

# INTERPRETING IN MENTAL HEALTH SETTINGS

*The Registry of Interpreters for the Deaf, Inc., (RID) Standard Practice Paper (SPP) provides a framework of basic, respectable standards for RID members' professional work and conduct with consumers. This paper also provides specific information about the practice setting. This document is intended to raise awareness, educate, guide and encourage sound basic methods of professional practice. The SPP should be considered by members in arriving at an appropriate course of action with respect to their practice and professional conduct.*

*It is hoped that the standards will promote commitment to the pursuit of excellence in the practice of interpreting and be used for public distribution and advocacy.*

This Standard Practice Paper addresses the unique challenges faced by interpreters working in mental health settings and the skill set needed to successfully meet those challenges. The mental healthcare field is broad and includes psychiatric assessment and treatment, group and individual psychotherapy, counseling, psychological testing, substance abuse treatment and more. RID recommends that interpreters working in these settings hold a current RID certification to assure a minimum level of interpreting competence and compliance with the NAD-RID Code of Professional Conduct. It is also recommended that before working in mental health settings interpreters receive training in this area.

When communication involves two or more languages and cultures, psychiatric assessment and mental health treatment present additional complexities which must be considered and addressed by the professional team, including the interpreter. For the interpreter, these challenges can be divided into three areas: the linguistic considerations, delineated in **Section A**; contextual dimensions, outlined in **Section B**; and interpersonal dynamics, covered in **Section C**. Lastly, there are specific steps that an interpreter can take to improve the likelihood of success in mental healthcare work. These are addressed in **Section D**.

## **Section A – Linguistic Considerations:**

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. Further, interpreting in mental health settings frequently presents the unique challenge of working with individuals who have dysfluent<sup>1</sup> or even alinguistic<sup>2</sup> means of expression. Communication may be further impacted by cognitive, emotional, behavioral or social factors. Beyond these complexities associated with language form, there is a unique vocabulary as well as specialized and deliberate techniques of speaking in therapeutic relationships. Interpreters will encounter words and phrases that have a specific psychiatric meaning which is distinct from how the general public uses these same terms.

Interpreting in mental health settings requires the ability to use multiple interpreting approaches including 1st person, 3rd person, narrative, descriptive, simultaneous, consecutive, team interpreting and working with a certified deaf interpreter. Equally critical is the ability to recognize and comment on the form of language as distinct from the content of language. In addition, interpreters should be able to recognize and comment on potential exacerbating or mitigating factors affecting impaired language expression. Providing commentary on language, culture and the interpreting process is appropriate in many circumstances but should be clearly distinguished from advising or commenting on diagnosis.

In addition to communicating with providers about relevant issues of language, culture and the interpreting process, the interpreter may also need to discuss his or her own linguistic and behavioral choices. It is of the utmost importance that issues that could lead to misunderstanding or misdiagnosis of consumers be shared with the clinical team. This may include sharing information about Deaf culture and communication norms, including dysfluency and potential deficits in a consumer's fund of information. Interpreters should have a working knowledge of the diagnostic criteria and taxonomic structure of the current Diagnostic and Statistical Manual of Mental Disorders, due to the critical role this text plays in the field of mental healthcare. Interpreters also should be familiar with the current literature in the field of mental health interpreting.

### **Section B – Contextual Dimensions:**

There is a wide range of mental health settings and services which are provided across the continuum of age, ethnicity and cultural identity. Settings include inpatient and outpatient settings, peer-led settings (such as AA or "self-help groups"), outreach settings (in-the-field), day programs, private clinician's offices, clinic settings, emergency rooms, forensic and court venues, and long-term residential care settings. To perform effectively in these settings, interpreters require knowledge about the diversity of mental healthcare environments, including the goals and norms of specific settings and interventions. Interpreters should be familiar with the types of mental health professionals who are present in various settings, their roles, their communication goals and their treatment methodologies. In the most effective clinical environments, interpreters are seen as members of the mental healthcare team. An interpreter's conduct and decision-making therefore should align with the goals and processes of the setting and the clinician(s). Working in the mental healthcare field also entails specific legal and regulatory obligations which apply to interpreters as well as clinicians. Interpreters should seek guidance and information about how applicable regulations and laws may affect them and influence their conduct.

When interpreting in emotionally-charged settings, or when in the presence of people who are experiencing instability of mood, thoughts and behaviors, interpreters must be able to remain calm, professional, attentive to their surroundings and mindful of their physical safety.

