



# CODE OF PROFESSIONAL CONDUCT

## NAD-RID CODE OF PROFESSIONAL CONDUCT

### Scope

The National Association of the Deaf (NAD) and the Registry of Interpreters for the Deaf, Inc. (RID) uphold high standards of professionalism and ethical conduct for interpreters. Embodied in this Code of Professional Conduct (formerly known as the Code of Ethics) are seven tenets setting forth guiding principles, followed by illustrative behaviors.

The tenets of this Code of Professional Conduct are to be viewed holistically and as a guide to professional behavior. This document provides assistance in complying with the code. The guiding principles offer the basis upon which the tenets are articulated. The illustrative behaviors are not exhaustive, but are indicative of the conduct that may either conform to or violate a specific tenet or the code as a whole.

When in doubt, the reader should refer to the explicit language of the tenet. If further clarification is needed, questions may be directed to the national office of the Registry of Interpreters for the Deaf, Inc.

This Code of Professional Conduct is sufficient to encompass interpreter roles and responsibilities in every type of situation (e.g., educational, legal, medical). A separate code for each area of interpreting is neither necessary nor advisable.

### Philosophy

The American Deaf community represents a cultural and linguistic group having the inalienable right to full and equal communication and to participation in all aspects of society. Members of the American Deaf community have the right to informed choice and the highest quality interpreting services. Recognition of the communication rights of America's women, men, and children who are deaf is the foundation of the tenets, principles, and behaviors set forth in this Code of Professional Conduct.

### Voting Protocol

This Code of Professional Conduct was presented through mail referendum to certified interpreters who are members in good standing with the Registry of Interpreters for the Deaf, Inc. and the National Association of the Deaf. The vote was to adopt or to reject.

### Adoption of this Code of Professional Conduct

Interpreters who are members in good standing with the Registry of Interpreters for the Deaf, Inc. and the National Association of the Deaf voted to adopt this Code of Professional Conduct, effective July 1, 2005. This Code of Professional Conduct is a working document that is expected to change over time. The aforementioned members may be called upon to vote, as may be needed from time to time, on the tenets of the code.

The guiding principles and the illustrative behaviors may change periodically to meet the needs and requirements of the RID Ethical Practices System. These sections of the Code of Professional Conduct will not require a vote of the members. However, members are encouraged to recommend changes for future updates.

### Function of the Guiding Principles

It is the obligation of every interpreter to exercise judgment, employ critical thinking, apply the benefits of practical experience, and reflect on past actions in the practice of their profession. The guiding principles in this document represent the concepts of confidentiality, linguistic and professional competence, impartiality, professional growth and development, ethical business practices, and the rights of participants in interpreted situations to informed choice. The driving force behind the guiding principles is the notion that the interpreter will do no harm.

When applying these principles to their conduct, interpreters remember that their choices are governed by a "reasonable interpreter" standard. This standard represents the hypothetical interpreter who is appropriately educated, informed, capable, aware of professional standards, and fair-minded.

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www.rid.org



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## CODE OF PROFESSIONAL CONDUCT

### Tenets

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

### Applicability

- A. This Code of Professional Conduct applies to certified and associate members of the Registry of Interpreters for the Deaf, Inc., Certified members of the National Association of the Deaf, interns, and students of the profession.
- B. Federal, state or other statutes or regulations may supersede this Code of Professional Conduct. When there is a conflict between this code and local, state, or federal laws and regulations, the interpreter obeys the rule of law.
- C. This Code of Professional Conduct applies to interpreted situations that are performed either face-to-face or remotely.

### Definitions

For the purpose of this document, the following terms are used:

**Colleagues:** Other interpreters.

**Conflict of Interest:** A conflict between the private interests (personal, financial, or professional) and the official or professional responsibilities of an interpreter in a position of trust, whether actual or perceived, deriving from a specific interpreting situation.

**Consumers:** Individuals and entities who are part of the interpreted situation. This includes individuals who are deaf, deaf-blind, hard of hearing, and hearing.

### 1.0 CONFIDENTIALITY

**Tenet:** Interpreters adhere to standards of confidential communication.

**Guiding Principle:** Interpreters hold a position of trust in their role as linguistic and cultural facilitators of communication. Confidentiality is highly valued by consumers and is essential to protecting all involved.

