Missouri Communicator

Missouri Commission for the Deaf and Hard of Hearing

Summer 2016 Edition: Mental Health in Missouri

MCDHH works with individuals, service providers, businesses, organizations, and state agencies to improve the lives and opportunities of all Missourians with hearing loss.

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Mary E. Hale, Vice Chair

Seat for Deaf or Hard of Hearing Member

Paul Blicharz

Seat for Deaf or Hard of Hearing Organizations

Owen VandeVelde

Seat for Parent of a Deaf or Hard of Hearing Child

Wendy Jensen

Seat for Local Public School Administration

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Ernest Garrett, III

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MICS Coordinator

Jessica Brown

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Christopher Ludvigsen

Community Support Liaison

Emily Fry

Information Program Specialist

Crystal Anderson

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Laurie Lister

Office Support Specialist

Reflecting on the 2016 Legislative Session

Opeoluwa Sotonwa, MCDHH Executive Director

One of the earliest findings in social psychology was the social facilitation effect, which postulates that the mere presence of other people’s collaboration and engagement in the same task we are doing can boost our motivation. This fascinating fact continues to be relevant in today’s competitive world. In the Spring 2016 edition of the Missouri Communicator, I wrote about the power of collaboration and the unquantifiable impact of community engagement in transforming lives. Together, we have done it again in Missouri!

On May 12, 2016, the Missouri legislature truly agreed to and finally passed House Bill 1696. HB 1696 is a bill that will, subject to appropriation, allow MCDHH to provide grants to organizations that provide support services to DeafBlind persons in Missouri. A support service provider (SSP) can assist a DeafBlind person with daily living and independence. SSPs are trained sighted guides and providers of visual or auditory information. They promote independence for DeafBlind adults with daily activities including interviews, meetings, shopping, medical appointments, banking, community and social events, navigating the workplace, placing phone calls, reading mail, and paying bills. SSPs also facilitate DeafBlind individuals’ community involvement and attendance at events by providing visual, auditory, and environmental information.

With the passage of HB 1696, Missouri can now tap into the potential of many DeafBlind individuals who currently do not have the resources to make their ideas become a reality. SSPs are the key to unlocking the valuable perspectives of DeafBlind people so they can contribute to Missouri’s marketplace of ideas and workforce.

Our heartfelt gratitude goes to everyone who came to the Capitol to offer testimony and support. To the countless people who made phone calls, wrote letters and soldiered on: your power of social facilitation, persistence and consistency has paid off! We cannot thank you enough!

Without diminishing the efforts of everyone who contributed to the passage of SSP Bill, I must single out two incredible individuals: Representative Lyle Rowland, who sponsored HB 1696 in the Missouri House, and Senator Jeanie Riddle, who sponsored SB 1048 in the Missouri Senate. This duo worked diligently to ensure HB 1696 was brought out of the legislative gridlock and guaranteed its concomitant passage. Representative Rowland and Senator Riddle have surely earned their place in the history of DeafBlind rights in Missouri!

In addition to the passage of HB 1696, MCDHH has other exciting news. We’re moving! In July, the MCDHH Office will be relocating from its current physical address to 3216 Emerald Lane, Jefferson City, Missouri.

This has become necessary for a number of reasons. The size of our staff has increased to seven full-time employees. New projects and programs have been initiated and a new interpreter certification system has been put in place.

The new facility is a beautiful 3,000 square feet located in the heart of Jefferson City. We are planning to have an Open House and I want to personally invite you to be among the first people to see our new space and engage us in our continued effort to move Missouri forward. Keep an eye out for more details!

As Dr. Frank Turk once told me, integration, collaboration, partnership, and reciprocity are the four cornerstones of a responsible agency in today’s competitive world. If you have ideas you think are worth exploring, do not hesitate to reach out to us. We continue to ask for your support in making Missouri a model for other states to emulate. Remember, we are stronger when we speak with one accord; we are mightier when we walk in unity!

