DEALING WITH A CHANGED WORLD:
HOW ODS HAS ADAPTED
MHIT Goes Virtual

The Mental Health Interpreter Training (MHIT) Project will be conducting its eighteenth training August 3-7, 2020. This year has been full of challenges for our nation. One of those challenges has been the COVID-19 pandemic, as a result, the leadership of MHIT decided that for everyone’s safety, the training would be conducted remotely. This has been a major undertaking for our office. Most webinars consist of a one-off workshop of various lengths, but MHIT is a cluster of workshops from multiple presenters in several locations across the United States presenting to participants from all over. The presenters have been and are the best in the field when it comes to mental health interpreter training and we are delighted that they have been willing to enter in this new adventure to make sure that MHIT occurs this year. One of the aspects of MHIT is always the “extras” and the amount of detail that has been included in the planning – maintaining all of these features (OTJ, Poster sessions, Diversify, meeting the presenters, networking with others in the field, etc.) are challenges to consider.

As with all opportunities for growth, comes change. One significant change is the decision to run the MHIT Alumni consecutively. The Alumni track open to anyone who has taken MHIT in a year prior to 2020 and will run August 10-14, 2020. This allows us to conserve bandwidth from our central location and to rally resources in a consecutive manner. It also opens up the opportunity for alumni who register for the CORE training to attend both weeks and earn up to 8 CEUS/80 Clock Hours.

The trainings will run through Zoom and CourseSites. A section of the training will be included in an asynchronous format on CourseSites which will offer additional continuing education opportunities to participants and reduce some of the time learning through Zoom. The Zoom classes will be live.

Editor’s Notes

What a ride the year 2020 has been so far. We are halfway through it and most of us are feeling a bit like Roberto Duran in the eighth round of his 1980 fight with Sugar Ray Leonard II. “¡No Mas!” (Ok, yes, the Editor is old!)

Feeling somewhat Nietzschean, perhaps, but we are reminded of the adage, “Was mich nicht umbringt macht mich starker,” or “That which doesn’t kill me makes me stronger.” Reading through this issue of Signs of Mental Health has been an inspiration. In the face of adversity, the ODS team is indeed becoming stronger.

Deaf people in Alabama living with mental illness have been able to access clinical help more quickly during the pandemic than before it. If this sounds strange, consider that the increased use of telehealth has made ODS clinicians more accessible and more efficient. It has also made mental health centers more willing to consider non-traditional delivery approaches. You can read about some of these on page 4.

We are learning new skills and new ways of thinking about how we do things. One example is the upcoming Interpreter Institute of the Mental Health Interpreter Training Project (MHIT). You can read about plans above.
The Office of Deaf Services has lost a dear friend. Rev. Jay Croft was called home to be with the Lord on April 2, 2020, in Frederick, Maryland after a long battle with cancer. He was 78. His passing deeply effects all of us here at the Office of Deaf Services. He is survived by his wife of more 50 years, Frances and two daughters and two granddaughters.

Born February 24, 1942, in Bloomfield, CT, he became deaf after being sick with spinal meningitis. He attended public schools in Bloomfield and Clarke School for the Deaf. His He earned a BA degree in English at Simpson College in Iowa, where he developed a widely renowned gift of gab. As one wag put it, “He was never at a loss for providing an apt (or not so apt!) quote from literature at opportune (and inopportune!) times.”

Rev. Croft, in many ways, is the “godfather” of ODS. His advocacy in the mid to late 90’s laid the groundwork for the Bailey vs. Sawyer lawsuit which led to the establishment of ODS and with it, the beginning of true Deaf Mental Health Care in Alabama. Working with other key leaders and advocates in the state, Rev. Croft helped guide the eventual shape of ODS. He was tenacious in fighting for regional programs under ODS, even though the Department of Mental Health wanted to contract those services to the mental health centers. While initially those services were contracted out, Rev. Croft diligently collected evidence that this was not working and within two years he was able to convince ADMH officials to pull those contracts and establish regional offices under ODS.

Rev. Croft became the third rector of St. John’s Episcopal Church for the Deaf in 1995. In addition to being the spiritual leader of the congregation, Jay gained a reputation as a tireless advocate for Deaf Rights. He was successful in several civil rights cases that improved medical and hospital services for deaf people in Alabama. Since the movement for civil rights for deaf people resembled the movement for civil rights for black people, Rev. Croft worked tirelessly to bring an exhibition, History Through Deaf Eyes, to the Birmingham Civil Rights Institute. He also brought about the captioning of the videos at the Institute.

Rev Croft served on numerous councils and advisory board related to disability rights and was outspoken on all of them. It has been said many times that a meeting wasn’t complete until he had weighed in on some important matter or other. His advice was always sage and his opinions were highly respected.

His wife, Dr. Frances Ralston, who earned her clinical psychology doctoral degree from Gallaudet University, chaired the Alabama Association of the Deaf Mental health Task Force for several years. After the establishment of the Bailey Deaf Unit, Dr. Ralston became the psychologist there. Following the closure of the unit, she joined the ODS staff as a statewide psychologist, enabling deaf consumers around the state to benefit from her expertise.

After “retirement” from full time ministry in 2005, Rev Croft and Dr, Ralston lived for a few years in Montgomery where she continued her work in psychology, and he worked to establish a deaf congregation in Montgomery and served as Priest in Charge of St. Mark’s Deaf Church in Mobile. They then moved to Maryland to be closer to their family and Rev. Croft remained active in ministry at Saint Barnabas Episcopal Church of the deaf in Frederick.

