



Usage of Sign Language Interpreters & Differential Diagnosis

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Language deprivation or *dysfluency* in the deaf community is unlike *aphasia* incidents among the majority population resulting from physiological causation such as cluster migraines, strokes, severe hypertension, et al. According to current research the percentage of deaf population with dysfluency is approximately 30% with one study reflecting as high as 75% in an inpatient psychiatric setting.



Language is the diagnostic tool in a behavioral health setting. The interpreter may be instrumental as the cultural broker to provide linguistic information during post-conferencing with clinicians to discuss language fluency or other impacting factors that may have impeded effective interpretation.