



SIGN LANGUAGE INTERPRETERS AND THE MEDICAL/MENTAL HEALTH COMMUNITIES: WORKING TOGETHER

Due to the passage of the Americans with Disabilities Act, the use of interpreter services have been made more widely available to persons who are Deaf in many different situations. This means that professionals in health settings will have more and more occasion to work with sign language interpreters. The following information is meant to make the health care professional more aware of the role of the sign language interpreter, and to facilitate this possibly new working relationship.

The Field of Sign Language Interpreting

Sign language interpreting is the process of facilitating communication between individuals whose native language is spoken English and those whose native language is American Sign Language. A sign language interpreter acts as an intermediary in a communication-related situation so that participants involved can understand each other and can take advantage of the same resources.

RID is a membership organization with more than 5,000 members, who include professional interpreters and transliterators, interpreter/transliterator educators, students, persons who are Deaf or Hard of Hearing, and professionals in related fields. One of the first formal tasks which RID set out for itself in 1964 was the design and implementation of a national certification system to test the skills, ethics and professional behavior of interpreters. Since 1972, this national "performance-based" evaluation has been used to certify thousands of sign language interpreters. Certification is an indication that the interpreter was assessed by a group of professional peers and demonstrated a satisfactory level of performance. RID certification is recognized nationally and is based on tests of proven reliability and validity.

Medical Settings

Interpreters for people who are Deaf in medical settings is a service that is mandated by law, and can encompass a variety of situations. Interpreters may be present for anything from a routine consultation with a physician to emergency procedures, from childbirth classes to support for complex laboratory testing. It is very important to have an interpreter present in the medical setting, for his/her sole job is to make complete communication between the health care professional and the patient who is deaf possible. However, problems can arise in a situation that requires an interpreter who would not otherwise be present.

Sometimes the health care staff who are employing the services of an interpreter will have inappropriate or incorrect assumptions/attitudes about the interpreter and his/her role. The result is often interference with the interpreter's successful delivery of communication services and with the rights of the person who is deaf to those services. **The following are common "myths" about sign language interpreters:**

Because the interpreter can communicate with the patient who is deaf, he/she must know a lot about this person, including their mental, emotional and physical status. The interpreter often has never met the patient prior to the interpreting assignment and will know no more about the patient's personal and medical history than the health care staff. Do not direct questions about the patient to the interpreter—direct them to the patient through the interpreter.

The interpreter must know the patient; perhaps we should involve the interpreter more deeply in the patient's treatment. The only way an interpreter should be involved in the treatment process is as a communication intermediary. To try to involve an interpreter in any other capacity might go against the RID Code of Ethics, which states that an interpreter shall "not advise, counsel or interject personal opinions."

The interpreter is an expert on hearing loss. Although an interpreter knows sign language and is familiar with deafness in a way the medical personnel may not be, often he/she has not had additional training regarding hearing loss, hearing impairment, deafness, causes, or treatments.

The interpreter is either going to be in the way of the medical procedures or try to "be" the doctor. Sometimes the unfamiliarity of working with interpreters can be threatening to the health care staff. Not knowing what part an interpreter will play during the procedure may lead to attempts by the staff to completely by-pass the interpreter, especially if they feel the additional professional will limit access to the patient.

Another problem that is unique to the interpreter working in a medical setting is the use of medical terminology and procedures. Sometimes an interpreter will be familiar with these, but a health care practitioner should not expect this to be the case. When a patient does not understand a word or concept, it is the responsibility of the practitioner to explain it; it is the responsibility of the interpreter to understand the explanation and to be able to interpret it—but not to offer the explanation itself.

Privacy

Privacy is an especially important issue when an interpreter is brought into a medical setting, and the health care practitioner has several options to consider that can ensure the privacy of the patient:

Hire a same-sex interpreter. This is especially important, depending on what the anticipated procedures will be.

Consider the physical position of the interpreter during the assignment. The physical position of the interpreter can be such that the patient has the utmost privacy, yet both the medical personnel and the patient can still benefit from the interpreter's services. Usually this means placing the interpreter at the level of the patient's shoulders while they are lying on the examining table.

Ask the interpreter to leave the room. This requires making sure that all information or explanation and questions are interpreted beforehand. The interpreter should wait just outside the door so that (s)he can reenter when needed. Each time something new needs to be discussed or the patient has a question, the interpreter should be called back in. It is helpful if the patient and practitioner establish a signal for the patient if he/she wishes to have the interpreter come back into the room.

Health care practitioners should also work with the interpreter to determine the best physical placement that will ensure the patient's privacy, the safety of those involved in procedures such as those performed in the radiology department, and that the procedure needing to be performed is in no way hindered.