Rev. Croft received the Meritorious Service Award from the Episcopal Conference of the Deaf plus commendations from the Alabama Department of Vocational Rehabilitation, the Alabama Association of the Deaf, the National Association of the Deaf, and the Council of Organizations Serving Deaf People. He also received the 2007 Gallaudet University Alumni Association’s Pauline "Polly" Peikoff "Service to Others" Award in 2007. This prestigious award is given to an individual, hearing or deaf, from within the deaf community who has contributed of himself or herself, especially as a volunteer, to the community.
The world has drastically changed due to the COVID-19 pandemic. So too has the Office of Deaf Services. State agencies across Alabama, including the Department of Mental health, have been and still are working on addressing how to continue their daily operations serving Alabamians. The Office of Deaf Services has been given unwavering support of ADMH to be able to continue providing clinical and interpreting services to deaf people with mental illness across the state.

This has been greatly aided by several significant Federal moves, such as the temporary relaxation of telehealth rules related to HIPAA with respect to telecommunication platforms that may not have previously complied with the privacy rules issued by the Department of Health and Human Services. This relaxation has greatly contributed to the ability of ODS to conduct field operations during a time when face to face meetings have not been possible.

**Transitioning to Remote Services**

The Clinical team has most notably seen a large increase in contact hours with consumers across the state with telehealth capabilities. Remote capabilities have seemed to reduce barriers that some consumers may have faced, such as the lack of access to dependable transportation to community mental health centers to receive services. These remote capabilities have also freed up time that used to be devoted to driving for the clinical staff and can now be used to be more available to consumers. The ability to leverage technology that is mostly already in most consumers homes, has provided clinical staff with better opportunities to work with consumers during these uncertain times. Capitalizing on social media platforms, the clinical team has also developed and shared resources to the public about virtual support groups, safe activities to do during this quarantine and frequently sharing contact information for the public in need of mental health services in designated regions.

Another transition that has taken place and has been quite effective, is discussed in a later article in this issue - remote Alternative Therapeutic Treatment sessions for consumers at Bryce Psychiatric Hospital.

Fortunately, all ODS staff members are familiar with how to utilize Zoom, since ODS has offered free internal video remote interpreting services since early 2019 to mental health centers across the state for walk-in or emergency needs with the platform. Interestingly enough, some mental health centers chose not to or were unable to support video remote services in the past. These centers are now utilizing telehealth and thus it has become easier to use video remote services during this pandemic. While many community mental health centers and substance abuse clinics have been willing and able to support video remote services, challenges appear to stem mostly from providers who are uncomfortable with video remote services and internet availability in rural areas. This is a common issue seen across the country. Despite these challenges, ODS regional interpreter coordinators have been diligently working with these centers in creative ways to ensure that deaf and hard of hearing consumers are still receiving services. One example of several creative solutions has been providing onsite services in the center’s parking lot while maintaining social distancing and wearing personal protective equipment.

**Professional Development**

Most of the ODS field staff spend a large amount of time traveling between centers across Alabama. During this quarantine period, staff have been enthusiastically utilizing any minute of downtime between appointments and projects to engage in individual professional development. While this includes the usual mandatory workplace trainings, it also includes other professional webinars that field staff may not ordinarily get to participate in.

Beth Moss, one of the two Bryce-based mental health interpreters, has completed the four-week BEI English Prep webinar series and a “Best Practices in Team Interpreting” webinar through Bridges for the Deaf and Hard of Hearing. Shannon Reese, the ODS Service Coordinator, was able to take online trainings from the National Criminal Justice Training Center, Helping Educate to Advance the Rights of Deaf Communities (HEARD), Tall Cop Says Stop and the University of Georgia. While she says she enjoyed all of the nine trainings she has taken so far, the most memorable trainings were from Tall

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Cop Says Stop, such as, “Synthetics to Opioids & Street Drug Trends to the Lab: Fentanyl, Bath Salts, Meth, Clothing Trends and More” and “High in Plain Sight: The Current & Expanding Youth Drug Trends (and Climate), Concealment, Drug Testing and More”.

Several ODS staff were able to participate in a very informative webinar intended for Spanish interpreters, which parallel with ASL interpreting considerations as well, called “Bilingual Assessments and Appropriate Use of an Interpreter” by clinical psychologist, Alexander Quiros. Another informative webinar several staff were able to take was “In-Betweenity: Gender, Sexuality, and Deaf People” by Octavian Robinson and Naomi Sheneman. Keshia Farrand and Katherine Anderson, Region I and V interpreter coordinators, participated in a three-part webinar workshop, “Trauma Informed Interpreting with Children” presented by nationally certified and BEI Master and Court certified interpreter, Andrea Bright-Fontana and clinical psychologist, foster and adoptive parent of deaf children, Jon Bergeron in May. This training covered the impact of trauma on the development of a child, techniques and strategies interpreters have available to them during assignments with children – particularly children in the foster care system, and what ethical boundaries can look like in this space. Brian Moss, Visual Gestural Specialist, has begun coursework for Gallaudet University’s 20-hour online course “Working as a Deaf Interpreter” though the Center for Continuing and Online Education. This course is designed for Deaf individuals to expand foundational interpreting skills and knowledge of the interpreting profession. The aforementioned trainings are just a glimpse into the various trainings the ODS staff have participated in.

ODS staff have also continued to provide remote professional development Shannon Reese and Keshia Farrand, both certified CPR instructors, were able to conduct CPR renewal trainings for many staff across the state who work in mental health. Amanda Somdal, the ODS Region IV therapist, provided two remote trainings for Alabama Institute for the Deaf and Blind (AIDB) staff. The AIDB Dothan Regional Center hosted “Coping with Grief” for the local deaf community and a presentation on “Release of Information: What You Need to Know about ROIs” for AIDB Deaf Case Managers and Regional Center Directors.

