Swimming with the Sharks

Mental Health Interpreting

Roger C. Williams

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/F40.248) - the irrational fear of sign to voice interpreting

- Ethical Paranoia (297.1/F22) - the unreasonable fear that someone is spreading rumors that you have broken the RID Code of Professional Conduct

- Carpal Tunnel Hypochondriasis (300.81/F45.42) - the belief that every wrist pain is CTS despite medical evidence to the contrary

Agenda

- Welcome & Introductions
- Mental Health Process and Models
  - **Working with Mental Health Professionals**
  - **Role of the Interpreter**
- Ethical Conduct, RID Code of Professional Conduct
  - **Demand-Control Schema Overview**
- DSM-5 Overview
- Communication Disorders
  - **Dealing with Dysfluency**
- Wrap-up and evaluations

Agenda

- Welcome & Introductions
- Mental Health Process and Models
  - **Working with Mental Health Professionals**
  - **Role of the Interpreter**
- Communication Disorders
  - **Dealing with Dysfluency**
- Wrap-up and evaluations

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

Linguistic Function

- Report on language use and changes in language
- Discourse analysis
- Model appropriate language and behavior
- Observe changes in referent

Advocacy Function

- Know boundaries and limits
- Know when you will go outside those limits
- Cultural Resources – refer, refer, refer
- Assistance Technology Resource
- Research Resource
- Legal Resource – ADA, Title VI, Section 504, "Wyatt"

Professional Function

- Waiting room dilemmas
- Business cards
- Dress
- Introducing yourself
- Respect for clinicians
- Know your own "baggage"
- Honesty

Re-examining Interpreter Role

There cannot be one right approach to all interactions. To talk of "stepping out of role" is to miss the point. Interpreters are human beings with specialist communication skills and one can't step out of being a human being. Is it possible that the notion of "role" is simply a construct that interpreters have hidden behind to avoid their individual responsibility for professional decision- making?

Thanks to Robert G. Lee and Peter Llewellyn-Jones

Role Space

Axis of Interaction Management

High Management

- Regulating Turn-taking
- Interpreting Consecutively
- Phone Interpreting

Low Management
- Exercising NO Control
- Booth Interpreting
- VRS ??

Role Space

Axis of Participant Alignment
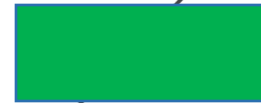
Clinician ⟵——————————[ ]——————————⟶ Client

Participant alignment refers to how much the interpreter is directing their communication to, or seeming to identify with, a specific participant.

Role Space

High Presentation

- Interpreter as Author
- Introducing one's self
- Speaking as one's self

Axis of Presentation of Self

Low Presentation

- Referring to self as "Interpreter"
- Not responding to direct questions
- Waiting for others to introduce, etc.

