

Position Statement on Mental Health Interpreting Services with People who are Deaf

The purpose of this position statement is to acknowledge and emphasize the importance and need for specialized sign language interpreting services in the delivery of mental health services to deaf individuals. While direct mental health services are optimal and always preferred, such services are not always available. When there are no direct mental health services, it is critical to ensure effective communication through specialized sign language interpreting services, which must be complete with sensitivity to cultural affiliation and awareness of the dynamics involved, in the delivery of mental health services to people who are deaf.¹ The National Association of the Deaf (NAD) wishes to use this platform to increase meaningful access to mental health services by elevating the knowledge, awareness, and sophistication with respect to use of sign language interpreting by mental health professionals, healthcare delivery systems, and deaf consumers. The sections below highlight critical information for mental health providers, interpreters and the deaf community to gain a comprehensive understanding of how to better serve and support deaf individuals.

Direct vs. Interpreted Mental Health Services

The NAD recommends that individuals who are deaf be referred to specially trained providers for direct mental health services (see [NAD Position Statements on Mental Health Services](#)) whenever possible and that appropriate support services, guided by consumer choice, be made available, if necessary. In situations where it is not possible to find a service provider who is able to provide direct mental health services, or because of consumer preference, the NAD strongly recommends that service providers work collaboratively with qualified sign language interpreters who have specialized mental health interpreting expertise.

The NAD urges mental health professionals, interpreters and the Deaf Community to recognize the unique challenges faced by mental health providers and interpreters working with deaf consumers in mental health settings and to be aware that there is a need for specialized training in order to meet those challenges. The mental health care field is broad and includes both deaf and hearing service providers in the areas of psychotherapy, psychiatry, counseling and social work, psychological testing, substance abuse treatment, forensic therapy, and more. Settings may range from a client's home, private offices, hospitals and prison facilities.

According to the Registry of Interpreters for the Deaf's (RID) Standard Practice Paper on Interpreting in Mental Health Settings, "Mental health professionals depend heavily on language form and content for diagnosis and treatment. Nuances in communication, including affective tone and subtleties of language structure, may be significant for diagnosis and treatment effectiveness." (RID, 2007). While there is great variability in ability to recognition of mental health terms in English by hearing people, a reliable study exploring cultural and linguistic barriers to mental health service access found that deaf participants' ability varied even more widely (Steinberg, Sullivan, & Lowe, 1998). In addition to understanding terminology specific to mental health settings, interpreters face complex interpersonal dynamics stemming from the symptoms of psychological disorders, diagnostic and treatment goals specific to

¹ The term "deaf" is to be interpreted to include individuals who are hard of hearing, late deafened, and deaf-blind.

various mental health settings, as well as the unique communication and therapeutic objectives of each member of the mental health treatment team.

Interpreters are encouraged to adhere to high standards of ethical practice (RID, 2007), which includes ensuring that they have appropriate training in mental health interpreting prior to accepting work in such settings. Interpreters need to be prepared for a variety of group dynamics including but not limited to: hearing clinicians working directly with deaf consumers; hearing clinicians working with deaf consumers and their hearing family members or partners; and deaf mental health professionals with various interpreting needs. These scenarios present their own challenges and complications (Hauser, Finch, & Hauser, 2008) and interpreters would benefit from training and preparation in order to be qualified for such jobs.

Credentials in Mental Health Interpreting

Though the RID lists standards of practice in mental health interpreting, as of early 2012, RID does not have any specialist certification for mental health interpreting.² There are several independent programs focusing on mental health interpreting, but there is no uniformity in those programs. The only known certification program that provides intensive training in mental health interpreting is offered through the [Alabama Mental Health Interpreter Training](#). (Alabama Department of Mental Health Administrative Code, 2003; Crump, 2012).

Requirements of Mental Health Interpreters:

Intrapersonal Awareness

While mental health professionals are trained to deal with patients and situations that are emotionally charged, most interpreters are not. As such, interpreters working in the mental health setting must have keen intrapersonal skills in terms of strong awareness of biases and values, triggers, limitations, and potential for countertransference. The ability of the interpreter to self-manage and remain calm during a mental health interpreting assignment is paramount to a successful mental health session for the deaf consumer. Intrapersonal skills can be developed with training, supervision, and peer support, and such skills can guide decisions on accepting jobs in this field. A few aspects of the assignment to consider prior to accepting the job would be: culture, race, gender, religious affiliation, and sexual orientation.