ODS has also continued with its internal Speakers Bureau series remotely. This year-long project is designed to develop and improve presentation skills, among the already talented clinical and interpreting teams, in a safe space. The project began with two fundamental presentations. The first was by Steve Hamerdinger on the basics of how to give a presentation – research, content, technology and other considerations. This was followed by a presentation by Charlene Crump on the fundamentals on paperwork, contracts, rates, travel considerations and presentation options. In April, Jennifer Kuyrkendall led an hour-long presentation on “K-12 and Mental Health Interpreting 101” and in May, Brian McKenny presented a new presentation from his collection, “The Impact of Counselor’s Theory on Interpreter Controls”. The remaining ODS staff on both Clinical and Communication Access teams are slated to present on a topic of their choosing during their assigned month.

**Bryce-Based Services**

The four ODS staff based at Bryce Psychiatric Hospital in Tuscaloosa, have continued daily to provide onsite services to the deaf men and women at Bryce and at the nearby Taylor Hardin Secure Medical Facility. The impact of the nationwide limited personal protective equipment has also been felt in Tuscaloosa. As both of these facilities are inpatient hospitals, there have been challenges related to the health safety of all staff and patients.

In efforts to curtail potential risk and exposure to patients, Central Office was able to recently purchase four...
Signs of Mental Health

SLPI:ASL Team’s CQI Efforts
In the previous edition of SOMH, it was reported that several of ODS staff participated in a week-long training from the national SLPI: ASL team in February. As a result of this training, the SLPI team realized that several areas of the rating process demanded constant recalibration and fine tuning to maintain the level of skill people expect from the work done by ODS.

A process called Continuous Quality Improvement seemed to be a good fit for what the team wanted and needed to maintain ODS’ commitment of excellence for those we serve. The first part of this involved creating various guides that cover specific portions of the rating process. ODS has also decided to set up continuous internal face-to-face review sessions throughout the year, to maintain skills for the entire team.

The process envisions setting up “teams” that focus on review and recalibration of skills in specific areas of the rating process. These areas, broadly, relate to the interview, the function and the form part of the SLPI: ASL.

One of our ongoing CQI efforts focuses entirely on rater skills needed to most accurately identify the SLPI:ASL functional level, which is the first step in the rating process. This CQI group is led by Keshia Farrand. The purpose of the SLPI Function Group is to ensure all raters on our SLPI team maintain their knowledge of what each function levels look like, how a rater applies this knowledge, what a rater looks for, and how raters use accompanying guide sheets to formulate their initial impression of the candidate’s skills, according to national standards.

The SLPI Function Group session are conducted by having participants review a previously recorded SLPI interview, with each participant sharing their initial independent rating of the candidate. This is followed by a group discussion of what characteristics of the functional level have been met for the candidate to achieve that range. Initially, previously viewed SLPI interviews from the national team training in February were used and were beneficial for our raters by allowing them to continue conversations from the initial functional level discussions. We will continue to have SLPI Function Group refreshers, indefinitely, twice a month for all ODS SLPI team members. Each session lasts about an hour and a half. All ODS staff are invited to attend, however, active raters will be expected to regularly participate.

ODS Response During COVID-19
(Continued from page 5)

tables and was a welcomed addition to the repertoire of the Bryce interpreting team. These tablets, which are set up to only access video remote platforms, will make communicating between patients and staff who are in patient areas to interpreters in a different location in the building, an option not available before. Thus, reducing the opportunity for exposure to patients from whom these facilities are their temporary homes. These tablets are also being used to expand therapeutic opportunities by giving Bryce patients access to community-based therapists, much like they had before the pandemic mandated the cessation of face to face clinical interactions with community-based staff rotating in once or twice a week.

Another challenge that all Bryce staff and Bryce Deaf Care Workers face was the issue of face coverings. As known in the community of ASL users, the ability to see another person’s mouth for ASL grammatical markers or lipreading is essential. This barrier was limiting the effectiveness of services between all Bryce, Taylor Hardin and ODS staff. Central Office was able to make arrangements to furnish free handmade clear face masks, by the multi-talented ODS Region I Therapist, Kim Thornsberry. Over 90 masks were distributed to Deaf Care Workers, onsite ODS staff and to hearing staff who frequently work with deaf patients.

Other Activities
ODS staff have also been involved in other activities related to COVID, such as providing interpreter services for the Governor’s press conferences and participating in the state’s Function and Access Needs for Disabilities briefings. There efforts not only help our consumers keep up with news and resources, but also serve to raise awareness of the needs of the Deaf Community.

As long as the state continues to address COVID-19 related concerns, ODS will remain on the front lines helping to ensure not only the mental health of consumers but also their safety.

Brian McKenny interprets Governor Kay Ivey’s Press Conference
Bryce Alternative Therapeutic Treatments

Deaf patients at Bryce Psychiatric Hospital have been accustomed to a significant exposure to therapeutic interventions provided by ASL-fluent clinicians and interns onsite until recently. ODS Clinical staff and interns from across the state went to Bryce and provided information and support to these patients to help them better understand and cope with their mental illness. Since August 2019, there was a four-day rotation of morning and afternoon therapeutic opportunities. This consisted of groups and individual counseling with two clinical interns, a social worker, and three mental health therapists. Unfortunately, due to the COVID-19 pandemic and efforts to reduce exposure to Bryce patients, ODS discontinued sending community-based clinicians to the facility. In addition, the two clinical interns were reduced to being at Bryce to one day a week and internal facility restrictions were put in place as safety precautions for all patients.

The ODS Bryce-based staff quickly noted a change with many of the deaf patients as these much-needed therapeutic interventions ceased. Thinking outside of the box, one way to modify treatment was to recruit ODS field staff who were working remotely participate in what the ODS Clinical Team is calling alternative therapeutic treatment. This approach would still allow patients to remotely engage with sign-fluent staff and to possibly provide a broader range of activities for therapeutic support and education that are directly relevant to the practice of mental health. As such, it was expected that compliance, lower rate of relapse, and improved psychopathological status would be observed.

