

## DEAF INTERPRETER-HEARING INTERPRETER TEAMS

# Student Activity Sheet: Mental Health Interpreting

The purpose of this activity sheet is to provide students with the opportunity to assess and justify the use of DI-HI teams.

**Directions:** When answering the following questions, be sure to consider various factors and provide justification for each of your answers.

### Scenario:

Cami works as one of the staff interpreters at the local School for the Deaf. She has been asked to interpret for a meeting between John, the school counselor, Kylee, a junior at the high school, and Kylee's mom. Kylee was an honor student until the last semester. Since this time Kylee has been missing homework assignments, acting up in class, and quit playing on the volleyball team.

The counselor, John, is a heritage signer, hearing CODA and has requested Cami specifically for this job. Kylee's family is hearing and from the Pacific-Islands. Kylee has attended the Deaf School since she was 3 and uses spoken English and some signs to communicate with her mom and younger brother when home. Cami has interpreted for Kylee during various school events and feels she has been able to provide accurate and effective interpreting services in the past.

Cami is not a IPD, though she took ASL as a foreign language in high school. She has a BA in psychology, an MA in Interpreting Pedagogy, and has been certified, NIC: Advanced, and interpreting for 8 years.

### Assessing the need for a DI-HI team

1. Would you recommend a DI-HI team for this scenario?

ANSWER: YES

If no, continue to question #7.

2. What about the consumers and their anticipated language use in this scenario would warrant the use of a DI-HI team?

ANSWER:

Kylee's language: Although Kylee has a hearing family, she has grown up at the Deaf School and therefore it is highly likely that she is a native ASL user. However, we also need to allow for the fact that Kylee may not be fluent because she has been raised in a hearing family that does not sign and there may be disfluent educators at the Deaf School who have influenced Kylee's language development. With language nuances being so important in the mental health setting, language fluency or disfluency would prove challenging in this scenario.

Kylee is young, 16 or 17, and Cami, is at least in her 30s; the difference in age may influence language variation in a way that would be challenging for Cami, a second language learner\*. (\*Cami may have learned ASL at a younger age but she is still not native.)

Even though Kylee grew up at the Deaf School in the United States, she may also have cultural and linguistic variations due to the fact that she is Pacific Islander.

John's Language: Although we do not know which language John will use throughout the meeting, he is a hearing CODA and therefore may be a native user of ASL. It is possible that John would use both ASL, when talking to Kylee, and spoken English, when talking with Kylee's mother. As with any mental health setting, mental health professionals depend heavily on language form and content nuances to diagnose and although Cami may understand the overall content of the interactions, the nuances of the language and utterances may prove challenging for a non-native ASL user such as Cami.

Kylee's Mother: We would want to find out more about Kylee's mom and her language use and needs. However, we do know that Kylee uses spoken English and some signs at home. This would indicate that Kylee's mom is not fluent in ASL and Cami would most likely be interpreting interactions between Kylee and her mother. This may prove challenging when considering factors such as language fluency, sensitive or emotionally charged content, intimate register use, and cultural considerations of that Pacific Islanders.

Because of the anticipated different language needs named for each of the participants, a DI would be a great asset to this setting. As native users of ASL, DIs have had lifelong experiences and exposure to Deaf people with different language backgrounds and with varying cognitive abilities. These experiences have afforded them opportunities to be exposed to and interact with individuals using countless variations and dialects of ASL. From this foundation of language variation and exposure, DIs are able to recognize educational, cognitive, physiological, and

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sociolinguistic factors and communication needs likely to influence interpretation. Also, DIs can draw from this acquired language base to come up with alternative visual communication strategies that are creative and flexible enough to meet a variety of consumers' needs.

As identified through NCIEC Deaf Interpreter Work Team (2010) report, DIs have functioned as informal interpreters in settings such as this one.

~ DIs interpret for their own family members assisting in bridging the communication gaps in a number of everyday life interactions. Kylee is fluent in ASL but her family members are not.

~ DIs interpret in educational settings for their peers when educators were not fluent users of ASL. We do not know John's signing fluency and a DI present could be of benefit to him as well.

