CHAPTER VII
INTERPRETING SETTINGS

SECTION C: MEDICAL AND MENTAL HEALTH

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Introduction

Interpreting in the medical/mental health areas is crucial as it deals with the hearing-impaired person’s physical and mental health, life-death situations, and social/emotional well-being. There must be a complete understanding between the medical/mental health personnel and the hearing-impaired client. For "delicate" medical/mental health situations, the interpreter should be of the same sex as the hearing-impaired client and not a relative whenever possible.

Interpreting in medical and mental health settings encompasses a multitude of situations within the medical, psychiatric, and psychological professions ranging from a routine consultation visit with one’s physician to psychiatric counseling and services in the delivery or operating room as a support person.

Federal legislation, specifically the Rehabilitation Act of 1973, Section 504, has mandated that hearing-impaired persons have the right to an interpreter in situations such as: (a) medical (e.g., consultations, examinations, and laboratory testing); (b) mental health, including family counseling; and (c) psychological services, both assessment and counseling.

Role of Interpreter

There is a tendency for some medical and mental health professionals to attempt to use the interpreter to help make a diagnosis or prognosis for the patient. This is a mistake many professionals can make, especially during their first working experience with a hearing-impaired client. Medical and mental health experts sometimes incorrectly assume that because the interpreter can communicate with the hearing-impaired individual, the interpreter is an expert in all aspects of hearing loss, including the hearing-impaired client’s mental and emotional make-up. Such situations support the need for discussion between the interpreter and the medical and/or mental health personnel prior to the rendering of services to ensure an understanding of one another’s roles and responsibilities.

Vocabulary

The vocabulary of the medical and mental health professions is highly specialized and at times complex and confusing. When the need to explain or simplify medical terminology arises, it is the responsibility of the medical/mental health personnel. This is no easy task and can lead to misunderstanding for the interpreter, as well as for the hearing-impaired patient. The medical/mental health personnel, however, must remain responsible for any clarifications and explanations needed. A term incorrectly interpreted
can lead to misunderstandings and may have serious health implications. For complete understanding, the interpreter must let the doctor/counselor know exactly how s/he is phrasing a medical term. Depending on the mode(s) of communication and language being used, the interpreter may be able to vocalize what s/he is interpreting for the hearing-impaired client. In this way, there can be a "double-check" on the correct meaning.

Use of Intermediary Interpreters

A hearing-impaired client may have minimal language skills, being low-verbal in both American Sign Language and English. An intermediary interpreter (a hearing-impaired person or a hearing person who has very close association with the client) may be utilized to help clarify communication.

Environmental Factors and Preparation

An interpreter must have a high tolerance level for doctors' offices, hospitals and mental institution environments, as well as the ability to cope with medical emergencies, general medical procedures, and emotional outbursts. The interpreter must be prepared for the sights, sounds and smells in these environments.

In order to serve the hearing-impaired client, it is important for the interpreter to familiarize her/himself with admitting procedures, documents that require signatures, etc. This prior knowledge is conducive to delivery of effective interpreting services in medical and mental health settings.

An interpreter must be aware of positioning and equipment that may cause obstacles. For example, for X-rays it is important that agreement be reached among all consumers involved and the interpreter relative to the position of the interpreter and any necessary special communication signals. An example for X-ray taking situations is that one tap on the patient's shoulder could indicate a time to hold her/his breath and two taps could mean breathe again.

There is an increasing demand for interpreters in the pre/post-natal care of expectant hearing-impaired mothers. Hearing-impaired persons are requesting interpreters for natural child-birth classes as well. An interpreter may attend classes with the hearing-impaired couple and continue through delivery time. It is to everyone's benefit if the hospital is notified that an interpreter will be used during a delivery or for pre/post-surgical procedures.

Importance of Complete Understanding

Caution should be taken to ensure that the hearing-impaired client understands any medication schedule as well as the side effects associated with certain medications and treatments. Should questions arise, such questions should be referred to the appropriate medical/mental health person. The interpreter should never attempt to explain medication or treatments without the assistance of the appropriate medical personnel.

The interpreter must allow for flexibility: if there is any indication of misunderstanding or doubt on the part of the hearing-impaired client, it would be wise for the interpreter to use an "understanding check," i.e., "Do you understand?" Then the hearing-impaired person's puzzled look, etc. may be voiced by the interpreter if the client
responds that s/he does not understand. This gives the medical/mental health personnel the opportunity for further explanation.

