' access to treatment. In her spare time, Jill enjoys the fun of living on the lake, reading to her two daughters, and is actively involved with her local church.

NEW ODS EMAIL ADDRESSES

One June 1st, all the regional staff officially became state employees. That change means that there are new email addresses for the regional staff of ODS.

Bailey Unit

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Dawn.Marren@mh.alabama.gov

Region II

Shannon.Reese@mh.alabama.gov

Jill.Farmer@mh.alabama.gov

Region III

Liz.Hill@mh.alabama.gov

Wendy.Darling@mh.alabama.gov

Region IV

Ben.Hollingsworth@mh.alabama.gov

Lee.Stoutamire@mh.alabama.gov

WIDELY USED ALCOHOL SCREENING INSTRUMENTS CONFUSING TO DEAF PERSONS

Deaf persons have difficulty understanding questions on traditional alcohol screening instruments, according to a recent Texas study. Deaf persons recruited from San Antonio and Austin were asked to read the CAGE and the Alcohol Use Disorders Identification Test (AUDIT), two instruments widely used to screen for alcohol problems. Deaf individuals reported difficulty understanding not only individual words and phrases in both instruments, but also entire questions—even after being shown corresponding American Sign Language (ASL) signs for words or phrases within the question. This difficulty occurred, in part, because of reading-level limitations and because certain phrases or words do not exist in ASL. For example, more than one-third did not understand the first CAGE question, “Have you ever felt you should cut down on your drinking?” Similar results were found for the AUDIT instrument (data not

shown). The authors suggest that a “new alcohol and other drug screening tool should be created for Deaf populations, taking into account linguistic and cultural considerations” (p. 77).

*Participants were recruited using internet announcements, flyers, word of mouth, and referrals from agencies that serve the Deaf. It was difficult to gather a large Deaf sample, because they are 1) a relatively small percent of the population and 2) are reluctant to discuss alcohol and other drug issues with outsiders. Editor’s Note: While we would not normally highlight a study with such a small sample size, we felt that the unique subject matter of this research outweighed the limitations of the small sample size.

Adapted by CESAR from Alexander T, DiNitto D, Tidblom I. “Screening for Alcohol and Other Drug Use Problems Among the Deaf,” *Alcoholism Treatment Quarterly* 23(1):63-78, 2005. For more information, contact Tara Alexander at alextd@lake.ollusa.edu

ODS - JSU PARTNER FOR INNOVATIVE TRAINING APPROACHES

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Discussions are usually in a round-table format and often include nationally recognized leaders in the areas of the topics discussed. On several occasions the author of the article under discussion has helped facilitate the session.

Upcoming discussions include:

- Aug 23: Impact of Sign Language Interpreter and Therapist Moods on Deaf Recipient Mood
- Sept 13: Issues in Sexual Molestation of Deaf Youth
- Oct 11: Ethical Reasoning and Mental Health Services with Deaf Clients
- Nov 8: Forensic pretrial police interviews of deaf suspects
- Dec 6: The Mental Status Examination

All sessions are approved for continuing education credits through the Registry of Interpreters for the Deaf and for various clinical disciplines through the Office of Staff Development at the Alabama department of Mental Health. For further information about this project, contact Ms. Crump at Charlene.crump@mh.alabama.gov

ODS thanks Dan Miller and Cindy Camp of JSU for their help and support in this activity. It’s a powerful example of what can be accomplished when two agencies collaborate to serve their consumers better

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ODS, ASD START SUMMER REFERRAL PROJECT

The critical need of deaf students with severe emotional disturbances has led to a partnership between the Alabama School for the Deaf and the Office of Deaf Services. ODS has been working closely with the psychology department at Alabama School for the Deaf (ASD) to assist with severely emotionally disturbed (SED) children and adolescents. One product of this collaborate is the Summer Referral Program. The psychology department identified some students who were in need of continued mental health counseling throughout the summer. Services for continued support in the summer were coordinated with the offices of ODS across the state.

The Summer Referral Program is just one step toward providing SED deaf children and adolescents with quality mental health services. Students benefit from this additional support in the community. As we continue working with ASD and these students, we look forward to providing more support in the future.

ALABAMA'S DEAF SERVICES WINS MULTIPLE AWARDS

Various programs of the Alabama Department of Mental Health and Mental Retardation were honored with awards during the annual Council of Organizations Serving Deaf Alabamians Conference (COSDA), June 2 in Auburn. Former Commissioner, Kathy Sawyer, who retired in February, was given a special award for her work in promoting the establishment of mental health services for people with hearing loss. (See story below) Steve Hamerdinger, director of ODS, accepted on Ms. Sawyer's behalf.