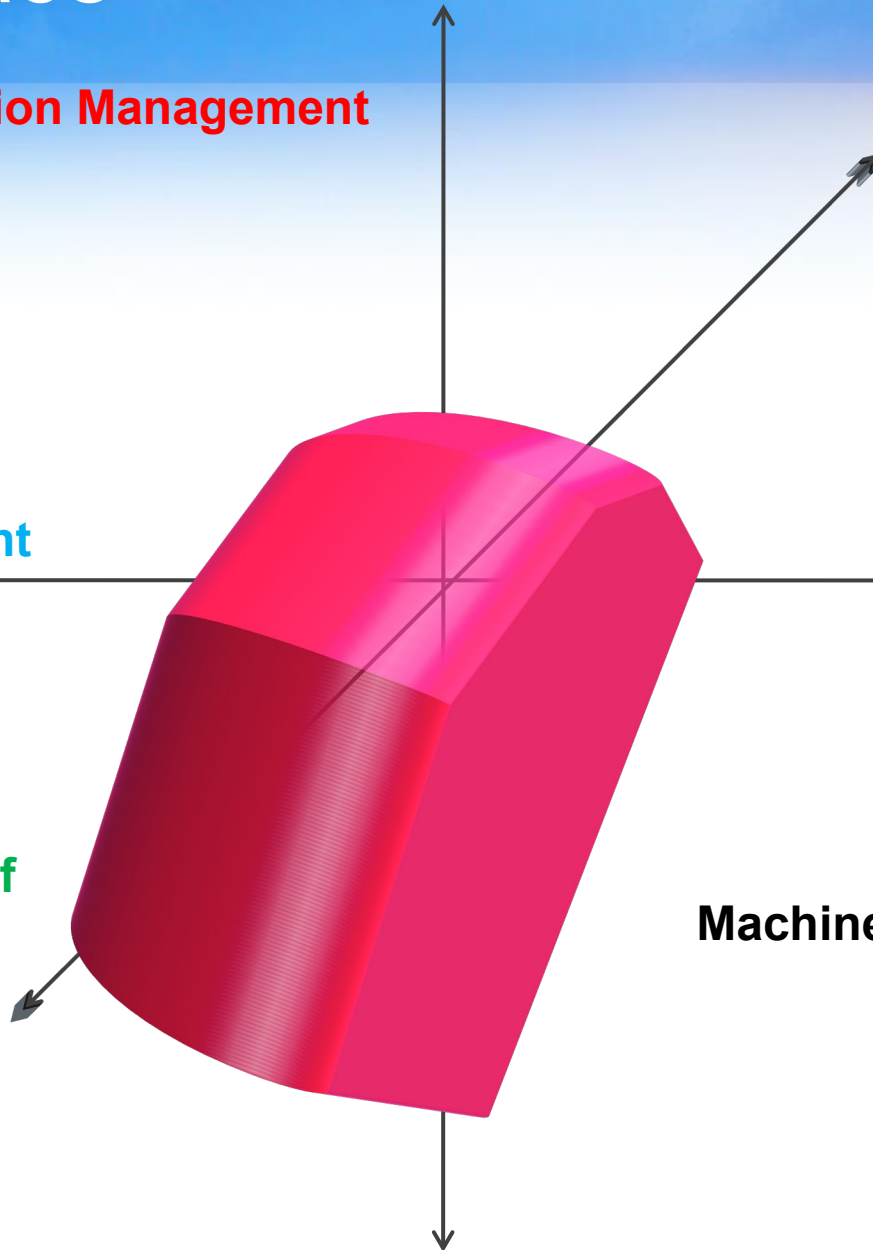# Role Space

Axis of Interaction Management

Axis of Participant Alignment

Client 1

Client 2

Axis of Presentation of Self

Machine Model

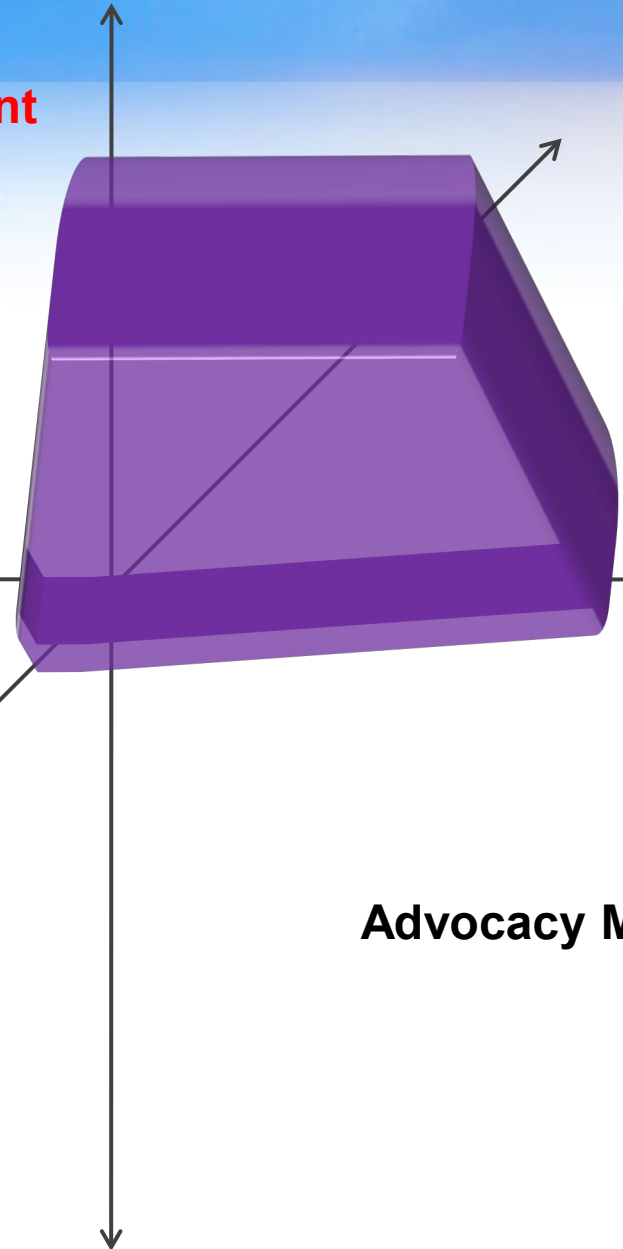# Role Space

Axis of Interaction Management

Axis of Participant Alignment

Service Provider

Client

Axis of Presentation of Self

Advocacy Model
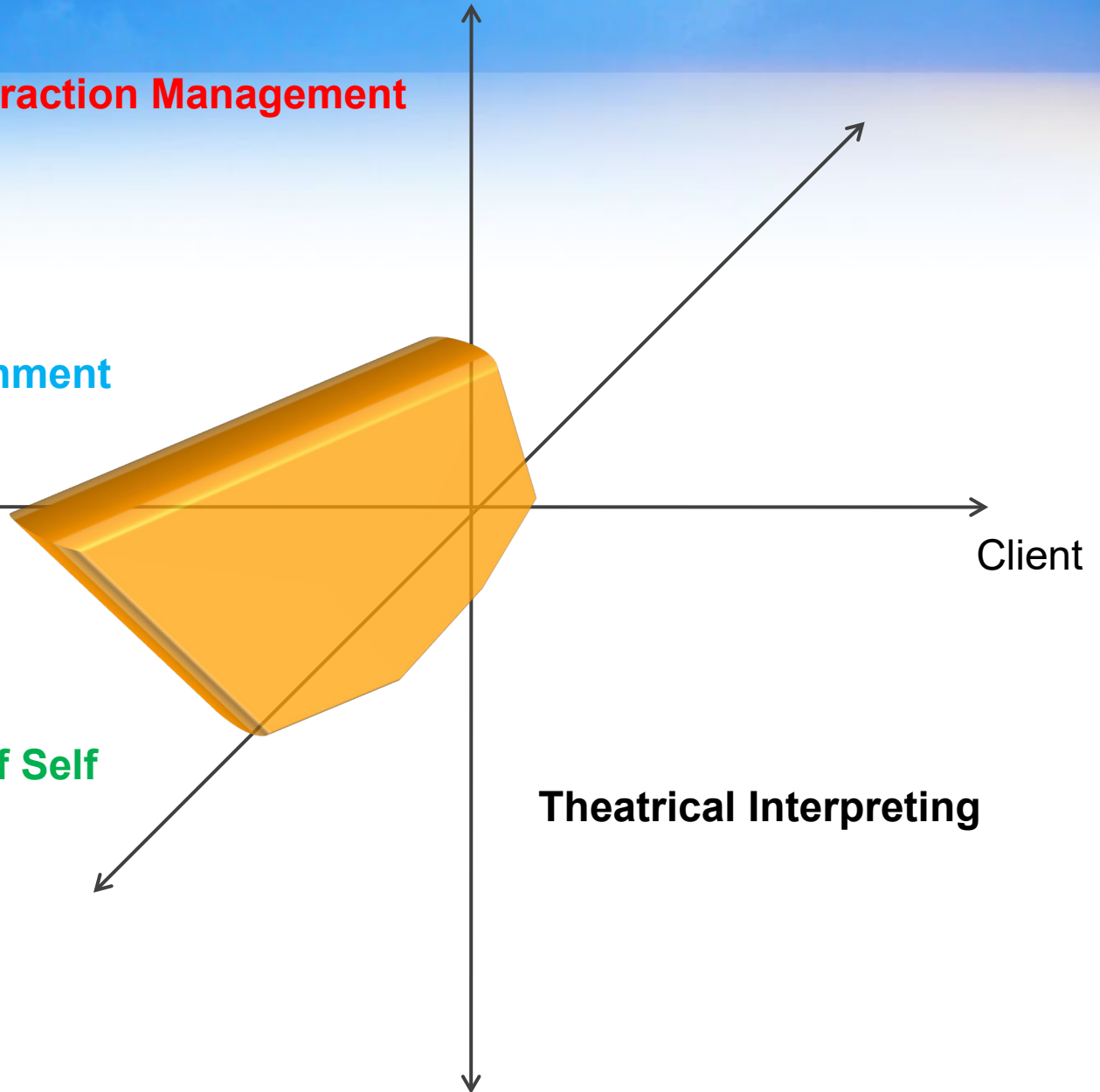
Role Space

Axis of Interaction Management

Axis of Participant Alignment

Performer

Client

Axis of Presentation of Self

Theatrical Interpreting

Role Space

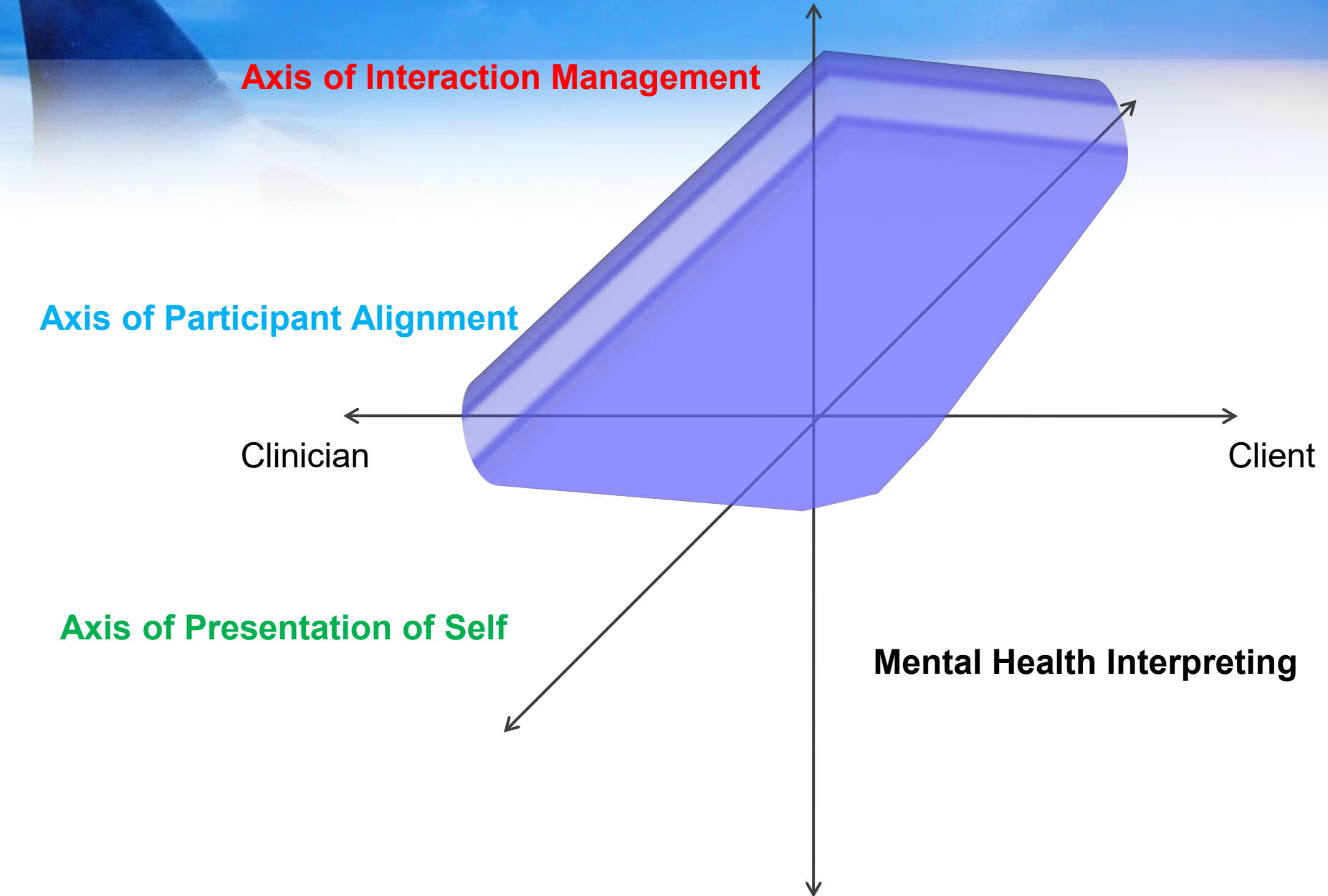**Axis of Interaction Management**

Axis of Participant Alignment

Clinician

Client

Axis of Presentation of Self

Mental Health Interpreting

Recommendations for Pre-Sessions

- Presenting symptomology or diagnosis (if known) of client
- Medications taken
- History
- Etiology of deafness
- School history
- Family structure (language used at home)
- Content of psychotic phenomena (if present)
- Purpose of appointment
- Goal of the session
- The clinician's familiarity with interpreting/deafness

Recommendations for Pre-Sessions

- Post-session needs
- Clinician's style or approach (theoretical orientation)
- Individuals who will be in attendance (client, family, etc.)
- First session or on-going?
- Recent issues that have come up in therapy (if on-going)
