### DAUPHIN COUNTY MH/MR PROGRAM
#### POLICY AND PROCEDURE

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**Title:** Use of Interpreters for County Funded Mental Health Services

**Policy:** The Dauphin County Mental Health system and its contracted service provider agencies will offer adult, child, and adolescent consumers and their family members communication support from knowledgeable mental health staff using qualified and competent interpreters according to best practices in cultural competence. Accurate and effective communication between a consumer and mental health staff is the most essential component of a mental health service.

**Definitions:**

**Certified Interpreter:** Certified interpreters are required for legal proceedings; in other situations the standard is “qualified” (see definition below). A certified interpreter has a certification from a national certifying body. These may include but are not limited to: the national Association of the Deaf (NAI) and the Registry of Interpreters for the Deaf, Inc. (RID). A brief description of the acceptable certifications from NAD: level 4 or 5; and RIS: CI, CT, CSC, or CDI are described in Attachment A. Certified interpreters have proof of certification from national certifying bodies, which includes the certification type, a date of certification and expiration or date of expiration.

**Communication supports:** Services and resources provided to an individual of limited English proficiency, those who are illiterate or have low literacy skills, and individuals with disabilities. These resources may include, but are not limited to: bilingual/bicultural staff, multilingual telecommunication systems, TTY, foreign language interpretation services, sign language interpretation services, print material in easy to read - low literacy picture/symbol format, assistive technology devices, computer assisted real time translation, materials in alternative formats (audiotape, Braille, enlarged print), varied approaches to share information with individuals who experience cognitive disabilities, and translation of - legally binding document (consent forms, confidentiality and patient rights statements, release of information), signage, health education materials and public awareness materials.
Culture: The aspects of identity that individuals share and which identify them as a group. To the extent that this incorporates physical attributes and group identification as a “race”, physical attributes contribute to cultural identity. Culture incorporates the concept of embeddedness of smaller group identities within larger. Cultural descriptions include, but are not limited to characterizations of shared values, norms, traditions, customs, arts, history, folklore, religion, and healing practices and beliefs. Cultural institutions such as religious beliefs, social organization and customs are generally transmitted to succeeding generations and define the ethnicity of the group.

Cultural Competence: A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals, enabling them to work effectively in cross-cultural situations. The word culture is used because it implies the integrated patterns of human behavior that include thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups. The word competence is used because it implies having the capacity to function within the context of culturally integrated patterns of human behavior defined by the group (OMHSAS Definition from M.R. Isaacs & M. Benjamin, 1991).

Qualified Interpreter: An interpreter who is “able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary” (28 CFR35.104; 28 CFR36.104). The definition also recognizes that the interpreting skill needed for some types of communication may be higher than for other types of communication. For example, an interpreter in a psychiatric setting must be able to interpret complex psychiatric and medical terminology. OMHSAS Clinical Standards define a qualified interpreters as “a person trained in oral translation who also serves to bridge the cultural gaps arising in cross-cultural communication. The ideal interpreter is someone who is not only trained in cross-cultural interpretation, but also trained in the [behavioral] healthcare field, proficient in both the culture of the consumer and that of the [behavioral] healthcare professionals. The interpreters should have an understanding of the significance of the particular [behavioral] health matter being discussed and must have an understanding of the importance of confidentiality.

Procedure:

1. Providers should consult the “Dauphin County MH Program Best Practices Guide for the Use of Interpreters” (Attachment B) that describes goals, recommendations, and resources that providers should review as interpreter and linguistic supports are incorporated into provider policy and procedures.

2. A list of interpreters will be maintained by the Dauphin County MH/MR Program and distributed to contracted providers and will be updated annually by the Dauphin County MH/MR Program and its contracted service provider agencies.
3. Trained and qualified interpreters will complete an orientation to the mental health system. Beginning in fiscal year 2003/2004 and annually thereafter an orientation program will be offered to interpreters in Dauphin County to supplement contracted service provider training being conducted.

4. All language services should include, as a first preference, the availability of bilingual/bicultural staff that can communicate directly with consumers in their preferred language. When such staff is not available, face-to-face interpretation provided by a trained staff or a contracted interpreter is the next preference.

5. Telephone interpretation services should be used as a supplemental system when an interpreter is needed instantly, or when services are needed in an unusual or infrequently encountered language.

6. Family and friends should not be suggested or required to be used as interpreters.

7. Children should not be required to provide interpretation services except in emergency situations.

8. Staff members shall assure that the appropriate language, including the proper dialect, that is primary or preferred to the consumer is identified and used for communication.
Descriptions of Certifications

NAD.

Level 4: Above Average Performance.

This person demonstrates above average skill in any given area. Performance is consistent and accurate. Fluency is smooth, with very little deletion, and the viewer has no questions as to the candidate’s competency. Should be able to interpret and interpret well in any situation.

Level 5: Superior Performance (If not a native user, then could almost pass for one).

This person demonstrates excellent to outstanding ability in any given area. Performance is practically without flaw and this is the person you would go out of your way to seek to interpret for you.

RID.

CI (Certificate of Interpretation).

Holders of this certificate are recognized as fully certified in Interpretation and have demonstrated the ability to interpret between American Sign Language (ASL) and spoken English in both sign-to-voice and voice-to-sign. The interpreter’s ability to transliterate is not considered in this certification. Holders of the CI are recommended for a broad range of interpretation assignments.

CT (Certificate of Transliteration).

Holders of this certificate are recognized as fully certified in Transliteration and have demonstrated the ability to transliterate between English-based sign language and spoken English in both sign-to-voice and voice-to-sign. The transliterator’s ability to interpret is not considered in this certification. Holders of the CT are recommended for a broad range of transliteration assignments.

