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Issue: Certified Hearing 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 that General and Legal licensed interpreters in Arizona have worked in settings for which specialized training and/or certification is highly recommended, without having obtained such training/certifications, and without the support of well-qualified team interpreters prepared to act as a mentor in these settings. The particular settings of concern include Medical and Mental Health, although the following concerns and recommendations may apply to other areas of specialization, as well.

Issue Defined: Note that the concerns outlined herein are specific to interpreters who currently hold certification from the Registry of Interpreters for the Deaf (RID), the National Association of the Deaf (NAD), or the Board for Evaluation of Interpreters (BEI). It is the expectation of ACDHH, based on current licensure law and rules, that interpreters who do not hold RID/NAD/BEI certification and a General or Legal license will not interpret in Medical or Mental Health settings without the support of a well-qualified General or Legal licensed team interpreter.

The Registry of Interpreters for the Deaf (RID) Standard Practice Paper, "Interpreting in Mental Health Settings," clearly outlines the challenges interpreters face when working in Mental Health settings, as well as the potential consequences of erroneous interpretations. It is important to note that idiosyncratic language use or language dysfluency in Deaf individuals often mimics the symptoms of psychosis and other mental health concerns and diagnosis (Glickman 2007). As such, the RID Standard Practice Paper and many other articles published by professionals in the Mental Health field who specialize in working with Deaf patients, recommend interpreters first become nationally certified, and then receive additional training in the area of Mental Health Interpreting prior to accepting such assignments.

Similarly, the RID Standard Practice Paper, "Interpreting in Healthcare Settings," and NAD's "Position Statement on Health Care Access for Deaf Patients," note that an interpreter working in medical settings should first be nationally certified, and should then develop additional expertise in the health care setting.

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



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and expressive English and ASL abilities of the interpreter within the context of a specialized setting, he or she may not meet the ADA definition of qualified interpreter. It is widely known and accepted that medical and mental health settings use a great deal of specialized vocabulary, including diagnosis, treatment methodologies, and prescription medications, of which knowledge cannot be sufficiently obtained without in-depth training.

ACDHH Position:

Certified Interpreters should use careful discretion when deciding whether to interpret in specialized settings, including Mental Health and Medical settings. Factors that must be taken into account include, but are not limited to the following:

- the interpreter's general interpreting ability, including fluency in both English and ASL, and expressive and receptive interpreting abilities in both languages;
- the interpreter's experience with and general knowledge of the specialized setting in which they wish to work, not including interpreted events;
- the interpreter's knowledge of terminology and procedures/protocol related to the specialized setting in which they wish to work, including diagnosis, testing and treatment methodologies, prescription medications, etc.;
- the interpreter's training and mentoring experiences within the specialized setting in which they wish to work;
- and the interpreter's ability to effectively communicate with the Deaf individual in a non-specialized setting.

Certified Interpreters who wish to work in specialized settings should consider the following as a means to prepare:

- take general workshops on the specialized topic, as well as workshops specific to interpreting in the specialized setting;
- seek mentoring from an interpreter who has expertise in the specialized setting, preferably one who holds a specialist certification in the desired setting;
- work with a well-qualified team interpreter initially when beginning to interpret the specialized setting;



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- monitor communication continuously to ensure that the Deaf consumer fully understands the information conveyed and his or her concerns/questions are accurately conveyed to the hearing provider;
- notify the hearing provider if effective communication is not achieved and make the appropriate recommendations for a rescheduled appointment (i.e., Certified Hearing Interpreter with necessary expertise in the specialized setting and/or Certified Deaf Interpreter with expertise in the specialized setting who may be better able to meet the linguistic needs of the Deaf consumer).

References:

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

Glickman, Neil. "Do You Hear Voices? Problems in Assessment of Mental Status in Deaf Persons with Severe Language Deprivation". Journal of Deaf Studies and Deaf Education. February 20, 2007.

RID Standard Practice Papers: <http://www.rid.org/about-interpreting/standard-practice-papers/>

- Interpreting in Healthcare Settings
- Interpreting in Mental Health Settings
- Use of a Certified Deaf Interpreter

NAD Position Statement: "Position Statement on Health Care Access for Deaf Patients"
<https://www.nad.org/about-us/position-statements/position-statement-on-health-care-access-for-deaf-patients/>