But I Don't Do Mental Health Interpreting

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Mental Health Interpreting

- Not confined to just "mental health" settings
- Mental health interpreting skills used in:
  - **Education**
  - **Health care**
  - **Social services**
  - **Courtroom**

School Counselors

- You interpret for a 5th grade classroom on a daily basis. One morning, you are asked to interpret for a new student at the school counselor's office.

- What are the issues this raises?

Emergency Room

- You are called to an Emergency Room at 2:00 AM for a 50 yr. old female having a heart attack. After you arrive, it is determined that the cardiac difficulty was caused by a deliberate overdose.

- What are the issues?

- You arrive at the office 10 minutes early for the appointment, a redetermination hearing. The deaf client sees you and starts to explain that he is there because President Obama has ordered the FBI to round up all deaf people.

- What are the issues?

- You interpret regularly for an attorney at his office. This appointment is for a clearly grieving widow. She is being asked to make decisions about handling the estate. Most of her signed answers are almost incomprehensible.

- What are the issues?

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

Axis of Interaction Management

High Management

- Regulating Turn-taking
- Interpreting Consecutive
- Phone Interpreting

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

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.

- Interpreter as Author
- Introducing one's self High Presentation
- 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 Alig

Client 1

Client 2

Axis of Presentation

Machine Model

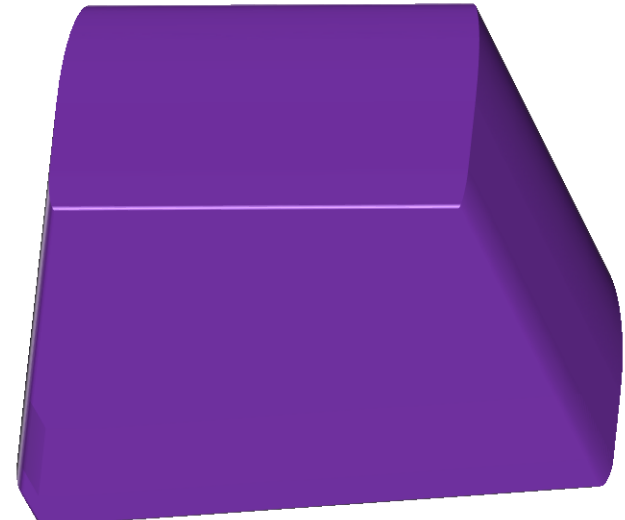# Role Space

Axis of Interaction Management

Axis of Participant Alignment

Service Provider

Client

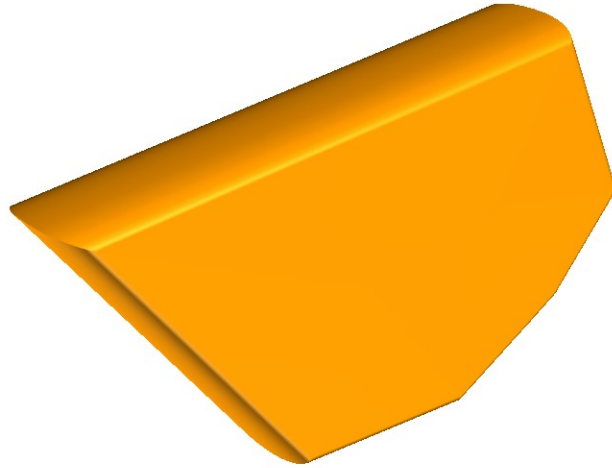**Axis of Presentation of Self**

Advocacy Model

Role Space

Axis of Interaction Management
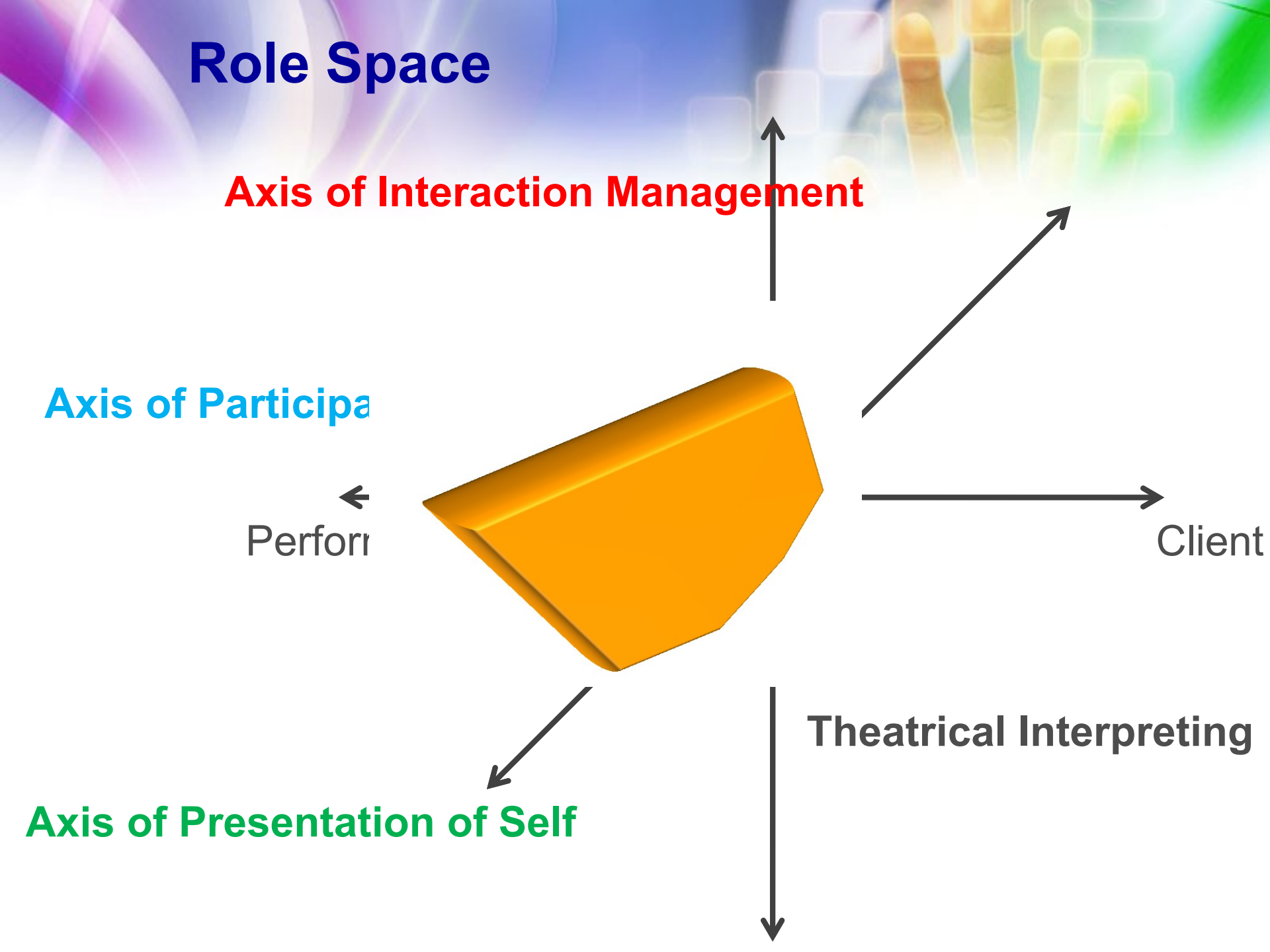
Axis of Participa

