

Mental Health Interpreting

- The most difficult kind of interpreting, mentally and emotionally.
- Our goal is to put ourselves out of a job

Mental Health Disorders of Interpreters

- Laryngophobia (300.29) the irrational fear of sign to voice interpreting
- Ethical Paranoia (307.89) the unreasonable fear that someone is spreading rumors that you have broken the RID Code of Professional Conduct
- Carpal Tunnel Hypochondriasis (300.81) the belief that every wrist pain is CTS despite medical evidence to the contrary

Agenda

- Welcome & Introductions
- Mental Health Process and Models
 - Role of the Interpreter
- Ethical Conduct, Code of Professional Conduct
 - Confidentiality & Treatment Team Concept
- Break

Agenda

- Specialized Vocabulary
 - Mental Health Techniques
- Role Play, Modeling
- Evaluation/Conclusion

Mental Health Process and Models

- Therapeutic Models
 - Psychoanalytic
 - Cognitive
 - Behavioral
 - Family Therapy
 - Psychosocial

Psychoanalytic Approaches

- Goal: Resolution of Long-Standing Conflict
- Clinician Role: Therapist
- Interpreter Role: ????
- Client Role: Patient

Cognitive Approaches

- Goal: Change in thought patterns
- Clinician Role: Teacher/Counselor
- Interpreter Role: Interpreter
- Client Role: Learner

Behavioral Approaches

- Goal: Learning new, more effective behaviors
- Clinician Role: Observer/Reinforcer
- Interpreter Role: Communication Facilitator
- Client Role: Subject

Systems Approaches

- Goal: Changing system homeostasis
- Clinician Role: System analyzer/participant
- Interpreter Role: Co-professional
- Client Role: Participant

Psychosocial Approaches

- Goal: Restoring Social Functioning
- Clinician Role: Member
- Interpreter Role: Member
- Client Role: Member

- Neurodevelopmental Disorders
 - Intellectual Disabilities
 - Communication Disorders
 - Language Disorder
 - Autism Spectrum Disorder
 - Attention-Deficit/Hyperactivity Disorder
 - Specific Learning Disorder
 - Motor Disorders
 - Other Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
 - Catatonia
- Bipolar and Related Disorders
- Depressive Disorders

- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
 - Breathing-Related Sleep Disorders
 - Parasomnias
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse-Control, and Conduct Disorders

- Substance-Related and Addictive Disorders
 - Substance-Related Disorders
 - Alcohol-Related Disorders
 - Caffeine-Related Disorders
 - Cannabis-Related Disorders
 - Hallucinogen-Related Disorders
 - Inhalant-Related Disorders
 - Opioid-Related Disorders
 - Sedative-, Hypnotic-, or Anxiolytic-Related Disorders
 - Stimulant-Related Disorders
 - Tobacco-Related Disorders
 - Other (or Unknown) Substance–Related Disorders
 - Non-Substance-Related Disorders Gambling Disorder

- Neurocognitive Disorders
- Major and Mild Neurocognitive Disorders
- Personality Disorders
- Cluster A Personality Disorders
- Cluster B Personality Disorders
- Cluster C Personality Disorders
- Other Personality Disorders
- Paraphilic Disorders
- Other Mental Disorders

- 1.0 CONFIDENTIALITY
- Tenet: Interpreters adhere to standards of confidential communication.
 - Guiding Principle: Interpreters hold a position of trust in their role as linguistic and cultural facilitators of communication. Confidentiality is highly valued by consumers and is essential to protecting all involved.

- 2.0 PROFESSIONALISM
- Tenet: Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
 - Guiding Principle: Interpreters are expected to stay abreast of evolving language use and trends in the profession of interpreting as well as in the American Deaf community.
 - Interpreters accept assignments using discretion with regard to skill, communication mode, setting, and consumer needs. Interpreters possess knowledge of American Deaf culture and deafnessrelated resources.

- 3.0 CONDUCT
- Tenet: Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
 - Guiding Principle: Interpreters are expected to present themselves appropriately in demeanor and appearance. They avoid situations that result in conflicting roles or perceived or actual conflicts of interest.

- 4.0 RESPECT FOR CONSUMERS
- Tenet: Interpreters demonstrate respect for consumers.
 - Guiding Principle: Interpreters are expected to honor consumer preferences in selection of interpreters and interpreting dynamics, while recognizing the realities of qualifications, availability, and situation.

- 5.0 RESPECT FOR COLLEAGUES
- Tenet: Interpreters demonstrate respect for colleagues, interns and students of the profession.
 - Guiding Principle: Interpreters are expected to collaborate with colleagues to foster the delivery of effective interpreting services. They also understand that the manner in which they relate to colleagues reflects upon the profession in general.

- 6.0 BUSINESS PRACTICES
- Tenet: Interpreters maintain ethical business practices.
 - Guiding Principle: Interpreters are expected to conduct their business in a professional manner whether in private practice or in the employ of an agency or other entity. Professional interpreters are entitled to a living wage based on their qualifications and expertise. Interpreters are also entitled to working conditions conducive to effective service delivery.

- 7.0 PROFESSIONAL DEVELOPMENT
- Tenet: Interpreters engage in professional development.
 - Guiding Principle: Interpreters are expected to foster and maintain interpreting competence and the stature of the profession through ongoing development of knowledge and skills.

Form vs. Content

- 20% Content
- 80% Form
- In Mental Health, form is critical

Form

- Grammar
 - consistency, age and context appropriate
 - "word salad"
 - "weird"
- Sign Formation
 - "slips of the fingers"
 - clanging
 - paraphasia
- Responding to Internal Stimuli

Form

- Discourse
 - circumstantial or tangential
 - perseveration
 - Illogicality
- Affect
- Speed of Signing
 - flight of ideas
 - pressured or psychomotor retardation

Content

- Psychosis
 - delusions & hallucinations
- Orientation
- Suicidal or Homicidal Ideation
- Client history/precipitating factors

Choices of Perspective – First Person



First

Third person

Narrative

Descriptive





First person

Third person

Narrative

Descriptive

Narrative



First Third person Narrative Descriptive person

Descriptive

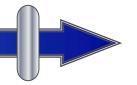


First person

Third person

Narrative

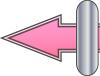
Descriptive



Choices of Timing

- Simultaneous
- Lagged
- Consecutive





Register

Frozen

Formal

Consultative

Casual

Intimate