- Develop a method to handle miscommunication issues
- Self-disclosure, if applicable
- Turn-taking approaches if family or group setting.

Recommendations for Post Sessions

- Cultural or language issues which presented, but could not be expanded on during treatment.

- Possible interpretations of language that could be understood differently.

- Therapeutic-related questions about the session

- Self-disclosure/Vicarious trauma issues and it's effect on communication

- Follow-up plans for future treatment (if applicable).

- Questions/Concerns from the clinician about the process.

- References of individuals/information. (if appropriate)

- Issues regarding pace/setup/turn-taking that were problematic.

Code of Professional Conduct

- 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.**

Code of Professional Conduct

- 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 deafness-related resources.**

Code of Professional Conduct

- 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.**

Code of Professional Conduct

- 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.**

Code of Professional Conduct

- 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.**

Code of Professional Conduct

- 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.**

Code of Professional Conduct

- 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.**
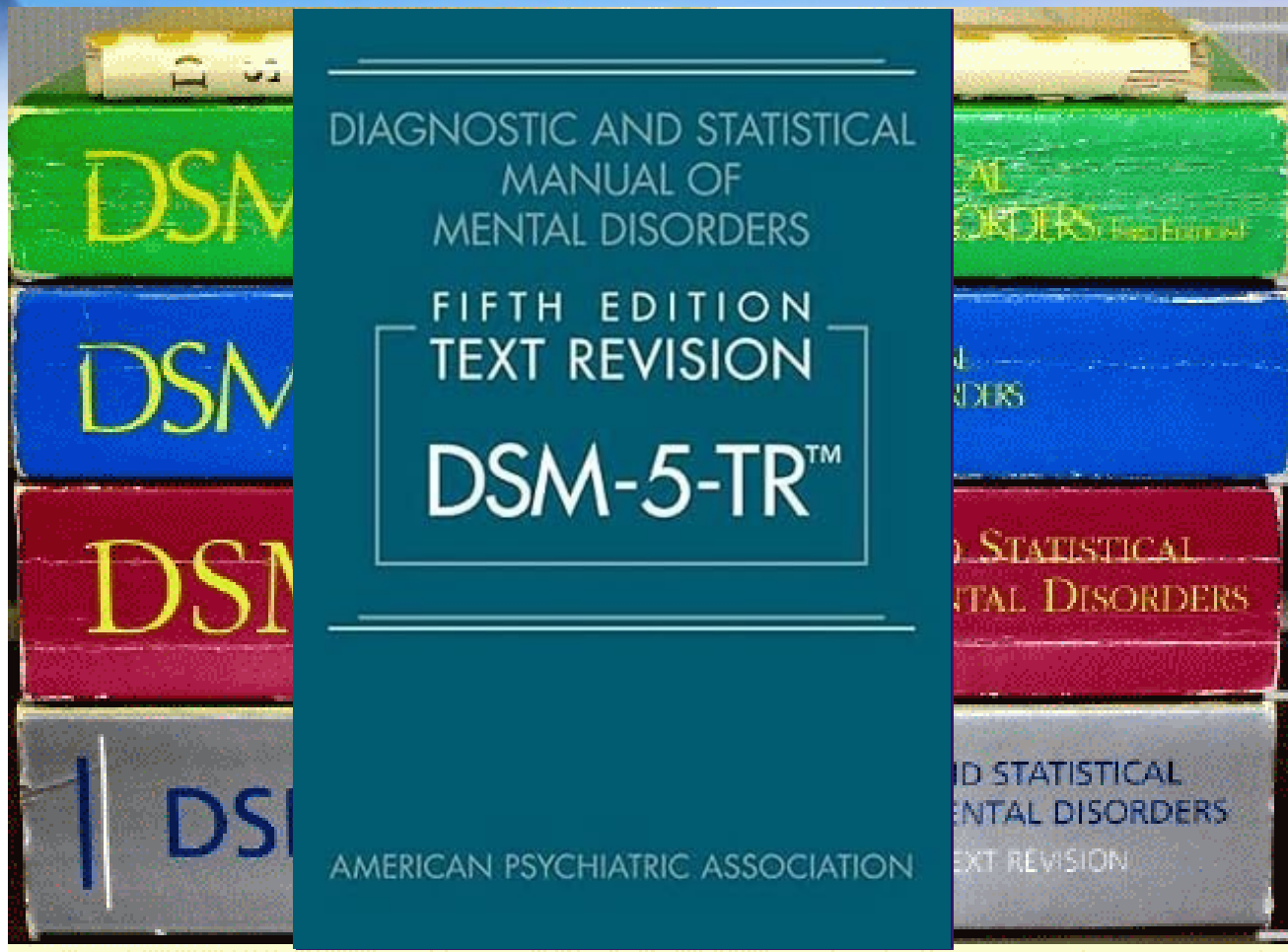
DSM-5