Given the importance of medications in psychiatric treatment, the interpreter should have a basic knowledge of psychopharmacology, including the medications commonly used, their indications for use and effects which may influence communication or the interpreting process.

As a member of the mental healthcare team, interpreters can also serve as a link to resources which can provide the team with information about current research, knowledge and specialists in the field of mental health with the deaf population.

### **Section C – Interpersonal Dynamics:**

There is a long-standing recognition of the unique quality and power of the therapeutic relationship and a growing understanding of the influence of an interpreter's presence on the development and dynamics of that relationship. This may raise distinct issues pertaining to confidentiality, vicarious trauma, transference, and countertransference<sup>3</sup>. This, in turn, increases the need for self-awareness on the part of the interpreter and for strategies for managing the potential interference of one's own biases, judgments and sensitivities in the therapeutic process.

It is essential that interpreters possess personal and psychological strengths necessary to be effective in mental health work along with the ability to consistently and critically assess one's skills and the impact of one's behavioral and translation decisions. These strengths include comfort amidst intense emotions, the ability to maintain professional demeanor during highly charged interactions, insight into one's own psychological and emotional responses and utilizing resources to maintain one's own mental health.

Mental health services are largely provided by individuals working as part of a team and in the most effective service environments, with interpreters included as members of that team. Therefore, the interpreter should be prepared to ethically and effectively function as a team member in the clinical process. This involves an understanding of the complexities of confidentiality within mental health settings and the need to form and maintain personal and professional boundaries in relationships with deaf and

hearing consumers. Interpreters must acknowledge that their presence impacts the therapeutic relationship and develop strategies for mitigating the negative consequences of that impact. Specific techniques include holding pre- or post-session meetings with clinicians as well as debriefing in specific situations.

### **Section D – What steps can be taken to improve the potential for a successful outcome in mental health interpreting?**

- Pursue opportunities for professional development in this interpreting practice specialty area. Increase your knowledge regarding therapeutic interventions, clinical terminology and psychiatric diagnoses. Stay abreast of the professional literature in the mental health interpreting field.
- Develop a relationship with a mentor who has more experience in this area.
- Develop mutual consultation relationships with mental health service providers and interpreter colleagues. It is within the context of these professional relationships that general discussions of provider goals and practice methodologies and relevant issues of language, culture and the interpreting process may be readily explored.
- Acknowledge that the presence of an interpreter will impact all aspects of mental health-care, especially the therapeutic relationship. Develop strategies for mitigating the negative effects of that impact, such as employing pre and post-session consultations in order to more effectively align oneself with therapeutic goals.
- Continue the thoughtful development of self-awareness, including intrapersonal issues, sensitivities, and biases that can unintentionally and unconsciously impact the interpreting process and mental health service outcomes.
- Reduce vulnerability to vicarious or secondary trauma by seeking a healthy balance between strong psychological boundaries, empathetic engagement and a philosophy of detachment. Incorporate a routine of self-care and develop an intellectual appreciation of the field of mental health in order to offset the negative impact of repeated exposure to the psychological and emotional pain of others.
- Collect and share resources from the mental health interpreting and mental health services and the deaf population. Among such resources are the following:
  - The Office of Deaf Services at the Alabama Department of Mental Health and Mental Retardation: <http://www.mh.alabama.gov/MIDS/index.htm>
  - The Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals at <http://www.mncddeaf.org/>
  - The Deaf Wellness Center at the University of Rochester: <http://www.urmc.rochester.edu/dwc/>
  - The Registry of Interpreters for the Deaf: <http://www.rid.org>
  - The APA PsychInfo database: <http://psycinfo.apa.org/>
  - The PUBmed literature database: <http://www.pubmedcentral.nih.gov/>

#### **REFERENCES:**

- 1 Dysfluent (disfluent) – A lack of proficiency in producing or understanding one’s preferred (best) language. Dysfluency can be gross or extremely subtle. It may be a result of cognitive, educational, or psychiatric difficulties. Examples include echolalia, clanging, neologisms, stuttering, and incoherence.
- 2 Alinguistic – Expression of spoken or signed utterances without a consistent or formal language structure.
- 3 Transference refers to the phenomenon of emotions, perceptions, and behaviors from past relationships biasing a client’s relationship with his or her therapist (or interpreter). Countertransference refers to the therapist’s (or interpreter’s) past relationships biasing his or her emotions, perceptions or behavior toward his or her consumer(s).