An interpreter needs to be aware that prior to an examination, a doctor may explain to the hearing-impaired patient what s/he will do during the procedure. This is to be encouraged since it will help the hearing-impaired patient be better prepared for the examination procedures.

Some Suggestions

When interpreting in medical/mental health situations, the interpreter should follow the general guidelines discussed in this and previous chapters (see especially Chapter III). In addition, the following are specific suggestions for interpreters in mental health situations:

1. Try to meet with the medical/mental health professional before the interpreting assignment to determine her/his wants, needs, etc.

2. Ask the medical/mental health professional if s/he has had any exposure to hearing-impaired persons. Mental health professionals should volunteer this.

3. A pre-session with the client, in the presence of the medical/mental health professional, can be extremely beneficial to acquire pertinent background information.

4. Be prepared for sensitive matters to arise (incest, wife abuse, hostile communications, etc.).

5. Group therapy can pose some special problems due to the nature of the setting. The interpreter should sit close to the person leading the group. It is important that the hearing-impaired client be aware of who is speaking each time. The hearing-impaired person and the interpreter can work out sign names for each person or the interpreter should point to the speaker. Often in group situations, the pace can become rapid. Before a session begins, the interpreter, the hearing-impaired client, and the other consumers involved may discuss ways to ensure that the hearing-impaired client participates with the group and the group is aware of both the hearing-impaired client's and the interpreter's role and needs. For example, the group may be asked to raise their hands before speaking or asked not to interrupt while another person is speaking.

6. Testing is a serious area which must be handled carefully. In a testing situation, the hearing-impaired client may look to the interpreter for approval in answering questions. Interpreters, without realizing it, can give answers. A slight smile, raising of an eyebrow, or staring at the correct answer can influence the response of the client on the test. Personality tests can be especially influenced. For example, on the Rorschach Inkblock Test, the therapist may ask, "What do you see?" If the client does not answer, the interpreter should never voluntarily say, "Do you think it looks like a butterfly, or a bird or a person's face?" The mental health professionals are responsible for adding additional comments or questions. The language expressed by the hearing-impaired client may be important to the mental health professionals in analyzing the results of a test. Thus, the interpreter needs to be careful to voice everything in a manner that is "accurately consistent" with the client's communication.
7. Mental health professionals often use two-three minute pauses as a strategy to obtain information from clients reluctant to divulge information. Interpreters should be aware of this routine procedure.

8. In cases of severe emotional disturbance, the client may project feelings of hatred, anger, and blame on the interpreter. The interpreter should be aware of this possibility and realize that this is not intended as a personal offense.

9. The interpreter should always be in control of her/himself! This is not always easy to follow, but it is essential that the interpreter remain calm and confident.

Summary and Conclusions

An interpreter must be aware of the serious nature of interpreting in medical and mental health settings. The interpreter should possess the Comprehensive Skills Certificates (CSC) and/or the Master CSC (MCSC). Knowledge of medical and mental health terminology is also an asset.

In the medical/mental health setting, it is essential that the interpreter adhere to the RID Code of Ethics, which recognizes the confidential relationship of the interpreter and the hearing-impaired patient. The interpreter must at all times and in all situations respect the right of the hearing-impaired patient to keep her/his medical history, her/his physical condition, and any prescribed treatment under strict confidence.

As stated in Chapter III of this book, the interpreter should decline an interpreting assignment or replace her/himself if s/he is not comfortable or does not possess the skills for an interpreting assignment. An important alternative to consider is the use of an intermediary interpreter. An intermediary interpreter can often be the needed link to ensure understanding for the hearing-impaired client who has a physical/mental problem. Awareness about hearing-impaired clients' communication needs and skills is growing. Likewise, interpreters must grow in their awareness of the professionals and consumers with whom they interact.

References/Readings


Interpreting the Birth Experience

By Michelle Martinez, CI and CT, Michigan

Interpreting for a couple who is about to bring a new life into the world—it sounds both exciting and daunting. There are so many things that can make this experience a success for both the interpreter and the consumers. Preparation is the most important part of this kind of assignment, but the first step lies with the parents-to-be. They will request an interpreter with whom they feel comfortable—You. The second step lies in your acceptance of the assignment. In addition to the usual questions that any interpreter would think about, you need to consider the following:

- Am I comfortable interpreting during labor and delivery?
- Am I familiar with terms such as episiotomy, cesarean, placenta previa, preeclampsia, eclampsia and other related concepts?
- Am I at ease interpreting concepts related to pregnancy that can be awkward, but are an integral part of labor and delivery?
- Am I able to make my own schedule flexible enough to accommodate OB/GYN appointments, Lamaze classes and the unscheduled arrival of baby?
- What about other emergencies that may arise from prenatal complications long before baby is due?