In the first stage of this treatment approach, field staff volunteered throughout the morning and afternoon for 30-minute sessions, several days a week. Deaf patients gathered in a room around a computer, accompanied by either Brian Moss or Kent Schafer, and would connect to a Zoom video session with an ODS staff to begin the activity. These activities ranged from narrating a picture book, a Civil War tie to quilt-making and secret messages history lesson and Show and Tells - of the canine and plant variety, just to name a few. The most requested activity was Pictionary, and yes, it can be played in two different locations, as patients continued to request this activity days later. Through this virtual environment, patients were empowered to better understand materials and cope with their illness in a different manner than the limitations of the facility.

While in action, Moss and Schafer evaluated the patient responsiveness to these interventions for culturally and linguistically diverse treatment considerations. Responses observed set the foundation for numerous further treatment measures. Utilizing alternative therapeutic treatment through virtual means appears to increase compliance, lower the rate of relapse, and provide improved psychopathological status.

Feedback such as actively considering cultural context, mindfulness of deaf-specific strategies, and gearing their activity towards the designated group, were communicated to the next round of willing volunteers so they could tailor their activities for future sessions. The ODS Clinical Team will continue remote therapeutic activity for as long as it is necessary to provide support to the deaf men and women at Bryce.
Many Protective Masks Inhibit Communication with Deaf Community

Bryant Welbourne, UA Strategic Communications
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With the use of personal protective masks as a tool to prevent the spread of the coronavirus, those who are deaf have to adjust their normal means of communication.

Kent Schafer, a University of Alabama doctoral student who works with the Alabama Department of Mental Health’s Office of Deaf Services, has been a longtime advocate for the deaf community. As someone who is deaf, Schafer provides a personal perspective to his work and relates to issues in communicating with those wearing protective masks covering the mouth.

According to Schafer, American Sign Language is broken down and analyzed in the five separate features of handshape, palm orientation, location, movement and facial expressions. When one wears a protective mask, the element of facial expression is removed.

“Capturing nonverbal facial expressions, especially those from the mouth region, is critical,” said Schafer, studying school psychology in the UA College of Education. “It can be difficult to determine if someone is happy or sad when the mouth is covered. In addition, it’s equally difficult when the adverb component of language is missing because the facial expression can’t be observed.

“When one of the five parameters is removed, the language can easily lead to misunderstandings. I don’t think we would all enjoy breathing with only 80% of the oxygen or missing every other word in our conversation.”

While Schafer recommends the use of clear personal protective face masks that allow the face to be completely visible, this might not be an option for some.

When adjusting to communicating with those who are deaf, Schafer said to consider that some who aren’t deaf don’t know American Sign Language while some who are deaf can’t read English. To adjust, Schafer offers several traditional and inventive communication methods to bridge the gap.

Use pen and paper to help as well as voice-to-text software available on smart phones and other devices, he said.

“We also have to consider the urgency and intent behind the message,” Schafer said. “If it’s urgent or a simple way to connect, use gestures. Consider a thumbs up or down, motion to say ‘come over here’ or pointing out what we need to put our eyes on is helpful. There is nothing more critical than the ability to connect and mediate between two languages.”

Schafer’s dissertation project aims to evaluate the psychometric properties of existing communication skills assessments used by regional mental health centers. He believes an attitudinal barrier continues to be the biggest challenge in bridging the communication gap to improve the quality of future deaf students.

Recently named the 2020 UA School Psychology Most Outstanding Student, Schafer strives to be a research scientist by applying his findings through a series of interviews, writings or lectures related to learners and the learning process for what it means to be deaf. He is scheduled to earn his doctoral degree in May 2021 and wants to continue to advance the field of psychology in deafness after graduation.  

Intern Reflections

Liz Ogden – Interpreter Training Program Intern
Troy University

I had the pleasant opportunity to intern with ODS this 2019-2020 academic year. Over the course of this internship, I was able to observe and participate in various interpreting assignments, from business meetings to patient health check-ups and dentist visits. Before starting this internship, I didn’t know what mental health entailed, but I learned from ODS it includes interpreting services for staff, medical, dental, social work, religious, and all the other possible settings under the sun.

Lucky for me, my mentors took the time to prepare me for assignments and taught me ways to prepare on my own. Driving to and from assignments is where a lot of the prep and post work happened. I was able to discuss hypothetical situations with my mentors before arriving at the assignment and immediately after we could discuss areas that I either excelled in or needed more work. I was usually given some kind of homework related to the areas of focus -- which they will all tell you I hated! However, I cannot lie, they did help. Driving with my mentors gave me time to get to know them more and be able to ask them the “why’s” of interpreting for any particular assignment. Eventually I was able to start comparing assignments and interpreting theory.

Finishing the last half of my internship while in quarantine made for an interesting experience! I was able to work with more of the ODS staff across the state while focusing on finishing my schoolwork around interpreting assignments. This was hard to do while in a car driving around the state before social distancing went into effect. I was also able to get more experience with a variety of consumers because of the Stay at Home mandate. All of these factors only served to help me increase my interpreting ability.

ODS was a wonderful place to intern and I wouldn’t change my experience for anything. The interpreting and clinical staff were always positive and willing to help me with even the smallest of issues.

Marissa McBride – Clinical Mental Health Counseling Intern
Gallaudet University

In the last 8 months of my internship with the A D M H’s O D S, there were so many words to describe my experience. However, one word stands out to me above all - prosperous. Every day on my internship, I can honestly say I felt that I learned something new that will directly contribute to my knowledge and confidence. Also, in more ways than one, I have learned so much about myself through the entire experience on both a professional and a personal level. I couldn’t picture a better internship experience anywhere else than at ODS. I am forever grateful for the opportunity!

I must thank everyone who have been great supporters and role models throughout my internship, especially my supervisor, Kim Thornsberry. Kim has been fantastic considering she juggles many great tasks and responsibilities; yet, she always makes time for me whenever I needed her. Thank you, Kim!