Special consideration is needed when a patient is under the influence of medication. A person who is deaf relies on his/her eyes and hands in order to communicate. Because eyes are a muscle, they can be affected by medication and a patient who is deaf must work to focus his/her eyes in order to understand an interpreter's signing. Medical personnel need to realize that communication may be difficult with the patient while he/she is affected by the medication.

Mental Health Settings

The sign language interpreter hired to work in the mental health setting plays the same role as that in the medical setting: his/her job is to facilitate communication between the mental health professional and the patient who is deaf. However, the situations are different and varied: interpreters may be contracted for vocational rehabilitation, counseling services, therapy sessions, observations through one-way mirrors, or special cases in which the patient's deafness may have been formerly misdiagnosed as mental retardation, etc. An interpreter working in a mental health setting runs into a different set of problems than those of the medical setting.

It is very helpful if, before a psychological evaluation, a psychologist explains to the interpreter the purpose and procedure involved in the evaluation. The interpreter must be precise in his/her explanation to the patient of certain tasks, and the psychologist could draw some incorrect conclusions about the patient should there be any confusion. For example, in the draw-a-person test, the psychologist may ask the patient to draw a person. Usually people draw someone of their own sex first. A danger in translation is that the interpreter may sign "person" close to his/her own body, and the patient could misunderstand the instruction to be "Draw a person, like me (the interpreter)." If the interpreter is of a different gender than the patient, the response is then an unexpected one, and can be misleading to the psychologist. This can be avoided if the interpreter understands the reasoning behind such evaluations.

It is also helpful if the interpreter is given some background about the purpose and techniques in therapeutic treatment. As the communication link, the interpreter often finds him/herself drawn into the process taking place. The presence of that third person can bring into play a number of feelings that may not otherwise be present. For example, the therapist may feel intruded upon, may be uncertain of how to behave with a person who is deaf, may feel left out or that rapport is difficult to gain. The patient who is deaf may be unfamiliar with therapy, or may bring feelings from past interpreted encounters to the session. And the interpreter may feel that he/she is in a very awkward position regarding confidentiality. On the one hand, the interpreter may have some understanding of deafness that the therapist does not, but may feel it is beyond the role to take the initiative to explain that understanding. In the interest of complete communication, the interpreter may also wish to ask for clarification of something the patient says, yet the therapist may deliberately choose not to clarify due to confidentiality.

The physical position of the interpreter also is an important consideration in the mental health setting, though for different reasons. Usually the ideal seating arrangement places the interpreter slightly behind and to the side of the therapist, enabling the patient to see both the interpreter and the therapist, and encouraging a direct relationship between the patient and therapist. However, sometimes the patient may feel that the interpreter and therapist are closely linked, or ganging up, because of this close seating. If this is a possibility, the therapist may want to take time beforehand to discuss other possible seating arrangements with the interpreter.

Finally, group therapy, while it brings up similar considerations as does individual therapy, demands special consideration. Communication is better facilitated when an interpreter is advised ahead of time of the type of interaction taking place. Let the interpreter know if this is an on-going session or a first time encounter, how many deaf persons are in the group, and if the therapist is deaf or hearing. The group leader and the interpreter may also want to discuss possible solutions to interpreting for more than one person at the same time. A signal may be used, such as a raised hand, for turn-taking among the group members.

The Deaf Medical/Mental Health Professional

Although often it is the professional who is hearing and the patient or client who is deaf, that is not always the case. More and more persons who are deaf are entering into the medical and mental health fields. Nurses, medical technologists, medical records clerks, dentists, and doctors may need to request interpreting services for participation in staff meetings, professional association activities, professional development, and meetings with their patients. Social workers, psychologists, and counselors may rely on an interpreter during observations, discussions, when working with families with both deaf and hearing members, interacting with professional peers in conferences, school or clinical settings, and similar encounters.

Sign language interpreters can be found by contacting an interpreter provider organization. RID produces a state-by-state listing of interpreter provider organizations that is available free-of-charge. Another source of qualified interpreters is the *Registry of Certified Interpreters*, which is published annually by the RID.

Confidentiality

The sign language interpreter has the responsibility to maintain absolute confidentiality about everything that transpires in the course of an assignment. The details of someone's medical history, current health situation, prescribed treatment, or the information revealed during a psychological evaluation or therapy session are regarded as personal and private. As said before, the interpreter is that—an interpreter, present as an *intermediary* without whom communication would be difficult. The interpreter is not present as another person involved in the transaction. Therefore, the RID Code of Ethics clearly states its position on the importance of confidentiality.

The Registry of Interpreters for the Deaf (RID) is happy to provide this information. Support and cooperation between our professionals and yours is greatly appreciated and strongly supported. For more information, please contact:

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