- 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

DSM-5

- 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

DSM-5

- 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**

DSM-5

- 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

DSM-5 F80.9-Language Disorder

- Persistent difficulties in the acquisition and use of language across modalities (i.e. spoken, written, sign language or other) due to deficits in comprehension or production that include the following:
  - **Reduced vocabulary**
  - **Limited sentence structure**
  - **Impairments in discourse**

DSM-5 F80.9 Language Disorder

- Language abilities substantially and quantifiably below those expected for age, resulting in functional limitations in effective communication, social participation, academic achievement or occupational performance, individually or in any combination.

- Onset of symptoms is in the early developmental period.

Dysfluency Sample…in Hearing

Dysfluency Sample…in Hearing

For the general population, the rate of language disorder is about 2%

75% of deaf patients in an inpatient facility were identified as dysfluent by deaf language specialists

50% of deaf individuals convicted of felonies were identified as lacking the language competency to have been able to meaningfully participate in their legal proceedings.

Distribution of Language Fluency

Legend:
- Deaf
- Hearing

X-axis categories: Incoherent | MLS | Comprehensible | Proficient | Fluent | Eloquent

Robert Pollard, Ph.D.
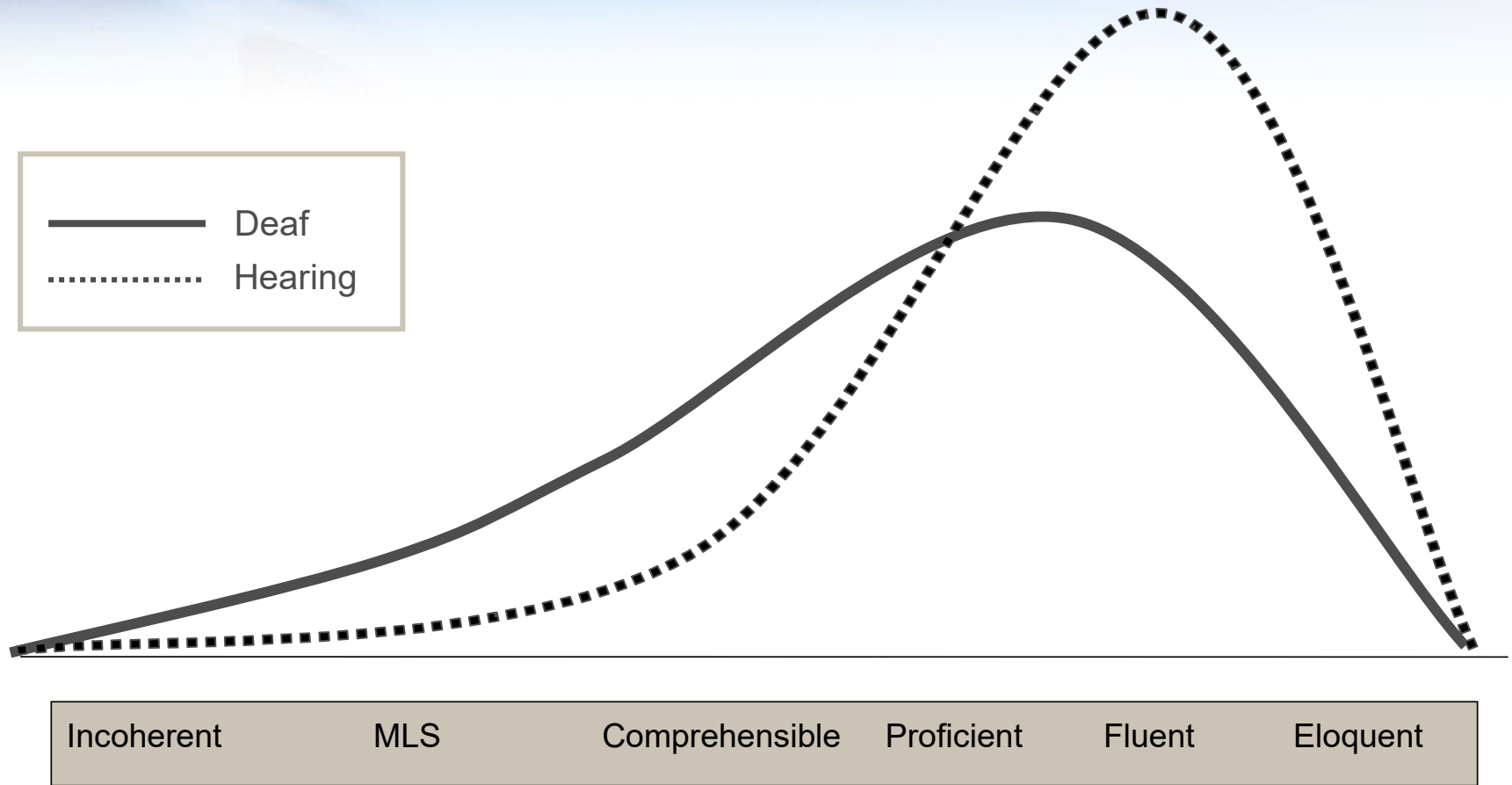
What causes Language Disorder

- Intellectual Disability
- Developmental Disability
- Aphasia
- Stroke
- Dementia
  - **Schizophrenia**
  - **Alzheimer's**
  - **Wernicke's**

