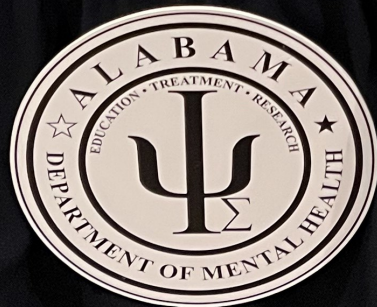


Signs of Mental Health



**NEW DEAF UNIT
SLATED TO OPEN**



**ON THE ROAD AGAIN
ODS STAFF HIT ADARA**



Farewell Kim Thornsberry

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We bid farewell to Kim Thornsberry, who had been our Region I deaf therapist since November 2013. She has returned to Utah to pursue opportunities related to infants and children.



During her years with ODS, Thornsberry won several awards for her work with consumers, including the Outstanding Mental Health Services to Deaf People from ADARA in 2018. Uniformly liked and respected by the mental health centers across the state, she was a roving ambassador for deaf mental health care.

In 2021, Thornsberry earned a Master's certificate in Infant and Early Childhood Mental Health Counseling from Troy University. This led her to shift her career interest and led to her taking a position with the Utah Schools for the Deaf and the Blind as a school counselor, working with elementary to high school students and post-secondary students.



Thornsberry is also a talented artist and has created many pieces of art that decorate ODS offices around the state. The picture at the left is hanging in the office of ODS clinical lead, Amanda Somdal.

We wish her well in her new endeavors. ✂



Editor's Notes

Your faithful Scrivener has been pressed back into primary editor duties due to incredible demands placed on the ODS staff. Several former staff members have moved on to new ventures which has created vacancies. This has meant that some of our usual contributors are finding themselves to busy serving consumers they don't have the time to develop content for SOMH as readily as before. We hope this is a temporary problem! There is another driver behind the increased demand, the opening of a new deaf unit.

The new deaf unit, slated to open around the first of May 2022, will create a significant expansion on the ability of ADMH to respond to deaf people in the crisis care system. (See Page 5.) But first, staff must be hired! The net effect is to create an eye-popping 14 immediate vacancies in deaf mental health care in Alabama. This doesn't count vacancies that always exist in community residential care.

We bid farewell to Kim Thornsberry, who had been Region I deaf therapist since November 2013. See above for that story.

(Continued on page 21)

On The Cover:

ODS staff members Christina Costello, Brian Moss, Charlene Crump and Kent Schafer represented ADMH at ADARA in Albuquerque. See story on page 3.



ADMH Anticipates Opening New Deaf Unit in Tuscaloosa

The Alabama Department of Mental Health is planning to open a long-discussed deaf care unit at Bryce around the beginning of May 2022. This unit will be a stand-alone unit for deaf patients and a critical component of the emerging crisis care system. The unit, a part of Bryce Hospital, will be physically housed inside the same building that houses the Mary Stark Harper Geriatric Hospital.

The deaf care unit will be patterned along the lines of the old Bailey Deaf Unit, which closed when Greil Hospital closed in 2010. Envisioned as a "Deaf environment," nearly all the staff will be ASL fluent. Pragmatic exceptions for nursing staff will be made, but all the other staff having direct contact with the patients will be expected to meet certain minimum fluency standards as measured by the Sign Language Proficiency Interview.

Recruitment is now underway for the unit. Positions available include the Unit Director, Social Worker, peer support specialists, direct care staff, recreation specialists, and nurses. ODS will provide communication access for the unit, including interpreters and communication specialists just as it does currently for Bryce and Taylor Hardin Secure Medical.

In addition to long-term care, the new unit is slated to play a significant role in the crisis care system ADMH is developing. Crisis care can be summed up by "Someone to call, someone to come, somewhere to go." ODS has been working with a national group of experts to develop an ASL-friendly version of

the new 988 system set to roll out in June. While that system is not likely to be available in the short term, being able to assist crisis response teams is more readily achievable. Once the crisis response team has had a chance to meet the deaf person in crisis, Deaf Services staff can help assess remotely. Often that is enough to stabilize the individual until they can meet with the regional therapist nearest them. But if they need a place to go, beds will be available at the deaf care unit to provide that needed respite.

ODS Director, Steve Hamerdinger, stated that he is not aware of this type of integrated approach being tried on a statewide basis, although there is some effort to integrate ASL-fluent people into crisis response teams elsewhere. "Georgia is attempting to connect their ASL -fluent staff as early into the response as possible, but what we want to do is to add something to the back end of that so that a deaf person in crisis has a linguistically appropriate place to go." Traditionally, deaf people in crisis would go to the nearest crisis receiving center, usually a hospital emergency room or local jail, and some time would pass before the deaf mental health care system would even be aware the person is there. This project seeks to cut that time down from many days to a few minutes.

With the use of technology, it is possible that a mental health trained interpreter and a sign fluent clinician can be connected to a mobile crisis response team on very

Continued on page 4)

New Deaf Unit Slated

(Continued from page 3)

short notice. There is considerable research backing the idea that a sign fluent responder will be more effective in de-escalating a crisis than a non-signing intervener would be, even with a qualified mental health interpreter.¹

There is work being done on the national level to address the first part of the crisis response system, the 988 system. A coalition of state directors of deaf mental health care have advocated for a single ASL-accessible crisis line. It is up to Alabama to add the local components to the system of care, and the new deaf unit should play a significant role in that system.

The project will evolve and develop over time. For now, the focus is on getting as many of the deaf consumer who are long-term patients into a fully ASL-accessible environment. This promises to be an exciting adventure. ✂

¹Egnoto, Griffin, & Schafer, (2019); Hamerdinger, Schafer, & Haupt (2016); Matthews et al., (2022); and Takayama (2017).



Above: exterior view of the new deaf unit. The same building houses the Mary Starke Harder Geriatric Center

Below: Interior courtyard gives a nice place to sit out and enjoy the weather



ODS TEAM HITS ADARA CONFERENCE

The American Deafness and Rehabilitation Association (ADARA) met in Albuquerque, New Mexico, March 13-17, 2022, for its first in-person conference since 2019. ADARA, which has a tag line of Professionals Networking for Excellence in Service Delivery with Individuals who are Deaf and Hard of Hearing, is one of the largest organizations for professionals in deaf mental health care. The Albuquerque conference drew nearly 300 participants.

ODS was on hand to recruit potential new employees for its expanding programs (See story on the new deaf unit at Bryce on page 4) and share knowledge. Charlene Crump, MS, NCC, CRC, QMHI-S, CI/CT, Christina Costello, MA, NCC, LPC, Brian Moss, BSW, CSII, and Kent Schafer, Ph.D., NCSP, represented ODS.

Two staff members also gave presentations. Costello teamed up with Kim Thornsberry, a former staff member, to discuss Impostor Syndrome. Schafer shared the psychometric aspects of the Communication Skills Assessment. ODS has long been recognized as a leader in deaf mental health care in part because of its reputation for high quality presentations of new and ground-breaking research.



Christina Costello, Region V Therapist (right) and former staff member Kim Thornsberry present on the "Impostor Syndrome."

With the approaching opening of the new deaf unit at Bryce, finding staff was the primary goal of attending the conference. Crump and Moss ably represented ADMH at

(Continued on page 5)

the ODS booth, assisted by Schafer and Costello. Many in the crowd were familiar with Crump's voluminous publications and they sought her out for advice and information. Moss was a hit with his storytelling skills. He uses those same skills in his work with consumers, demonstrating how to work "One Down" with people who have a mental illness.