Each interpreting situation (e.g., elementary, secondary, and post-secondary education, legal, medical, mental health) has a standard of confidentiality. Under the reasonable interpreter standard, professional interpreters are expected to know the general requirements and applicability of various levels of confidentiality. Exceptions to confidentiality include, for example, federal and state laws requiring mandatory reporting of abuse or threats of suicide, or responding to subpoenas.

### Illustrative Behavior - Interpreters:

- 1.1 Share assignment-related information only on a confidential and "as-needed" basis (e.g., supervisors, interpreter team members, members of the educational team, hiring entities).



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- 1.2 Manage data, invoices, records, or other situational or consumer-specific information in a manner consistent with maintaining consumer confidentiality (e.g., shredding, locked files).
- 1.3 Inform consumers when federal or state mandates require disclosure of confidential information.

### 2.0 PROFESSIONALISM

**Tenet:** Interpreters possess the professional skills and knowledge required for the specific interpreting situation.

**Guiding Principle:** Interpreters are expected to stay abreast of evolving language use and trends in the profession of interpreting as well as in the American Deaf community.

Interpreters accept assignments using discretion with regard to skill, communication mode, setting, and consumer needs. Interpreters possess knowledge of American Deaf culture and deafness-related resources.

#### **Illustrative Behavior - Interpreters:**

- 2.1 Provide service delivery regardless of race, color, national origin, gender, religion, age, disability, sexual orientation, or any other factor.
- 2.2 Assess consumer needs and the interpreting situation before and during the assignment and make adjustments as needed.
- 2.3 Render the message faithfully by conveying the content and spirit of what is being communicated, using language most readily understood by consumers, and correcting errors discreetly and expeditiously.
- 2.4 Request support (e.g., certified deaf interpreters, team members, language facilitators) when needed to fully convey the message or to address exceptional communication challenges (e.g. cognitive disabilities, foreign sign language, emerging language ability, or lack of formal instruction or language).
- 2.5 Refrain from providing counsel, advice, or personal opinions.
- 2.6 Judiciously provide information or referral regarding available interpreting or community resources without infringing upon consumers' rights.

### 3.0 CONDUCT

**Tenet:** Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.

**Guiding Principle:** Interpreters are expected to present themselves appropriately in demeanor and appearance. They avoid situations that result in conflicting roles or perceived or actual conflicts of interest.

#### **Illustrative Behavior - Interpreters:**

- 3.1 Consult with appropriate persons regarding the interpreting situation to determine issues such as placement and adaptations necessary to interpret effectively.
- 3.2 Decline assignments or withdraw from the interpreting profession when not competent due to physical, mental, or emotional factors.
- 3.3 Avoid performing dual or conflicting roles in interdisciplinary (e.g. educational or mental health teams) or other settings.
- 3.4 Comply with established workplace codes of conduct, notify appropriate personnel if there is a conflict with this Code of Professional Conduct, and actively seek resolution where warranted.
- 3.5 Conduct and present themselves in an unobtrusive manner and exercise care in choice of attire.



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- 3.6 Refrain from the use of mind-altering substances before or during the performance of duties.
- 3.7 Disclose to parties involved any actual or perceived conflicts of interest.
- 3.8 Avoid actual or perceived conflicts of interest that might cause harm or interfere with the effectiveness of interpreting services.
- 3.9 Refrain from using confidential interpreted information for personal, monetary, or professional gain.
- 3.10 Refrain from using confidential interpreted information for the benefit of personal or professional affiliations or entities.

### 4.0 RESPECT FOR CONSUMERS

**Tenet:** Interpreters demonstrate respect for consumers.

**Guiding Principle:** Interpreters are expected to honor consumer preferences in selection of interpreters and interpreting dynamics, while recognizing the realities of qualifications, availability, and situation.

#### **Illustrative Behavior - Interpreters:**

- 4.1 Consider consumer requests or needs regarding language preferences, and render the message accordingly (interpreted or transliterated).
- 4.2 Approach consumers with a professional demeanor at all times.
- 4.3 Obtain the consent of consumers before bringing an intern to an assignment.
- 4.4 Facilitate communication access and equality, and support the full interaction and independence of consumers.

### 5.0 RESPECT FOR COLLEAGUES

**Tenet:** Interpreters demonstrate respect for colleagues, interns and students of the profession.

**Guiding Principle:** Interpreters are expected to collaborate with colleagues to foster the delivery of effective interpreting services. They also understand that the manner in which they relate to colleagues reflects upon the profession in general.

