Interpreting in the Mental Health Setting

Agenda/Goals

• Broadly:
  – What is mental health interpreting
  – How is it different from other ‘terping’?
  – Who you will work with
  – How to handle various situations
  – Taking care of yourself

  This will not make you an expert!

Terpin’ is Terpin’, Right?

• Community interpreting vs. mental health interpreting: what’s the difference?
• “I Don’t DO mental Health interpreting!”
  – Are you sure??? Mental health interpreting can happen in unexpected times and places
    • Medical settings
    • Educational settings
    • VR/social services
Interpreting in the Mental Health Setting

A Unique Challenge

[Mental health] is unique among the medical fields in that most of the symptoms are conveyed by or through communication, and communication is also the primary method and nature of treatment.

Robert Pollard, Ph.D.

A Quick Review of Interpreting Models

• **There are several models of interpreting:**
  - Helper
  - Machine (or conduit)
  - Communication facilitator
  - Ally
  - Cultural mediator

The Cultural Mediator Model

"Never look for a psychological explanation unless every effort to find a cultural one has been exhausted."

Margaret Mead
Interpreting in the Mental Health Setting

The Cultural Mediator Model

• Cultural mediation model is growing in acceptance – especially since start of 2000s (c.f. Executive Order 13166)
  – Driven, in part, by spoken language interpreters

The Cultural Mediator Model

• Reaction to the Conduit Model
  – Attempts to put interpretation into a cultural context
    • For example: “State School” is misleading especially when talking to “mental health” types!

The Cultural Mediator Model

• Opposition from some because it is “unethical”
  – Charge arises from a world view informed by the “machine model”
  – “Our job is to give ‘equal access’ to the information!”
• Another concern relates to training and professional maturation
  – Beginning interpreters untrained/unprepared to handle this level of professional responsibility
Interpreting in the Mental Health Setting

The Cultural Mediator Model

Equal Access  Equal Outcome  Thought:
Is it better to allow a misperception based on culturally loaded material to adversely effect consumer outcomes?

Alabama’s MHI Concept

• Alabama MHI concept is an outgrowth of both the Cultural and Ally models with important twists
  – Several key precepts:
    • The interpreter is part of the treatment team and impacts the treatment process
    • The interpreter is usually the only one on the team who is aware of the complex interplay of various sequelae of deafness
    • Interpreting is a practice profession rather than para-profession

Alabama’s MHI Concept

• Developed from a knowledge-driven viewpoint rather than a skills-driven viewpoint
    • “Minimum Competencies”
  – Alabama State Code – 2003
    • Emphasis on training, application and demonstration
    • Mandated 40 hours of specialized training – the MHIT Project
    (Full information at www.mhit.org)

Prior to MHIT most training in MH interpreting were of the “how do you sign ______” variety
Interpreting in the Mental Health Setting

**Accurate Interpreting**

- Accurate interpretation involves:
  - The structural differences between languages
  - How each language is seen and used by each culture
  - The “thought worlds” of the parties involved

Further, accurate interpretation depends on:

- Context
- Intent of the communicants
- Purpose of the message

We will refer to these many times as the “Big Three”

**How Do You Sign: “What’s Going On With You?”**

- In a psychiatric hospital between night nurse and patient
- In an emergency room between a doctor and a quietly seated patient
- In an emergency room between a doctor and a patient with his foot facing the wrong way
- In the police station between mother and son
- Between close friends who haven’t seen each other in a long time

Effective communication gets the message across:

- Languages
- Cultures
- Thought Worlds
Interpreting in the Mental Health Setting

Understanding the Clinical Process

• Clinicians use language to test hypotheses as to what is going on with a consumer
  – What things (“Demands”) might be operating in the following opening of a clinical session:
    “How are you doing since the last time we met?”
• First we have to understand how mental illness overlays the process

Mental Disorders

• DSM-V Definition:
  – A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.
    • An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder.

Mental Disorders

• Major types of mental illness:
  – Psychosis
    • Fundamental mental derangement (as schizophrenia) characterized by defective or lost contact with reality

Remember:
The signs for disorders I use here may be OK for using with professionals but are not effective with consumers
Interpreting in the Mental Health Setting

Mental Disorders

• Major types of mental illness:
  – Psychotic disorders
    • Schizophrenia is the most familiar form
      – It is organic and incurable
      – Most admissions and residents of public mental hospitals
      – Chronicity and severity mean costly and difficult to treat
      – Public policy - homelessness, notorious crimes

Mental Disorders

• Major types of mental illness:
  – Psychotic disorders
    • Schizophrenia is the most familiar form
      – Delusions
      – Hallucinations
      – Disorganized thinking/speech
      – Grossly disorganized or abnormal motor behavior

Hallucinations

Sensory Modalities

• Auditory
• Visual
• Olfactory
• Gustatory
• Tactile

https://www.youtube.com/watch?v=LWYwckFrksg
Interpreting in the Mental Health Setting

Delusions

Erroneous beliefs that usually involve a misinterpretation of perceptions or experiences, not supported by reality.

Read more: Delusions - functioning, withdrawal, examples, person, people, brain, mood, Description, Types http://www.minddisorders.com/Br/Del/Delusions.html#ixzz0kWaruWDN

Bizarre Delusions

“I am God.”

“I used to play with Napoleon as a young boy. We built a wagon together.”

“My mother is Elizabeth Taylor. My father is Andrew Cuomo.”

“The TV tells me what to do and I communicate with the TV by placing notes into the vents in the back of the TV.”

“I am pregnant with 99 babies. They won’t come out.”

“I am a CIA baby. The CIA talks to me through my hearing aids and tells me what to say.”