Left to Right Christina Costello, Brian Moss and Kent Schafer Talk up ODS and Alabama to potential job applicants.

A recurring narrative of healing was a prevalent theme during the week. This overlooks the primary purpose of crisis response, which is stabilization – a necessary precondition to recovery. This will be much more effective when it is offered in the language the person in crisis is most comfortable with.


The conference focused a great deal on how critical sign-fluent providers are to the recovery process. During the week, programs, practitioners, and individuals shared similar goals in facilitating recovery, which is more than just a reduction in symptoms; it's a return to a full and meaningful life. Themes that appeared constant throughout the conference: Finding people with a visual language

foundation, supporting recovery in ASL, discovering a purpose, networking, and connecting resources.

It was exciting to see so many of the presenters at ADARA in 2022 have previously been presenters in ODS training platforms including Deb Guthmann, Romy Spitz, Judy Shepard-Kegl, Damara Paris, Mike Deninger, Tomina Schwenke, Susanne Morrow, Kota Takayama, Gabriel Lomas, Keven Poore, Meghan Fox, and others. Additionally, there were many former participants of our training programs including MHIT, DACTS, MHDOT, etc. which allowed for in-person face-to-face networking.



Kent Schafer discussed the psychometric properties of the Communication Skills Assessment developed by Charlene Crump of ODS with Roger Williams of South Carolina.

In addition to the opportunity to be inspired by those who have been a part of our training history, these discussions and presentations provided an opportunity for ODS to search for potential presenters for the many training events that are provided each year. Whether it is for the bi-monthly Mental health and deaf online training, the annual Deaf and Clinical Training Series, or smaller regional events, being able to check out who is emerging as future experts and trainers is an important reason for attending such conferences. 





Alabama Department of Mental Health-Office of Deaf Services
Wings Across Alabama and ADARA PRESENTS

Deaf and Clinical Training Series
***Deaf Individuals and the Justice System: Societal and Rehabilitative
Risk and Protective Factors***

Thursday, April 28, 2022
10:00 am to 4:00 pm (5.0 clock hours)
Virtual Training



Presenter
Gabriel Lomas, Ph.D.

Program Director, Counseling Program. Gallaudet University

Dr. Lomas will address the societal, educational, and rehabilitative influences that can increase the risk of incarceration in prisons and/or psychiatric settings for individuals who are deaf. He will make recommendations regarding how service providers can help reduce those risks. This presentation will identify and explain the challenges and complications that lead to youth who are deaf becoming part of the juvenile justice system and eventually the prison pipeline. Additionally, the presenter will unify disparate research which indicates nexus points that serve to force deaf children in the school-to-prison pipeline. This presentation will explain how the lack of accessible treatment options contributes to incidents which become legal issues and discuss recidivism. Once these risk factors are reviewed, prevention strategies will also be discussed.

Gabriel Lomas, Ph.D. –is the Program Director of Counseling Programs at Gallaudet University. Prior to his recent hire at Gallaudet, he was a professor of educational psychology (Counseling) at Western Connecticut State University. Over his career, he has won over \$6 Million in grants from the Federal Government and from other public and private agencies allowing him to lead innovation in the field. He established a simulation center at his former institution, training mental health professionals to work in an integrated manner with medical professionals. Additionally, he has deep expertise in forensic assessment, and has been involved with over 2,000 cases, including hundreds of cases in which he has given expert witness testimony. A former editor of the *Journal of the American Deafness and Rehabilitation Association (JADARA)*, Lomas has produced a great deal of scholarship, including a recent co-edited book, *“Deaf People in the Criminal Justice System”* (Gallaudet Press, 2021), with Deb Guthmann and Damara Paris. He lives with his family in the suburbs outside of New York City and, in his free time, he enjoys playing basketball and working in the garden with his children.

THURSDAY, APRIL 28, 2022 (DEAF/SIGNING PROVIDERS)
Deaf Youth in the Juvenile Justice System with Gabriel Lomas

AUDIENCE: FOR DEAF AND/OR SIGNING PROVIDERS: This session is targeted at service providers who specialize in some aspect of deafness including Mental Health Professionals, Nurses, Social Workers, Counselors, Rehabilitation Counselors, Case Managers, Psychologists, MH, SA, and DD Providers, Group Home Staff, Educators, Educational staff, Interpreters in Mental Health, Community Interpreters, Educational Interpreters, etc.

During this training, participants will gain a thorough understanding of the impact of deaf individuals in the justice system.

1. Participants will identify at least three causes of the school-to-prison pipeline for deaf individuals.
2. Participants will identify how the lack of accessible treatment options contributes to recidivism.
3. Participants will identify rehabilitative actions that serve to disrupt the school-to-prison pipeline.
4. Participants will discuss issues that are unique to deaf people and the justice systems.
5. Participants will discuss communication barriers that can exist within educational, rehabilitation, and justice systems.

After the training, participants will be able to:

- Recognize at least three causes that increase the likelihood of pushing deaf children into prison
- Describe at least three actions we can take to disrupt the school to prison pipeline
- Identify how adverse childhood experiences contribute to the pipeline
- Articulate contributors to the pipeline using a case example

Eligible participants must be in attendance for the full program to receive credit for completing the course.

The Alabama Department of Mental Health

- is an approved provider of continuing education in social work by the Alabama State Board of Social Work Examiners and approves this program for 4.75 contact hours. Provider #0125, Expiration Date: January 31, 2024.
- is an approved provider of continuing education in nursing by the Alabama Board of Nursing and approves this program for 5.7 contact hours. (Provider No. 0150 exp. 7/29/2025.)

The Alabama Department of Mental Health Office of Deaf Services

- is an approved RID CMP Sponsor. This activity has been awarded 0.50 CEUS in the area of Professional Studies by The Registry of Interpreters for the Deaf at the "some" Content Knowledge Level for CMP and ACET participants. Activity # 0263.0422.01.
- has been approved by NBCC as an Approved Continuing Education Provider, ACEP no. 6824. Programs that do not qualify for NBCC are clearly identified. The Alabama Department of Mental Health, Office of Deaf Services is solely responsible for all aspects of this program. Participants completing the program may earn up to a total of 5.0 CE Hours.

The Alabama Department of Rehabilitation Services

- is approved by the Commission on Rehabilitation Counselor Certification (CRCC) to sponsor continuing education credits for counselors. Sponsor number 00060639.



Alabama Department of
REHABILITATION SERVICES

REGISTRATION FOR THURSDAY, APRIL 28, 2022 (DEAF/SIGNING PROVIDERS)
Deaf Youth in the Juvenile Justice System with Gabriel Lomas

Registration deadline April 25, 2022. Registration fee waived for employees of ADMH, QMHI-Supervisors, employees of ADMH Community Mental Health Centers, and contracted Substance Abuse provider agencies.

[REGISTER HERE](#)

Registration fees prior to March 15, 2022

\$40 Registration fee - Early Bird

\$20 Registration fee - full time ITP or Counseling Students (Non-certified, non-working)

Registration fees March 16, 2022 or after

\$60 Registration fee – Regular

\$30 Registration fee- full time ITP or Counseling Students (Non-certified, non-working).