ODS is proud to be a site where an impressive array of young minds have come to during their academic internships. This past year was no exception and two of our interns would like to share some parting words with readers.

ODS staff at the 2019 SERID Conference in Huntsville, Alabama
Thus claimed a case manager who couldn’t be bothered to schedule an interpreter for a home check. No, this wasn’t years ago, this was just this month. Here in Alabama. Uttered by one of the people working at one of the community mental health centers certified by the Department of Mental Health. After almost 18 years of educating, cajoling, regulating, consulting, and training, deaf people still have to endure this insulting put down.

Never mind that the law has made access to communication a right. Forget that community program standards state the consumer’s choice will be honored, that the consumer has made their choice known through the notification of free language assistance, that the communication assessment clearly delineates communication needs and accommodations. Ignore that treating any other minority group in such a way would create a firestorm of condemnation.

What is particularly frustrating is that there are still people who seem to think that it is okay to supersede the request of the consumer, and the careful assessments of sign-fluent experts, as if they know better than the consumer as to what works best. Perhaps the decision comes out of a belief that is needed is inconvenient, that communication is not essential in that appointment, or because of the misconception that I if understand what you are saying to me, you understand what I am saying to you.

It’s particularly gulling to see this now when it has never been easier to access interpreter services through ODS, what with remote interpreter services available in minutes. What can explain this action, except arrogance, ignorance, or indifference? Yet here we are.

It is just simply a reality that not all services deaf people with mental illness need can be directly provided by ODS. There are simply not enough professionals in all disciplines to do that. (Have you ever counted how many sign-fluent psychiatrists there are in the country? How many sign-fluent psychiatric nurses?)

In Alabama, a deaf person being served by mental health centers has an absolute right to linguistically appropriate services. They don’t have to justify their desire. It’s guaranteed them under law and program standards.

It’s regrettable, but there will always be people who act as if they are the sole arbitrators of what is appropriate and needed, rather than the consumer who has to live with the consequences of that decision. “It doesn’t matter what the Communication Skills Assessment says, I know better!” this case manager seems to say.

A less perverse, but no less insidious version of this occurs when well-intentioned people say, “Well, it takes too long and I need to get this done.” Granted, sometimes getting appropriate supports takes a little time, although the amount of time it takes in 2020 can be measured in minutes rather than days, as it was prior to the widespread use of telehealth technology. To not take advantage is inexcusable.

Sometimes, though, it is due to ignorance. Well-intentioned people who are willing to be educated are not the problem. The problem lies with those who have been instructed, who know the rules, but chose not to follow them. This is intolerable. Yet, we are stuck in the cycle of trying to educate them yet again.

Even parents, who sometimes due to concern or feelings of responsibility and guilt, may take directions contrary to what the consumer wants, sometimes will sabotage treatment. It takes compassion and understanding to work with those parents. Even then, we stand by helplessly while the consumer spins off on a tangent that will prove harmful to their recovery. We keep trying. We keep educating. We keep advocating.

It gets old. After nearly 18 years, we still find ourselves fighting the same battles we did when we opened the doors for business in January 2003. The good news is that these fights are now the exception and not the rule. Instead of being business as usual, these cases now command attention from the highest reaches of ADMH and universal consternation when they occur. These practices are no longer excused and minimized. Increasingly, mental health centers are quick to respond when we call to discuss these situations.

But there will always be that one case which seems to defy efforts to address amicably.

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Fortunately, there are resources. These avenues of redress for consumers, include filing a grievance with the Alabama Department of Mental Health’s Office of Consumer Advocates, Alabama Disabilities Advocates Program, the Federal Office of Civil Rights, and others.

We are proud to say that there is no better place for a deaf person with mental illness than Alabama. We aren’t perfect and our model has weaknesses that some strong local programs, like PAHrtners in Pennsylvania don’t have. Those programs are typically localized and can’t serve consumers in remote parts of their states – we can and do.

One thing that has been a hallmark of ODS since we began has been the ability to learn and adapt to challenges that have come up through the years. From the shuttering of all services in 2008, we devised a better delivery system than we had before. From the threat of MHIT being shut down in 2009, we built a self-supporting training program that is the envy of the world. We face new challenges as we enter the third decade of this century and the second decade ODS’ existence. How we respond to the changes in the crisis response system will be another opportunity.

The COVID pandemic has created challenges which has taught us all new ways to approach services. We should come out of this trying time more capable than we entered it. As I See It, the best lesson of all is that we can follow the Marine Corps motto, “Improvise, Adapt and Overcome,” to create a better system for serving deaf people with mental illness tomorrow.

During the Coronavirus Pandemic, ODS staff’s schedules changed. For most folks, it meant more hours that we didn’t have before due to no driving time and adjusting to the new way of providing services.

This led to an opportunity to create a video introducing ODS staff to the public and on social media. It was fun putting it together because the video showed the diversity of ODS staff.

We hope you enjoy putting faces with names of our wonderful staff: https://youtu.be/nOm2hZG6-w4

ODS would like to emphasize to readers, that the national Disaster Distress Helpline is available to anyone experiencing emotional distress related to COVID-19. Deaf or hearing callers can dial 1-800-985-5990 or text TalkWithUs to 66746 to speak with a trained crisis counselor. Deaf or hard of hearing callers may use any relay service provider to call this helpline.

If you or a person you know is experiencing severe emotional distress related to COVID-19, you can call the National Suicide Prevention Lifeline. Please keep in mind the three-digit number (988) for Suicide Prevention, is not currently active nationwide. Callers are encouraged to call the main number 1-800-273-8255. However, individuals who are deaf or hard of hearing can utilize several options to contact the National Suicide Prevention Lifeline located at: https://suicidepreventionlifeline.org/help-yourself/for-deaf-hard-of-hearing/ or can dial 988 directly if they own a Sorenson Videophone.
**Notes and Notables**

**Events and Honors in the ODS Family**

**Keshia Farrand** has been keeping busy by fostering 14 puppies! In her spare time, she has also been helping her local Colbert County Animal Shelter by participating in dog rescue transports to Lulu’s Rescue in Pennsylvania, Cache Creek Rescue in Illinois, and K9 Lifesavers in the DC area.