#### **Illustrative Behavior - Interpreters:**

- 5.1 Maintain civility toward colleagues, interns, and students.
- 5.2 Work cooperatively with team members through consultation before assignments regarding logistics, providing professional and courteous assistance when asked and monitoring the accuracy of the message while functioning in the role of the support interpreter.
- 5.3 Approach colleagues privately to discuss and resolve breaches of ethical or professional conduct through standard conflict resolution methods; file a formal grievance only after such attempts have been unsuccessful or the breaches are harmful or habitual.
- 5.4 Assist and encourage colleagues by sharing information and serving as mentors when appropriate.
- 5.5 Obtain the consent of colleagues before bringing an intern to an assignment.



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### 6.0 BUSINESS PRACTICES

**Tenet:** Interpreters maintain ethical business practices.

**Guiding Principle:** Interpreters are expected to conduct their business in a professional manner whether in private practice or in the employ of an agency or other entity. Professional interpreters are entitled to a living wage based on their qualifications and expertise. Interpreters are also entitled to working conditions conducive to effective service delivery.

#### **Illustrative Behavior - Interpreters:**

- 6.1 Accurately represent qualifications, such as certification, educational background, and experience, and provide documentation when requested.
- 6.2 Honor professional commitments and terminate assignments only when fair and justifiable grounds exist.
- 6.3 Promote conditions that are conducive to effective communication, inform the parties involved if such conditions do not exist, and seek appropriate remedies.
- 6.4 Inform appropriate parties in a timely manner when delayed or unable to fulfill assignments.
- 6.5 Reserve the option to decline or discontinue assignments if working conditions are not safe, healthy, or conducive to interpreting.
- 6.6 Refrain from harassment or coercion before, during, or after the provision of interpreting services.
- 6.7 Render pro bono services in a fair and reasonable manner.
- 6.8 Charge fair and reasonable fees for the performance of interpreting services and arrange for payment in a professional and judicious manner.

### 7.0 PROFESSIONAL DEVELOPMENT

**Tenet:** Interpreters engage in professional development.

**Guiding Principle:** Interpreters are expected to foster and maintain interpreting competence and the stature of the profession through ongoing development of knowledge and skills.

#### **Illustrative Behavior - Interpreters:**

- 7.1 Increase knowledge and strengthen skills through activities such as:
  - pursuing higher education;
  - attending workshops and conferences;
  - seeking mentoring and supervision opportunities;
  - participating in community events; and
  - engaging in independent studies.
- 7.2 Keep abreast of laws, policies, rules, and regulations that affect the profession.

# 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/>
  - 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:**

- <sup>1</sup> 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.
- <sup>2</sup> Alinguistic – Expression of spoken or signed utterances without a consistent or formal language structure.
- <sup>3</sup> 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).

# Working with the Deaf and Hard of Hearing Population



**SCRIP Workshop**  
**March 18, 2020**

**Amy Kay, MS, LMFT**  
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# Census and Statistics

- **Approximately 37 million deaf and hard of hearing people live in the United States. (National Center for Health Statistics)**
  - **1 in 10 live with some degree of hearing loss**
  - **Over 2.2 million are considered Deaf**
- **2 to 3 out of every 1,000 children in the United States are born deaf or hard-of-hearing.**
- **The California DPSS Office of Deaf Access estimates that 3 million deaf and hard of hearing individuals reside in California.**
  - **800,000 reside in greater Los Angeles and the surrounding counties.**
- **90% of deaf newborns are born to parents that can hear. (National Institute on Deafness and Other Communication Disorders (2008))**

# Causes of Deafness

- **Genetic/hereditary**
- **Prenatal Exposure to disease - rubella, influenza, mumps**
- **Disease – Meningitis, mumps, Cytomegalovirus (CMV)**
- **Prematurity**
- **Charge Syndrome**
- **Usher Syndrome**
- **Meniere's Disease**
- **Violence, injury, head trauma**
- **Aging Process**
- **Exposure to loud noises (music, head/ear phones)**

# Deafness Categories

- Deaf
- Hard of Hearing
- Late Deafened Adult
- deaf
- Hearing Impaired

# Terminology - “deaf”

## ***deaf (medical perspective)-***

- The "d" deaf do not associate with other members of the deaf community.
  - May think sign language as inferior to spoken language
  - Tend to have been mainstreamed and may not have attended a school for the deaf.
  - They may strive to identify themselves more with hearing people.
  - Some may also be progressively losing their hearing and not yet integrated into the deaf culture.
  - Neither accept nor support “deaf culture” or “deaf identity”.
  - May call themselves hard of hearing
-

