

## **DOMAINS AND COMPETENCIES** (January 31, 2007)

### **Domain I. Mental Healthcare Context**

- A. The interpreter will demonstrate knowledge of abnormal psychology and common diagnoses, esp. specific psychological disorders that have significant implications for communication and interpreting.
1. DSM IV Classifications/Axes.
  2. Medications and their impact on language and behavior, (e.g., articulation, fluidity, facial affect, etc.).
  3. Substance abuse.
  4. Prevalence of childhood trauma and sexual abuse in psychiatric populations, (i.e., hospitalized or chronically mentally ill).
  5. Bi-lingual facility with technical vocabulary pertaining to common disorders and treatment terms.
  6. Medical etiologies and syndromes common in deaf, deafblind, hard of hearing mental health populations (e.g., organic brain syndrome, developmental disabilities, learning disabilities, Traumatic Brain Injury, Usher Syndrome, etc.) and their impact on communication.
  7. Populations served including demographics (age, culture, ethnicity, education, and gender), world views, risk factors, and fund of information variables.
- B. The interpreter will demonstrate knowledge of treatment protocols (policies, goals, dynamics, interventions, procedures) and the ability to work safely in the many settings of the modern continuum of care: emergency department, trauma situations (domestic violence, sexual abuse, etc.), crisis intervention, long term acute, and partial hospital care, residential, rehabilitation, intervention, long term, acute, and partial hospital care, residential rehabilitation, out patient (individual, group, adult, children), adult and child protective services, substance abuse

settings as well as knowledge of other therapeutic settings, (e.g., admission and assessment procedures in secure and mandatory hold settings).

- C. The interpreter will differentiate the purposes and goals of treatment plans and diagnostic assessments such as the Mental Status Exam, psychological testing and homicidal, suicidal, and self-harm assessments, etc.
- D. The interpreter will demonstrate knowledge of the goals, procedures, and interventions of common therapeutic approaches used in mental health systems and how language and communication impact these different interventions, such as Cognitive Behavioral Therapy (CBT)/Dialectical Behavioral Therapy (DBT), EMDR (Eye Movement Desensitization Reprocessing), Family Systems Therapy, etc.
- E. The interpreter will demonstrate knowledge of the objectives and procedures involved in the common approaches and intervening variables in substance abuse treatment such as detox, 12 step programs, relapse prevention, etc.
- F. The interpreter will demonstrate understanding of the roles and functions of mental healthcare providers including psychiatrists, psychologists, psychiatric nurses, technicians, etc.
- G. The interpreter will identify common forensic mental health areas, issues and interpreting situations, (e.g., NGRI: not guilty by reason of insanity, competency to stand trial, involuntary commitment, etc.).

## **Domain II. Therapeutic Dynamics**

- A. The interpreter will demonstrate an understanding of common and complex therapeutic dynamics, especially 3<sup>rd</sup> party dimensions, and the interpreter's potential impact and interference on the therapeutic process/relationship.
1. Understand how the presence of an interpreter alters the dynamics of transference, counter-transference, etc., (e.g., -->interpreter transference, patient -->provider, (possible) provider-->interpreter, family dynamics -->interpreter, and (possible) interpreter counter-transference -->patient).
    - a. negotiate with the provider, strategies to minimize the interpreter's presence in the therapeutic triad.
    - b. demonstrate the ability to manage these dynamics through pre-/post-sessions, de-briefing, case conferences, multi-disciplinary supervision and mentoring.
  2. Demonstrate an understanding of how linguistic choices can trigger reactions from the consumer as well as the therapist, affecting the participants' reactions to each other.
- B. The interpreter will demonstrate the ability to maintain professional boundaries, especially in situations and settings where boundaries are frequently challenged and to know what the special mental health-interpreting boundary challenges are.
1. Demonstrate ability to establish appropriate rapport and boundaries with consumer.
  2. Articulate unique boundary challenges in the mental health settings (arising from consumer of mental health services, multiple roles, etc.) and how these differ from non-MHI assignments, decision making and consequence levels.
  3. Understand notions of "confidential [trust] supervision and total silence" (what information can/should not be shared and with whom) and work with the provider to offer the consumer an understanding of what information will be shared within the team.

C. The interpreter will articulate how boundary challenges in mental health interpreting impact personal safety and mental well being and the need for the interpreter to develop personal care plans.

1. Demonstrate strategies for remaining physically safe in the various provider settings.
  - a. know the provider's procedures and techniques of securing unstable patients, the extent of the interpreter's responsibility for the consumer's safety and how that would impact the safety of the interpreter.
  - b. follow Universal Precautions.
  - c. advocate for safe working conditions, (e.g., how to negotiate when asked to escort the consumer with no other staff present in an inpatient environment).

2. Describe and recognize vicarious trauma and develop strategies for self-care.

D. The interpreter will demonstrate ability to recognize, monitor and manage his/her own reactions to the content of the therapeutic session without imposing his/her reactions on either the provider or consumer.

1. Be aware of how to manage personal biases, sensitivities, "-isms," and able to explore personal motivations.
2. Establish a formal structure in which to manage personal issues outside of interpretation settings.
3. Be able to discuss with the providers and colleagues the limitations of interpreting and why interpreted treatment is not equivalent to direct treatment.

