

Dr. Cal N. Seelar
ABC Mental Health Center
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Montgomery, AL 36130

I am looking forward to working with you during your appointment next week for **Mr. Justin Case**. As I have not had the opportunity to interpret for one of your clinical sessions, I would like to take this opportunity to introduce myself and to outline some questions regarding the interpreting process that may come up during the appointment. I will be glad to address them further during a brief pre-session discussion.

I am a nationally certified interpreter and hold "Qualified Mental Health Interpreter" certification status as delineated under Alabama Code 580-3-24. I hope my training will prove beneficial to you in your treatment of Mr. Case.

I have previously worked with Mr. Case in the community and have also been to social events he has attended. I don't believe that there are any reasons why he would object to me being his interpreter in this situation or why I should ethically recuse myself. I have not interpreted in any mental health settings with him.

General considerations when working with interpreters or consumers who are deaf:

- A. American Sign Language (ASL) is a separate and distinct language from English. Some phrases which are considered standard in spoken English have no direct equivalence in ASL. The amount of time necessary to render some of your questions and/or thoughts may differ. [For example, in asking if your consumer has ever used "street drugs", the interpreter may, depending on the consumer's language needs, sign and ask about use of each drug individually. The interpreter will let you know, whenever possible, when this is occurring]. Therefore, if you see that the interpreter is still working after the speaking or signing has stopped, it is usually a function of this linguistic phenomenon. There may also be times when a long phrase in English may be encapsulated in one ASL concept. The goal is to strive for equivalence in concepts. Additionally, parables are traditionally language or culturally based and often are non-interpretable. There are some substitutions that have been acceptable by other therapists that may prove to be helpful if you would like suggestions.
- B. Related to the above, there may be times when your consumer is using a head nod to show the interpreter that there is a comprehension of the message or for a plethora of other reasons. A head nod is not assumed to be an affirmative answer to the question asked. There may even be times when you observe a positive head nod, but the interpreter voices "no" at the end of the process. It is a unique phenomenon of working between the two languages.
- C. The function of a sign language interpreter in a mental health setting is more than interpreting the sender's message accurately. Whenever working in mental health related assignments, the interpreter is called upon to watch the consumer's language

production, and use, and behavior which non-signing therapists might not notice as abnormalities. If the interpreter notices a deviation from standard language use which does not change the message or does not intrude on the meaning, he or she may discuss this with you during the post-session debriefing. However, if there are deviations which are impacting the understanding of what is being said or that carry heavier linguistic meaning or concern, the interpreter may instead provide you with a narrative of what has been observed at the time of the occurrence.

- D. There may be times when misunderstanding may occur. This may happen when the interpreter is unsure of what is being signed to them by the consumer or the consumer may seem to have misunderstood what was asked. If this is the case, the interpreter will confer with you regarding clarification. For example: “The consumer is asking for clarification, do you want me to ask your question again?” The interpreter may ask you to rephrase the question in a different way. At times when the consumer is not understood, the interpreter will confer with you regarding whether or not the statement from the consumer should be clarified.
- E. Because American Sign Language is visually based, the interpreter should be seated beside you and placed in a position where line of sight is optimum (so that you may have eye contact with your consumer and the consumer will be able to easily see both the interpreter and you). Lighting is also a consideration which may need to be discussed; both low lightings and bright light can create visual challenges. Enclosed is a diagram of recommended seating arrangements. If your room does not allow for standard seating arrangements, discussion of the best seating choices should be held during the pre-session meeting.

In order to best prepare for the upcoming appointment, I will need information regarding Mr. Case’s diagnosis and course of treatment. In addition, would you please ask your staff to have a place – perhaps a break room – available where I may wait prior to the appointment? I do not want Mr. Case to disclose information to me, to misunderstand my role, etc. but rather to be able to seek assistance from you as the therapist. For these and a variety of additional reasons, it would be advantageous to the therapeutic session if the interpreter and consumer are not seated in the waiting room together prior to the appointment.

I hope the information above gives you an overview of the interpreting process. Again, I look forward to working with you next week. Please feel free to contact me if there are any other questions or possible challenges that you would like to discuss in the interim. My contact information is listed below.

Sincerely,

Cyn N. Hans
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