Primary Motor Cortex

Primary Somatosensory Cortex

Premotor Cortex

Wernicke's Area

Broca's Area

Primary Auditory Cortex

Primary Visual Cortex
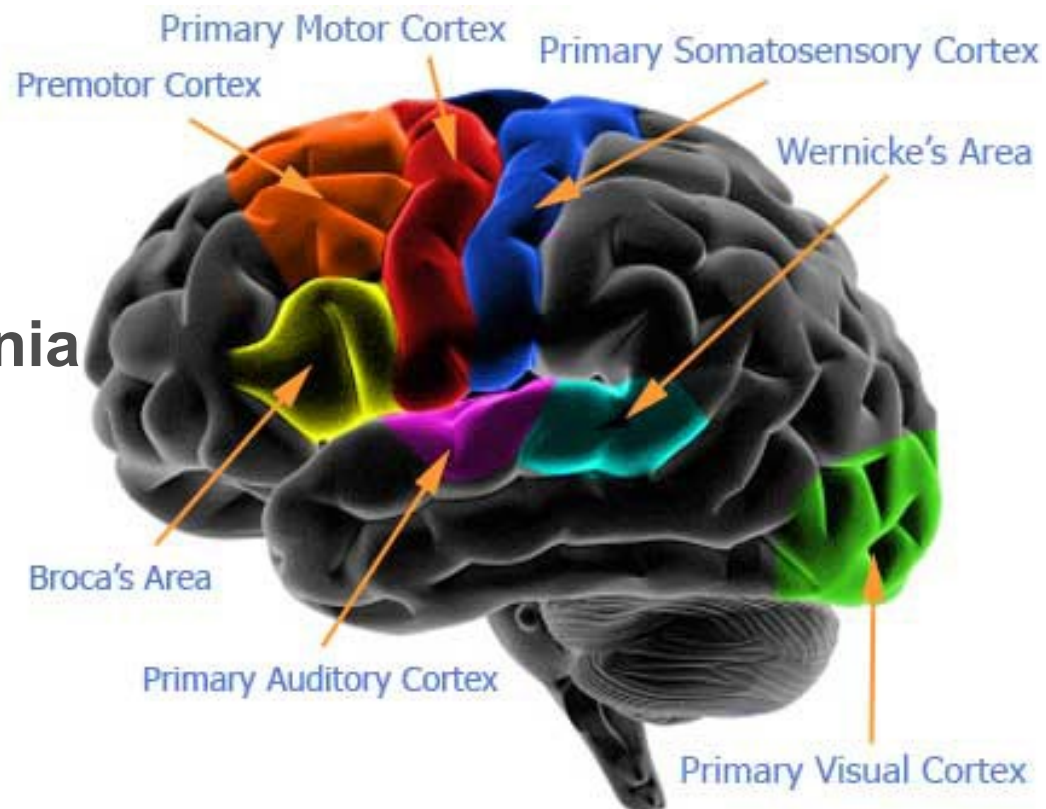
Psychosis

- Grammar
  - **Inconsistency**
  - **Inappropriate**
  - **perceptual diff**
- Sign Formation
  - **Clanging**
  - **Neologisms**
  - **Perseveration**
- Stereotypy
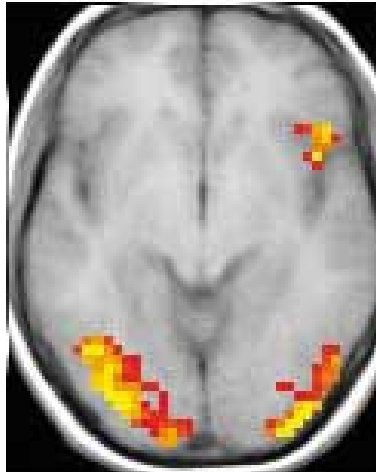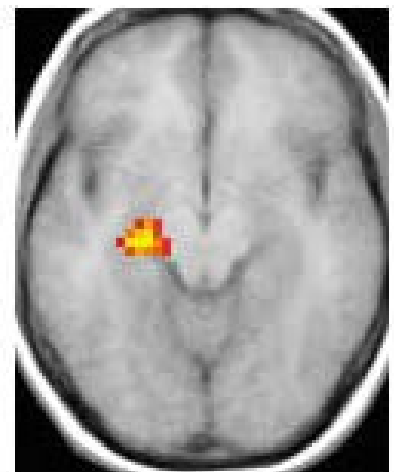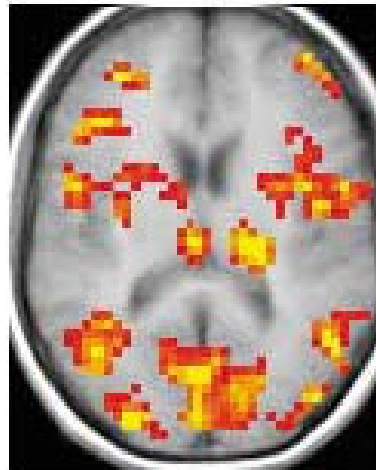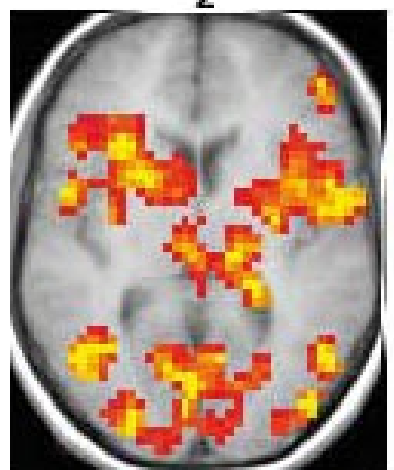
Psychosis

- Responding to Internal Stimuli
- Illogicality
- Discourse
  - **circumstantial or tangential**
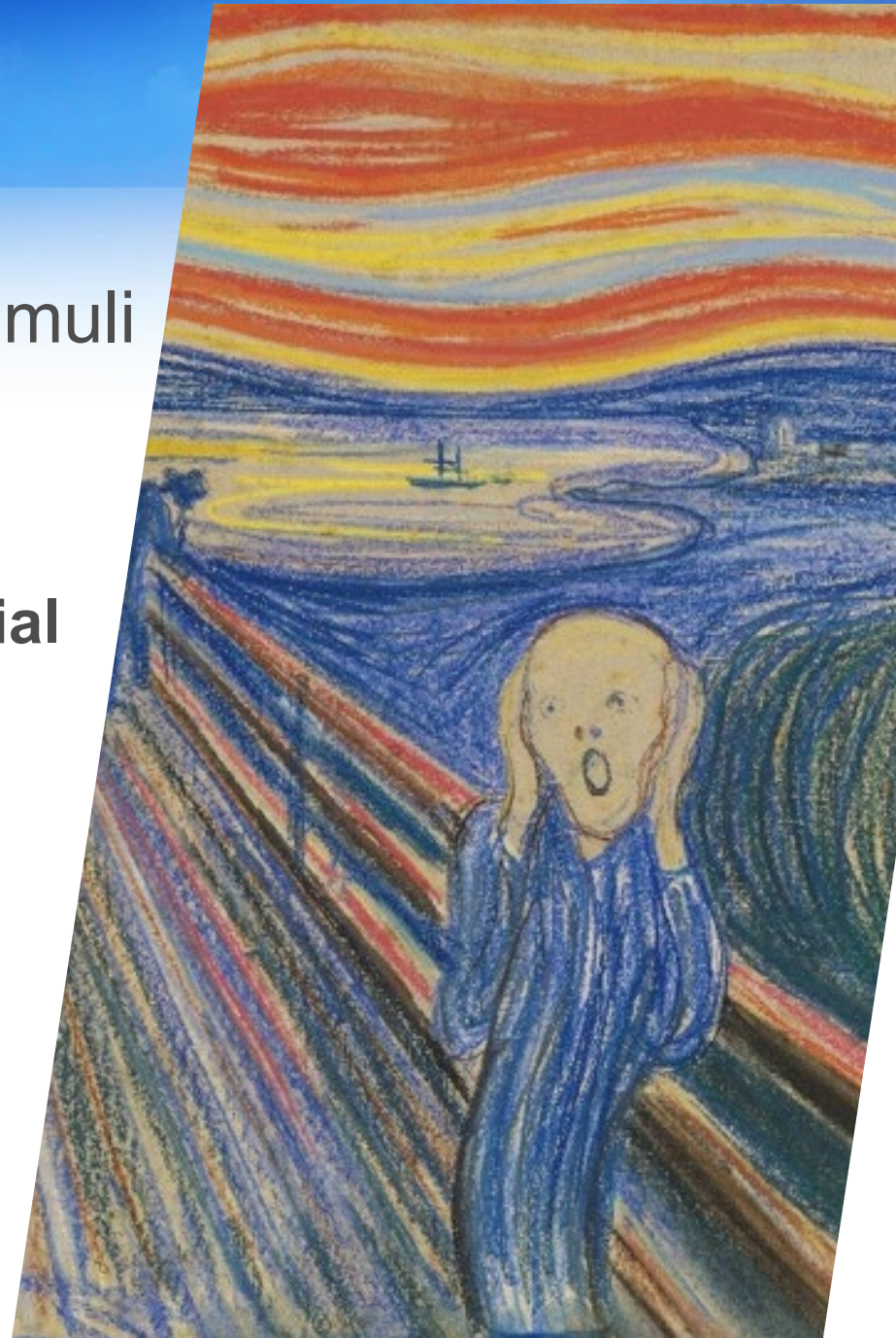
Motor Impairment from Psychosis