“Orange is the CIA, Green is the army, Black is evil – except for interpreters…”

“Every night someone sneaks into my room and takes apart my clothes and then re-sews them a size smaller.”

Mental Disorders

• Major types of mental illness:
  – Psychotic disorders
    • Schizophrenia is the most familiar form
      – Positive symptoms: thought insertion and broadcasting, loose association, hallucinations (auritory visual, tactile, olfactory), delusions, paranoia,
      – Negative symptoms: flat affect, lack of pleasure and motivation, and social isolation
  – Other disorders: bipolar disorder, depression, anxiety disorders, etc.
Interpreting in the Mental Health Setting

Mental Disorders

• Major types of mental illness:
  – Psychotic disorders
    • Schizophrenia is the most familiar form

So...?
How does deaf culture change what “should” and “should not” be there?
Some mental illnesses have biological/neurological causes
These will affect language/perceptual information processing

Mental Disorders

• Major types of mental illness:
  – Bi-polar and related disorders
    • Manic
    • Hypomanic
    • Major depressive
    • Mixed

Mental Disorders

• Major types of mental illness:
  – Bi-polar (manic depression)
    • Can be accompanied by delusions and hallucinations

So...?
Behavior problems when manic
Possible suicide when depressed
• The clinician needs to know deviation from the baseline. If the interpreter changes every appointment, how does this impact therapy?
• “Matching affect” may exacerbate the symptoms, but interpreters are trained to be in the “Match Game” Better: take cue from therapist
Mental Disorders

• Major types of mental illness:
  – Depressive Disorders
    • Thought to have genetic, biological and environmental causes

So...?
Deaf norms of behavior or hearing norms? Who knows the difference?

Mental Disorders

• Major types of mental illness:
  – Anxiety disorders
    • Panic Disorder
    • Phobias
    • Generalized
    • Anxiety Disorder

There are enough phobias out there to give you phobophobia

Mental Disorders

• Major types of mental illness:
  – Trauma- and Stressor-Related Disorders
    • Post-Traumatic Stress Disorder
Interpreting in the Mental Health Setting

Mental Disorders

• Major types of mental illness:
  – Personality Disorders
    • Borderline Personality Disorder* is common and tough to treat
      – You absolutely must avoid dual relationships in this case - You cannot let yourself become a pawn!

So...?

BPDs are notorious for pulling interpreters in their games. One day you will be the most WONDERFUL person in the world and the next you will be the most awful. It will effect you!

Mental Disorders

• Major types of mental illness:
  – Somatic Disorders
    • Illness Anxiety Disorder

So...?

Working with “LFD” deaf people who have somatic complaints is... “challenging”

Mental Disorders

• Major types of mental illness:
  – Distress falls under several of headings
    • Normal psychological responses to stressful conditions
      – Very common
      – Manifests as a combination of depression and anxiety
      – Many psychosomatic symptoms
    – What is normal? What is stress to deaf people vis hearing people?
      • Are there some stressors that SHP’s would not comprehend?
Interpreting in the Mental Health Setting

Over-reaction?

- “Trauma is often experienced as a result of communication barriers.” (NASMHPD, 2012)

Communication isolation is traumatic!

- Was Janice’s reaction “abnormal”?
- What about the hearing workers’ reaction (“Dope up the psycho before she hurts someone!”)
- How would you react?
  - Dealing with secondary trauma is important

Mental Illness? What’s That?

- Major types of mental illness:
  - Impulse Control Disorders
    - Oppositional Defiant Disorder
    - Conduct Disorder

So...?

How might “Deaf Norms” lead to misunderstanding and mis-diagnosing deafisms as deviant? Do you, as an interpreter, allow that to happen?

Substance Use Disorder

- Terminology follows DSM-V
- Classified mild, moderate or severe
- Causes significant impairment
  - Health
  - Home
  - Work/school

http://www.samhsa.gov/disorders/substance-use
Substance Use Disorder

- Alcohol Use Disorder
  - Prevalence in Deaf Community
  - Levels
    - Moderate: up to 1 drink per day for women and up to 2 drinks per day for men
    - Binge: or more alcoholic drinks on the same occasion on at least 1 day in the past 30 days
    - Heavy: 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days

- Stimulant Use Disorder
- Hallucinogen Use Disorder
- Opioid Use Disorder
  - Abuse of Rx drugs is becoming common
- Others
  - Tobacco Use Disorder
  - Cannabis Use Disorder

What Is Mental Health Service?

- Mental health service can be defined as assistance given to an individual to assist in coping with emotional, behavioral or cognitive problems
  - Problems can be short-term or long-term
Interpreting in the Mental Health Setting

What Is Mental Health Service?

- The most critical component in mental health work is the personal relationships established between the client and the clinician
  - This relationship is based on effective communication
    - Remember Pollard’s quote earlier:

Relationships

[Mental health] is unique among the medical fields in that most of the symptoms are conveyed by or through communication, and communication is also the primary method and nature of treatment.

Robert Pollard, Ph.D.

Relationships

- What does this mean for:
  - The relationship between the deaf consumer and the clinician?
  - The relationship between the interpreter and the deaf consumer?
  - The relationship between the interpreter and the clinician?
  - The relationship of the interpreter to the process?

The guiding principle is, “First – Do No Harm”
In mental health settings sometimes no interpreter is better than an interpreter who is not prepared.
Interpreting in the Mental Health Setting

Psychology, Psychiatry, Social Work... What Difference Does It Make?