One final and often neglected question is:

- How will I handle it personally and professionally if this pregnancy has serious complications or if the pregnancy does not go full term?

To agree to be a part of this experience without carefully considering and committing to these issues would be a disservice to the parents, the newborn and yourself as a professional.

Once you’ve attended some of the prenatal appointments and the ultrasound session you will have become quite comfortable seeing the new mom’s belly, interpreting the heartbeat, and will have developed a good working relationship with the parents and doctor(s) who will be delivering the baby.

Considering the limited room, it might be a good idea to prepare the parents by explaining that you will be happy to do your best to ensure that all can see what is being said, but that you are primarily there for them and will focus on making sure that they get all of the information.

- Have the parents chosen a “back-up” interpreter?

This person could be “on-call” should something prevent you from making it to the birth or to replace you for fatigue or other reasons. The “back-up” interpreter should be informed of all decisions in advance, just as you are. Make sure that you are in agreement with who will be responsible to keep the “back-up” interpreter informed.

- At what point will the parents contact you?

It might be a good idea to have them make you aware when the contractions begin. Even if the birth does not occur for several days, the advance notice will allow you to prepare your upcoming schedule. In gen-
eral, most practitioners expect the birth to occur anywhere from two weeks prior to two weeks after the due date.

- How will you be contacted?

If you are working through an agency you will need to follow their guidelines, though most don’t mind having the parents contact you directly. Be sure that you have agreed upon the method of contact—be it pager, fax, email, or any other.

- At what point do the parents wish you to arrive at the hospital?

Would the parents call you prior to leaving for the hospital themselves or wait until they arrive to have the hospital call you? It would be a good idea to have your route mapped out and to let the parents know how long it should take you to reach the hospital. If a visit to the Labor and Delivery ward is part of the Lamaze classes, then plan to make one yourself, perhaps with the couple. It is a good time to discuss placement and other concerns. Be sensitive to such issues as modesty, the equipment that the medical personnel will need to reach, and being in the line of sight of both parents. This can be tricky considering the situation.

- What types of pain medication will they agree to use if any?

If the mother has chosen to undergo an epidural block, be familiar with what this procedure entails and how you can best assist the mother and anesthesiologist during the placement of the needle and tube. Be sure to check with medical personnel to determine what their procedure is during standard situations such as administering an epidural block or for emergency situations such as danger to the mother or baby.

- What medical procedures will the couple possibly participate in?

By this time, the couple will know if a vaginal or cesarean birth is planned by their doctor. It is a good idea to have a plan for both situations.

- In the event of fetal distress, what additional medical personnel will be in the room?

- What equipment might be used and where will it be placed?

In such a high-risk situation, you will want to be sure that you will be out of the way of medical personnel while still able to optimize the information being interpreted to the parents.

Finally, the big day has arrived and you are more prepared than you ever dreamed you’d be. Everything goes smoothly because even the tiniest wrinkles have been thought out. When the parents realize they need to change a part of the plan, it doesn’t matter because you’re flexible, you’re ready and you’ve thought of every possibility. With preparation, flexibility and knowledge, the parents were able to focus completely on the task at hand, the medical personnel felt so comfortable and hardly knew you were there. Congratulations!

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The Medical Interpreter: An Integral Part of the Health Care Team

By Roseanne de Vlaming, M.A., CSC, California

Medical Interpreting

How long have you been coughing?” asked the doctor. “About two weeks”, replied the deaf patient through the interpreter. The doctor looked at the interpreter and said—“I was asking her, not you!” This is one of many humorous situations that occur when a hearing person has a first encounter with a deaf person and interpreter. Even though the interpreter was introduced briefly as the Doctor entered the room - it takes a few exchanges before everyone gets the hang of it.

Language and Culture in the Medical Setting

As a certified sign language interpreter for a major medical center and teaching hospital, the University of California Medical Center in Sacramento (UCDMC), that also employs a large staff of spoken language interpreters (Russian, Spanish, Chinese, Hmong, etc.), I have the opportunity to share experiences with other language interpreters about the impact of culture in the medical setting. We all agree that clear and accurate interpretation is only possible with a thorough knowledge of the culture and language of the patient. The first question deaf patients are frequently asked is “can you read lips?”, and the foreign language patients are asked “can you speak English?” This is naturally a desire to communicate directly with the patient. However, doctors don’t often realize that even if their patients can speak a little English or read lips somewhat, there are cultural differences that would not be addressed. By using skilled interpreters familiar with both cultures - issues and responses can be interpreted appropriately into the target language. Deaf people forced to write with doctors can often get into the head nod mode out of confusion and embarrassment—giving the doctor the impression of affirmative responses.