- Catatonia (rare)

- Hebephrenia (Disorganized Schizophrenia)

- Manic and Hypomanic
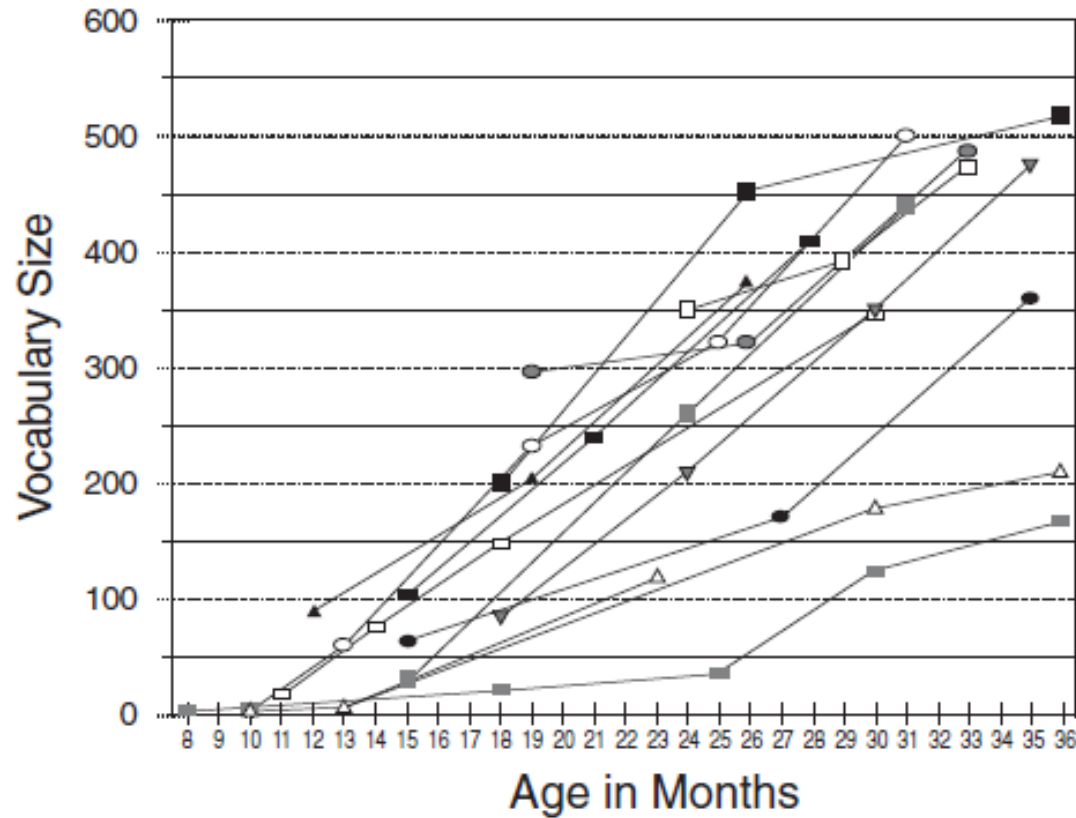
- Psychomotor Retardation

- Conversion Disorder

With Your Choice of Toppings

- Medication effects
  - **Tardive Dyskinesia**
  - **Psychomotor Retardation**
  - **EPS (Extra Pyramidal Side-Effects)**
- Street Drugs/Alcohol
  - **30%-75% co-morbidity**