- Mental health work is confusing enough without having to sort out who does what
  - Not all people do all things
  - This is especially true in the public sector
    - In the private sector mental health professionals are more likely to be “generalists”
- Knowing what different professionals that you will interact with do will make your job easier
  - You will be more prepared for what people will say or ask

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Training</th>
<th>Special Orientation</th>
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<tbody>
<tr>
<td>Psychiatrist</td>
<td>M.D. (Medical Doctor) or D.O. (Doctor of Osteopathy) and Three year Psychiatric Residency</td>
<td>Biological Treatment, Psychopharmacology, Some Psychotherapeutic modalities and orientations.</td>
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<tr>
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<td>Ph.D. (Doctor of Philosophy in psychology) or Psy.D. (Doctor of Psychology) and one year Internship.</td>
<td>Psychotherapy: All modalities and orientations. Psychological Testing.</td>
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<tr>
<td>Masters Level Psychologist</td>
<td>M.A. (Master of Arts) or M.S. (Master of Science) or M.Ed. (Master of Education)</td>
<td>Psychotherapy: Some modalities and orientations. Psychological Testing.</td>
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<td>Counselor</td>
<td>M.A. (Master of Arts in counseling) or M.Ed. (Master of Education in counseling)</td>
<td>Counseling, Vocational and Educational Testing.</td>
</tr>
<tr>
<td>Psychiatric Nurse Specialist</td>
<td>M.S.N. (Master of Science in Nursing)</td>
<td>Counseling and Psychotherapy: Some modalities and orientations.</td>
</tr>
</tbody>
</table>

- Acute Care (Hospital emergency rooms)
  - May be a regular community hospital or a special psychiatric hospital
  - Used for control of suicide or psychosis
    - Psychosis means the person’s thinking is so disordered they are not safe
  - This setting is used to help stabilize the client

Think about
✓ Context
✓ Intent of the communicants
✓ Purpose of the interaction
Interpreting in the Mental Health Setting

Common Settings and Objectives

• Crisis Services
  - The goals are much like that of the ER, but hopefully can be done without going to the hospital
  - Teams are (usually) mobile

Common Settings and Objectives

• In-Patient Services
  - This is used when the client is not safe to send back home
    • Increasingly involuntary only and for shorter durations
      - This shades into legal interpreting
    • Wards may be locked
    • Clients will have a variety of needs

Common Settings and Objectives

• In-Patient Services
  - A time of stabilizing and medication monitoring
    • “Stabilize and get them out”
    • There may be activities and psychotherapy
      - Individual and groups

My personal view:
Interpreted group therapy is a waste of time
Common Settings and Objectives

• In-Patient Services
  – Stays can vary from relatively short (acute) to many years (Long term)
    • You will encounter a variety of professionals
  – Special case: Forensic inpatient services
    • Dependent on courts

• Out-Patient Services
  – Day Treatment (or partial hospitalization)
    • Has many of the same goals of in-patient treatment without the overnight stays
    • Case management becomes important
  – General out-patient services (or Psycho-Social Rehabilitation)
    • Focuses on providing a variety of services needed to the client to maintain in the community

• Residential Programs
  – These are usually distinct from hospital settings, though they sometimes function like one
  – A broad term that covers a number of settings
  – May have a high or low level of supervision
  – The interpreter may be called for:
    • Admission procedures
    • Discipline hearings
    • Crisis intervention
    • “Community” meetings

Use the “Big Three” to help you determine how to handle the assignment
Interpreting in the Mental Health Setting

Common Settings and Objectives

- **Substance Abuse Programs**
  - There will be an array of services
    - In-patient
    - Out-patient
    - Self help (12 step groups)
  - These are all tough to interpret
    - Special “slang” and terminology
    - Confrontational style
    - Emotionally loaded material

MH Process and Models

- **Therapeutic Models**
  - Psychoanalytic
  - Cognitive
  - Behavioral
  - Family Therapy
  - Psychosocial

Role of the Interpreter

<table>
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<tr>
<th>Theoretical Model</th>
<th>Role of Clinician</th>
<th>Role of Client</th>
<th>Role of Interpreter</th>
<th>Goal: Change</th>
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<td>Student</td>
<td>Interpreter</td>
<td>Patterns of Thinking</td>
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<td>Observer/Reinforcer</td>
<td>Subject</td>
<td>Communication Facilitator</td>
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<td>Therapist</td>
<td>Patient</td>
<td>Varies</td>
<td>Feeling/Emotion</td>
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<td>Member</td>
<td>Member</td>
<td>Member</td>
<td>Relationships</td>
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<tr>
<td>Psychoanalytic</td>
<td>Therapist</td>
<td>Patient</td>
<td>???</td>
<td>Resolution of long-standing conflict</td>
</tr>
</tbody>
</table>
Interpreting in the Mental Health Setting

Role of the Interpreter

• The interpreter’s role and approach will vary according to the
  – Clinician’s theoretical orientation
  – Goal of the session
  – Clinician’s experience and comfort with introduction of the interpreter into the therapeutic alliance
• Your goal is to help facilitate recovery

Working With the Clinician

• Alliances: Yours, Mine, Ours

  Neutrality is a myth!