# Terminology “Deaf”

## *Deaf (cultural-linguistic perspective)-*

- “D” means Deaf people identify as culturally deaf and have a strong deaf identity which they can be proud being Deaf.
- View sign language as equal to spoken language.
- It’s common that “D” Deaf attended schools and programs for the deaf.
- When deaf people write about their deafness, many will use a capital D when referring to aspects of Deaf culture.
- Does not view themselves as broken and does not want to be fixed.

# Words that Makes Deaf People Cringe:

- Hearing Impaired
- Deaf and Mute
- Deaf and Dumb
- Disabled
- Handicapped



# The Differences Between:

## *Hearing Culture*

- Pointing is rude
- Eye contact is not necessary
- “Can’t talk” with mouth full of food; considered rude.
- Short Good bye
- Short Introduction
- Beat the bush and sugar coat

## *Deaf Culture*

- Pointing allowed
- Eye contact
- Can “talk” with mouth full of food
- Overstaying/Long good-bye
- Long Introduction
- Direct, get to the point without sugar coating

# Things NOT to Say to A Deaf Person:

- "Wow you speak so well for a Deaf person."
- "You must be really smart to be able to talk."
- "You have hearing aids (or cochlear implant), shouldn't you hear normally now?"
- "How can you work if you can't hear?"
- "Wow, you don't look deaf!"
- "Can you read and write?"
- "I'm sorry..." and give them the "funeral face."
- "You'll be healed if you repent."
- "Never mind," or "I'll tell you later."

# TIPS For Hearing People When Interacting with Deaf People

- Don't throw objects or stomp/bang at them to get their attention.
- Don't stand there waiting for their conversation to end or duck through.
- Soft tap on shoulder or flick the light to get a Deaf person's attention.

## Top tips for **the workplace**



Get the listener's attention before you start speaking.



Find a well-lit place to talk, away from noise and distractions.



Be face-to-face with the person you're talking to.



Don't cover your mouth with hands or clothing.



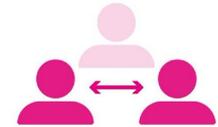
Speak clearly but not too slowly.



Exaggerated lip movements are harder to lipread.



Shouting is uncomfortable for hearing aid users and looks aggressive.



Talk directly to the person, not the interpreter.



Don't keep repeating things. Say them in a different way.



Make sure that your colleagues are included in conversations - don't assume they will notice and are choosing not to take part.

# Useful Tips For You to Remember When Communicating with Deaf People:

- **Acknowledge the fact that your first attempts to communicate will feel awkward and uncomfortable.**
- **It's ok to use notepad or cellphones.**
- **Deaf people will appreciate your efforts even more if you use a combination of communication methods, such as hand gestures, facial expressions and the written word.**
- **Take the time to communicate and connect. It is considered an investment of time and effort.**
- **Deaf people listen with their eyes. Vision is the most useful tool they have to communicate and receive information.**
- **Maintaining eye contact with a Deaf person is a sign of respect.**
- **A nod of the head may be an attempt to appear cooperative in the midst of misunderstanding, rather than consent or a confession of wrongdoing.**

# Language Acquisition

# Language Acquisition

- **First language acquisition is a universal process regardless of your home language.**
- **Computer scientist Melanie Mitchell explains that “ language is equivalent to thinking” it brings together all our understanding of how the world works including our understanding of other humans and our intuitive sense of fundamental concepts.**
- **Deaf children who have had early exposure to a visual language possess high levels of language organization.**

# American Sign Language

- ASL is a visual, gestural, linguistically complete language.
- Not a Universal language
- Signs are comprised of:
  - Hand movement (Hand shape, position, movement and orientation of the hands to the body)
  - Facial Expression (grammar)
  - Body Language
  - Spatial referencing
- ASL has its own vocabulary, idioms, grammar and syntax
- ASL uses space, direction, speed of movement and facial grammar to help convey meaning.
- No written form

# Language Dysfluency

*Mental Health Interpreting with Language Dysfluent Deaf Clients -*

Neil Glickman, Ph.D and Charlene Crump, BS, CI, CT

Language Dysfluency described as:

- Persons who are not a skilled user of the language.
- Their communication in the language is unclear or, to the native's "ear," peculiar.
- They sound or look like a person who has not mastered language because their language is non-grammatical, non-idiomatic, or odd.