Perform

Client

Theatrical Interpreting

Axis of Presentation of Self
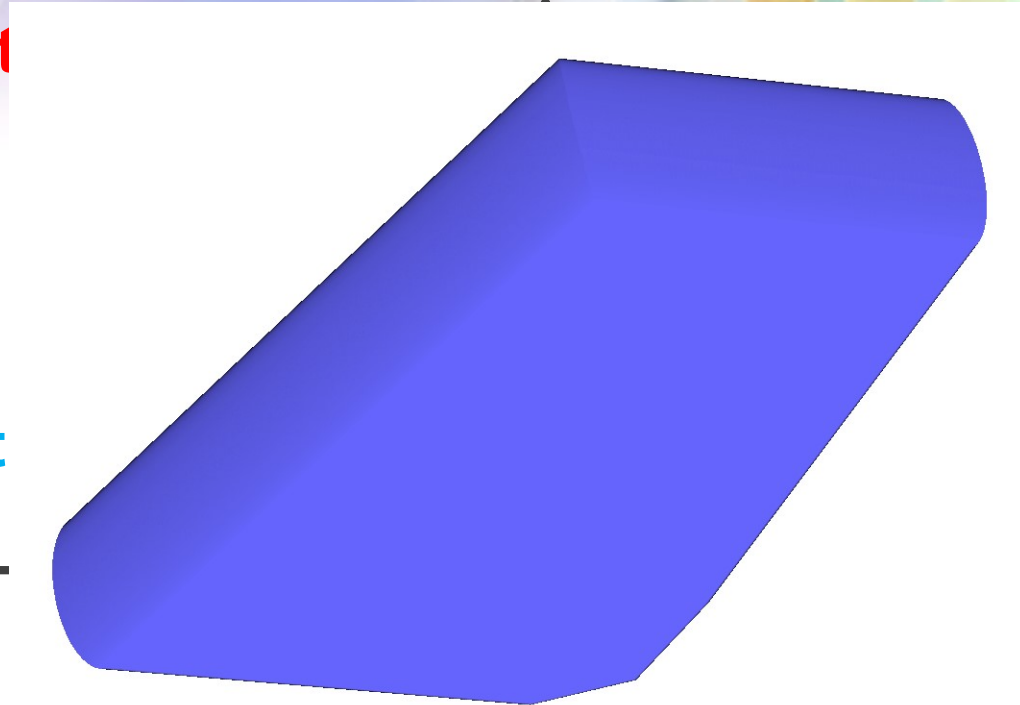
Role Space

Axis of Interact

Axis of Participant Alignment

← Clinician

Client →

Axis of Presentation of Self

Mental Health Interpreting

Who was that Masked Man or Woman?

- Psychiatrist
- Physician
- Psychologist
- Psychoanalyst
- Social Worker
- Therapist

Even more….

- Counselor
- Case Manager
- Psychiatric Nurse
- Charge nurse
- Nurse
- Med Nurse (typically LPN)
- Direct Care Staff (psych techs, mental health assistant/specialist)
- Pharmacist

Linguistic Function

- The form is often more important than the content

- Report on language use and changes in language

- Discourse analysis

- Model appropriate language and behavior

- Observe changes in referent

- Providing commentary on language, culture and the interpreting process is appropriate.

- Issues that could lead to misunderstanding or misdiagnosis must be shared with the evaluators, this may include sharing information about Deaf culture and communication norms.

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
- Interpreters should know abuse reporting requirements

Professional Function

- Waiting room dilemmas

- Business cards

- Dress

- Introducing yourself

- Respect for clinicians

- Know your own "baggage"

- Honesty

- Interpreters are part of the behavioral healthcare team with a specific area of expertise
    - **May chart and maintain record independent of other team members**

Specific Knowledge

- Interpreters should have a working knowledge of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, DSM-5)

- Interpreters will be compliant with OSHA and HIPAA

- Interpreters should know the standard for insanity, competence and commitment in their jurisdiction