• Generally, where your alliances will form depend partly on the setting
  – Legal settings for example you may ally with the defense, the prosecution, or the court itself
  – Medical settings usually lend themselves to alliance with the Deaf person
• AL MHIT teaches to consciously ally with the therapeutic process

Working With the Clinician

• By it’s very nature mental health work requires the interpreter to ally with the therapeutic process!
  – This usually means the clinician
  – DANGER: If you do not have a sense of alliance you can do much harm
  – You have to match the clinician’s affect, approach, style, etc.
Interpreting in the Mental Health Setting

Working With the Clinician

• Lack of this alliance makes you vulnerable to:
  – Mistakes
    • You don’t know the:
      – Context
      – Intent of the communicants
      – Purpose of the interaction
    • Susceptible to manipulation
  – Trauma
    • From consumers
    • From process
    • From your own baggage

Working With the Clinician

• Interpreters are trained to make deaf people “sound good”
• People with disordered thinking don’t sound good
  – If you are “fixing” the communication you may be depriving the clinician of valuable information
    • You need to have options for how you can deal with “weird stuff” you see

Working With the Clinician

• Don’t “fix” dysfluent language – describe what you see
  – This requires that you have enough experience and training to recognize dysfluency vs. “Word Salad” or psychotic communication

DO NOT DIAGNOSE!
• Do not use diagnostic words
• Do describe what you see
• Do put it into cultural context
Interpreting in the Mental Health Setting

Communicating Meaning - It Ain’t Easy!
• Interpreting is hard enough without dealing with things that hinder communication
  – World View Differences
  – Dysfluency (and language deprivation)
  – Fund of Information Deficits/ information deprivation
  – Psychosis
• Before you can determine abnormal you have to know what normal is

What is Normal, Anyway?
• What normally happens between hearing client and hearing clinician?
  • “How are you doing?”
    – Hearing to hearing response
    – Deaf to Deaf response
    – Deaf to hearing* response (without an interpreter)

All candidates for certification as a Qualified Mental Health Interpreter are expected to observe non-interpreted interactions as part of their practicum.

*Non-signing SHPs

What is Normal, Anyway?
• What changes in this process when we introduce a deaf client and interpreter?
  – Who trusts who?
  – Who is uncomfortable and why?
What is Normal, Anyway?

- It is a mistake to pretend that an interpreted session is the same as one-on-one session – which is what most hearing clinicians do!
  - Shock Withdrawal Paralysis: Shift to rote behavior (Brain off mode)

The goal needs to bring the outcome of the deaf to hearing session to the same as it would be if it were hearing to hearing (or deaf to deaf for that matter)

Equal access ≠ equal outcome!

What is Normal, Anyway?

- Must know the difference between normal and abnormal behavior for a specific population set
  - Consider:
    - Age
    - Etiology
    - Gender
    - Socio-economic status
    - Ethnicity
    - Education

One person’s normal may be another person’s weird!

World View Differences

- “World view” is how people process and catalog information they receive
- Factors influencing deaf people’s “world view”

![Diagram: Individual, Social (deaf), Communication, Environment]
Interpreting in the Mental Health Setting

World View Differences

• “World view” is how people process and catalog information they receive
• Factors influencing Interpreters’ “world view”

Individual

Social (deaf or hearing or...)

Environment

Communication

World View Differences

• “World view” is how people process and catalog information they receive
• Factors influencing clinicians’ “world view”

Individual

Social (usually hearing)

Environment

Communication

World View Differences

• “Understanding” in an interpreted interaction occurs in the overlap of those worlds views

Deaf Person

Hearing Person

Interpreter

• What’s the interpreter’s job in this construct?
• This isn’t what they taught you in ITP, is it?
Interpreting in the Mental Health Setting

**Interpreters’ World View**
- Interpreters believe the message content is most important
  - “Message (content) must be rendered accurately”
  - “Words chosen” to fit the context – but what influences that context?
  - Explicit vs. implicit messages
    - It’s often not about what you said, but how you said it!

**Clinician’s World View**
- How the consumer is using language is an important window on mental functioning
  - Often how something was said is as important or more important than what was said
- ASL is a process-rich language with many non-manual markers
  - Hearing people are not aware those markers are there and they can significantly change the meaning of a signed concept
  - ASL – fluent clinician are (or should be) aware of those markers

**“Weird Stuff”**
- In mental health, weird stuff in form can be caused by:
  - Psychosis
  - Information deprivation
  - Dysfluent Language (including deprivation)
Interpreting in the Mental Health Setting

Three Types of Dysfluency

- Specific, disruptive errors in language use that are atypical of average users of that language
  - i.e. a pathological cause
    - medical/trauma
    - psychiatric
- A general lack of proficiency that is significant enough to impair communication with someone who is proficient in that language
  - i.e. a developmental cause apart from medical
- Some combination of the two

Pathological or Developmental?

- There are numerous purely medical causes of dysfluency. Some also cause deafness. Here are a few...
  - TBI, stroke are most common
  - Genetic Factors (Hereditary)
  - Complication of Rh Factor
  - Meningitis
  - Maternal Rubella, Congenital Rubella Syndrome (CRS)
  - Prematurity
  - Syphilis Bacterial Infection
  - Herpes Simplex Virus Infection
  - Cytomegalovirus (CMV) Infection
  - Toxoplasmosis

All of these also have mental health, and sometimes life long medical consequences

Psychiatric Dysfluency Examples

A Subtle Example: Mania

She had cancer of the spinal cord when I was 11-years-old and they had to take out her back, eight inches of her back out to kill the cancerous tumor. So that means she was paralyzed from her breast down for 21 years of her life. She died the age of the year I was born, ’61. I believe everything has a purpose under heaven...I believe that’s the time that God wrote down she is going to die before she hit her 62nd birthday she was going to die and be my guardian angel at 61 of the year I was born.
Interpreting in the Mental Health Setting

Psychiatric Dysfluency Examples

A Gross Example: Schizophrenia
Well their the before on the clock, that's the 6, 7, 8, 9, 10, 11, 12, 1, 2, 3. They go by those numbers of the clock. And when you do the 25 after that's the after side of the clock. We go by the 1, 2, 3, 4 and 5 of the clock and the 5 you go right left to 7 number on the clock is the 5 number. You go right left to that number. That's what the 25 is. If you don’t do something they tell you to do and Jesus makes the shot gun sound and then phone rang not to answer the phone or the door bell.