Table: SSP Bill Activity

12/09/15: Prefiled (H)

1/06/16: First Read (H) (Jrn: H 33)

1/07/16: Second Read (H) (Jrn: H 162)

1/14/16: Referred: Children & Families (H) (Jrn: H 264)

1/26/16: Public Hearing (H)

2/02/16: Executive Session Completed & Voted Do Pass (H)

2/03/16: Reported Do Pass with 10 Ayes & Referred to Select Committee on Social Services (H) (Jrn: H 492-493)

2/11/16: Executive Session Completed & Voted Do Pass (H)

2/17/16: Reported Do Pass with 9 Ayes (H) (Jrn: H 756)

3/02/16: Taken Up, Adopted, and Perfected (H) (Jrn: H 1006)

3/03/16: Referred: Fiscal Review (H) (Jrn: H 1051)

3/07/16: Executive Session Completed, Voted Do Pass, Reported Do Pass with 9 Ayes, Taken Up, Third Read and Passed with 145 Ayes and 4 Noes (H), Reported to Senate, and First Read (S) (Jrn: H 1071-1073 & S 527)

3/29/16: Second Read & Referred: Senate Seniors, Families, & Children (S) (Jrn: S 1031)

4/05/16: Public Hearing (S)

4/21/16: Executive Session Held & Reported Do Pass (S) (Jrn: S 998)

4/25/16: Referred: Senate Governmental Accountability & Fiscal Oversight (S) (Jrn: S 1031)

4/27/16: Executive Session Held & Voted Do Pass (S)

5/04/16: Reported Do Pass & Placed on Informal Calendar (Jrn: S 1719-1720)

5/10/16: Taken Up, Adopted, Third Read, and Passed (S)

5/11/16: Reported to the House & Referred: Fiscal Review (H)

5/12/16: Executive Session Completed, Voted Do Pass, Reported Do Pass, Taken Up, Adopted, and Truly Agreed To and Finally Passed (H)

5/25/16: Signed by House Speaker (S), Signed by President Pro Tem (S), and Delivered to the Governor

Photo: MCDHH Executive Director Opeoluwa Sotonwa with Representative Lyle Rowland, House sponsor for House Bill 1696

From Our Commissioners: Support Service Providers

Mary Hale, Vice Chair of the MO Commission for the Deaf and Hard of Hearing, President of Sight and Sound Impaired of St. Louis (SASI-STL)

Imagine sitting in the middle of a dark room. You cannot hear anything. You see nothing. It is isolating, intimidating, and lonely. How would you know your surroundings? Suddenly, someone touches you. You had no idea they were even there! The experience is very startling. This scenario happens every day to many people who are DeafBlind.

Support Service Providers (SSPs) are individuals who are trained to assist DeafBlind individuals as their eyes and ears. Every DeafBlind person is unique and has different needs. While the most common example of support services is to assist with transportation, SSPs do so much more. Communication with others is vital. It is important for an SSP to let the DeafBlind person know who is nearby. The DeafBlind person may not hear the footsteps of someone approaching or conversational voices to alert that others are around. Being unable to see body language and facial expressions makes it difficult to know when it is appropriate to speak up in a group of people.

SSPs can also assist with grocery shopping, banking, religious activities, social events, and other everyday tasks. But it is because of the blindness along with the hearing loss that makes life so difficult for many DeafBlind people. The dual sensory loss can lead to isolation, feelings of being a burden, and depression. SSPs will be able to assist with enabling DeafBlind individuals to get out, experience life in the community, and have a better sense of self-worth. SSPs can make an enormous difference.

2nd Annual Royals Deaf & Hard of Hearing Awareness Day

Kauffman Stadium

Sunday, September 18, 2016

1:15 p.m.

Kansas City Royals vs. Chicago White Sox

[It’s also Star Wars Day at the K!]

Special Pricing: Only $15!

Sections 425 & 427 HyVee View

Tickets are limited

Order by August 31!

Sponsored by MCDHH & Able Hands Interpreting Services

Community Perspective: Barriers to Mental Health Services

The author of this piece is a Deaf individual who wishes to remain anonymous due to the personal nature of their experiences. Their story offers a snapshot of the difficulties a Deaf individual may face when seeking mental health services.

My options were limited when I was seeking mental health services. I wanted a professional who was familiar with American Sign Language and Deaf Culture so that they would have a better understanding of my experiences. I preferred not to use an interpreter so the meaning would not get lost. The only professional in my area that specialized in working with Deaf and Hard of Hearing clients was of the opposite sex, which typically makes me uncomfortable in these situations. However, I decided to give it a try.