The medical center discourages the use of family members to interpret. This is true for all languages as generational, age and familial differences often pose obstacles. My experience, repeatedly, has been that family members of deaf patients generally don’t sign well and are used to making decisions for the relative. Therefore, they will answer questions and often are not aware of the relative’s ability to understand and answer for themselves. When the interpreter is present, the patient has the opportunity to communicate directly without the intervention, however well meaning of the family. Also power issues, family dynamics, and embarrassment can interfere with full participation and adherence to treatment. A case in point: I interpreted for a deaf woman who brought her sister to a pre-op. The sister began to answer the questions, and the doctor directed questions to the sister, ignoring the patient. I turned to the doctor and said “I’m here to interpret for Ms. Smith. Why don’t you ask her directly?” The doctor didn’t realize the patient was capable of answering her own questions and proceeded to question her.

Minority cultures in America are generally not well understood and are expected to adhere to American cultural values. This spills over into the medical setting as many doctors do not respect the healing practices and medicines of other cultures. Therefore, the foreign language interpreter must truly bridge the two modalities and be a neutral guide into the world of Western medicine. Doctors frequently expect deaf people to use their voices to respond with a groan or an ahhhh when prodded. Most deaf people do not feel comfortable using their voices and respond with a visual grimace. This must be interpreted vocally by the interpreter.

Medical View of Deafness

By adhering to a pathological view of deafness (let’s fix it) many doctors do not realize that ASL is a unique and visual language of its own. They view deafness as a lack of hearing (get hearing aids) and sign language as a lack of speaking (speech therapy). To go even further, many hearing people see ASL as a lack of English. This is why a professional interpreter acquainted with Deaf culture can influence and introduce the perception that sign language is not the absence of spoken English, but a whole visual form of communication independent of English, and that by using a skilled professional the doctor and the patient can enjoy a true exchange of information and camaraderie that would be limited by writing on paper.

“Head nodding syndrome” occurs not only with deaf patients but also in minority spoken lan-
guages. It is very important to relate to the patient’s register or social/intellectual level at which language is understood. The interpreter must communicate at the patient’s level or the nodding will start. Patients nod in agreement out of fear or embarrassment because of intimidation. Doctors frequently take the nod for an affirmative but the interpreter must clarify if the response is a true yes. It also works the other way. Patients using slang and idioms to describe body symptoms to the doctor—the interpreter must interpret this into clear English descriptions describing the body areas in anatomically correct language. Speaking a gloss of ASL will serve only to confuse the Doctor and reinforce the perception that sign is poor English.

Western Medical Concepts

Many concepts are hard to interpret into any language. An example is the question that is frequently difficult to convey to deaf patients and takes much time to explain with conceptual examples and sometimes failed. Doctors have adopted the favorite “pain degree” scale—“On a scale of 1 to 10 how would you describe your pain?” This is the American concept of a “10” being the most! The Asian, Hispanic and Russian interpreters say this scale has no reference point in their cultures so is almost impossible to interpret. How do you get across idea of pain as a number? One patient said I don’t have 10 pains. I realize this is true for many deaf people, as well, as I often get a puzzled look when I interpret this question.

Getting To The Heart Of The Matter

Time is of the essence for doctors in the medical environment and getting a medical history can be a challenge. Cultures have a different way of relating the past. For ASL—time lines and markers are important to establish when describing an injury. Often the patient will begin with months before the onset or injury to describe what happened before, after and who was there, what the other doctors said, etc. This narrative style is very typical of native signers. This is true for spoken languages as anecdotal information is very important so the doctor can understand the context of the illness or injury. Some cultures think the weather is an important factor. When the doctor asks a simple and direct question, “when did the injury occur?”, they will get an answer that gives a lot of seemingly non-pertinent information and takes several minutes. The doctor frequently becomes impatient and starts firing away more questions while the patient is signing. Interpreters have the choice of explaining this and helping to pinpoint the responses needed and working with both parties to get the needed responses.

What a unique and special opportunity to work with professionals and patients at crucial and important moments in their lives. The birth of a child, facing major surgery or a serious disease requires a high sensitivity and tolerance for people in distress and crisis. I have learned that being clear, accurate, flexible and patient in my interpretations, provides the support for patients going through these difficulties. Being an important and active part of the health care team creates a high standard of care for all.

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