FOR ADDITIONAL INFORMATION, SPECIAL ACCOMMODATIONS, ETC:

Office of Deaf Services
Alabama Department of Mental Health
PO Box 301410, Montgomery, AL 36130
FAX: 334-242-0796
DACTS@mh.it.org



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**In the event the workshop is cancelled, you will be notified by email.
No refunds will be provided for participant cancellation.**



Alabama Department of Mental Health-Office of Deaf Services
Wings Across Alabama and ADARA PRESENTS

Deaf and Clinical Training Series
Deaf Individuals and the School to Prison Pipeline: Risk Factors and Reformation Strategies

Friday, April 29, 2022
10:00 am to 3:00 pm (4.0 clock hours)
Virtual Training



Presenter

Gabriel Lomas, Ph.D.

Program Director, Counseling Program. Gallaudet University

Dr. Lomas will address risk factors in societal, educational, and rehabilitative settings that can increase the risk of incarceration in prisons and/or psychiatric settings for individuals who are deaf. He will make recommendations on reformation strategies regarding how service providers can help reduce those risks. This presentation will identify and explain the challenges and complications that lead to youth who are deaf becoming part of the juvenile justice system and eventually the adult prison pipeline. Additionally, the presenter will unify disparate research which indicates nexus points that serve to force deaf children in the school-to-prison pipeline. This presentation will explain how the lack of accessible treatment options contributes to incidents which become legal issues and discuss recidivism. Once these risk factors are reviewed, prevention strategies will also be discussed.

Gabriel Lomas, Ph.D. –is the Program Director of Counseling Programs at Gallaudet University. Prior to his recent hire at Gallaudet, he was a professor of educational psychology (Counseling) at Western Connecticut State University. Over his career, he has won over \$6 Million in grants from the Federal Government and from other public and private agencies allowing him to lead innovation in the field. He established a simulation center at his former institution, training mental health professionals to work in an integrated manner with medical professionals. Additionally, he has deep expertise in forensic assessment, and has been involved with over 2,000 cases, including hundreds of cases in which he has given expert witness testimony. A former editor of the *Journal of the American Deafness and Rehabilitation Association (JADARA)*, Lomas has produced a great deal of scholarship, including a recent co-edited book, *“Deaf People in the Criminal Justice System”* (Gallaudet Press, 2021), with Deb Guthmann and Damara Paris. He lives with his family in the suburbs outside of New York City and, in his free time, he enjoys playing basketball and working in the garden with his children.

FRIDAY, APRIL 29, 2022 (Hearing/Non-signing providers)
Deaf Individuals and the School to Prison Pipeline: Risk Factors, and Reformation Strategies
with Gabriel Lomas

AUDIENCE: Hearing/Non-fluent signing/Non-signing providers: This session is targeted at service providers who do not specialize in some aspect of deafness including Mental Health Professionals, Nurses, Social Workers, Counselors, Rehabilitation Counselors, Case Managers, Psychologists, MH, SA, and DD Providers, Group Home Staff, Educators, Educational staff, Interpreters in Mental Health, Community Interpreters, Educational Interpreters, etc.

During this training, participants will gain a thorough understanding of the impact of deaf children in the juvenile justice system.

1. Participants will identify risk factors related to the justice system associated with individuals who are deaf.
2. Participants will identify how the lack of accessible options in various venues contributes to recidivism.
3. Participants will identify individual and systemic decisions that serve to disrupt the school-to-prison pipeline.
4. Participants will discuss issues that are unique to deaf people and the juvenile justice and prison systems.
5. Participants will discuss communication barriers that can exist within societal, educational, rehabilitation, and legal systems.

After the training, participants will be able to:

- Recognize at least three causes that increase the likelihood of pushing deaf children into prison
- Describe at least three actions we can take to disrupt the juvenile to prison pipeline
- Identify how adverse childhood experiences contribute to the pipeline
- Articulate contributors to the pipeline using a case example

Eligible participants must be in attendance for the full program to receive credit for completing the course.

The Alabama Department of Mental Health

- *is an approved as a provider of continuing education in social work by the Alabama State Board of Social Work Examiners and approves this program for 3.67 contact hours. Provider #0125, Expiration Date: January 31, 2024.*
- *is an approved as a provider of continuing education in nursing by the Alabama Board of Nursing and approves this program for 4.4 contact hours. (Provider No. 0150 exp. 7/29/2025).*

The Alabama Department of Mental Health Office of Deaf Services

- *is an approved RID CMP Sponsor. This activity has been awarded 0.40 CEUS in the area of Professional Studies by The Registry of Interpreters for the Deaf at the "some" Content Knowledge Level for CMP and ACET participants. Activity # 0263.0422.02.*
- *has been approved by NBCC as an Approved Continuing Education Provider, ACEP no. 6824. Programs that do not qualify for NBCC are clearly identified. The Alabama Department of Mental Health, Office of Deaf Services is solely responsible for all aspects of this program. Participants completing the program may earn up to a total of 5.0 CE Hours.*
- *is approved by the Commission on Rehabilitation Counselor Certification (CRCC) to sponsor continuing education credits for counselors for this training for 4.0 contact hours.*

**REGISTRATION FOR FRIDAY, APRIL 29, 2022 (Hearing/Non-signing providers)
Deaf Individuals and the School to Prison Pipeline: Risk Factors, and Reformation Strategies
with Gabriel Lomas**

Registration deadline April 25, 2022. Registration fee waived for employees of ADMH, QMHI-Supervisors, employees of ADMH Community Mental Health Centers, and contracted Substance Abuse provider agencies.

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Registration fees March 16, 2022 or after

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\$30 Registration fee- full time ITP or Counseling Students (Non-certified, non-working).

FOR ADDITIONAL INFORMATION, SPECIAL ACCOMMODATIONS, ETC:

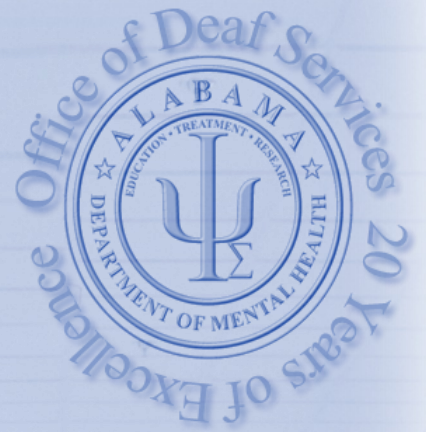
Office of Deaf Services
Alabama Department of Mental Health
PO Box 301410, Montgomery, AL 36130
FAX: 334-242-0796
DACTS@mhit.org



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**In the event the workshop is cancelled, you will be notified by email.
No refunds will be provided for participant cancellation.**



20th Mental Health Interpreter Training Core Program

August 1-5, 2022

A VIRTUAL TRAINING

A Presentation of:

**Mental Health Interpreter Training Project,
Office of Deaf Services, Alabama Department of Mental Health.
In Partnership with ADARA**

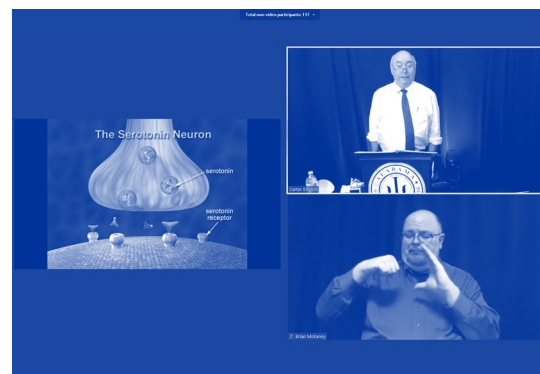
Application available [here](#).