During our first session, I signed quickly and expressed a lot of information. The professional did not offer any advice during this time, which made me question whether or not my signing was understood. Over the course of our sessions, it became apparent that they did not sign often and it was difficult for me to understand the information they were giving me.

I received a letter though the mail regarding these services that was unclear to me. I decided to email my provider directly to ask for clarification. Instead of replying to my email, this person insisted to contact me via videophone. Given my emotional state at the time and my dissatisfaction with the services I was receiving, communicating with this person face-to-face, albeit electronically, was not comfortable for me. Additionally, the difficulty of understanding their signing was still hindering my ability to obtain the information I needed. My requests to switch to email were denied, as this person believed that videophone would be more effective because ASL is my first language.

I contacted another person in the office to express my concerns and discuss switching professionals. This other person was accessible and seemed to listen, but doubted that my claims about the quality of my professional’s sign language skills based on their well-respected reputation. The two discussed the issue, and my professional defended their knowledge of ASL and Deaf Culture based on their past research and study. The conclusion drawn was that my communication skills were the issue, and that my claims about communication could not be credible because I was not at their level of education. I felt humiliated and violated.

I requested an interpreter in order to have more effective communication in our sessions. My request was denied, and the professional was offended by my accusation that the communication was unclear. At that point, I decided to go elsewhere for my services.

Share Your Story!

Want to write for an issue of the Missouri Communicator? Send your Community Perspectives proposal to the editor at Emily.Fry@mcdhh.mo.gov. The theme of the next issue will be “Improving Access.”

23rd Annual Missouri Interpreters Conference

October 7-9, 2016

Holiday Inn Executive Center – Columbia, MO

Trix Bruce: Keynote Speaker & Banquet Performer

Conference theme: Access to Excellence

New Location: Columbia, MO

Preconference Workshop By: April & Jeffery Dunlap

Sign Up For TEP Testing

MCDHH is currently looking for exhibitors, interpreters, student representatives, and sponsors for the conference! Visit mcdhh.mo.gov/interpreters/conference for applications and more information

By partnering with Aetna Better Health of Missouri, MCDHH was able to offer 6 sessions of Mental Health First Aid trainings to Deaf and Hard of Hearing Missourians and their allies across the state. These trainings were interpreted, considered a Deaf and Hard of Hearing perspective, and offered some ASL instruction. We were fortunate to have a Deaf presenter for the St. Louis training. Overall, more than 90 people received Mental Health First Aid certification.

PHOTO: MCDHH’s Interpreter Certification Specialist Jessica Brown teaches a small group of Mental Health First Aid participants how to sign “HELP.”

PHOTO: James Frost teaches Mental Health First Aid course using ASL.

PHOTO: Mental Health First Aid participants arrange papers in a line on the floor. The legible paper in the foreground has the words “Mental Health First Aid.”

PHOTO: Mental Health First Aid participants stand in a line holding colored note cards as instructor Renee Hendrickson guides them.

Innovative Services for Deaf & Hard of Hearing Missourians

Dr. Stephanie Logan, Ph.D., M.B.A., Executive Director, The L.E.A.D. Institute

Over the last 21 years, The L.E.A.D. Institute has had the opportunity to provide free mental health, crisis intervention, legal/victim/personal advocacy, and case management to D/deaf, late-deafened, Deafblind, and hard of hearing victims of crime and their families. Many deaf individuals believe they were targeted because of their hearing loss. One deaf victim was stalked by her attacker because he “saw her signing and knew she wouldn’t hear [him] come from behind.” Also, “[he] thought she wouldn’t be able to scream or tell anyone about the attack.” The Rochester Institute of Technology completed an eight year survey of deaf, hard of hearing and hearing college students that indicated deaf and hard of hearing individuals are 1.5 times more likely to be victims of relationship violence, including sexual harassment, sexual assault, psychological abuse, and physical abuse, in their lifetimes (Rochester Institute of Technology, 2010).

