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## **Issue: Certified Deaf Interpreters' Scope of Practice**

**Issue in Brief:** It has come to the attention of the Arizona Commission for the Deaf and the Hard of Hearing (ACDHH) staff and Commissioners that Certified Deaf Interpreters (CDI) in Arizona have worked without a Certified Hearing Interpreter (CHI) as a team in settings for which a CHI would typically be provided. The settings in question require access to auditory information in environments where alternative access to such information (i.e., lipreading or captioning) is not provided or readily accessible.

**Issue Defined:** While the (RID) Standard Practice Paper for Certified Deaf Interpreters does mention lipreading as a source from which a CDI may interpret for a Deaf consumer, the CDI exam does not test an interpreter's ability to lipread, nor to process information from spoken English into ASL or vice versa. As outlined in the excerpts below, a hearing interpreter is tested on his or her ability to process spoken English and interpret it into ASL, and vice versa, while a Deaf interpreter is tested on his or her ability to process from written English into ASL and from sign to sign, working with a hearing interpreter team or from a Deaf presenter using ASL.

Because the exam does not test a CDI's ability to work without a CHI when only auditory information is available and there is no available means to determine the accuracy of the interpreted information, including possible omissions, without the support of a CHI, there is cause for concern in that the CDIs in these circumstances may be working outside their scope of practice. The practice of CDIs interpreting auditory information without the support of a CHI team may result in errors and omissions that may negatively impact the care a Deaf consumer receives, particularly in medical and mental health settings.

Furthermore, the Americans with Disabilities Act (ADA) defines a qualified interpreter as one who is "able to interpret effectively, accurately and impartially both receptively and expressively, using any specialized vocabulary necessary for effective communication." Depending on the receptive and expressive spoken English abilities of the interpreter, he or she may not meet the ADA definition of a qualified interpreter in particular settings.



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## **National Interpreter Certification Interview and Performance Exam**

The following is an excerpt from the “NIC Interview and Performance Exam Details” created by the Registry of Interpreters for the Deaf (RID). The excerpt describes the skills on which a hearing ASL-English interpreter is tested in order to earn certification.

### ***Begin Excerpt:***

#### **INTERPRETING “PERFORMANCE” VIGNETTES**

The last five (5) vignettes assess the candidate’s skill in performing spoken English-to-ASL and ASL-to-spoken English interpreting. These vignettes present real-life interpreting situations and require candidates to perform simultaneous interpreting in the same manner as in a real-life assignment. In some cases, the candidate may be instructed to begin interpreting at a given point in an ongoing conversation. This is similar to the situation that occurs when an interpreter is taking over for another interpreter. In such cases, candidates are provided with information about the proceeding conversation.

The interpreting “performance” vignettes are formatted as follows:

- Stimulus – Candidates are presented with:
  1. A written description of the context of a real-world interpreting situation;
  2. A written description of the people involved in the conversation;
  3. A written description of the conversation that precedes the point in the conversation that the candidate is to begin interpreting (if applicable); and
  4. A written indication of when to begin interpreting.
- Problem Statement – Candidates are instructed to interpret all spoken communication into ASL and to interpret all ASL communication into spoken English, just as they would in a real-world interpreting assignment. Vignettes may contain all ASL, all spoken English or a combination of both.
- Response – Candidates provide their interpretation simultaneously to the stimulus presented.



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## **Certified Deaf Interpreter Performance Exam**

The following is an excerpt from the “CDI Candidate Handbook 2013” created by the Registry of Interpreters for the Deaf (RID). The excerpt describes the skills on which a Deaf interpreter is tested in order to earn certification.

### ***Begin Excerpt:***

#### **EXAM STRUCTURE**

There are four components to the CDI Performance Exam:

##### *Text to ASL*

The candidate will interpret a written text to a Deaf consumer. This text will be provided in the warm-up and the testing room. This text could include: medical forms, after-care instructions, insurance forms, social security forms, etc.

##### *Consecutive Interpreting*

The candidate will provide ASL interpreting to the Deaf consumer while working with a hearing interpreter as a team.

##### *Simultaneous Interpreting*

Candidates will provide simultaneous interpretation to consumer who are Deaf-Blind or Deaf-close-vision for a Deaf presenter.

##### *Mirror Interpreting*

Candidates will provide mirror interpreting for audience members’ comments after a forum.

### **ACDHH Position:**

CDIs should use careful discretion when deciding to interpret without the support of a CHI. Factors that must be taken into account include, but are not limited to the following:

- Availability of written materials;
- CDI’s personal lipreading ability;
- CDI’s personal hearing ability and ability to process auditory information;

602-364-0990 TTY \* 602-542-3323 V \* 480-559-9441 VP \* 800-352-8161 V/TTY \* 602-364-0581 FAX \* info@acdhh.az.gov

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- CDI's ability to track a conversation when multiple individuals are using spoken language and may overlap or take turns rapidly without clearly identifying the speaker;
- Willingness of the provider/participants to write out any information the CDI may not be able to hear or lipread;
- Likelihood of omissions in the interpretation due to the auditory nature of the information;
- Potential impact of omissions in the interpretation, including the Deaf individual's ability to effectively participate in their own care, receive critical information for their treatment, receive instructions from an employer, etc.

There are multiple settings in which a CDI may effectively interpret without the support of a CHI team. These settings may include, but are not limited to the following:

- Meetings in which live captioning (CART) is provided or all content is otherwise available in written English from which the CDI may translate into ASL;
- Presentations or information presented in standard ASL in which a non-standard ASL user or ASL user with vision loss wishes to participate;
- One-on-one meetings in which a hearing practitioner knows some sign language, but is not adequately fluent so as to communicate effectively with his or her client directly.

Examples of settings in which it may not be effective for a CDI to interpret without the support of a CHI include, but are not limited to the following:

- Large group meetings in which all other participants are using spoken language and captioning/CART is not available;
- Meetings in which a presentation is given using spoken language and captioning/CART is not available;
- Meetings with complex English vocabulary, such as medical terminology, which would be exceptionally difficult to lipread;
- Meetings in which lighting is necessarily dim, such as in mental health treatment facilities in which lighting is low for the comfort of the patient, making it exceptionally difficult to lipread.

Douglas A. Ducey  
Governor



Sherri L. Collins  
Executive Director

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**References:**

Americans with Disabilities Act: <https://www.ada.gov/effective-comm.htm>

Rid Standard Practice Paper: Use of a Certified Deaf Interpreter  
<https://drive.google.com/file/d/0B3DKvZMfFLdbXFLVVFsbmRzTVU/view>

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