The Institute Is:

A 40+ - hour course designed to provide a sound basis for clinicians and interpreters to work effectively in mental health settings as part of a professional team. It includes lectures, demonstrations, exercises, evaluation and discussion to develop knowledge, skills and resources to ensure that services are linguistically and culturally appropriate.

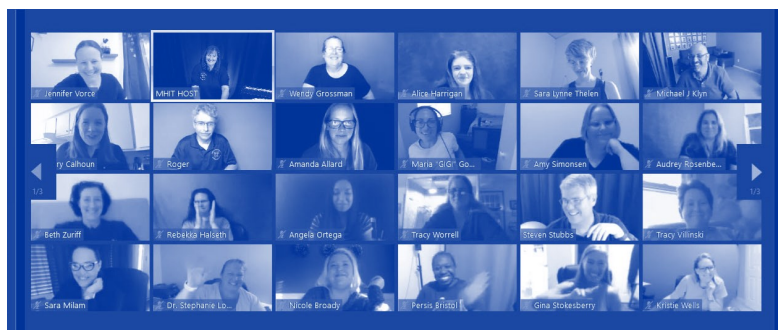
- It will include introductions to:

- ✓ Medical and mental health systems and culture, considering individuals who are deaf
- ✓ Sources of communication breakdown associated with mental illness and treatment for individuals who are deaf
- ✓ Clinicians and Interpreters: roles, tools, and resources,
- ✓ Severe language dysfluency and Visual - Gestural Communication,
- ✓ Psychiatric emergencies,
- ✓ Support groups and Community Mental Health Services, and
- ✓ Demand-Control Theory applied to mental health/deafness work.



Presenters include: Bob Pollard, Robyn Dean, Roger Williams, Steve Hamerdinger, Charlene Crump, Brian McKenny, Kent Schafer, Amanda Somdal, and others.

WHO SHOULD ATTEND:



Candidates for the Alabama Mental Health Interpreter Training (MHIT) Interpreter Institute are selected based on a screening process that ranks the suitability of registrants for available vacancies based on the following categories; Formal education, interpreting certification/licensure, interpreting experience, involvement in the mental health community, involvement in the language community, continuing education, and residency. This training meets the pre-practicum training requirement of interpreters working towards Certification as a Qualified Mental Health Interpreter according to Alabama State Code 580-3-24.

COST OF TRAINING: *A minimum of 40 clock hours will be offered for the training.*

	Through April 15	After April 15	Day Rate
Participants	\$390	\$425	\$110
Alumni	\$290	\$325	\$90

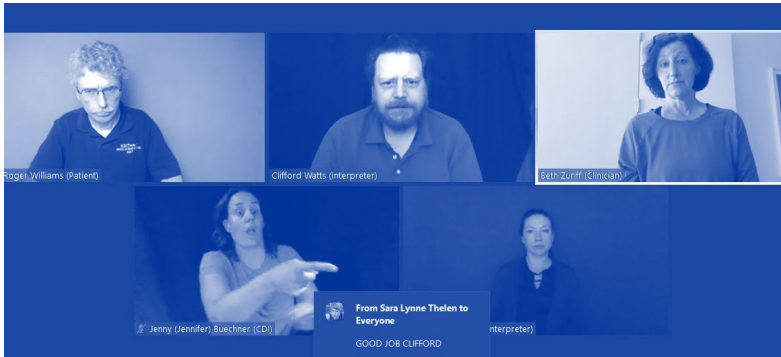
- Before July 1st refunds will be provided upon written request minus 15% processing and handling fee.
- **Refunds will not be provided after July 1st, however, registration fees will be applied to the subsequent year.**
- Discounts available for groups of six (6) or more from the same entity. Must have a single payer. See www.mhit.org for further information and restrictions
- Applications reviewed on first-come, first-serve basis. Student participation is limited to four students. **Note: Students who apply for worker status must submit evidence of full time status in a recognized University Program along with faculty recommendation.** Contact info@mhit.org for more information.

Information You Can Use:

Learning Management System

Participants are responsible for joining MHIT's LMS where the department will post information and updates related to the training. This is also the mechanism for which you will receive copies of handouts and additional information.

- A link for the MHIT 2022 class will be sent to participants upon acceptance into the program



Application:

- This is a competitive class, in which all participants are scored based on a rubric.
- Once your application has been scored, you will be contacted regarding your registration status.

Payment

- You do not need to submit payment with your application.
- Once accepted, you will be invoiced and will have 30 days to submit payment based on the rate of the date your application was received.
- After 30 days, the rate at the time will be in effect and you risk losing your slot in the program.

Remote Requirements

- This webinar will be presented via an online platform.
- To participate in the training, you will need to have access to: a computer, high speed internet connection, and a camera.
- It will be best viewed on a tablet or computer. Viewing it on a phone will severely limit your ability to see the material. There will be a PowerPoint, presenter, and at times, an interpreter, on the screen.
- Additional information including links to specific courses will be sent to you prior to the training.



Continuing Education

- Continuing education will be provided for RID, NBCC, CRCC, and Social Workers.

For More Information on MHIT:

Get up-to-date information at the MHIT website: www.mhit.org.
Current information and updates will be posted there.

OFFICE OF DEAF SERVICES

Among the one in five Alabamians who will need mental health services in their lifetimes are more than 39,000 people who are deaf or hard of hearing.

Because deafness or hearing loss pose their own challenges in coping with risk factors and accessing and receiving treatment services, the Alabama Department of Mental Health has established an Office of Deaf Services to break down the barriers

NEWSLETTER:

For copies of our newsletter, "Signs of Mental Health" contact our office or go to www.mhit.org/quarterly-newsletter.html to see current copies.



CERTIFICATION QUESTIONS:

You do not have to be nationally certified to take the training. It is **competitively based**, however, which could impact an individual's acceptance into the program. Individuals who are Deaf, especially those working in the mental health field or who work as CDI's are encouraged to apply. Alumni of the program are welcome to attend. We reserve the right to cancel the training if minimum class size is not obtained. In the event of cancellation, registration fees will be refunded, however DMH will not be responsible for other costs incurred.



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Please Note: The language of the conference is not prescribed. We do ask participants to be mindful and sensitive to the fact we have deaf participants and communication choices take this into consideration. We also ask that participants are respectful of other's choices.

Mentoring and Clinical Supervision

Our staff interpreters provide clinical supervision and mentoring for interpreters who complete MHIT and work in the field. They also are actively providing workshops around the country.

Online Learning:

Online training in hot areas relating to Deafness and/or interpreting and Mental Health. Pre-registration required. Continuing Education Credit Offered

Clinical and MH Interpreter Trainings

MHIT periodically offers workshops on various topics related to Deafness and/or interpreting and Mental Health.

For more information

www.mhit.org

Follow Us On Twitter

Like Us on Facebook



Join Our Team!

We Are Hiring!

In 2022, ODS will embark on an exciting new venture, linking our residential programs and new crisis services work.

This significant expansion will create a number of new positions.

- Deaf Therapists (3)
- Deaf Care Workers (6)
 - Interpreters (3)
- Peer Support Specialist

Why Join Our Team?

- We are cool!
- 20 years of trend setting work in Deaf Mental Health Care
- Outstanding training and promotional opportunities
 - Alabama is an outdoor lover's paradise

Come join our team!