### **Domain III. Interpreting Therapeutic Discourse**

- A. The interpreter will demonstrate understanding and decision-making ability concerning the use of consecutive and simultaneous interpretation.
- B. The interpreter will demonstrate skills in providing linguistic and cultural equivalences to mirror the therapeutic interaction.
  - 1. Demonstrate precise linguistic choices that match the source language in the discourse, realizing that linguistic choices can impact the dynamics of the therapeutic setting, (e.g., metaphor, mental health jargon, culturally rich realities and intentionally vague communication, etc.).
  - 2. Recognize and be able to interpret linguistic and extra-linguistic nuances of therapeutic communication, (e.g., compassionate feedback, emotional hesitancy, etc.).
  - 3. Provide needed cultural information seamlessly.
- C. The interpreter will be able to interpret language unique to particular topics and groups, (e.g., substance abuse, sexual habits and orientation, etc.).
- D. The interpreter will demonstrate ability to identify and respond effectively to the presence of a variety of dysfluency patterns and symptoms.
  - 1. Demonstrate ability to detect dysfluent language.
  - 2. Develop rich skill sets for responding to dysfluency, (e.g., 1<sup>st</sup> or 3<sup>rd</sup> person narrative, description, team interpreting strategies, hearing/hearing interpreter teams, deaf/hearing interpreter teams, trilingual teams).
  - 3. Demonstrate skill in judging when/how/who to share knowledge/evidence of possible language dysfluency in an effective, accurate, and helpful manner, including helpful resources, and/or outside help.

E. The interpreter will demonstrate ability in interpreting for common non-forensic mental health dialogue/procedure topics, e.g., suicide risk assessment, Mental Status Exam, intake diagnostic interviews, clinical assessment, etc.

## **Domain IV. The Interpreter as Professional**

- A. The interpreter will demonstrate the ability to serve in a professional capacity on the multidisciplinary treatment team and understand other team member's role with constant emphasis on maintaining the role of the interpreter.
1. Develop an identity and belief as a practice professional.
  2. Understand what contributions, roles and boundaries each team member, including the interpreter, brings to the therapeutic process.
  3. Understand and actively engage the professional interpreter role in the context of agency structure, dynamics, and public mental healthcare realities, trends, policies, etc.
  4. Understand the similarities and differences between working as a staff interpreter and working as a freelance community interpreter.
  5. Demonstrate respectful "people first" language (e.g., "people with schizophrenia") at all times when communicating with providers, etc.
  6. Team professionally with both deaf and hearing teams as appropriate.
- B. The interpreter will anticipate areas of potential conflict at the interface of interpreting and mental health services regarding decision-making, problem-solving abilities, and resources in ethical codes of conduct, goals of providers, and triadic encounters.
- C. The interpreter will demonstrate the ability to access a variety of problem-solving principles and resources to analyze and resolve impediments to effective interpreting, (e.g., Demand-Control Model, conflict resolution models, etc.).
- D. The interpreter will demonstrate problem-solving strategies and resources.

1. Communicate with mental health providers about working effectively with interpreters.
  - a. analyze effectiveness of the interpretation, monitor understanding and effectively communicate that to provider.
  - b. demonstrate strategies for explaining distinctions in discourse styles, (e.g. role of narrative, abstract concepts, use of names).
  - c. able to discuss with the provider the compatibility of level of therapeutic interventions as evident in consumer discourse.
2. Develop team relationship/collaboration with providers.
  - a. provide information about language use patterns, abstract thinking, etc., (e.g., in connection with Mental Status Exam).
  - b. recognize and draw on available resources to effect communication, (e.g., group home staff, family members).
  - c. establish and share resources.
3. Appropriately advocate/consult around language and culture issues (culture broker) that could lead to misdiagnosis.
  - a. clarify as necessary to the provider assumptions/misconceptions around typical ASL behaviors (e.g. eye gaze, facial affect).
  - b. negotiate opportunities for interpreters to assess consumer language capabilities, word choice, language functioning while in the presence of the provider.
  - c. understand and be able to articulate to the provider, the impact of a deaf, deafblind, and hard of hearing person's presence on group dynamics.
  - d. understand and be able to articulate to the provider the impact of interpreter's presence on group dynamics.

- e. analyze where responsibility lies in managing communication in group work and negotiate with provider to achieve goals of the group with respect for deaf or deafblind cultures and rules of turn taking, role of story-telling in the culture.
  - f. negotiate challenges of working with multiple languages, consecutive interpreting, teamwork among interpreters (as in multicultural, multiethnic populations).
- E. The interpreter will demonstrate a thorough knowledge of relevant professional literature.
- 1. Know current mental health interpreting standards or certifications, and the Registry of Interpreters for the Deaf, Inc. Standard Practice Papers.
  - 2. Be familiar with key literature, (e.g., history, epidemiology, ethics, evidence-based treatments, future trends, cross-cultural issues, and people of color who are deaf, deafblind, and hard of hearing).
- F. The interpreter will demonstrate commitment to ongoing education, self-care and life long learning.
- 1. Establish avenues for supervision, debriefing, mentorship, collegial support and consultation.
  - 2. Develop resources and strategies for dealing with unsuccessful, unresolved cases, unaccomplished goals due to constraints placed on interpreter that prevent effective interpretation, detaching own value of self as professional from outcome when out of interpreter's control.
- G. The interpreter will understand interpreter's role and responsibility in connection with applicable legal and ethical mandates and policies: HIPAA, duty-to-warn (Tarasoff), Child Protective Services, Adult Protective Services, legal privilege, etc., and is able to determine need to report and knows reporting procedures.