~ DIs interpret for Deaf immigrants who were not fluent in ASL assisting them with a variety of documents, forms, issues and situations. Because Kylee's family does not sign and they are Pacific Islanders, there may be some cultural issues as well as issues of fluency that a DI would understand and know how to work with.

Additionally, as members of the Deaf community/culture DIs have firsthand knowledge of the Deaf-life experience. They have an intrinsic understanding cultural norms, values and constructs of the Deaf community. Through this understanding, DIs are able to negotiate and culturally mediate interpreted interactions where both Deaf cultural and hearing cultural norms and assumptions exist.

While cultural membership has immeasurable benefits, it also can come with adverse experiences when the culture is perceived as being outside the majority. Oppression, discrimination and paternalistic attitudes are common experiences among members of the Deaf community. Having personally experienced all that membership into the Deaf culture brings, DIs are able to recognize these cultural dynamics and work from this underlying cultural framework.

3. What about the interpreters' language competency present in this scenario would warrant the use of a DI-HI team?

ANSWER:

Cami has 8 years of experience and is well credentialed. Although she took ASL as a foreign language in high school, even if she learned from a native user and was active in the community at this time, she is not a native user of ASL. Having a BA in psychology would be a benefit to the team but it does not mean that Cami is an expert in mental health settings. Her MA in Interpreting Pedagogy may also be a benefit to the team in providing insight to both the

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interpreting and teaming process but does not provide any justification to not request a DI-HI team.

Even though Cami has interpreted for Kylee during various school events and feels she has been able to provide accurate and effective interpreting services in the past the mental health setting is a setting with much higher stakes where language and cultural nuances have a greater impact on the outcome.

Though skilled and knowledgeable, as a non-native user of ASL Cami would greatly benefit from being a part of a team where both interpreters bring their essential skills and experiences to the work to verify meaning, gather clarifying information, manage information flow within the team, and effect a mutual monitoring process in the co-construction of complete and accurate interpretation for all consumers.

4. What setting considerations are present in this scenario that would warrant the use of a DI-HI team?

ANSWER:

The description of the scenario indicates it is a mental health setting. All that we interpret in mental health settings has the potential for high-stakes results. This may include diagnosis, treatment recommendations, patient placement, and the understanding of the consumer of their own mental health and treatment options. One of the primary challenges in these settings is the fact that mental health professionals depend heavily on language form and content, including subtleties and affective tone, to diagnose and treat. A DI-HI team could be the difference between communication vs miscommunication, a successful diagnosis vs misdiagnosis, mental break-down vs good mental health.

5. Using the CPC for justification, please explain your decision to secure a DI-HI team:

ANSWER:

The RID/NAD Code of Professional Conduct states that interpreters must assess “the consumers’ needs and the interpreting situation before and during the assignment and make necessary adjustments as needed,” and furthermore, to “request support (e.g., certified deaf interpreters, team members, language facilitators) when needed to fully convey the message or to address exceptional communication challenges.” Given the fact that Cami does not have the same level of native fluency and insider acceptance in the Deaf community as would a DI, an ethically sound decision would be for her to secure a DI to work with her in this scenario.

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6. Upon completion of your assessment and your determination of needing a DI-HI team, what information would you include to make your case to the requestor that a DI-HI team is necessary?

ANSWER:

**A summary:**

- a. Communication will be accurate and clear resulting in optimal understanding.
- b. There is greater efficiency of language access resulting in a more cost effective exchange.
- c. The interaction will be monitored to determine whether interpreting is effective and when it might be appropriate to stop the proceedings and offer appropriate alternative resources ensuring clarity of communication. (NCIEC Deaf Interpreter Work Team (2010). *Toward Effective Practice: Competencies of the Deaf Interpreter*. National Consortium of Interpreter Education Centers, page 6)
- d. Appropriate clarification of culturally based information will occur and will result in a reduced number of cultural misunderstandings that occur.
- e. Due to the serious nature of this settings and the potential for life-altering outcomes, interpreters working in mental health environments must be confident that their work and conduct is effective, accurate and ethically sound. For this reason, it is considered best practice to collaborate with DIs in legal settings.