Region II Coordinator, Shannon Reese, was presented with the COSDA Professional of the Year award. This award is given each year to someone recognized by COSDA as an outstanding professional. Shannon's work in developing services in the Birmingham area was singled out for special mention. The citation read in part, "Through her hard work, JBS set up a stand alone office that allowed deaf and hard of hearing people to come and get mental

health help in an environment that was culturally and linguistically appropriate for them. This was the first such program in the state of Alabama that was not connected to the either the school for the deaf or vocational rehabilitation. Soon, she had more business than she could handle!"



Dr. Craig

Also honored was the Jefferson – Blount – St. Clair Mental Health Authority, which was given the COSDA Employer

of the Year Award for their Deaf Services program. Through the deaf group homes a number of deaf people have been hired and given supervisory level positions. With more than half of the group home staff being deaf, JBS has put into practice the concept of culturally affirmative services. Dr. Craig remarked, "I am humbled to have been chosen for this award. It is the Authority's intention to provide the best care possible to the consumers



Shannon Reese presents the COSDA Employer of the year to the Deaf Services program at Jefferson-Blount-St. Clair Mental Health Authority. Christine Giancola, one of the group home managers, accepts on behalf of the Authority

that it serves. In my experience, the best care available usually comes from individuals who can understand the culture of those being served. And, for these programs, that means employing staff who understand Deaf culture." Steve Hamerdinger, director of ODS, said, "This award is so appropriate. J-B-S understood early how important it was to have deaf people working with other deaf people in recovery." *✍*

FORMER COMMISSIONER SAWYER HONORED



By Shannon Reese

Ms. Kathy Sawyer, who retired as Commissioner of the Department of Mental Health and Mental Retardation in February, 2005, is truly a hero to the deaf/hard of hearing community when it comes to dealing with mental illness. For her dedication and hard work within this community, she was honored at the COSDA (Council on Serving Deaf Alabamians) Awards Luncheon on June 2, 2005.

Kathy Sawyer, whose goal was to improve services for the deaf and mentally ill, is a very special person.

Governor Bob Riley summed it up beautifully, when he said on an earlier occasion, that she is an "extraordinary individual" who is "passionate about her efforts to change the system and make it more effective."

Ms. Sawyer was unable to attend the COSDA luncheon, yet wants to say thank you to all of the people

Continued on next page

FORMER COMMISSIONER SAWYER HONORED

who have supported her throughout the creation of the Office of Deaf Services in the Alabama Department of Mental Health/Mental Retardation. Ms. Sawyer's own words about the award are heartfelt and kind—

"I am so touched and humbled by COSDA's thinking of me in such a special way. I have a special place for the plaque, where I can always remember my friends, who not only challenged me, but made this one of my most cherished accomplishments in my mental health career. Forever I will be grateful for what you all have taught me."

We are the ones who are grateful to Ms. Sawyer for helping make our dream a reality for the deaf/hard of hearing community in Alabama. Thank you, Kathy Sawyer, and enjoy your retirement! ✍

HAMERDINGER WINS GOLDEN HANDS

The Alabama Association of the Deaf (AAD) presented ODS Director Steve Hamerdinger with the Golden Hand Award for his work with the deaf community. This award, which is presented jointly by the National Association of the Deaf and AAD is to recognize outstanding individuals or organizational programs that have demonstrated exemplary and voluntary service efforts to better the lives of deaf and hard of hearing citizens. The surprise award left Hamerdinger uncharacteristically speechless.

As I See It

Continued from Page 5

As their quality of life becomes poorer, their emotional and psychological well-being also deteriorates. At some point they meet clinical criteria for depression or some other disorder and they may, with luck, find themselves in the care of a program that is designed for mentally ill deaf. Of course, until 2003, that would not have been true in Alabama. It still is somewhat dependent on "luck of the draw" whether they would get services early enough in their illness to have a reasonable shot at recovery.