Specific Forms of Dysfluency

This is a general list. There are certain forms which are reported among Deaf people.

• Poverty of Speech
• Poverty of content
• Pressure of speech
• Distractible speech
• Tangentially
• Derailment
• Incoherence
• Illogicality
• Clanging
• Neologisms
• Word approximation
• Circumstantialities
• Loss of goal
• Perseveration
• Echolalia
• Blocking
• Stilted speech
• Self-reference
• Paraphasia, phonemic
• Paraphasia, semantic

Adapted from Drump

Linguistic Errors

• Clanging
• Illogicality
• Sign Perseveration
• Stereotypy

String of signs produced with one handshape
Conclusions do not connect in a logical manner
Signs are repeated more than three times
Frequency of a specific gesture in inappropriate contexts, not for communication but for self-stimulation

Adapted from Drump
Interpreting in the Mental Health Setting

Linguistic Errors

- **Topic Derailment**: Changing topics in mid-discourse
- **Topic/Thematic Perseveration**: Inappropriate insertion of signs related to a theme
- **Incoherence**: A series of unrelated signs or gestures that can’t be identified. Grammar and syntax are deficient
- **Visuo-Spatial Anomalies**: Aspects of sign are missing or incorrect (handshape, movement, location). Grammar and syntax are intact
- **Paraphasia**: Misuse of signing space or using a non-linguistic element in place of sign

Adapted from Crump

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Linguistic Errors

- **Clanging**
- **Ilogically**
- **Sign Perseveration**
- **Stereotypy**
- **Topic Derailment**
- **Topic/Thematic Perseveration**
- **Incoherence**
- **Visuo-Spatial Anomalies**
- **Paraphasia**

These linguistic elements can sometime be signs of mental illness or just creativity.

Let’s look at a few...

Adapted from Crump

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Linguistic Element

**String of signs produced with one handshape**

Adapted from Crump
Interpreting in the Mental Health Setting

Linguistic Element

String of signs produced with one handshape

• Symptom of thought disorder

Clanging

• Can be an element of ASL/Deafness...
  – Imaginative
  – Poetic
  – Game

Adapted from Crump

Linguistic Element

Conclusions do not connect in a logical manner

Adapted from Crump

Linguistic Element

• Symptom of Thought Disorder

Illogicality

• An Element of ASL/Deafness
  – Information deficits/deprivation
  – Incidental learning deficits (post HS)
  – Lack of access to previous generations
  – Interpreter error

Adapted from Crump
Interpreting in the Mental Health Setting

Linguistic Element

*Sign are repeated more than three times*

Adapted from Crump

Linguistic Element

...Signs are repeated more than 3 times for no apparent reason

• Symptom of Thought Disorder
  **Sign Perseveration**

• An Element of ASL/Deafness...
  - Plurality
  - Emphasis
  - Sign Isolation (i.e. Instruction)
  - Dysfluency

Adapted from Crump

How Do We Handle This Stuff?

• We can’t approach behavioral health the way we have approach interpreting historically
  – A different paradigm
“I’m Just the Interpreter”

- The biggest barrier to this paradigm shift was the “I’m just the interpreter” mentality. The reality is that no one ever was “just” the interpreter.
  - Your presence fundamentally changes the interaction

The Elephant in the Room

- Interpreted interactions ≠ direct interactions
  - You are “there”
  - Your presence creates a different thing than would have been there without an interpreter
  - Your choices will influence the course of the interaction

Realities of Interpreting Work

- I must change the words you have chosen.
- I will need to add and delete information during my translations.
- I must form my own judgments about what each consumer means before choosing from among many possible translations.
- You, the consumers, are responding to my translation choices, not the original comments, which leads and influences both of you and the resulting dialogue.
- My very presence and my needs will influence the flow of the interaction and your relationship.

But interpreters were not (usually) trained that way...
Interpreting in the Mental Health Setting

How Interpreters are Trained

- Interpreters are often trained in a deontological fashion and may lack the skill of analyzing actions in light of outcome, i.e. reflective thinking
  - Tendency to want to evaluate work as a product of “paint by numbers” “Is it ‘right’?”
  - Supervision (mentoring) is often from the same “right or wrong” framework

Ethics and the Practicing Interpreter

- Interpreters are historically dichotic – everything is black and white!
  - Inflexible or indecisive
- Old Code of Ethics was written for dichotic (i.e. deontological) thinking

“Instead of identifying a singular personality type, these results point to an interesting trend toward extreme traits.”


Ethical and Effective Decisions

<table>
<thead>
<tr>
<th>Too Liberal</th>
<th>Too Conservative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberal (Teleological)</td>
<td>Conservative (Deontological)</td>
</tr>
</tbody>
</table>

Therefore ineffective and/or unethical

From Pollard and Dean
Interpreting in the Mental Health Setting

Right or Effective?
- Baseball analogy: Runners on first and third...
  - What do you do? What factors do you have to consider?
    - If you are defense?
    - If you are offense?
  - Is there one “right” answer?
    - There are effective and ineffective choices

Ethics and the Practicing Interpreter
- **Code of Professional Conduct encourages more flexible thinking**
  - Interpreters adhere to standards of confidential communication.
  - Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
  - Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.

