

**ALABAMA DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION
ADMINISTRATIVE CODE**

**CHAPTER 580-3-24
CERTIFICATION OF MENTAL HEALTH INTERPRETERS FOR PERSONS WHO ARE
DEAF**

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580-3-23-.01 **Introduction.**
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Author: DMH/MR Office of Deaf Services

Authority: Code of Ala. 1975, §22-50-11.

History: **New Rule:** Filed; effective.

People who have limited English proficiency, including those who are deaf, have been limited in their ability to access mental health services. When they do obtain services, they usually require an interpreter. The quality of interpretive services has a substantial and direct bearing on the outcome of services and provided and can have life-or-death consequences when the interpretation is inaccurate. This rule is intended to establish minimum competencies and training for interpreters working in mental health settings.

580-3-23-.02 **Definitions.**

(1) “Awareness,” goes beyond familiarity in that it also includes beginning to internalize the information regarding a field and to have begun thinking through how it affects one’s professional and personal behavior although it does not necessarily include having resolved issues raised.

(2) “Communication assistance,” is a process whereby someone who is trained to work with people who are deaf and have minimal language skills, by teaching and enhancing visual gestural communication skills in order to enable

those people to better function in a given setting. Communication assistance is not interpreting.

(3) “Consecutive interpreting,” means that the interpreter will produce the target interpretation sequentially with the source language speaker. The source language speaker will speak a sentence or a thought and pause while the interpretation is made and then will speak the next sentence or phrase.

(4) “Exposure,” is having some knowledge of a field’s existence and its place in the setting and, possibly, some of the vocabulary used in the field.

(5) “Demonstration” (or compliance),” is showing that the skill has been learned and is incorporated into the interpreter’s practice.

(6) “Familiarity,” is having actual experience with a field and/or practitioners in that field.

(7) “Interpreting,” is the process of taking a spoken message from one language and producing an equivalent rendition in another spoken language.

(8) “Limited English Proficient,” are those individuals who cannot speak, hear, read, write, or understand the English language at a level that permits them to interact effectively with DMH facilities, providers and contractors. People who are deaf or hard of hearing and who prefer to use American Sign Language or its derivatives are considered Limited English Proficient for the purposes of this rule.

(9) “Narrative interpreting,” is when there is no direct or easy interpretation of the source language into the target language or the source language is sufficiently dysfluent or arcane as to render interpretation impossible. Narrative interpretation can occur simultaneously or consecutively.

(10) “Qualified Mental Health Interpreter” is an interpreter who holds certification by the Office of Deaf Services attesting to successful completion of training and examination outlined in this rule.

(11) “Simultaneous interpreting,” means interpreting into the target language at the same time the source language is being spoken.

(12) “Source language,” is the language that is being interpreted from.

(13) “Target language,” is the language that is being interpreted to.

(14) “Translation,” is the process of taking a written message in one language and producing an equivalent written version in another.

(15) "Understanding," is having sufficient knowledge of a field to be able to explain the discipline, including its limits and its relationship to other disciplines.

Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed; effective.

580-3-23-.03 Professional Competencies/Knowledge

In order to effectively provide interpretation from one language to another in mental health settings, certain levels of fluency and knowledge are necessary. The interpreter shall demonstrate professional competencies/knowledge and the level indicated.

(1) Sign language interpreters must be licensed as interpreters in Alabama or otherwise eligible to work at an equivalent level as set forth in the Administrative Code of Alabama (34-16-5-10). The interpreter must demonstrate understanding of mentoring and supervision.

(2) Interpreters working in other languages shall hold an appropriate certification in their field, if one is available. If no certification is available for the language(s) the interpreter is working in it is expected that the interpreter will successfully pass a screening test approved by the Office of Deaf Services.

(3) Interpreters must demonstrate interpreting methods and appropriate use of simultaneous (first person and third person), consecutive (first person and third person), and narrative (third person) interpreting.

(4) Interpreters must demonstrate familiarity with mental health issues and treatment options in Alabama.

(a) Mental illness services

1. The interpreter must be able to accurately interpret specialized vocabulary used in psychiatric settings in both the source and the target languages.

2. The interpreter must be aware of psychopathologies, including knowledge of the names of the major mental illnesses treated by the Department of Mental Health/Mental Retardation in both the target and source languages and familiarity with symptomology of major mental illnesses experienced by the consumers of services provided by the Department of Mental Health/Mental Retardation as presented within the psycholinguistic context of the target language group.

3. The interpreter must demonstrate familiarity with assessment methods and understanding of the impact of interpretation when doing assessment.

4. The interpreter must have exposure to treatment approaches and demonstrate awareness of how cultural influences might impact treatment.

(b) Substance Abuse Services

1. The interpreter must be able to accurately interpret specialized vocabulary used in addiction treatment in both the source and the target languages.
2. The interpreter must have familiarity with addiction theory and issues involving addiction.
3. The interpreter must have familiarity with assessment methods and how cultural influences might impact assessment.
4. The interpreter must have exposure to treatment approaches and demonstrate awareness of how cultural influences might impact treatment.
 - (i) The interpreter must be familiar with inpatient settings, with the various staff that will be working in those settings, and how interpreting and cultural differences can influence therapeutic relationships in those settings.
 - (ii) The interpreter must be familiar with outpatient settings, with self-help and support groups and the specialized vocabulary used in those groups, and how interpreting and cultural differences can influence therapeutic relationships in those settings.
- (c) Mental Retardation Services.
 1. The interpreter must have exposure to issues involving mental retardation and developmental disability and the role culture and language plays in providing services to people with mental retardation.
 2. The interpreter shall be aware of the difference between interpreting and, communication assistance/language intervention.
- (5) The interpreter shall be able to identify care providers, identify mental health disciplines, and be familiar with milieus and settings.
- (6) The interpreter must be able to explain role of an interpreter as a professional consultant.
- (7) The interpreter must understand professional boundaries and must be able to explain confidentiality and privilege, including at a minimum, abuse reporting, the duty to warn, and, protections specific to Alabama statute.