# Key Reasons Deaf People May Become Poor Communicators In Any Language.

- There may be a neurological basis for language problems as many of the leading causes of deafness can be linked to learning and cognitive issues.
- The largest impact on language issues for Deaf children and Deaf adults is language Deprivation.

**DO**

# Fund of Information (FOI)

- **FOI is the accumulated pool of facts one knows – Separate matter from intelligence**
- **Access to overheard conversation, radios and other auditory information sources, are usually inaccessible to most DHH individuals**
- **Many DHH individuals have FOI deficits in multiple areas**

● Robert Pollard, Ph.D. (2002)

# Language Problems Due To Language Deprivation In Deaf Individuals

- **Vocabulary: impoverished, incorrect**
- **Absence or poor use of time indicators**
- **Absence of topic-comment structure**
- **Missing pronouns, verbs, objects**
- **Spatial Disorganization**
- **Incorrect or absent facial grammar**

Neil Glickman

# Mental Health Services Using Sign Language Interpreters

# Professional Credentials and Training

- **One important measure of an interpreter's proven ability and qualifications is minimally having professional credentials and training.**
  - **National Certification RID/NAD**
  - **Qualified to interpret in Mental Health, Medical, Legal?**
  - **QMHI - Alabama**
  - **NAD/RID Code of Professional Conduct**
  - **Professional Liability Insurance (Errors and Omissions)**

# Effective Communication

## Auxiliary Aids and/or Services

- **Goal - To ensure that communication with people with communication disabilities is equally effective as communication with people without disabilities. (DOJ)**
- **Purpose - To ensure that the person with a communication disability can communicate with, receive information from, and convey information to, the covered entity. (DOJ)**
  - **Consider nature, length, complexity, and context of the communication.**
  - **Consider individuals usual method of communication, and/or expressed choice**
- **Do not use family or friends (unless there is an emergency involving an imminent threat to the safety or welfare of the individual or the public). (ADA Amendment Act 2008)**

# Qualified Interpreter and Expressed Choice

- **ADA definition - Someone who is able to interpret effectively, accurately, and impartially, both receptively (understanding what the deaf/HH person is signing/saying) and expressively (having the sign language skill needed to convey information back to the d/HH person) using any specialized vocabulary.**
- **ADA requires that the *expressed choice* of the individual with the disability, who is in the best position to know her/his needs, should be given primary consideration in determining which communication aid to provide.**
- **The ultimate decision is made by the responsible entity, however, best practice is to honor the individual's communication choice unless you can demonstrate that another effective method of communication exists.**

## Registry of Interpreters for the Deaf (RID)

RID has a Standard Practice Paper on Interpreting in Mental Health settings but does not have any specialist certification for mental health interpreting.

<https://drive.google.com/file/d/0B3DKvZMfIFLdWmFVV2tydVRFTHM/view>

- **NAD Position Statement:**
  - **Intrapersonal awareness**
  - **Expertise in Language and Culture**
  - **Confidentiality and Professional Boundaries**
  - **Ethics, Supervision & Peer Consultation**
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# Lack Of Qualified Mental Health Professionals And Interpreters Leads To:

- **Misdiagnosis**
- **Non-treatment**
- **Improper treatment**
- **Negligent treatment**
- **Misplacement in institutions**
- **Malpractice—some cases resulting in client committing suicide (Sussman, 1990)**

# Working With Interpreters

- Interpreters facilitate communication
- Part of Communication/Treatment Team
- Are there not just for D/HH person, but are also there for the hearing person.
- Deaf individuals have the right to request ASL interpreter for effective communication, but hearing individual can also make a request for interpreter services if they feel there is a need
- Never use a friend or family member to interpret unless there is imminent danger
- Never, ever, leave the interpreter alone with a client, witness, suspect.
- Maintain eye contact with the deaf individual, not the interpreter
- Situation may require the use of a CDI and HI team
- Provide breaks every 20-30 minutes (unless situation is teamed)
- Speak as you usually do. The interpreter will alert you if they need you to slow down or if they do not understand.
- First person vs. Third Person
- EVERYTHING you say will be interpreted

# Questions?

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