Linguistic & Educational Deprivation

VOCABULARY GROWTH BY AGE

NUMBER OF WORDS

2562
2289
2072
1870
1540
1222
896
446
272
118
22
19
3
1

AGE IN YEARS
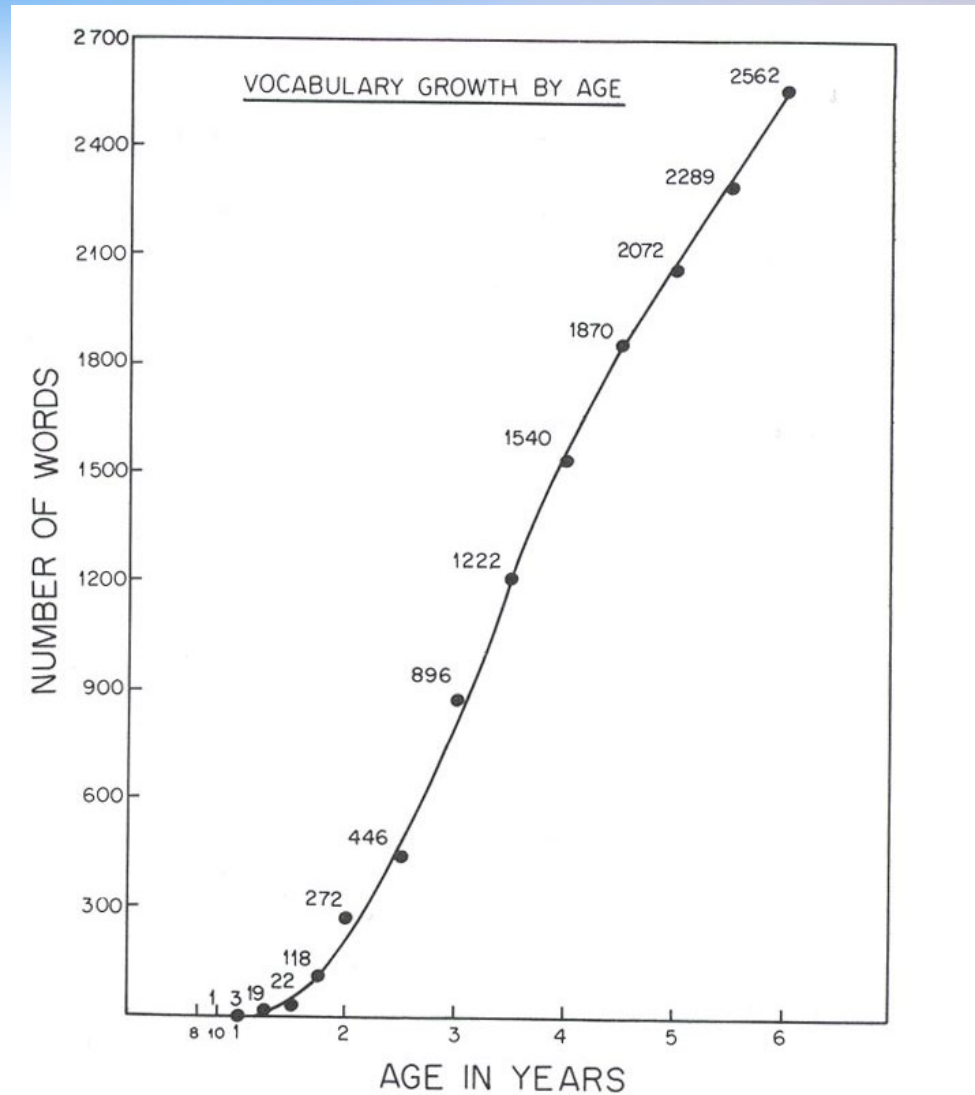
ASL Acquisition

(Anderson & Reilly, 2002)

Claims Made about Deaf Children with Plenty of Evidence to Back Them Up

- Deaf children do not understand as much language as they (and we) think they do

(Marc Marshark, 2010)

Learning in the College Classroom
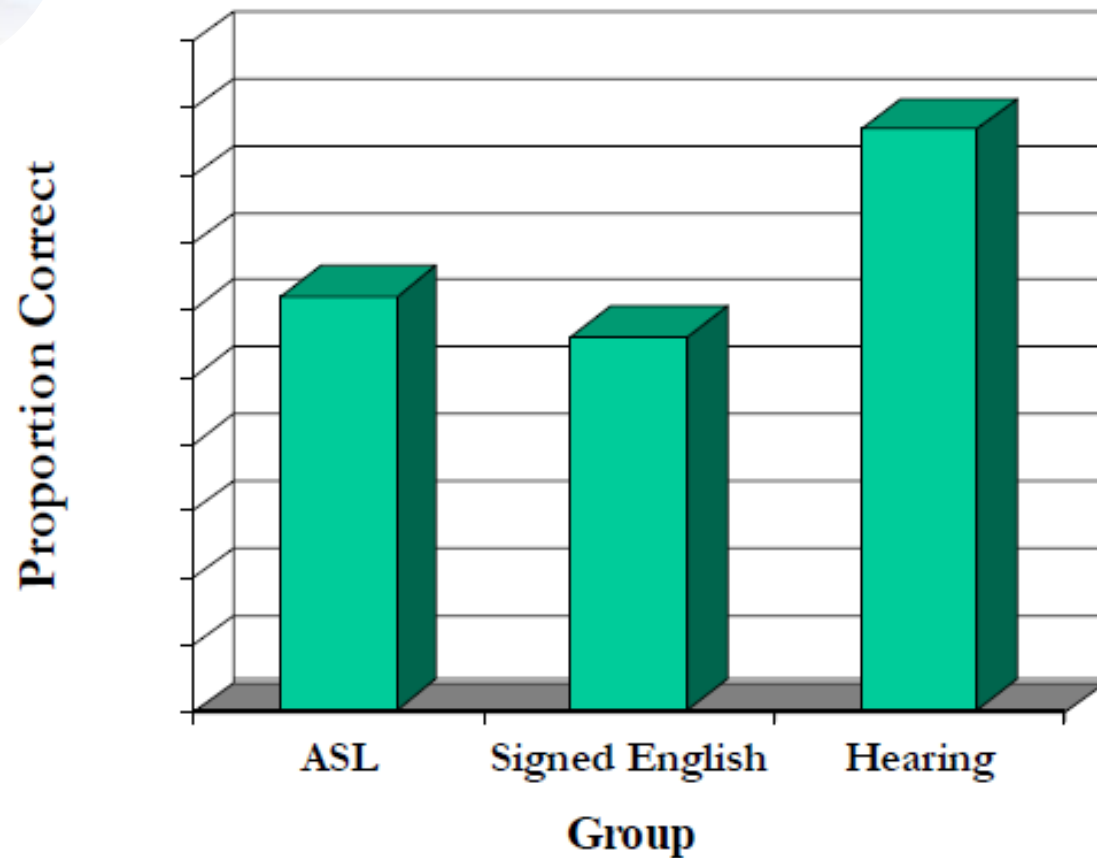
It's Not Just Language

- Lack of language also impacts FOI/FOK
  - **Ability to comprehend the other person's world (culture)**
  - **Ability to understand consequences to actions.**
  - **Ability to understand multiple options/choices.**
  - **Ability to learn (education/family values/decision making, etc.)**

Closure

The phaonmneal pweor of the hmuan mnid, aoccdrnig to a rscheearch at Cmabrigde Uinervtisy, it dseno't mtaetr in waht oerdr the ltteres in a wrod are, the olny iproamtnt tihng is taht the frsit and lsat ltteer be in the rghit pclae. The rset can be a taotl mses and you can sitll raed it whotuit a pboerlm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe. Azanmig huh? yaeh and I awlyas tghuhot slpeling was ipmorantt!

Choices of Perspective – First Person

First person | Third person | Narrative | Descriptive

Third person

First
person

Third person

Narrative

Descriptive

Narrative

First
person   Third person   Narrative   Descriptive

Descriptive

First
person

Third person

Narrative

Descriptive

Choices of Timing

- Simultaneous
- Lagged
- Consecutive

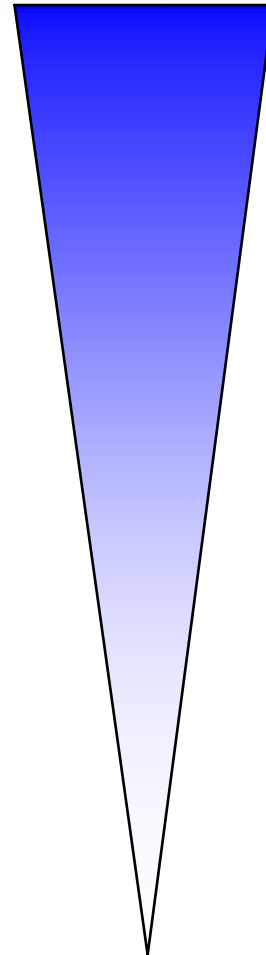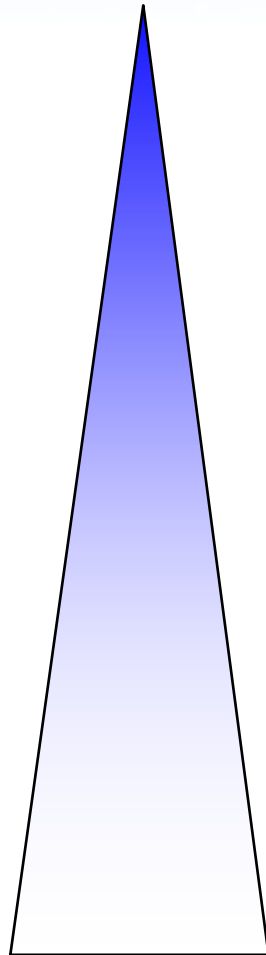# Register