Authority: Code of Ala. 1975, §22-50-11.

History: **New Rule:** Filed; effective.

580-3-23-.04 Cultural Competencies/Knowledge.

The interpreter must demonstrate cross-cultural competencies.

- (1) The interpreter must be able to explain the impact of stereotypes on mental health service delivery.
- (2) The interpreter must understand cultural views of mental illness, mental retardation, and addiction specific to the populations the interpreter works with and must be aware of various constructs of deafness and hearing loss relative to majority/minority cultures and pathological models.

(3) The interpreter must demonstrate understanding of the sociological impact of cross cultural mental health service provision and the impact of an interpreter on the therapeutic dyad.

Author: DMH/MR Office of Deaf Services

Authority: Code of Ala. 1975, §22-50-11.

History: **New Rule:** Filed; effective.

580-3-23-.05 **Conduct Competencies/Knowledge.**

(1) The interpreter must demonstrate knowledge of personal safety issues, including an understanding of at-risk conduct and personal boundaries as it applies to mental health interpreting work and an awareness of de-escalation techniques and universal precautions.

(2) The interpreter must demonstrate professional boundaries and judgment particularly in professional collaboration through pre- and post-conferencing.

(3) The interpreter must demonstrate the ability to assess effectiveness of communication.

(a) The interpreter must demonstrate the ability to appropriately match the interpreting method with the client and the setting and must understand the impact of emotionally charged language.

(b) The interpreter must demonstrate the ability to discuss unusual or changed word or sign selection.

(c) The interpreter must demonstrate the ability to discuss linguistic dysfluency or any marked change in linguistic fluency within a psycholinguistic context.

1. The interpreter must demonstrate ability to convey information without alteration, emotional language without escalation, and ambiguous or emotionless language.

2. The interpreter must demonstrate ability to isolate peculiar features of eccentric or dysfluent language use.

(4) The interpreter must demonstrate ability to read client case documentation and record appropriate documentation of linguistic significance.

(a) The interpreter must demonstrate knowledge of confidentiality as defined by state and federal law.

(b) The interpreter must understand the difference between personal records and records shared with other interpreters and other professionals. They must understand the ramifications of keeping personal records, and must demonstrate knowledge of what records may and may not be kept pertaining consumers.

(5) The interpreter must be aware of personal mental health issues and maintenance.

(a) The interpreter must understand how personal issues may impact the interpreting process.

(b) The interpreter must be aware of countertransference in the interpreter and must be familiar with transference to the clinician or to the interpreter.

Author: DMH/MR Office of Deaf Services

Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed; effective;.

580-3-23-.06 **Training & Certification of Qualified Mental Health Interpreters.**

(1) An interpreter desiring recognition as a qualified mental health interpreter must accumulate a minimum of 40 clock hours of training in the content areas enumerated in sections 1-5 of this rule.

(a) The Office of Deaf Services will offer training to meet the requirements of this rule no less than once per calendar year.

(b) Interpreters who would like to apply other training toward this requirement must make application to the Office of Deaf Services listing training completed including course content. Interpreters will still be required to pass comprehensive written evaluation as described in section 06(4) of this rule.

(2) An interpreter desiring recognition as a qualified mental health interpreter must complete a 40 hour practicum under the supervision of a a practicum supervisor approved by the Office of Deaf Services. The practicum site must be primarily clinical in nature and be approved by the practicum supervisor selected by the participant. The work must be direct interpreting and cannot be “social” or “interactive” time.

(3) Practicum supervisors must be approved by the Office of Deaf Services and may include an interpreter who holds certification as a qualified mental health interpreter issued by the Office of Deaf Services, an interpreter who is known to the Office of Deaf Services as having significant experience and knowledge in the field of mental health, an interpreter who also holds a degree in psychology, clinical social work, psychiatry or counseling, or a staff interpreter assigned to the Office of Deaf Services or a DMH/MR facility.

(4) Upon completion of the required training and practicum, the interpreter who desires recognition as a qualified mental health interpreter must pass a comprehensive written examination covering sections 1-5 of this rule.

Author: DMH/MR Office of Certification

Authority: Code of Ala. 1975, §22-50-11.

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580-3-23-.07 **Certification Maintenance and Renewal.**

(1) A certification is valid for 12 months.

(2) At least 90 days prior to the expiration of a qualified mental health interpreter's certification, the Office of Deaf Services will mail a reminder to the interpreter with a request for submission of documentation attesting to completion of certification maintenance requirements.

(a) Failure to receive said notification does not remove the requirement that appropriate documentation be submitted to the Office of Deaf Services in a timely manner.

(3) An interpreter can maintain certification by submitting documentation to the Office of Deaf Services of any of the following activities.

(a) Working in clinical settings at least 40 hours in the 12 months following issuance of certification or renewal, or

(b) Attending 40 clock hours of mental health related training, or

(c) A combination of the above equaling 40 contact hours.

Author: DMH/MR Office of Deaf Services

Authority: Code of Ala. 1975, §22-50-11.

History: **New Rule:** Filed; effective.