The College of Education at The University of Alabama awarded **Kent Schafer** with the 2020 Most Outstanding Student award in School Psychology. He is scheduled to complete his doctorate in the Spring 2021.

**Kim Thornsberry** has contributed her time handmaking, 600 accessible face masks for staff across the state who work with our clients! She has also made these accessible face masks for local hospitals and clinics who are servicing the medical needs of the general public.

**Katherine Anderson, Keshia Farrand and Jennifer Kuyrkendall** all recently purchased new homes. Congratulations and best wishes!

**Allyssa Côté** has been accepted into The Graduation to Certification Quest program through the CATIE Center. The program is designed for novice interpreters who are within one year of their graduation from an interpreting program, are planning to work with adults and aim to earn RID certification.

Brian Moss has enrolled in a course offered by Gallaudet University titled “Working as a Deaf Interpreter.” This provides practice with specialized skills most needed in the Deaf Interpreting field: English to ASL translation, reformulation and platform interpreting, and Pro-Tactile interpreting skills for working in the DeafBlind community.

**Educational Interpreters**

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<tr>
<td>has full access to student’s IEP/504 goals and objectives</td>
<td>handicapped by lack of access when they are texted</td>
</tr>
<tr>
<td>understands the importance of nonverbal cues in interpreting, classroom interactions, and other large group settings</td>
<td>not able to provide nonverbal cues during the event</td>
</tr>
<tr>
<td>professional support</td>
<td>other helpful ideas</td>
</tr>
</tbody>
</table>

**Brian McKenny**, Region IV Interpreter Coordinator, is in graduate school majoring in Counseling and Psychology. He is the second ODS staff person to enter this program. Charlene Crump complete her studies last year earning both Nation Board of Certified Counselors and Certified Rehabilitation Counselor credentials in the process.

Leadership Education in Neurodevelopmental and Related Disabilities (LEND) trainees and faculty are staying in touch and on track with virtual training opportunities, including our weekly Core Lecture didactic series. The April 8th presentation, Designing for Deaf, was presented in ASL by school psychology doctoral trainee **Kent Schafer**, who is deaf. The hearing participants were accommodated in this experience by interpreters who collaborated and supported Kent’s presentation via zoom. In addition, the College of Education at The University of Alabama awarded Schafer with the 2020 Most Outstanding Student award in School Psychology.

**Jennifer Kuyrkendall** (above) and Keshia Farrand give their presentations at the monthly ODS Speakers Bureau. These events are intended to both improve staff knowledge and presentation skills.