For More Information

Contact Steve.Hamerdinger@mh.alabama.gov (334.239.3558)

or

Visit Us At

www.mhit.org,

and <https://mh.alabama.gov>

[#AlabamaMHIT/](https://twitter.com/AlabamaMHIT)



Important Recent Articles of Interest

Source: Chovaz, C. J., Russell, D., & Daly, B. (2022). Lived experiences of deaf Canadians: What we want you to know!. Canadian Psychology/Psychologie |canadienne. Advance online publication. <https://doi.org/10.1037/cap0000313>

Abstract: The purpose of this study is to explore the lived experiences of 16 Deaf Canadians ages 18–85 years in relation to their well-being. Quantitative measures were used as descriptors of well-being, and qualitative measures explored open-ended narratives. Results indicated that as a group, this sample was of normal cognition, moderately depressed, moderately anxious, and slightly satisfied with their lives. Thematic analysis yielded a rich understanding of the intersection of systems that surround the family of the Deaf individual. These included the medical, educational, employment, government, and societal systems, which are influential from the earliest years, often in negative, enduring ways. Overlaid on all of these systems is Canadian legislation which is meant to address human rights, language recognition, and disability access acts. Recommendations are offered to close the gap of policy and practice, which will ultimately better the lives of Deaf Canadians as well as our society at large.

Source: Halder, N., & Tripp, E. (2022). A systematic review of the content and modality of hallucinations in prelingually deaf people with schizophrenia. International Journal on Mental Health and Deafness, 5(1).

Abstract: Objective: This systematic review aims to explore the various modalities through which hallucinations occur and comment on any patterns in the content described. Methods: Studies were identified by conducting a search of NICE databases using the key words “deaf” and “hallucinat*”. Databases included PubMed, PsychINFO, EMBASE, Medline, HMIC, HBE, CI-NAHL, BNI, AMED. The studies obtained were then

assessed for inclusion according to the eligibility criteria. Both quantitative and qualitative data was extracted. Results: 10 studies were included for the review. Prominent hallucinatory content included religion, sex, and hallucinatory content of a paranoid nature. Auditory and visual hallucinations occurred to an almost equal degree, with both modalities being particularly prevalent. Conclusion: Numerous accounts of patients “hearing voices” were obtained, although significant debate surrounds this issue. Possible explanations for these findings are discussed in detail in regards to deafness history, psychodynamic factors and methodological biases. Greater efforts must be made by future researchers to tailor their design and methodology specifically to the deaf population. This will enhance the validity of findings and enable conclusions to be drawn more confidently.

Source: May, Shoshana Elisheva. Perspectives from the d/Deaf and Hard-of-Hearing Population on Deaf Mental Health Care Throughout the Lifespan. Diss. Rutgers The State University of New Jersey, Graduate School of Applied and Professional Psychology, 2021.

Abstract: This study seeks to examine the perspectives of people who are d/Deaf and Hard-of-Hearing (d/D and HoH) on their experiences accessing and receiving culturally competent mental health services (aka: Deaf Mental Health Care [DMHC]). Is it estimated that out of all d/D and HoH people who require mental health services, only 2% receive them (Vernon, 1983). Access to culturally competent mental health care among minority and marginalized populations has historically been a public health crisis. To date, there has only been one study done regarding DMHC that draws on the experiences of the d/D and HoH. This study aims to add to the small body of research whose outcome is to empower and elevate the voices of the d/D and HoH and value their experiences. The conclusions of this and similar studies can be used to inform research, policy, and access to services. Specific areas that were assessed in this study included: parental hearing and signing status of parents with children who are d/D and HoH, past education and access

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to counselor(s) during school, quality of client interaction with mental health practitioners, competence of mental health practitioners to provide treatment, and the use of interpreters in mental health settings. This study used Grounded Theory to explore the above mentioned areas as it pertains to the d/D and HoH Community through one on one interviews between the PI and the participants. Strauss and Corbin's (1990) qualitative framework was utilized in coding the content from interviews using a four-step process of constant categorical analysis: open coding, axial coding, selective coding, and developing theory. The interview data provides valuable and unique qualitative evidence of the experiences of the d/D and HoH in receiving DMHC as well as revealing barriers they face in receiving mental health services and other support services through childhood and adolescence. This data may serve as a needs assessment from the Deaf Community to inform evaluation, services, and policy in the future.

Source: Mathews, E., Cadwell, P., O'Boyle, S., & Dunne, S. (2022). Crisis interpreting and Deaf community access in the COVID-19 pandemic. *Perspectives*, 1-19.

Abstract: Scientific and public health knowledge must be communicated efficiently to the public during a health crisis to allow communities to prepare, respond and recover. Public briefings and national campaigns are important components of this communication, and sign language interpreting may be an element of this process. This paper examines the experiences of sign language interpreters during the COVID-19 crisis in Ireland and the UK, and explores their role in providing access to scientific and public health information for the Deaf or hard of hearing (DHH) community. Findings are based on interviews conducted in the first half of 2020 with 16 Irish Sign Language (ISL) or British Sign Language (BSL) interpreters or science communicators, 11 of

whom had direct experience of interpreting during COVID-19 briefings. These interviews constitute authentic accounts of sign language interpreters working during a global health crisis. Interviews were qualitatively analysed to discuss how specialised competence and scientific understanding factored into participants' experiences and to derive lessons to inform future crises.

Source: Mussallem, A., Panko, T. L., Contreras, J. M., Plegue, M. A., Dannels, W. A., Roman, G., Hauser, P.C., & McKee, M. M. (2022). Making virtual health care accessible to the deaf community: Findings from the telehealth survey. *Journal of Telemedicine and Telecare*, 1357633X221074863.

Abstract: Introduction: To reduce COVID-19 exposure risk, virtual visits became widely adopted as a common form of healthcare delivery for the general population. It is unknown how this affected the deaf population, a sociolinguistic minority group that continues to face communication and healthcare barriers. The survey's objective was to describe the deaf participants' experiences with telehealth visits. Methods: A 28-item online survey, available in American Sign Language and English, was developed and disseminated between November 2020 and January 2021. Ninety-nine deaf participants responded. Descriptive statistics were performed to assess the participant's virtual health care use, experiences, and communication approaches. Results: Seventy-five percent of respondents used telehealth at least once in the past 12 months ($n = 74$; age = 37.6 ± 14.5 years). Of those who used telehealth, nearly two-thirds experienced communication challenges (65.3%; $n = 49$). Half of the participants reported having to connect via a video relay service that employs interpreters who maintain general certification instead of a remote interpreter with specialized health care interpreting certifications for video visits with their health care providers ($n = 37$) and a third of participants reported needing to use their

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residual hearing to communicate with their providers (n = 25). Conclusion: Standard protocols for health care systems and providers are needed to minimize the burden of access on deaf patients and ensure virtual visits are equitable. It is recommended these visits be offered on Health Insurance Portability and Accountability Act-compliant platforms and include multi-way video to allow for the inclusion of remote medical interpreters and/or real-time captionists to ensure effective communication between the provider and the deaf patient occurs.