Domestic and sexual violence has a powerful impact on individuals with a hearing loss, physically, mentally, and emotionally. Symptoms can include depression, post traumatic stress disorder, self-destructive behavior, low self-image, and anxiety. A significant problem for Deaf victims receiving direct victim services from shelters and victim service agencies across the state of Missouri is language access. It is difficult to provide effective services if the victim cannot understand what is being communicated. Cultural competency is also extremely important when working with Deaf individuals. To effectively represent a Deaf victim of domestic violence or sexual assault, agencies need to be equipped with both linguistic and cultural competency. A way to successfully meet the linguistic and cultural needs of deaf and hard of hearing victims throughout the state of Missouri is through collaboration with shelters and victim service advocacy groups.

L.E.A.D. believes that collaborative relationships are about creating a synergy through shared expertise and resources to enhance and increase the capacity of the provider. Deaf victims in each region of the state can receive a seamless delivery of enhanced services through L.E.A.D.’s collaboration with providers in their area. Interpreters are often a critical part of shelters providing services to victims. However, interpreters are expensive for shelters and agencies already working on an extremely limited budget and in communities where they have limited resources. Services provided by L.E.A.D. to agencies across the state have been an important part in changing attitudes about the Deaf Community and have created a sense of awareness and respect. However, shelters admit they simply cannot meet the 24-hour communication needs that a Deaf victim presents to their shelter. It makes the experience of the shelter frightening and often leads Deaf victims back to their abuser.

The most recent program developed at The L.E.A.D. Institute includes a collaboration with Sorenson Video Relay Services to establish videophones in shelters and victim service agencies across the state of Missouri. The purpose of the videophones would be for Deaf victims to be able to utilize them when needing to contact L.E.A.D. for direct victim services or to contact other resources they may need. L.E.A.D. will also be providing free crisis interpreting for Deaf victims who need assistance with any services they need associated with their victimization whether it is physical, sexual, or emotional regardless of when it occurred in their lifetime. Often, Deaf individuals are victimized as children and do not address that victimization until they are adults. This is primarily due to the lack of services that were available at the time of their victimization.

The L.E.A.D. Institute’s target areas include domestic violence and sexual assault services, assistance for Deaf and hard of hearing victims of crime, and direct support for victim service agencies, shelters, organizations, law enforcement, emergency responders, mental health professionals, advocates, and circuit courts statewide on how to serve Deaf and hard of hearing individuals in culturally and linguistically appropriate ways. A breakdown of some of these services are as follows (but not limited to):

Crisis intervention and case management for D/deaf, Deafblind, late-deafened, and hard of hearing victims of domestic violence, sexual assault, and child abuse through the utilization of victim advocates.

Toll-free 24-hour crisis hotline and crisis texting numbers for deaf and hearing victims of crime to contact for assistance. This number is also for shelters, agencies, mental health professionals, law enforcement, and circuit courts (any and all victim service providers) to call or text for assistance with all deaf and hard of hearing clients and their families.

Free counseling for victims of crime and their families.

Advocacy; for both victims with a hearing loss and for shelters and victim service agencies when they need support in their community.

The L.E.A.D. Institute focuses on providing quality direct services to D/deaf victims that are readily available for hearing victims. L.E.A.D. also works with the hearing community to educate them about the unique needs of Deaf victims of crime, Deaf culture and American Sign Language and at the same time, provide support in every area related to deafness and Deaf cultural issues.

If you or someone you know would benefit from services provided by The L.E.A.D. Institute, text HAND to 839863 or call 573-303-5604 (VP).

Dr. Stephanie Logan has proudly served as the executive director of The L.E.A.D. Institute for 21 years. She is a late-deafened adult having lost her hearing to spinal meningitis when she was 23 years old when she was an undergraduate at the University of Georgia. After attending Gallaudet University to learn American Sign Language, she returned to complete her degree in psychology. Dr. Logan has her Masters in Business Administration and PhD in Counseling Psychology from the University of Missouri. She is currently the only Deaf psychologist in the state of Missouri.

Image: Screenshot from an iPhone showing that texting HAND to 839-863 results in a message reading “Mid-Missouri Crisis Line/Deafline Missouri is a private, safe place to share. A crisis worker will respond shortly (text STOP to opt out)

Interpreting, Mental Health, and Professional Development

Dee Sanfilippo, MICS Coordinator

Being understood is a fundamental human need. In the context of mental health, communication is deeply intimate while being at the core of therapy and treatment. Karl Menninger, father of modern psychiatry, called listening a “magnetic and strange thing.” Menninger believed that “when we are listened to, it creates us, makes us unfold and expand.” For persons who are deaf or hard of hearing, an interpreter is often the key to being understood.