	Meaning per Sign	Number of Users	Number of Signs
Frozen			
Formal			
Consultative			
Casual			
Intimate			
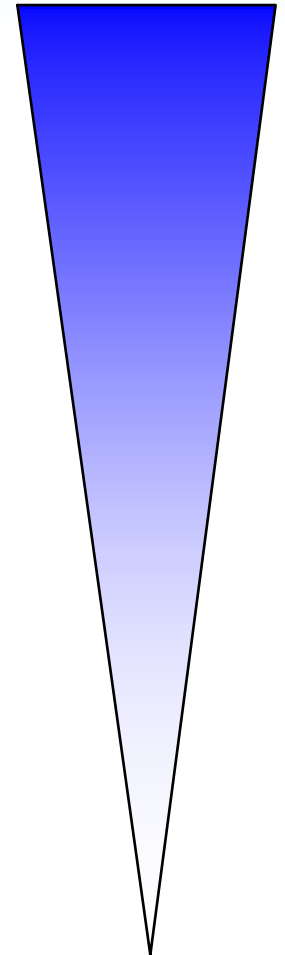
Frozen

Formal

Consultative
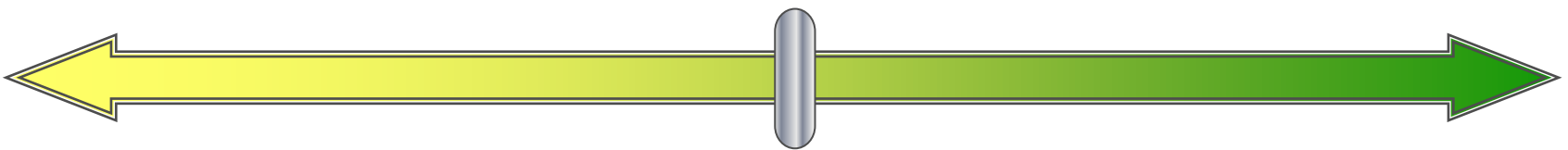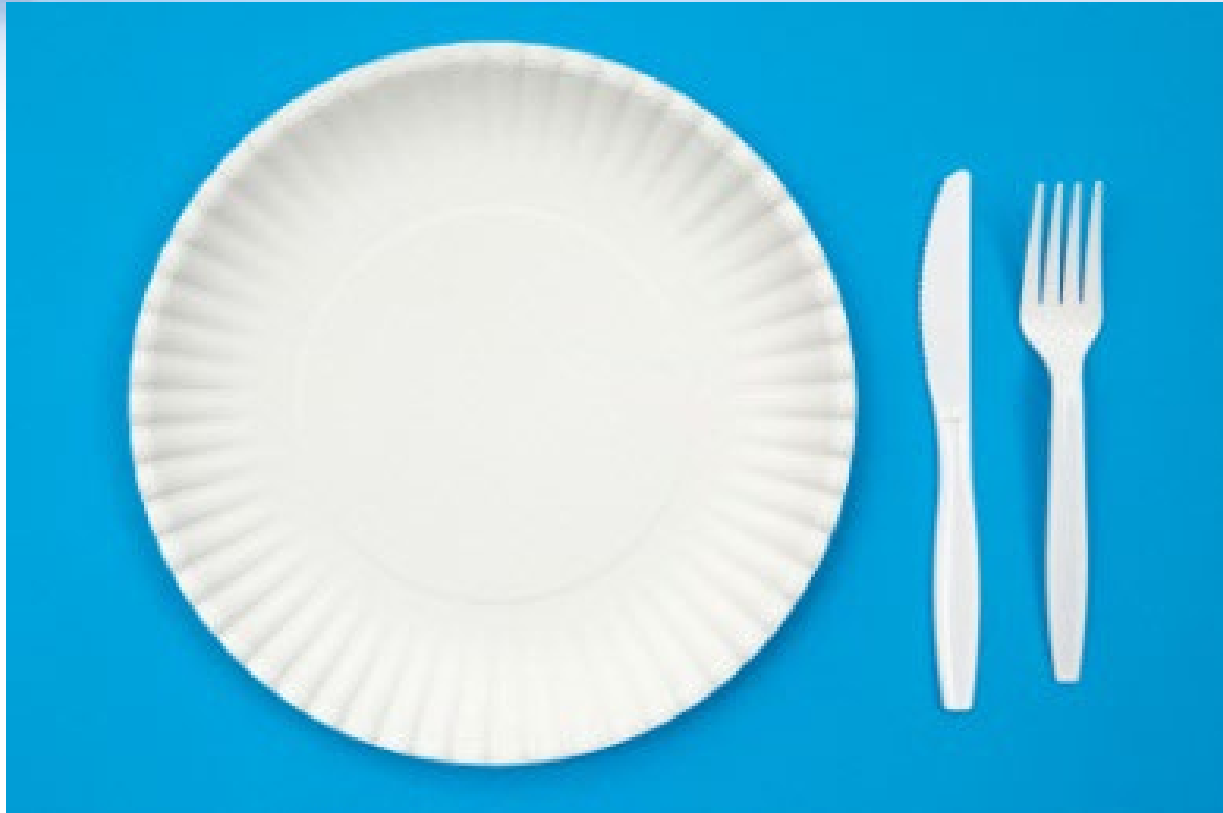
Casual

Intimate

Controls

Simultaneous   Lagged   Consecutive
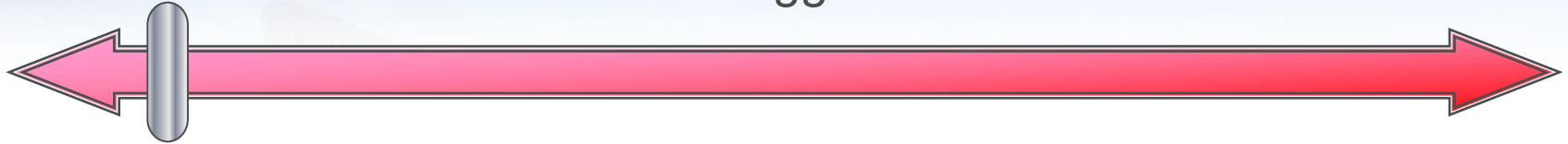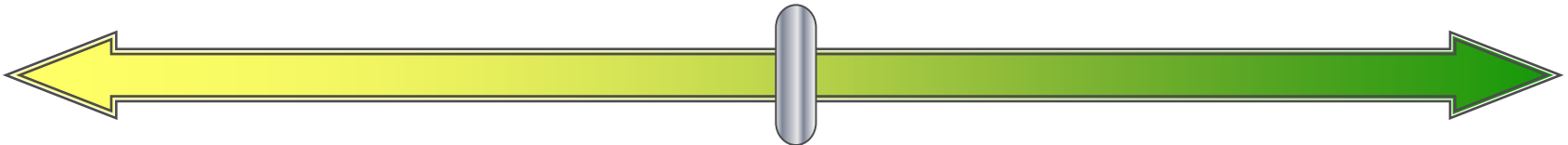
First person   Third person   Narrative   Descriptive

Frozen   Formal   Consultative   Casual   Intimate

Content   Form

Thank you