Decisions, Decisions
- Making decisions requires a framework
  - MHIT uses Pollard and Dean’s *Demand Control Schema*
- The challenges we face in our work are the demands
- The techniques we will talk about today will give you “Control Options”
Interpreting in the Mental Health Setting

Recap

• Yesterday we discussed:
  – Brief History of Interpreting (or how we got to where we are)
  – What is mental or substance use disorder
  – Who we will work with
  – Perspectives based on world view
  – Dysfluency
• Questions from yesterday?

Attending to Content vs. Form

• Content = What was said
  – eats shoots and leaves
• Form = How it was said
  – Eats, shoots, and leaves
  – Eats shoots and leaves
  – Eats – shoots - and leaves

• Interpreters trained to attend to content
  (“accuracy übert alles”)
• Clinicians are trained to attend to form
  (and to content, of course)
Interpreting in the Mental Health Setting

Content

- Psychosis
  - Delusions & hallucinations
    - Bizarre v. non bizarre
- Orientation
- Suicidal or Homicidal Ideation
- Client history/precipitating factors

Form

- Language structure and usage
  - consistency, age and context appropriate
    - Think about cultural differences; i.e. high v. low content of discourse
    - "word salad"
    - "weird"
- Sign Formation
  - Motor v. psycholinguistic errors
    - "weird"
- Responding to internal stimuli

Form

- Discourse
  - circumstantial or tangential
- Affect
- Speed of Signing
  - flight of ideas
  - pressured or psychomotor retardation
    - If retarded, consider why (Remember – don’t diagnose!)

Be sure you do not let clinicians mistake high content for circumstantiality

"Delusional" content has to be approached with caution. Culture has bearing. So does Fund of Information (differences and deficits)
Interpreting in the Mental Health Setting

Language and Diagnostics

• Language is an important diagnostic tool in assessing an individual’s mental status
• We must know how to describe to hearing clinicians with a different worldview what our experience and expertise tells us

Two Examples

• Video clips
  – One consumer is mildly psychotic
  – One consumer is not psychotic
• As you watch think about:
  – How would you “interpret” each?

Language Deprivation

• A significant source of dysfluency is language deprivation
  – Two groups of deaf people likely to not have significant language deprivation issues
    • Those who became deaf after starting school
    • Those born in an ASL-fluent family

Outstanding lecture on this topic by Dr. Sanjay Gulati
Check the MHIT website
**Interpreting in the Mental Health Setting**

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**Language Deprivation**

- A significant source of dysfluency is language deprivation
  - Many “born deaf individuals” will experience some level of language deprivation, ranging from insignificant to alingual
  - Some of the patterns labeled “psycholinguistic errors” are attributable to deprivation

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**Fund of Information Deficits**

- Affects many deaf consumers – even well educated ones
  - Schild calls this information deprivation – more accurate
- Result of
  - Suboptimal Education
  - Lack of exposure to incidental learning
  - Poor reading skills
  - May be Language and Learning Challenged

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**Language and Learning Challenged**

- Term coined by Neil Glickman
  - Life long behavioral problems
  - Poor academic and vocational functioning
  - Extensive trauma/abuse history
  - Borderline to low average intelligence
  - Poor coping and social skills
  - Addictions
  - Problems possible in several areas (mood, anxiety, impulse control)
  - Lifetime of negative experiences with hearing authorities (parents, teachers, doctors)
Interpreting in the Mental Health Setting

Language and Learning Challenged

- Term coined by Neil Glickman
  - Not fluent in their best language, ASL
    - Limited vocabulary, signs used incorrectly
    - Sign and sign phrase repetition rather than sentences
    - Absence of topic-comment ASL structure
    - Absence of pronouns and time indicators
    - Improper or absent sign inflection
- Becoming more common: Language and Information Deprivation

Your Role: Communication Expert

- You need to be able to assess how communication skills of the participants are playing out in the setting
  - Is the person having difficulty with English or with language skills in general?
  - Is there a communication system in place?
    - Do not mistake “home signs” for no language!
  - Is the consumer dysfluent or do the linguistic errors indicate something else
- MHIT teaches Communication Skills Assessment Tool

Communication Assessment

- Designed to do a full evaluation of the deaf client's history, background, etc.
  - Assists in assessing the consumer's preferred mode of communication
  - Make recommendations such as adaptive equipment and use of a certified sign language interpreter
Interpreting in the Mental Health Setting

Communication Assessment

- Assessors will look for the following issues in assessment:
  - Etiology of hearing loss, age of onset, & severity
  - Family communication styles
  - Language fluency – ASL, English, home signs?
  - Understanding of terms and concepts in mental health
  - Additional disabilities/co-morbidity
  - Other factors that may influence how we provide communication and environmental access to care

What the **** Do I Do Now?

- Is it going smooth? If not, think about possible reasons
  - You have to describe what you see
    Remember, you describe - the clinician diagnoses
- When faced with linguistic challenges you have options

Register

- Remember the choices you have:
  - Frozen
  - Formal
  - Consultative
  - Casual
  - Intimate

Do not confuse education level with register
**Interpreting in the Mental Health Setting**

**Register**

<table>
<thead>
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<th>Frozen</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Meaning Per Sign</td>
<td>Number of Signs</td>
<td>Number of Users</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example per Roger Williams

**Format**

• You have choices as to how you will present the information
  - First person
  - Third person
  - Narrative
  - Descriptive

**First person,** (from the point of view of Jill would be):  
Jack and Jill went up the hill to fetch a pail of water. Jack fell down and broke his crown and I went tumbling after.