**More detailed answer:**

Deaf consumers can be confident that:

- a. His/her language use will be accurately assessed to determine a target language/communication form.
- b. The DI will use variety of strategies to draw out information and seek clarification of meaning.
- c. Potential gaps (e.g. informational, experiential, educational, visual, protocol, cognitive, memory, cultural, or frame of reference) relative to the particular interaction or setting will be identified in order to determine a target language/communication strategy consistent with the experiential and linguistic framework of the Deaf consumer and appropriate to situational protocol. (NCIEC Deaf Interpreter Work Team (2010). *Toward Effective Practice: Competencies of the Deaf Interpreter*. National Consortium of Interpreter Education Centers,

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- d. S/he will be able to express themselves more freely without concern for misunderstanding and/or misinterpretation.
- e. S/he can be less concerned about cultural misunderstandings knowing that the DI shares his/her culture. The DIs' mere presence will curtail a potential feeling of isolation.
- f. S/he may experience less stress from the positive psychological impact of DI's presence due to a sense of sameness they share.
- g. The DI will act as a communication advocate to ensure understanding and communication
- h. The DI will apply his/her understanding and life experience of the history and significance of oppression in the Deaf community in analysis of power relationships among participants within the interpreted interaction in order to determine how the consumer's position within the power dynamic might influence interpreting decisions or strategies. (NCIEC Deaf Interpreter Work Team (2010). *Toward Effective Practice: Competencies of the Deaf Interpreter*. National Consortium of Interpreter Education Centers, page 5)

Both hearing and Deaf consumers can be confident that:

- a. Communication will be accurate and clear resulting in optimal understanding.
- b. There is greater efficiency of language access resulting in a more cost effective exchange.
- c. The interaction will be monitored to determine whether interpreting is effective and when it might be appropriate to stop the proceedings and offer appropriate alternative resources ensuring clarity of communication. (NCIEC Deaf Interpreter Work Team (2010). *Toward Effective Practice: Competencies of the Deaf Interpreter*. National Consortium of Interpreter Education Centers, page 6)
- d. Appropriate clarification of culturally based information will occur and will result in a reduced number of cultural misunderstandings that occur.

The hearing interpreter can benefit:

- a. From seeing their interpretation re-interpreted by the DI and thereby having an immediate opportunity to see a different way to construct the English

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- message, learning new vocabulary and grammatical features of ASL.
- b. From having a second opportunity to view the source information to ensure conveyance of the full integrity of the message.
  - c. By having more confidence in the interpreting work being effective and equivalent.
  - d. From being part of a team where both interpreters bring their essential skills and experiences to the work to verify meaning, gather clarifying information, manage information flow within the team, and effect a mutual monitoring process in the co-construction of complete and accurate interpretation for all consumers involved.
  - e. From learning new culturally normative ways to construct ASL messages.
    - a. Communication will be accurate and clear resulting in optimal understanding
    - b. There is greater efficiency of language access resulting in a more cost effective exchange.
    - c. The interaction will be monitored to determine whether interpreting is effective and when it might be appropriate to stop the proceedings and offer appropriate alternative resources ensuring clarity of communication. (NCIEC Deaf Interpreter Work Team (2010). *Toward Effective Practice: Competencies of the Deaf Interpreter*. National Consortium of Interpreter Education Centers, page 6)
    - d. Appropriate clarification of culturally based information will occur and will result in a reduced number of cultural misunderstandings that occur.
    - e. Due to the serious nature of this settings and the potential for life-altering outcomes, interpreters working in mental health environments must be confident that their work and conduct is effective, accurate and ethically sound. For this reason, it is considered best practice to collaborate with DIs in legal settings.

## **DI-HI Team will not be utilized**

7. What about the consumers and their anticipated language use in this scenario led you to your decision to not recommend a DI-HI team?

NA

8. What about the interpreter's language competency present in this scenario led you to your decision not to recommend a DI-HI team?

NA

9. What setting considerations in this scenario led you to your decision not to recommend a DI-HI team?

NA

10. Using the CPC for justification, please explain your decision to not secure a DI-HI team:

NA