**Signs of Mental Health**
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.

Charlene Crump, Montgomery*  
Denise Zander, Wisconsin  
Nancy Hayes, Talladega  
Brian McKenny, Montgomery*  
Dee Johnston, Talladega  
Lisa Gould, Mobile  
Gail Schenfisch, Wyoming  
Dawn Vanzo, Huntsville  
Wendy Darling, Montgomery  
Pat Smartt, Sterrett  
Lee Stoutamire, Mobile  
Frances Smallwood, Huntsville  
Cindy Camp, Piedmont  
Lynn Nakamoto, Hawaii  
Roz Kia, Hawaii  
Kathleen Lamb, North Carolina  
Stacy Lawrence, Florida  
Sandy Peplinski, Wisconsin  
Katherine Block, Wisconsin*  
Steve Smart, Wisconsin  
Stephanie Kerkvliet, Wisconsin  
Nicole Kulick, South Carolina*  
Janet Whitlock, Georgia  
Sereta Campbell, Georgia*  
Thai Morris, Georgia  
Tim Mumm, Wisconsin  
Patrick Galasso, Vermont  
Kendra Keller, California*  
June Walatkiewicz, Michigan  
Melanie Blech, Wisconsin  
Sara Miller, Wisconsin  
Jenn Ulschak, Tennessee  
Kathleen Lanker, California  
Debra Barash, Wisconsin  
Tera Cater Vorpahl, Wisconsin  
Juleyan Feilbach, New York  
Sue Gudenkauf, Wisconsin  
Tamera Fuerst, Wisconsin†  
Rhiannon Sykes-Chavez, New Mexico  
Roger Williams, South Carolina*  
Denise Kirby, Pennsylvania*  
Darlene Baird, Hawaii  
Stacy Magill, Missouri  
Camilla Barrett, Missouri  
Angela Scruggs, Tennessee  
Andrea Nelson, Oregon  
Michael Klyn, California  
Cali Luckett, Texas  
Mariah Wojdacz, Georgia  
David Payne, North Carolina  
Amber Mullett, Wisconsin  
Nancy Pfanner, Texas  
Jennifer Janney, Delaware  
Stacie Adrian, Missouri‡  
Tomi Schwenke, Georgia  
Bethany Batson, Washington  
Karena Poupard, North Carolina  
Tracy Kleppe, Wisconsin  
Rebecca De Santis, New Mexico  
Nicole Keeler, Wisconsin  
Sarah Biello, Washington, D.C.  
Scottie Allen, Wisconsin  
Maria Kielsma, Wisconsin  
Erin Salmon, Georgia  
Andrea Ginn, New Mexico  
Carol Goeldner, Wisconsin  
Susan Faltinson, Colorado  
Crystal Bean, Arizona  
Mistie Owens, Utah‡  
Claire Alexander, Minnesota  
Amanda Gilderman, Minnesota  
Jolleen Hudson, Washington State  
Melissa Marsh, Minnesota  
Bridget Sabatke, Minnesota  
Adrienne Bodisch, Pennsylvania  
Beth Moss, Tuscaloosa  
Jasmine Lowe, Georgia  
Pam Hill, Georgia  
Lori Erwin, Georgia  
Jena Farnham, Minnesota  
Katherine Anderson, Birmingham  
Christina Healy, Oregon  
Becky Lukkason, Minnesota  
Leia Sparks, Wisconsin  
Roxanna Sylvia, Massachusetts  
LaShawnda Lowe, Prattville  
Jamie Forman, New York  
Leia Sparks, Wisconsin  
Jamie Garrison, Wisconsin (Emeritus)  
Deb Walker, Georgia  
Tara Tobin-Rogers, New York*  
Leah Rushing, Georgia  
Keshia Farrand, Tuscumbia*  
Lori Milicic, Pennsylvania  
Shawn Vriezen, Minnesota†  
Kathleen Drerup, Colorado  
Melody Fico, Utah  
Emily Engel, Minnesota  
LaVern Lowe, Georgia  
Paula MacDonald, Minnesota  
Margaret Montgomery, Minnesota  
Rachel Effinger, Virginia  
Karen Holzer, Wisconsin  
Rebecca Conrad-Adams, Ohio  
Dixie Duncan, Minnesota  
Brandi Hoie, Minnesota  
Renae Bitner, North Dakota  
Jennifer Kuyrkendall, Birmingham  
Jessica Minges, Kentucky  
Lisa Heglund, Wisconsin  
Colleen Thayer, Oregon†  
Susan Elizabeth Rangel, Illinois‡  
Tina McDaniel, Oregon  
Melissa Klindtworth, Washington  
Eloisa Williams, Washington  
Donna Walker, Washington  
Judy Shepard-Kegl, Maine  
Lacey Darby, Washington  
Danielle Davoli, New York  
Sandy Pascual, Oregon  
Christina Jacob, Virginia  
J. Eric Workman, Tennessee  
Kacy Wilber, New Jersey  
Cody Simonsen, Utah  
Laura Beth Miller, Alaska  
Adeline Riley, North Carolina  
Debbie Lesser, Georgia  
Sarah Trimble, Minnesota  
Henry Yandrasits, Wisconsin
This action research project focuses on one American Sign Language (ASL)/English interpreter’s mental health journey in the first two years of her professional career over two six-month periods. The aim of this study is to present strength-based interventions that may help support interpreters’ mental health and professional development. A secondary purpose is to reduce stigma by educating the ASL/English interpreting profession and opening a discussion about mental health. Burnout, compassion fatigue, and vicarious trauma are discussed as some of the complexities of mental health strain that ASL/English interpreters face in the field. Strength-Based Theory and Self-Efficacy Theory are used as the theoretical frameworks. The methods used in this project included journaling and grounded theory analysis. Strength-based interventions such as workplace accommodations, personal therapy, and coaching were utilized and implemented for the stabilization of the mental and emotional health for this interpreter. However, the results showed a lack of strength-based interventions accessible to this interpreter during the six-month periods. Such interventions may have been beneficial in the prevention of and recovery from mental health strain experienced on the job. Results show this interpreter achieved mental health stability yet lacked support when returning to work after a mental health leave of absence. Strength-based interventions, including supervision, extended internships, and the Mental Health First Aid training course are suggested for further research for the ASL/English interpreting field to reduce mental health strain. Mental health resources are listed at the end of the paper.

Levinger, M. Triad In the Therapy Room-The Interpreter, the Therapist, and the Deaf Person. Journal of Interpretation, 28(1), 5.

The Deaf Community is increasingly aware of the possibility of receiving professional help in coping with normative developmental tasks as well as with more complex emotional and mental difficulties. This is partly thanks to the development of services that are accessible to this population and the introduction of sign language interpreters into the therapy room for deaf people who know sign language. Although the introduction of interpreters has greatly enhanced communication between the therapist and the recipient of therapeutic services, all three participants must contend with the unique dynamics of the triad thus formed. Using various models, including Bowen’s model of the dynamics in a triad, this theoretical article explores from three perspectives the dynamics that may develop in individual therapy of deaf people: the creation of coalitions as each of the three individuals examines the relations of power and control in the room; coping with the feeling of increased exposure to a third person; and the creation of triangles as a mechanism for coping with the level of emotional stress.


There has been an increase in intimate partner violence (IPV) research regarding the deaf population; however, no studies to date obtained data directly from members of the deaf population who disclose IPV perpetration. This community-based participatory research study explored the social context of IPV perpetration involving the deaf population through interviews with deaf or hard-of-hearing individuals who self-identified as perpetrating either physical or sexual abuse in an intimate relationship where at least one partner was deaf. Through semi-structured interviews using video relay, an interdisciplinary research team, which included deaf investigators, explored questions which included IPV triggers, types of IPV, weapon use, childhood victimization, and interactions with first responders and response systems (e.g., criminal justice, medical). The types of IPV abuse, resulting injuries, and systems used are discussed. The team collectively identified key elements of abuse and their relationships to each other through concept mapping of each interview. Through a method of constant comparison, we identified several themes: intergenerational transmission of violence, fund of information concerns, communication barriers with family and friends and resulting frustration, and help-seeking challenges. Many of these themes are specific to the deaf population, illustrating the need for continued research to understand IPV in diverse communities. Findings are compared with IPV trends in the general (hearing) population, and prompt concerns that universal IPV interventions may not effectively address the needs of the deaf population. Recommendations for diversifying screening efforts, modifying screening tools, and tailoring interventions to better address IPV involving deaf and hard-of-hearing populations are discussed.
This chapter aims to provide an interpretation of the role of the mental health interpreter, using the concept of “third space” taken from the field of cultural translation and the psychoanalytical concept of transference/counter-transference. Such interpretation provides a unique and novel analysis of the work of the mental health interpreter through the perspective of the “third space”, thus enabling a broader view of the interpreter's role in the therapeutic session. The authors' insights are based on a reflective journal written by the first author while working as an interpreter during a parental training in a public mental health clinic in Israel. By reviewing the different roles, powerplays, and challenges in this third space, the authors will suggest some practical recommendation regarding the training and supervision of mental health interpreters, allowing them to serve as competent and ethical mediators between the patient and the therapist.