Source: Gravesande, R. (2021). FOR US, BY US: Why do we need an HBCU interpreter education program? (master's thesis). Western Oregon University, Monmouth, Oregon. Retrieved from <https://digitalcommons.wou.edu/theses/74>

Abstract: This research document can be used as a catalyst for a proposed interpreter education program housed at a Historically Black College and University (HBCU). Currently, there are not any education programs for sign language interpreters at these institutions. This research is cross-disciplinary between HBCUs and the sign language profession. A review of literature addresses issues in current interpreter programs under the phenomenon of 'White gaze' in the profession explained through the lens of anti-racist policies. The aims of this research were to answer: 1) What are the benefits of having an interpreter education program (IEP) at an HBCU? 2) Why is there a need for our (Black/African American) own space? and 3) If given the option, would current and former Black interpreting students have chosen to go to an HBCU for their IEP? Bishop State Community College is an HBCU that once offered an interpreting program. The program was analyzed through four semi-structured interviews with administrators and alumni. A look into the inner workings of the program was coupled with survey results. A mixed-methods approach uncovered five major themes from interview and survey data. Those themes are Culture, Positive Impact on

Black Deaf community, Increase Numbers/Representation, Racism/Microaggressions, and Program Structure. This study provides continuing conversations for recognizing the importance of not only diversifying the profession but educating the current/future pool of interpreters on serving, understanding, and working with the demographic of Black Deaf and hearing consumers, interpreters, students, and interpreter educators. ✍

Notes and Notables

Events and Honors in the ODS Family

An article on 988 and the Deaf Community was published which feature **Steve Hamerdinger** (<https://talk.crisisnow.com/988-and-deaf-services/>). He spoke with a national audience about the article at the Crisis Talk Jam the day after the article appeared.

Brian Moss has recently passed the RID/CASLI Generalist Knowledge Exam and is gearing up to take his CASLI Generalist Performance Exam for Deaf Interpreters.

ODS Administrative Support Assistant III, **Mary Ogden**, has scored a Novice+ on her recent SLPI interview. This means she is first signing ASA in the history of the department and the first ODS Director Steve Hamerdinger has ever had in his 30 years as a state director of deaf mental health services. We are very proud to have Mary on board and look forward to her improving her skills even more!

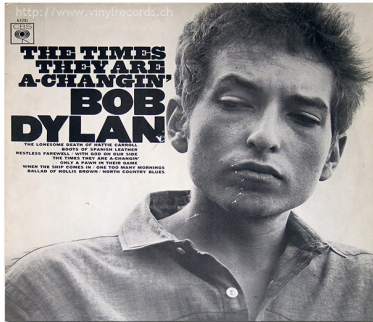
Christina Costello and **Kent Schafer** will be presenting at the National Deaf Counselor Conference in June 2022.

Lee Stoutamire-Ramirez will be presenting at the ALRID 50th anniversary conference this June in Mobile, Alabama.

The upcoming Region's Hospital Health and Wellness program in Minneapolis, will have its annual mental health conference for professionals working in the Deaf and Hard of Hearing community on May 6, 2022 and will headline ODS Director **Steve Hamerdinger** who will be talking about, "Deaf Mental Health Care: Where We Are and How We Got There."

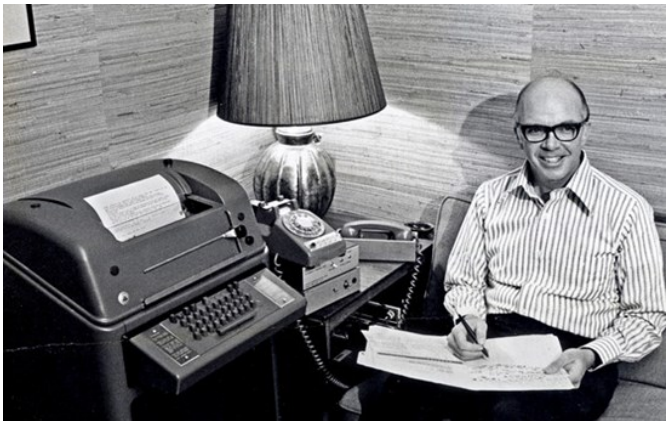


As I See It
Paul Hamedinger



*The line it is drawn
 The curse it is cast
 The slow one now
 Will later be fast
 As the present now
 Will later be past
 The order is rapidly fadin'
 And the first one now
 Will later be last
 For the times
 they are a-changin'*

relay services were in existence well before this time. I remember using the one at Gallaudet (then) College in 1972. In the early 80s, local governments in areas with large deaf populations began setting up relays. Olathe, Kansas was one such area, where due to the Kansas School for the Deaf and the nearby interpreter training program at Johnson County Community College, the ratio of deaf to hearing people was one of the highest in the country.



James Marsters, acoustic coupler co-inventor with Robert Weibrecht. Their device made it possible for TTYs to use regular telephone lines. The TTY shown is similar to the author's

At the beginning of each MHIT Interpreter Institute, I give a lecture on the history of deaf mental health care. What's remarkable about that history, if you look at the long span over the last 300 years or so, is that there really isn't much new under the sun. At the same time, things still look different now than they ever did in the past.

Part of it, of course, is the proliferation of technology. I remember how excited I was to get my 200-pound – OK, I exaggerated a little – Model 29 TTY and hauled it up the stair to my third-floor walkup apartment. Never mind that it only allowed me to communicate with a handful of people who also had the devices, which were made possible by an electrical engineer, Robert Weibrecht, and James Marsters, an orthodontist (!) (both of whom happened to be deaf). I thought it was incredibly liberating. Harry Lang, in “A Phone of Our Own: The Deaf Insurrection Against Ma Bell,” called it, “a technological declaration of independence.” It marked the change from a time when we had to physically go to another person's house to ask a question or worse depend on a hearing person to call another hearing person to give a deaf person a message. Let me tell you, that did not work well when I was a young man trying to set up dates! No more! We could “call” them on our shiny new TTYs. (Well, new to us, since TTYs were all decommissioned teletypewriters retired from use by Western Union in favor of more modern technology.)



Eventually, the steady proliferation of these devices, and the more compact electronic devices like the Porta-Tel, and the later highly successful Ultratech series, led to the establishment of government-funded relay services. Private

Wireless technology, in the form of pagers, created a sea change in how deaf people could communicate. Early Wyndtell devices gave way to Sidekicks, which ushered in an era of smartphones. The phone I carry in my pocket now has more power than the computers used to send Apollo 11 to the moon. Instead of sending text, I can use any number of apps that allow me to send either real-time or asynchronous video messages. Times, they have a-changed.



Changes create new challenges. When A.G. Bell (cursed be his name) managed to steal (Ok, be the first to file a full patent application) the idea of a telephone from Antonio Meucci, he single-handedly dealt deaf people a devastating blow to independence. This was pouring a mountain of salt into the open, gushing wound that was the 1880 Milan Conference declaration banning sign language in deaf education. PL 94-142 did nothing to

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help either, as it drove more and more kids into hearing classrooms, effectively isolating them from peers, incidental learning deaf adult role models, and language mentors.



Later, closed-captioning TVs and increased availability of internet access killed off a thriving network of deaf clubs, which in turn also had a devastating effect on the socialization of deaf children. We are in many ways, more behind than we were at the turn of the last century. Yes, we have better access to media than ever, but at immense cost to social development for deaf people.

Cochlear implants have created an opening for oralist irredentism. That's a fancy way of saying that there has been, over the last 20 years, a creeping push by the medical establishment to promote an auditory-verbal (AV) approach at the expense of sign language for all deaf people, with special focus on very young children. Instead of embracing teaching signs first, which ironically is promoted for hearing babies, AV proponents insist on "no signing allowed" approaches. This is the same failed method that was promoted in 1880 and has proven detrimental to generations of deaf children.