To work as a mental health interpreter not only requires the highest level of communication skill, it requires specialized skills of other kinds as well. In Missouri, official rules define appropriate certification levels, and this shows both consumers and interpreters the skill levels that are necessary for interpreting in various settings. Missouri’s 5 CSR 100-200.170 Skill Level Standards state that a Master, Advanced, or Certified Deaf Interpreter level is necessary for consultation, diagnosis, treatment and care. While a Basic level interpreter is allowed to work in mental health programs for the general public occurring outside a mental health facility, certification is not the only requirement.

A key component of the Missouri Interpreter Certification System is the self awareness of the individual interpreter. Ethical rules remind us that interpreters cannot accept or continue an assignment if they do not possess the ability, education, training, experience, and qualifications.

Crystal Anderson, B.S., MICS Master, RID CI/CT, who serves as MCDHH’s Staff Interpreter, includes mental health interpreting classes in her continuing education plans. She points out the need for interpreters to learn the terminology and speak in the language of the mental health professional. “We often need to provide our expertise on the use of the deaf person’s language, but knowing the therapist’s vocabulary is just as important,” she said. Mentoring, support relationships, and being aware of your own biases and vulnerabilities help as well. “You need to separate your own experiences from those in the session, because therapy is intimate and revealing.”

The Registry of Interpreters for the Deaf (RID) has produced a standard practice paper on interpreting in mental health settings. It addresses three areas of challenges and special considerations for interpreters who work in this field: linguistic considerations, contextual dimensions, and interpersonal dynamics. Specialized vocabulary, multiple interpreting approaches, and the ability to provide commentary on culture, language and the interpreting process are crucial. Context also matters. Mental health settings, treatments and team members vary, and the interpreter must remain calm and professional at all times. The therapeutic relationship has to be understood; in these settings, the interpreter is included as a member of a team.

This is, Crystal added, the reason interpreters should receive specialized training in mental health interpreting before accepting these assignments. Preparation is vital. “There’s a big difference between being nervous because the situation is new and being nervous because you don’t have the skills you need to be a success,” she said.

This type of training is available through online classes, such as Interpretek’s Introduction to Mental Health Interpreting (http://www.interpretek.com/), onsite programs like Alabama’s Mental Health Interpreter Training Project (http://www.mhit.org/), and through other webinars and workshops.

Subscribe to the Missouri Communicator! Want to receive a hard copy of each issue of the Missouri Communicator? Send your name and mailing address to the editor at Emily.Fry@mcdhh.mo.gov.

We’re Moving!

The MCDHH Office will relocate from its current location to 3216 Emerald Lane, Jefferson City, MO in July 2016. Stay updated on the move at mcdhh.mo.gov.

Mark Your Calendar!

For Upcoming MCDHH Events

June

2: Commission Meeting

11: Six Flags Deaf & Hard of Hearing Awareness Day

13-21 & 24-30: No BEI Testing Offered

July

1-24: No BEI Testing Offered

18: MCDHH Office Relocation

19-24: Effective Teaming with Deaf Interpreters

August

5: Conference Sponsorship Applications Due

20: Silver Dollar City Deaf & Hard of Hearing Awareness Day

26: Conference Early Bird Pre-Registration Due

September

1: Conference Exhibit Applications Due

1: Conference Interpreting Team Applications Due

1: Conference Student Representative Applications Due

9: Conference Regular Pre-Registration Due

16: BCI Meeting

18: Kansas City Royals Deaf & Hard of Hearing Awareness Day

26-30: No BEI Testing Offered

October

1-14: No BEI Testing Offered (except for TEP at Conference)

7: Commission Meeting

7-9: Missouri Interpreters Conference

IMAGE: MCDHH Staff and other presenters after workshops on voting and law enforcement at The Whole Person in April. [Left to right: Eldon Wulf (Missouri Sheriffs’ Association), Crystal Anderson, Emily Fry, Christopher Ludvigsen, Clark Corogenes (The Whole Person)]

What do YOU want to see in the next Missouri Communicator? Share your ideas with us. Submit your article topics, newsletter themes, photos, or Community Perspective proposals to the editor at Emily.Fry@mcdhh.mo.gov for consideration.