**Third person.**  
Jack and Jill went up the hill to fetch a pail of water. Jack fell down and broke his crown and Jill came tumbling after.
Interpreting in the Mental Health Setting

Format

- You have choices as to how you will present the information
  - First person
  - Third person
  - Narrative
  - Descriptive

In the descriptive strategy:
The consumer is telling the story of “Jack and Jill.” However, his expression is more stoic than I am used to seeing. Every time he signs Jill’s name he adds (as in a side comment) “kill son, kill mother.” His left hand is fidgety, not producing language, but moving in a short quick movement.

Jack and Jill examples by Charlene Crump

Format

- You have choices as to how you will present the information
  - First person
  - Third person
  - Narrative
  - Descriptive

Background information:
The roots of the story, or poem, of Jack and Jill are in France. Jack and Jill are said to be King Louis XIX - Jack - who was beheaded (lost his crown) followed by his Queen Marie Antoinette - Jill - (who came tumbling after).

Jack and Jill examples by Charlene Crump

Format

First person Third person Narrative Descriptive

Content Form

- The choice often comes down to the intent of the communicants, or what is the purpose of this interaction
  - Diagnostic decisions: more form
  - Therapeutic alliance: more content
Interpreting in the Mental Health Setting

Timing
- You have choices as to how you will present the information
  - Simultaneous
  - Lagged
  - Consecutive

My personal opinion:
Most mental health interpreting should be done in consecutive format

Special Considerations:
Highly Specialized Assignments

When Good E’nuff Isn’t Good E’nuff
- Mental Status Exams
- General Psychological Assessment
- Medical Evaluations
- Forensic Psychiatry
Interpreting in the Mental Health Setting

Mental Status Exams

- Mental Status Exams are a crucial element in the clinical interview
- These exams help clinicians get a “snapshot” of their clients in the here and now
- May often determine whether consumer gets treatment or not

What is the MSE?

- A systemic collection of data-based observation of a patient’s behavior (APA practice guidelines);
- An attempt to objectively describe the behaviors, thoughts, feelings, and perceptions of a patient; and
- It is the objective portion of the psychiatric interview

Mental Status Exams

- Evaluates
  - Appearance/behavior, attitude, perception, orientation, judgement, cognition, abstraction, and insight
- Administration
  - Quickly and repetitively
  - In theory: objective

How might an interpreter influence this?
Interpreting in the Mental Health Setting

Mental Status Exams

- Appearance and behavior, attitude
  - Posture
  - Gestures
  - Grooming
  - Dress
  - Facial expression
  - Speech
  - Attention
  - Mood
  - Affect

  How is the interpreter differentiated from the deaf client?

Loose Associations

- “My name? Well, I’d tell you my name except for the weather, which is humid. Hot weather really bothers me, makes me want to paint my car blue. I got fired last week. Chocolate is my favorite flavor of pudding. Centrally planned economies will always fail because no one can regulate the temperature in that room you’re going to admit me to.”

Circumstantial

- “My name? I thought you’d never ask. You doctors are always asking so many useless questions, you forget the most important ones. I had a doctor once back in 1982 – or was it 1983? – I think he was a family practitioner, or maybe he was an internist. No, definitely an internist. Anyway, he treated me for thirteen years without ever once addressing me by name. I think he didn’t know my name. Maybe I was just Patient Number 7155 or something. But now that you asked, my name is Bob.”
Interpreting in the Mental Health Setting

Flight of Ideas

• “My name? Why it’s Bob, as in Bob Dole. Did you know Dole is from Kansas? Kansas – what a state! Did you know Kansas produces more wheat than most countries in the world? Wheat is important. In fact, without wheat, there would be no Wheaties. Wheaties makes me regular. I hate being constipated, don’t you? I think constipation is the root of most evils in the world. I’ll bet you Hitler was constipated. That’s because he was a vegetarian. What other questions do you have?”

Mental Status Exams

• Perception
  – Hallucinations
  – Delusions
  – Illusion
  – Other

• Orientation
  – Time
  – Place
  – Person
  Information deprivation or information difference?
  How do you explain it?
Interpreting in the Mental Health Setting

Mental Status Exams

• Judgement
  - Personal
  - Social

  How might cultural differences between deaf and hearing people?

Mental Status Exams

• Cognition
  - Memory, short term
  - Immediate recall
  - Reversals
  - Concentration
  - Calculation

  How do you interpret this without giving away the answers?

Mental Status Exams

• Abstraction
  - Similarities
  - Absurdities
  - Proverb Interpretation

  How do language deprivation and information deprivation impact this?
Interpreting in the Mental Health Setting

A Word About Equivalence...

- **Formal equivalence**
  - Source-oriented
  - Designed to reveal as much as possible of the form and content of the original message

- **Dynamic equivalence**
  - Concerned with receptor response
  - The closest natural equivalent to the source-language message

General Psychological Evaluation

“For the most part, diagnosis and treatment planning flows from the observations made and conclusions drawn from the initial clinical interview...If the linguistic or sociocultural characteristics of deaf or hard-of-hearing patients can impact differentially certain aspects of the clinical interview, and if these differences are not recognized and appreciated by the clinician, serious misperceptions and oversights can result.”

Robert Pollard, Ph.D.

General Psychological Evaluation

- Can occur in a variety of MH settings
  - Medical doctor’s office
  - Chemical dependency facility
  - Psychotherapy intake
  - Psychiatric emergency department
  - A medical hospital emergency room
Interpreting in the Mental Health Setting

General Psychological Evaluation

• The goal is to determine:
  – Diagnosis
  – Disposition (level of care)
  – Follow up
  – Emergency interventions
  – Cooperation/engagement
  – Further assessment (data) needed

• Setting matters
  – General hospital ER or private practice clinic?
  – Treat 'em or street 'em (aka GOMER)
  – Demands and controls will be different in a private practice psychiatry clinic!