CSC (Comprehensive Skills Certificate).

Holders of this full certificate have demonstrated the ability to interpret between American Sign Language and spoken English and to transliterate between spoken English and an English-based sign language. Holders of this certificate are recommended for a broad range of interpreting and transliterating assignments.

CDI (Certified Deaf Interpreter).

Holders of this certification are interpreters who are deaf or hard-of-hearing. Holders of this certificate are recommended for a broad range of assignments where an interpreter who is deaf or hard-of-hearing would be beneficial. At this time, the CDI test is not being offered. Until such time that it is offered, the CDI-P (provisional) will be recognized.
Dauphin County MH Program
Best Practices Guide for the Use of Interpreters

I. Cultural Competence Goals in Providing Linguistic Support

1. The use of interpreters is minimized as the mental health system increases the number of bilingual/bicultural staff competent in the communication styles of Dauphin County's diverse cultures. While hiring a diverse staff does not guarantee a culturally competent staff, the provision of training in cultural competence to all staff members is a necessary component of the Dauphin County Mental Health Program and all contracted service providers.

2. Interpreters are qualified, competent and demonstrate knowledge of the individual's cultural experience including deaf, hard of hearing, late deafness and deaf blind. Service providers must assure that mental health staff members that use manual communication skills are effective in their practice of those skills. (Refer to the OMHSAS -01-06 bulletin on Accessibility page 5 for further information).

3. Certified qualified interpreters are available within 24-hour notice for routine situations and within one hour for emergencies in inpatient care and crisis intervention situations.

4. Contracted service providers document in annual licensing reviews all staff training on language and communication issues.

5. All staff members are trained on language and communication issues to assure that staff members use language that does not discriminate, oppress or stereotype and that staff members know how to use interpreters.

6. All forms have been translated into other languages as needed.

7. Telephone greetings have been assessed and are available in languages other than English.

8. Reception and intake staff members are trained and demonstrate an understanding of determining cultural and linguist needs of persons who enter agencies seeking services.

9. All evaluations, assessments and treatment plans incorporate cultural issues (strengths, values, beliefs, family of origin, family of preference, traditions and customs).

10. Supervision assists staff members in understanding cultural differences and provides an opportunity to adapt practices that embrace diversity and are a point of reference for interpreting cultural information.
Recommended Use of Interpreters

1. Bilingual clinicians and other staff members who communicate directly with consumers in their preferred language must demonstrate a command of both English and the target language that includes knowledge and facility with the terms and concepts relevant to mental health services.

2. Interpreters must have an ability to convey information in both languages before they will be allowed to interpret in any mental health setting. Research has shown that individuals who have been exposed to a second language, even those reared in bilingual homes, have a tendency to overestimate their ability to communicate in that language and may make errors that could affect complete and accurate communication and comprehension.

3. While family and friends should not be required to be used as interpreters, individuals and families should be asked about their preferences in arranging for the use of a particular interpreter. Some families have experiences in working in other life domains with interpreters and are comfortable with how that individual interpreter works with them.

4. Children should not be required to provide interpretation services except in emergency situations. Parents and caregivers should not be placed in a position of lower status. Using a child to interpret information may place the child in an emotionally difficult position. A child may be asked to communicate information, which is beyond their developmental capability. Information may not be accurately translated through children/teenagers, and family information, which may be considered secret, jeopardizes the child’s relationship in the family.

5. Staff members shall assure that the appropriate language, including the proper dialect that is primary or preferred to the consumer, is identified. Critical information may not be translated properly if the interpreter is using the wrong dialect. Reception and intake staff members should ask what language a person speaks, not what country they are from. Even when a person appears to be fluent in English, emotions and difficult issues and concepts are usually best expressed in the person’s native language.

6. Using a trained interpreter is the most preferred practice. If not properly trained, the interpreter may give inaccurate information. Even when the person is fluent in English, technical information and terminology may not be understood. Interpreter training and experience with mental health terms is strongly recommended. The clinician and interpreter need to know when to translate and when to interpret and the difference between the two. If not properly trained, an interpreter may withhold information if they feel it is shameful or damaging to the consumer. The clinician and the interpreter need to understand and be sensitive to implications of culture and how it impacts an individual’s responses.
7. Clinicians and mental health staff members should always:

a. Address comments to the individual. This is a sign of respect, and the person may understand more than they convey but still be hesitant to respond if they are uncertain of their English ability.

b. Do not direct comments to the interpreter.

c. Speak slowly and allow the interpreter to translate every few sentences.

d. Ask for clarification to make sure information is conveyed and received accurately.

e. Do not assume that if individuals nod in agreement or say yes that they understand what was said. This warning is especially critical if there are legal and medical issues that need to be conveyed.

f. The clinician and mental health staff members are responsible for successful communication. Do not blame the consumer.

g. Allow the interpreter to use cultural norms in conveying the message using a familiar communication style. The “official” answer may be relatively short but the response much longer as the person may need to lay a context for the answer.

h. Review the proceeding with the interpreter in advance so he or she is familiar with your expectations of the interview, evaluation, and session.

i. Debrief with the interpreter to see if there is information that needs to be clarified or that may have been communicated non-verbally with the individual.

Resources:

- Bulletin OMHSAS-01-06 Accessibility of Community Mental Health and Substance Abuse Services for Person who are Deaf, Hard of Hearing, Late Deafened or Deaf-Blind
- US Department of Health and Human Services
- National Asian American Pacific Islander Mental Health Association
- National Center for Cultural Competence, Georgetown University
- The National Alliance for Hispanic Health