Research into language deprivation is powered by the thousands of "oral failures." Georg Hegel told us, "History teaches us that man learns nothing from history." To paraphrase one of my favorite writers, H.L. Mencken, "No one in this world, so far as I know ... has ever lost money by underestimating the intelligence of the great masses..." How is it that society will say "Oh! It's great you are teaching your hearing baby to sign. It will really help their language development." Then in the next breath say, "You can't teach your deaf baby to sign, it

will retard their language development." George Orwell called this "doublethink", which is the process by which people are expected to simultaneously accept two mutually contradictory beliefs as correct, often in contravention to one's own memories or sense of reality.

Psychoanalyst Theodor Reik wrote something interesting in a 1965 article, "The Unreachables." "It has been said that history repeats itself. This is perhaps not quite correct; it merely rhymes." It sure seems that society is dead set on repeating the same mistakes it made in the past, just doing it in a different way. It can be frustrating, especially for an old man like me who has lived through a couple of rounds of stupidity and now see it coming again. The military has an acronym for it: BOHICA. (This is a family newsletter, go Google it!)




H. L. Mencken

Yeah, "Times may be a-changin'" as Dylan wrote, but *As I See It*, the more things change, the more they stay the same. 

Editor's Notes

(Continued from page 2)

The annual Deaf and Clinical Training Series is back after a COVID-enforced hiatus. This time, it will be virtual, allowing for an expanded audience. Registrations received at press time are already running 100% over the previous largest audience. Dr. Gabriel Lomas will be talking about Deaf Youth and the Juvenile Justice System. More information begins on page 6.

Of course, the annual Interpreter Institute is coming up in August. It will be the 20th Institute, and that's a kind of a big deal around here. See page 12 for more details. 

ODS Job Announcements

Positions Now Available in Deaf Services

All the following positions require Competency in American Sign Language.
Refer to individual announcements for full details.

ODS Community Services

Region I Deaf Therapist: Based in Decatur, Alabama (near Huntsville)

SALARY RANGE: 80 (\$56,433.60 - \$86,037.60)

Serves as a therapist providing clinical services to deaf and hard of hearing consumers in a 13-county area in North Alabama. Requires Master's Degree in Counseling, Social Work, or Psychology. Must be licensed in discipline. (Option for hiring without license is available)

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_DS1_22-17.pdf

Region II Mental Health Interpreter: Based in Tuscaloosa, Alabama

SALARY RANGE: 80 (\$56,433.60 - \$86,037.60)

Works with individuals who are deaf or hard of hearing with severe mental illness, and who are consumers of the regional community. Covers 18 counties in west central Alabama. Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified as a QMHI (Qualified Mental Health Interpreter) or its equivalent. (Option for hiring without QMHI certification is available)

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_DS2_21-61.pdf

Deaf Care Unit at Bryce (New)

Administrator IV (Director of Bryce Deaf Care Unit): Based at Bryce Hospital in Tuscaloosa, Alabama

SALARY RANGE: 79 (\$53,707.20 - \$81,813.60 Annually)

Responsible for the overall professional clinical, ethical, and administrative activities of the staff and the overall care on a day-to-day basis of the patients on Bryce Deaf Care Unit. Responsible for overseeing and coordinating crisis response for deaf consumers across Alabama.

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_201_22-11.pdf

Deaf Therapist I (Social Worker): Based at Bryce Hospital in Tuscaloosa, Alabama

SALARY RANGE: 78 (\$51,177.60 - \$77,892.00)

To provide for the psychosocial needs of chronically, seriously mentally ill deaf adults and their families in linguistically and culturally appropriate ways, while ensuring that Medicare, Joint Commission, and hospital standards are being met.

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_201_22-14.pdf

Mental Health Interpreter: Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 80 (\$56,433.60 - \$86,037.60)

Works with individuals who are deaf or hard of hearing with severe mental illness, and who are patients in the deaf care unit or other hospital units in Tuscaloosa. Must be licensed or eligible for licensure by the Alabama Licensure Board of Interpreters and Transliterators. Must be certified as a QMHI (Qualified Mental Health Interpreter) or its equivalent. (Option for hiring without QMHI certification is available)

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_DS2_22-19.pdf

Recreation Activity Specialist I: Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 66 (\$32,097.60 - \$48,760.80)

This is professional work in activities or recreation services for the deaf patients on the Bryce Deaf Care Unit.

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_201_22-12.pdf

Deaf Care Worker: Based at Bryce Hospital in Tuscaloosa, Alabama (2 positions open)
SALARY RANGE: 50 (\$23,277.60 - \$32,925.60)

This is beginning level work for the care, habilitation, and rehabilitation of deaf and hard of hearing (D/HH) persons with co-occurring disorders of mental illness and chemical dependency at Bryce Hospital.

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_201_21-17.pdf

Certified Peer Specialist I: Based at Bryce Hospital in Tuscaloosa, Alabama
SALARY RANGE: 50 (\$23,277.60 - \$32,925.60)

The Certified Peer Specialist is to provide for the psychosocial needs of the seriously mentally ill, Deaf patients at the Bryce Deaf Unit by using their own personal experiences with mental illness and their own recovery experiences through sharing, building hope, and assisting patients with achieving their own personal recovery goal leading to discharge from an inpatient setting to the community.

https://apps.mh.alabama.gov/Downloads/ADHR/Announcements/Announcement_201_22-13.pdf



The reception area and nurses station of the new deaf unit. Story on pages 3

Additional Job Announcements

(Continued from page 21)

MENTAL HEALTH TECHNICIAN

Job Location: Clanton, Alabama (Deaf Group Home)

Site: Central Alabama Wellness

Two positions available: Thursday - Sunday , 10 pm – 8 am

To Apply: E-mail your resume to: recruiting@centralalabamawellness.org

Job Application: Click [here](#)

MINIMUM QUALIFICATIONS: HIGH SCHOOL DIPLOMA OR GED; **SLPI RATING OF AT LEAST INTERMEDIATE PLUS;** VALID ALABAMA DRIVERS LICENSE AND ACCEPTABLE DRIVING RECORD REQUIRED; FIRST AID AND CPR CERTIFICATION PREFERRED. ABILITY TO LIFT HEAVY OBJECTS (100 POUNDS). EXPERIENCE WORKING WITH PEOPLE WHO HAVE SERIOUS MENTAL ILLNESS PREFERRED. RELATED POST HIGH SCHOOL EDUCATION MAY BE SUBSTITUTED FOR EXPERIENCE.

PHYSICAL AND MENTAL REQUIREMENTS:

While performing the duties of this job, the employee will be required to communicate with peers, clients and/or vendors.

Performs duties that require the employee to stand and walk for extended periods,

Requires ability to operate a vehicle and make sound judgement while driving.

Work requires lifting of up to 100 pounds.

While performing the duties of this job, the employee is regularly required to stand, sit; balance, walk, talk, hear, push, pull, bend, reach, lift, grasp and use hands and fingers to operate home equipment and computer and telephone equipment.

PRIMARY JOB FUNCTIONS AND PERFORMANCE EXPECTATIONS:

Learns and utilizes Chilton Shelby Mental Health Center policy and procedures.

Directly supervises the clinical care of clients.

Observes clients taking medications and provides verbal assistance to clients as needed.