This study was aimed at validating the Individual Recovery Outcomes Counter (I.ROC) for deaf, hard-of-hearing, and tinnitus patients in a mental health care setting. There is a need for an accessible instrument to monitor treatment effects in this population. The I.ROC measures recovery, seeing recovery as a process of experiencing a meaningful life, despite the limitations caused by illness or disability. A total of 84 adults referred to 2 specialist mental health centers for deaf, hard-of-hearing, and tinnitus adults in the Netherlands completed the Dutch version of I.ROC and 3 other instruments. A total of 25 patients refused or did not complete the instruments: 50% of patients using sign language and 18% of patients using spoken language. Participants completed the measures at intake and then every 3 months. In this sample I.ROC demonstrated good internal consistency and convergent validity. Sensitivity to change was good, especially over a period of 6 or 9 months. This study provides preliminary evidence that the I.ROC is a valid instrument measuring recovery for hard-of-hearing and tinnitus patients using spoken language. For deaf patients using sign language, specifically those with limited language skills in spoken and written Dutch, more research is needed.


This article focuses on Deaf and Hard of Hearing college students’ experiences with school social work services. This study surveyed 136 Deaf and hard of hearing college students about their experiences with school social work services, their concerns about social workers’ competencies, and service delivery. The results of the study imply that school-based social work services should be culturally relevant and school social workers culturally competent. Furthermore, the results indicated that respondents ranked services they felt most comfortable asking about and which aspects of service delivery they felt were most important.


The purpose of this quantitative, variable-centered, correlational research design is to assess the mental health status of professional ASL/English interpreters currently working in the field. Specifically, this study looked at levels of anxiety, depression, and secondary stress within this population. It was postulated that many factors impact the mental health of professional interpreters; therefore, internal factors such as personality as well as external factors such as job demands were assessed. The findings of the research may prove helpful in developing future interpreter education as well as mental health care for current interpreters. A brief history of the profession is given including the occurrence of “gatekeeping” by the Deaf community. Various challenges in the field are described, including physical risks, difficult settings, and secondary trauma. Data were collected via a questionnaire; the Big Five Inventory (BFI); the Depression, Anxiety, and Stress Scales (DASS); and the Secondary Traumatic Stress Scale (STSS). The data collected were used to identify correlations between levels of anxiety, secondary stress, and/or depression in professionals entering the field. Commonality in personality traits among interpreters, certain traits having a propensity toward issues with mental health, and elevated rates of anxiety, secondary stress, and/or depression were found.
18th Mental Health Interpreter Training Core Program

August 3-7, 2020
Montgomery, Alabama

A Presentation of:
Mental Health Interpreter Training Project,
Office of Deaf Services, Alabama Department of Mental Health.
In Partnership with ADARA and Troy University

Complete information at www.mhit.org
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.

<table>
<thead>
<tr>
<th>Through January 31</th>
<th>Through March 31</th>
<th>After March 31</th>
<th>Day Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>$340</td>
<td>$390</td>
<td>$425</td>
</tr>
<tr>
<td>Alumni</td>
<td>$240</td>
<td>$290</td>
<td>$325</td>
</tr>
</tbody>
</table>

- 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.

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.

Get up-to-date information at the MHIT website: www.mhit.org. All information and updates will be posted there. If there are any discrepancies between this announcement and the information on the website, the website supersedes any information here.
MHIT Alumni Sessions is going VIRTUAL!

Thank you for your patience during this time of uncertainty. We have decided that, in order to maintain the safety of our staff, volunteers, and participants, hosting a virtual Alumni session this year is the best course of action.

We appreciate your understanding as we transition this training to a virtual platform.

More Information Coming Soon

- Before July 1st refunds will be provided upon written request.
- All refunds will be provided via PayPal and minus 15% processing and handling fee.
- Refunds will not be provided after July 1st. However, registration fees will be applied to the subsequent year.
- Refund policy remains in effect regardless of format of the training
- Applications reviewed on first-come, first-serve basis. Contact: alumni@mhit.org (ALUMNI) for more information.

For updates please check: http://www.mhit.org/2020-institute.html
MHIT Alumni Sessions

NEW DATES:
August 10 – 14, 2020

MHIT Alumni Sessions is a separate conference from MHIT. It is a 40-hour course designed to provide more in-depth and continuing education on topics related to mental health and mental health interpreting building on the foundational information acquired at MHIT.

WHO SHOULD ATTEND: Candidates for the Alabama Mental Health Interpreter Training (MHIT) - Alumni Sessions have already completed the 40-hour MHIT Interpreter Institute, including but not limited to Qualified Mental Health Interpreters (QMHI), and QMHI—Supervisors.

CONFIRMED PRESENTERS:
ROBYN DEAN
ROBERT POLLARD
ROGER WILLIAMS
JON BERGERON
ANDREA BRIGHT-FONTANA
KOTA TAKAYAMA
TOMINA SCHWENKE
MISTIE OWENS
JUDY SHEPARD-KEGL
ROMY SPITZ
MELISSA ANDERSON
STEVE HAMERDINGER

PRE-REGISTRATION IS REQUIRED PRIOR TO JULY 15, 2020

For the most up to date information go to:
http://mhit.org/2020-institute.html
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Text: (256) 665-2821

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Kent Schafer, Psychologist/Therapist
(See Bryce Based)

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Region V

Vacant, Therapist (Announcement soon)

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Text: (334) 339-0537