Working with people with such extreme challenges calls for a special commitment that involves all parts of the service delivery system. It means redirecting resources from the "smart deaf" – those that are likely to make it with or without help - to those who need it far more. *As I See It* –it's way overdue. ✍

THE HIDDEN PROBLEM IN DEAF SERVICES: THE LFD POPULATION

Continued from page 3

function independently at home and in the community. Consequently, most LFD adults are dependent on welfare and do not work. Research indicates that more than 100,000 LFD adults are dependent on federal programs, notably SSI and SSDI. In addition, the number of LFD adults is projected to increase by 2,000 individuals each year due to the influx of new immigrants and high stakes testing requirements in public schools. National consumer groups, federal policy makers, researchers and concerned professionals have struggled with how to best provide services and social supports to this population since the 1940s. The

consensus of these groups is clear – the needs of the LFD population will continue to go unmet through existing service delivery systems.

For more information and the full report, go to

<http://www.nad.org/site/pp.asp?c=foINKQMBF&b=275345> ✍

ODS REPRESENTED AT NATIONAL INTERPRETER CONFERENCE

ODS had a strong presence at the National Registry of Interpreters for the Deaf conference in San Antonio, Texas, July 8 – 15, where staff members gave three sessions on mental health interpreting.

Mental Health Interpreter Coordinator, Charlene Crump, and Bailey Unit Interpreter, Brian McKenny, combined to offer more than 10 hours of training. The conference, held biennially, drew more the 1,700 interpreters.

Charlene Crump offered a session on psycholinguistic errors of deaf people with mental illness. The session was attended by more than 400 people.

Brian McKenny offered an overview mental health interpreting and Crump and McKenny combined for a session on triadic relationships in interpreted therapy. Altogether the sessions pulled in more than 800 attendees over three days.

It was a special honor for ODS to be the only Alabama organization presenting at RID and the only ones offering mental health related sessions. There will be more information and pictures in the next issue of SOMH. ✍

POSITIONS AVAILABLE WITH BAILEY DEAF UNIT

The Bailey Unit, is hiring qualified clinical specialists who are fluent in American Sign Language to open this 10-bed specialized unit for deaf and hard of hearing people who have mental illness. The following positions are now open and applications are being accepted:

SOCIAL WORKER I

SALARY RANGE: 70 (\$27,752 - \$42,039)

QUALIFICATIONS: Bachelor's degree in Social Work from a college or university with eligibility for license as a bachelor social worker Preference given for Clinical area of concentration and direct practicum experience in working with deaf and hard of hearing individuals

PSYCHOLOGICAL ASSOCIATE I

SALARY RANGE: 69 (\$27,079 - \$41,035)

QUALIFICATIONS: Graduation from an accredited four-year college or university with a Master's degree in Psychology. Preference given to individuals with clinical area of concentration and practicum experience in working with deaf and hard of hearing individuals.

MENTAL HEALTH R.N. I

SALARY RANGE: 73 (\$31,358 - \$47,543)

QUALIFICATIONS: Graduation from an accredited School of Nursing or graduation from an accredited four-year college or university with a degree in Nursing. Possession of or eligibility for a certificate of registration to practice nursing as issued by the Alabama Board of Nursing.

Preference will be given to candidates having some experience in working with the deaf and hard of hearing individuals.

MENTAL HEALTH LPN

SALARY RANGE: 57 (\$ 20,625 - \$30,604)

QUALIFICATIONS: Graduation from a standard high school, supplemented by graduation from a state-approved school of practical nurse education. Current license or eligibility to practice as a LPN in the State of Alabama. Preference given for experience in a psychiatric setting.

MENTAL HEALTH INTERPRETER I

SALARY RANGE: 73 (\$31,358 - \$47,543)

QUALIFICATIONS: Combination of training and experience equivalent to a two-year degree plus three years of full-time experience interpreting in a variety of different settings. Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliterations. Must be certified or eligible to receive certification as a QMHI (Qualified Mental Health Interpreter) or its equivalent. QMHI Certification must be obtained within 24 months of hire.

DEAF UNIT MENTAL HEALTH WORKER

SALARY RANGE: 46 (\$16,502 - \$23,322)

QUALIFICATIONS: One year of college/post-secondary technical training and one year of experience in providing direct care or teacher aide services to deaf and hard of hearing individuals, preferably in mental health psychiatric hospital, group home, or nursing home. Other job-related education and/or experience may be substituted for all or part of these basic requirements upon approval of the Job Evaluation Committee.

All positions will be based at Greil Memorial Psychiatric Hospital, 2140 Upper Wetumpka Road, Montgomery, AL. 36107

For more information or for application, please contact:

Dr. Frances Ralston, Program Director
Bailey Deaf Unit
Office of Deaf Services
Alabama Department of Mental Health and Mental Retardation
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