Provides BLS training (individual and group) based on the clinical needs of the clients and submits documentation that meets DMH/Medicaid requirements.

Responds to client crisis or emergencies as needed.

LIFE SKILLS SPECIALIST- SIGN LANGUAGE PROFICIENT

Job Location: Woodville, Alabama

Site: Mountain Lakes Behavioral Health

Shift/Hours: Part-Time and PRN (as needed) positions available

Pay Grade: 11 (\$12.73-\$18.11) Starting pay is \$14.32 per hour

REQUIRED QUALIFICATIONS:

This position minimally requires a high school diploma or equivalent, valid driver's license, CPR and First Aid certification (on-the-job training provided), and shall hold at least **Intermediate Plus** level fluency in Sign Language as measured by the Sign Language Proficiency Interview (SLPI).

SUMMARY OF RESPONSIBILITIES:

This is a direct service position for a group home for deaf and mentally ill residents. Duties will include assisting with day to day tasks of the home as well as helping develop basic living skills for the residents.

TO APPLY:

Resumes may be e-mailed to hr@mlbhc.com , faxed to 256-582-4161, or USPS to: MLBHC-HR, 3200 Willow Beach Road, Guntersville, AL 35976.

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 practicum and a comprehensive examination covering all aspects of mental health interpreting.

(Alabama licensed interpreters are in Italics) † Denotes Certified Deaf Interpreters . *Denotes QMHI- Supervisors.

Alabama

Cindy Camp
*Charlene Crump**
Wendy Darling
*Keshia Farrand**
Lisa Gould
Mary Beth Grayson
Nancy Hayes
Jennifer Kuyrkendall
LaShawnda Lowe
Dee McElroy
*Brian McKenny**
Kenton Myers
Frances Smallwood
Pat Smartt
Lee Stoutamire
Dawn Vanzo
Debra Walker

Alaska

Laura Miller

Arizona

Crystal Lentz

California

Meagan Kelly
 Michael Klyn
 Jessica Poitevin

Colorado

Susan Faltinson

Delaware

Jennifer Janney

District of Columbia

Sarah Biello

Florida

Stacy Lawrence

Georgia

Persis Bristol
*Sereta Campbell**
 Lori Erwin*
 Pam Hill
 Debbie Lesser
 Earnestine Lowe
 Jasmine Lowe*
 Thai Morris
 Leah Rushing
 Erin Salmon*
 Tomina Schwenke
 Aaron Shoemaker
 Janet Whitlock
 Mariah Wojdacz

Hawaii

Darlene Baird

Illinois

Susan Elizabeth Rangel†...

Kentucky

Jessica Minges

Maine

Judy Shepard-Kegl

Massachusetts

Roxanna Sylvia

Michigan

June Walatkiewicz

Denise Zander

Minnesota

Dixie Duncan

Emily Engel

Jenae Farnham

Brandi Hoie

Becky Lukkason

Paula MacDonald

Melissa Marsh

Margaret Montgomery

Nicollette Mosberg

Adeline Riley

Bridget Sabatke*

Sarah Trimble

Tracy Villinski

Shawn Vriezen†...

Missouri

Stacy Magill

New Jersey

Kacy Wilber

New Mexico

Rebecca DeSantis

Andrea Ginn*

Claudia Mansilla

Rhiannon Sykes-Chavez

New York

Danielle Davoli

Julayne Feilbach

Jamie Forman

Tara Tobin-Rogers

North Carolina

Kathleen Lamb

David Payne

North Dakota

Renae Bitner

Ohio

Rebecca Conrad-Adams

Kathleen Lanker

Oregon

Claire Alexander

Patrick Galasso

Christina Healy

Jolleen Ives

Christina McDaniel

Sandy Pascual

Ali Ray Perrin

Colleen Thayer...

Pennsylvania

Denise D'Antonio

Lori Milcic

South Carolina

Nicole Kulick*

Holly May

Karena Poupard

Roger Williams*

Tennessee

Jenn Piroth

Angela Scruggs

Eric Workman

Texas

Cali Lockett

Beth Moss

Nancy Pfanner

Utah

Melody Fico

Mistie Owens†...

Cody Simonsen

Virginia

Rachel Effinger

Christina Jacob

Washington

Lacey Darby

Melissa Klindtworth

Andrea Nelson

Donna Walker

Eloisa Williams

Wisconsin

Scottie Allen

Melanie Blechl

*Katherine Block**

Tera Cater-Vorpahl

Tamera Fuerst†

Amanda Gilderman

Carol Goeldner

Debra Gorra Barash

Sue Gudenkauf

Lisa Heglund

Karen Holzer

Nicole Keeler

Maria Kielma

Tracy Kleppe

Sara Miller

Tim Mumm

Sandy Peplinski

Steve Smart

Leia Sparks

Henry Yandrasits

Cailin Yorot

Wyoming

Gail Schenfisch

Spain

Camilla Barrett

DEAF SERVICES DIRECTORY

Alabama Department of Mental Health

(Mailing Address) P.O. Box 301410

(Physical Address) 100 North Union Street, Suite 770, Montgomery, Alabama 36130

Central Office

Steve Hamerdinger, Director, Deaf Services

Steve.Hamerdinger@mh.alabama.gov

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Text: (334) 652-3783

Charlene Crump, State Coordinator

Communication Access

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Cell: (334)324-1972

Shannon Reese, Service Coordinator

Shannon.Reese@mh.alabama.gov

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Text: (334)-294-0821

Mary Ogden, Administrative Assistant

Mary.Ogden@mh.alabama.gov

Office: (334) 353-4703

Cell/Text: (334) 300-7967

Region I

DD Region I Community Services Office

401 Lee Street NE, Suite 150

Decatur, AL 35601

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Office: (256) 217-4308

Text: (256) 665-2821

Keshia Farrand, Regional Interpreter

Keshia.Farrand@mh.alabama.gov

Cell/Text: (256) 929-9208

Region II

Kent Schafer, Psychologist/Therapist

(See Bryce-Based)

Vacant, Regional Interpreter

Region III

Region III Community Services Office

3280 Dauphin Street, Building B, Suite 103

Mobile, AL 36606

Jag Dawadi, Therapist

Jag.Dawadi@mh.alabama.gov

Office: (251) 234-6038

Text: (251) 721-2604

Lee Stoutamire, Regional Interpreter

Lee.Stoutamire@mh.alabama.gov

Cell/Text: (251) 472-6532

Region IV

P.O. Box 301410

Montgomery, AL 36130

Amanda Somdal, Therapist

Amanda.Somdal@mh.alabama.gov

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Text: (205) 909-7307

Brian McKenny, Regional Interpreter

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Region V

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631 Beacon Parkway W, Suite 211

Birmingham, AL 35209

Christina Costello, Therapist

Christina.Costello@mh.alabama.gov

(205) 238-6079 phone/VP

Text: 334-324-4066

Jennifer Kuyrkendall, Regional Interpreter

Jennifer.Kuyrkendall@mh.alabama.gov

Cell/Text: (334) 328-7548

Bryce-Based

Bryce Psychiatric Hospital

1651 Ruby Tyler Parkway

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Kent Schafer, Statewide Psychologist

Kent.Schafer@mh.alabama.gov

Office: (205) 409-4858 (VP)

Text: (334) 306-6689

Vacant, Interpreter

Allyssa Cote, Interpreter

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Cell/Text: (334) 303-0411

Brian Moss, Visual Gestural Specialist

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