How does "Big 3" play out here?
✓ Context
✓ Intent of the Communicants
✓ Purpose of the interaction

• Who is likely to do an evaluation?
  – Social worker
  – Psychiatric nurse
  – Psychologist
  – Psychiatrist
  – Students, trainees, interns, residents
  – Emergency room physician
Interpreting in the Mental Health Setting

**General Psychological Evaluation**
- Mental Status Exam
- Chief complaint
- DSM diagnosis
- Psychosis
- Delusion
- Hallucination
- Mood disorder
  - Blunted affect
- Personality disorder
- Baseline
- Co-morbidity
- Psychopharmacology
- Self-harm Imminent
- Maladaptive/adaptive
- Agitation
- Rule out
- Differential diagnosis

**Medical Evaluations**
- Sometimes disease or physical disorders can mimic mental illness
  - Example: hypothyroidism often has the same type of symptomology as major depression
- As mentioned earlier, syndromes that can have deafness as one of the symptoms can also have psychiatric or psychological symptoms as well

**Medical Evaluations**
- Management of mental illness often requires medication
  - Many symptoms of mental illness are the result of chemical imbalances
- Psychotropic medications are very helpful, but can have dangerous side effects
  - This is not a place to make mistakes!

*Discussing side effects is challenging with language and information deprived consumers*
Types of Medication

- **Anti-depressants** (also for OCD)
  - Luvox, Prozac, Zoloft, Paxil, Wellbutrin
- **Anti-anxiety**
  - benzodiazepines, beta blockers, non-narcotics
- **Mood-stabilizers**
  - Lithium, Depakote, Tegretol
- **Anti-psychotics**
  - Zyprexa, Risperdal, Seroquel

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Medical Evaluations

- **Essential concepts to convey**
  - Symptoms
    - How do you communicate degree?
  - Mechanism effect
    - How does the medication work?

**How do you explain this to you “Language and Learning Challenged” deaf consumer?**

Zoloft is an SSRI. It blocks the brain’s utilization of Serotonin

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Medical Evaluations

- **Essential concepts to convey**
  - Side effects
    - How do you explain comparative statistics or percentages expressed in .01%?
    - Fun thought experiment: Explain comparative probability of dying in a car crash with dying in a plane crash
  - Dosage and usage issues
  - Compliance
Interpreting in the Mental Health Setting

Medical Evaluations

Simply identifying the medications can be challenging. “Take the blue pill” won’t cut it. Medication appearance varies by dosage, route, and, in the case of generics, manufacturer.

Dr: I am going to put you on Klonopin. It’s important to know that Benzodiazepines have been associated with a 54% increased risk of heart failure in seniors.

Medical Evaluations

- Concerns about medications (myths)
  - Becoming addicted
  - Being viewed as weak
  - Frustration at “exploratory” process
  - Rest of life question

“We often have to teach the deaf person about these concepts before we can ask them questions.”

- Bob Pollard

Forensic Evaluations

- These are special situations when the courts are attempting to determine competency to stand trial or assess the validity of an insanity plea
  - Insanity pleas are not common
  - Incompetent to stand trial more frequent
    - NCST can lead to a life sentence for petty crime
  - The client’s potential freedom (and sometimes his life) is dependent on the accuracy of the assessment
  - You should be both mental health and legal qualified
  - There is NO room for mistakes here
Interpreting in the Mental Health Setting

Considerations When Working With a CDI

- Can be a very valuable tool for the clinical and interpreting process
- Qualifications and credentials
- Training for CDIs
- Is the purpose assessment or treatment?
- Does the clinician need to understand the language skills and deficits of the consumer?
- What is happening in the interpreting process?
- Is the form of the question being changed in a way that is clinically significant?
- With whom does the CDI ally?

DI and HI Teaming

- It’s all about TEAMWORK
- What if the interpreter and CDI disagree? Who is leading the process?
- What linguistic information is shared with the clinician? Is the clinician part of the team?
- Very little research on this important topic

Demands and Controls

- Throughout the day we have discussed MH interpreting as a series of demands, for which we have presented clusters of controls
- You also have demands on your own mental and physical well-being
Interpreting in the Mental Health Setting

A Word About Self Care

- Interpreting is tough – Mental Health interpreting is tougher
- Secondary Trauma stress is a huge issue
- If you haven’t had training in Secondary Trauma – get it!

Rule #11: When the job is done, walk away

STS Risk Factors

- Insufficient Recovery Time
- Isolation and Systemic Fragmentation
- Lack of Systemic Resources
- Unresolved Personal Trauma

Steve’s Rule #1: To work with mentally ill people you have to be a little less messed up than they are.

Personal Trauma Prevention Plan

- Beating STS requires having clear strategy:
  - Self-awareness
  - Plan of care
  - Balance of work, play, and rest
  - Connection with other people
    - Inside your profession
    - Outside your profession
Interpreting in the Mental Health Setting

Survival Tips

- Avoid bad situations
- Know your limits and your buttons
  - Don’t take on assignments you are not comfortable with
- Be trained and be current in techniques
- Have healthy outlets
  - This isn’t your therapy session!
  - You are no good to the clients if you are falling apart yourself!

Add to Your Self-Care Toolkit

- Reference resources
  - www.mhit.org has a lot of resources scattered throughout the site
  - www.interpretereducation.org/specialization/healthcare/
- Additional training

Professional Development Opportunity

Alabama Mental Health Interpreter Training Project
Montgomery, Alabama
Full details at www.mhit.org
Contact: info@mhit.org