Expertise in Language and Culture

In order to avoid misdiagnosis in deaf consumers, it is critical that interpreters not only have receptive and expressive fluency in American Sign Language, but are extensively trained in mental health techniques. Mental health interpreters must be familiar with and able to utilize different interpreting modalities. Furthermore, the interpreter must be prepared to educate providers on the possible need for longer sessions, the need for appropriate pausing during sessions, or changes in how questions are posed. Providers may rely on interpreters for cultural information. For optimal results, the interpreter's communication with the service provider and the consumer prior to the first session is critical (Hamerdinger & Karlin, 2003).

² See www.rid.org/education/testing/index.cfm

Some deaf consumers, especially those with a lifetime experience of mental illness, may also have limited language or information deficits. This can make it much more difficult for a provider working through an interpreter to appropriately differentiate between such deficits and symptoms of mental illness. It is important to ensure that the interpreting process does not mask the language deficits of consumers as clinicians rely on accurate interpretation to make inferences about mental processes (Crump & Glickman, 2011).

Confidentiality & Professional Boundaries

Throughout the United States, limited resources often restrict options for interpreter services. Deaf consumers may encounter the same interpreters at general life events or appointments that were present for their mental health appointments. These encounters could create some conflicts or discomfort for both the individual and the interpreter. Maintaining confidentiality becomes even more crucial.

Confidentiality in mental health interpreting requires a level of discernment and critical thinking unique to this setting. The NAD-RID Code of Professional Conduct encourages interpreters to “share assignment-related information only on a confidential and ‘as-needed’ basis (e.g., supervisors, interpreter team members, members of the educational team, hiring entities)” (RID, 2005). While it is important for the interpreter to receive some information on what has been happening with a deaf consumer’s treatment, there must be strict protocols to maintain confidentiality. When communicating in writing, it is imperative that interpreters learn standards of such communication, be aware that such communication may become a part of the client’s official file and understand relevant confidentiality laws such as [HIPAA](#) and [Federal Regulation 42 CFR, Part 2](#).

Ethics, Supervision & Peer Consultation

Mental health providers are expected to adhere to high standards of ethical practice.³ In mental health work, there is higher risk for abuse of power, vicarious trauma, boundary crossings, and burnout. As such, providers are encouraged to engage in regular supervision and peer consultation. Interpreters working in such settings need to be held to the same standards and benefit from the opportunity to work with supervisors and/or consult with peers (Atwood, 1986; Fritsch-Rudser, 1986; Dean & Pollard, 2009, 2011; Keller, 2008; Hetherington, 2011; Anderson, 2011). In order to achieve higher standards of supervision in mental health interpreting, the NAD recommends building a pool of experienced interpreters who are qualified to perform supervision and are available to work with new mental health interpreters on a national level.

Qualified Mental Health Interpreters

The NAD recommends the following qualifications for interpreters working in mental health settings:

1. Fluency in American Sign Language;
2. Fluency in English and register choices;
3. Culturally competent;

³ See ethical standard papers at: www.aca.org, www.apa.org, www.socialworkers.org, www.psych.org

4. Attending a comprehensive training curriculum for mental health interpreting
5. Mentoring with experienced mental health interpreters (at least 50 hours);
6. Individual or group supervision and peer consultation;
7. High standards of ethical practice; and
8. Knowledge of relevant ethical literature or decision-making models in interpreting.

The NAD recommends that a certification process for specialization in mental health interpreting be set up through nationally recognized means. Alternatively, a standardized portfolio system can be used to emphasize the individual's specialization in mental health interpreting. It is also recommended that interpreters maintain their skills with continuing education in the area of mental health with every certification cycle (15 hours annually or 60 hours per four year RID certification maintenance program cycle). To achieve this, developing more options for seminars to meet the required 60 hours of continuing education in a four year period in the area of mental health is critical. In order to recruit more interpreters specializing in mental health interpreting, the interpreter training programs are encouraged to provide students at least one class focusing solely on mental health interpreting for a full quarter or semester to capture their interest in this specialization.

In summary, mental health interpreters are an important component in the mental health delivery system for deaf individuals with mental health needs, as they provide auxiliary services when a service provider is unable to deliver direct mental health services or when a deaf consumer requests it. While the field of mental health interpreting has aimed to set higher standards over the past decade, this position paper hopes to raise the standards by defining qualifications, expanding the credentials and requirements for mental health interpreters, as well as addressing the professional boundaries, ethics, supervision, and peer consultation in this profession.

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