- Interpreters should have access to qualified ongoing supervision/mentoring

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.**
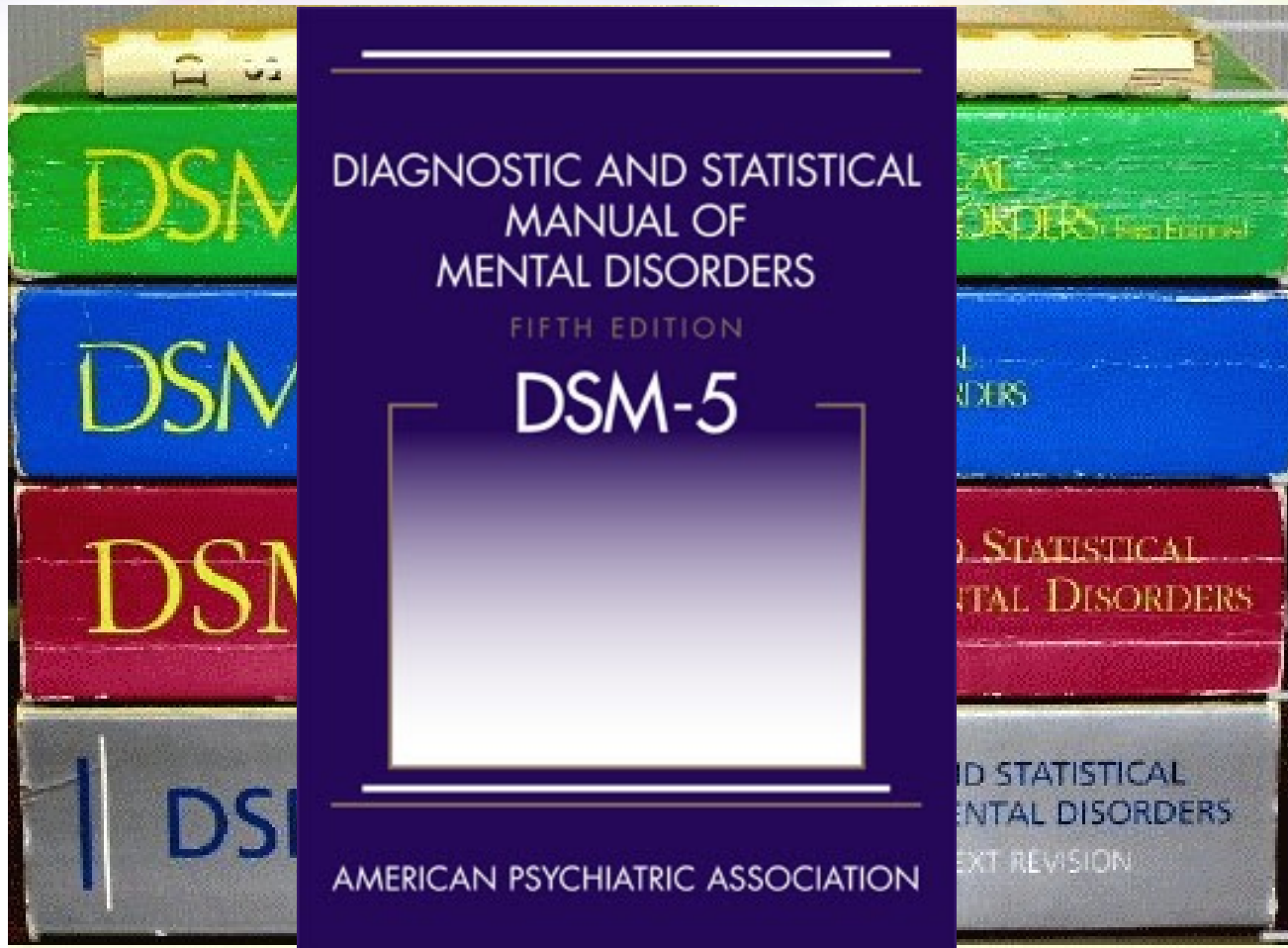
DSM-5

- 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.

Controls

Simultaneous   Lagged   Consecutive
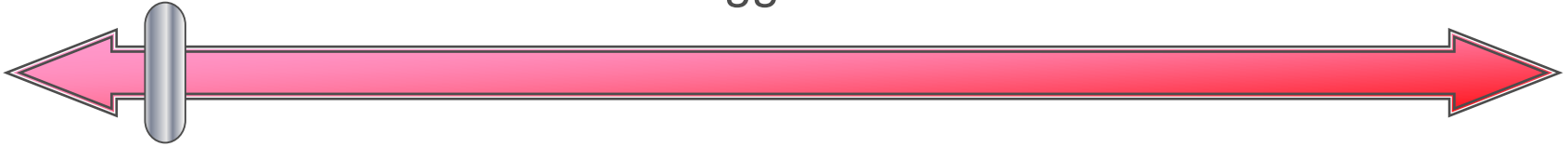
First person   Third person   Narrative   Descriptive
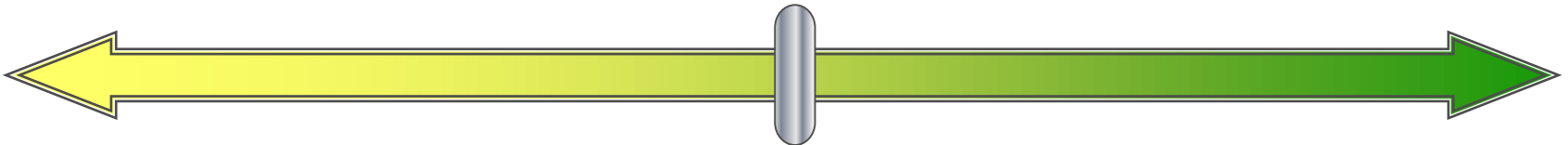
Frozen   Formal   Consultative   Casual   Intimate

Content   Form