

*Beginning on September 1, 2023, no sign language interpreter—advanced hearing or sign language interpreter—advanced deaf licensee may provide sign language interpretation services to a client in any setting related to treatment, as defined in s. 51.01 (17), involving mental health, as determined by the department after receiving advice from the committee, unless the licensee satisfies requirements established by the department by rule after receiving advice from the committee.*

**Recommendation #1:** That the department adopt “Qualified Mental Health Interpreter”, (QMHI), to indicate that the licensee satisfies requirements that has been established by the department.

**Rationale:** QMHI is already a widely known terminology that is being used in interpreting profession to identify those individuals that have completed the requisite training that the State of Alabama has established. Wisconsin’s Department of Human Services (DHS) has adopted the QMHI language. Being consistent with the usage of QMHI will enhance high standard and name recognition that has already been widespread both nationwide and in the State of Wisconsin.

**Recommendation #2:** That the department adopts the following training requirement as outlined below in order to satisfy the requirement to become a QMHI.

OPTION 1- That the department officially recognizes the Q-MHI certification that has been issued by the State of Alabama- Office of Deaf Services. The individuals must produce the certification to the Department as a proof of completion of the training.

OPTION 2- The interpreter submits evidence to the department on a form developed by the department indicating they have completed 40 clock hours in approved training in the content areas enumerated in the below sections. The interpreter also must develop a training plan that must include 40 hours of practicum under a practicum supervisor approved by the department/committee and passing a comprehensive written knowledge examination that is approved by the department and the committee.

**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 by holding Advanced Sign Language Interpreter License and completing training in all content areas enumerated below.

- A) Professional Conduct content area:
1. The interpreter must demonstrate understanding of mentoring and supervision
  2. 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.

3. The interpreter shall be aware of the difference between interpreting and, communication assistance/language intervention.
4. The interpreter shall be able to identify care providers, identify mental health disciplines, and be familiar with milieus and settings.
5. The interpreter must be able to explain the role of an interpreter as a professional consultant.
6. 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 Wisconsin statute.

B) Mental Health knowledge content area:

7. Interpreters must demonstrate familiarity with mental health issues and treatment options in Wisconsin.
8. The interpreter must be able to accurately interpret specialized vocabulary used in psychiatric settings in both the source and the target languages.
9. The interpreter must be aware of psychopathologies, including knowledge of the names of the major mental illnesses treated in both the target and source languages and familiarity with symptomology of major mental illnesses experienced by the patients as presented within the psycholinguistic context of the target language group.
10. The interpreter must demonstrate familiarity with assessment methods and understanding of the impact of interpretation when doing assessment.
11. The interpreter must demonstrate understanding of various etiology and its impact on mental health, hearing loss and language.

C) Cultural Competency content area:

12. The interpreter must have exposure to treatment approaches and demonstrate awareness of how cultural influences might impact treatment.
13. The interpreter must have familiarity with assessment methods and how cultural influences might impact assessment.
14. 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.
15. 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.
16. The interpreter must understand cultural views of mental illness, mental health, behavioral health and substance abuse 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.
17. 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.
18. The interpreter must be able to explain the impact of stereotypes on mental health service delivery.

D) Substance Abuse content area:

19. The interpreter must be able to accurately interpret specialized vocabulary used in Substance Abuse/addiction treatment in both the source and the target languages.
20. The interpreter must have familiarity with Substance Abuse/addiction theory and issues involving Substance Abuse/addiction

E) Developmental Disability/Additional Disabilities

21. The interpreter must have exposure to issues involving developmental disability and any additional disabilities and the role culture and language plays in providing services to people with developmental disabilities or additional disabilities.

F) Conduct Competencies/Knowledge.

22. 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.
23. The interpreter must demonstrate professional boundaries and judgment particularly in professional collaboration through pre- and post-conferencing.
24. The interpreter must demonstrate the ability to assess effectiveness of communication.
25. 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.
26. The interpreter must demonstrate the ability to discuss unusual or changed word or sign selection.
27. The interpreter must demonstrate the ability to discuss linguistic dysfluency or any marked change in linguistic fluency within a psycholinguistic context.
28. The interpreter must demonstrate ability to convey information without alteration, emotional language without escalation, and ambiguous or emotionless language.
29. The interpreter must demonstrate ability to isolate peculiar features of eccentric or dysfluent language use.
30. The interpreter must demonstrate ability to read client case documentation and record appropriate documentation of linguistic significance.
31. The interpreter must demonstrate knowledge of confidentiality as defined by state and federal law.
32. 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 to consumers.
33. The interpreter must be aware of personal mental health issues and maintaining their personal mental health.
34. The interpreter must understand how personal issues may impact the interpreting process.

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

### Mental Health Interpreting Practicum

The interpreter must complete a forty hours practicum under a practicum supervisor approved by the department\*. The practicum site must be primarily clinical in nature and be approved by the practicum supervisor selected by the interpreter. The work must be direct interpreting and cannot be social or interactive time. The practicum must involve both In-patient (hospital), and Out-patient/Private practice. The practicum supervisor may require some work to be performed in State facilities (Mental Health Institution/Developmental Center or Department of Corrections).

\* Practicum supervisors must be approved by the department and may include an interpreter who holds certification as a qualified mental health interpreter issued by the DSPS, and is an interpreter who is known to the committee as having significant experience and knowledge in the field of mental health, or an interpreter who also holds a degree in psychology, clinical social work, psychiatry or counseling. They must take supervisory training approved by the DSPS with advice from the committee. Those who have completed the Alabama QMHI- Supervisory Training program should automatically be accepted as supervisor by the DSPS.

**Recommendation #3:** The department adopt the following requirement to maintain the Q-MHI status shall include:

- 1) Submission of documentation to the Department on a department form indicating completion of any of the following:
  - a) At least Forty hours of actual interpretation work in a mental health/substance abuse setting annually
  - b) Attending forty clock hours of mental health related training
  - c) Any combination of the above equaling eighty hours during the license cycle (two years).

### Definition for Mental Health Setting:

In our state, the generic definition of Mental Health Setting is as following:  
*“Mental health treatment setting” means any situation involving psychological, educational, social, chemical, medical or somatic techniques designed to bring about rehabilitation of a mentally ill person.*

However, the statutes allow us to define the Mental Health setting where the interpreters that provide interpretations will need to be qualified mental health interpreters. The generic definition is too broad and would create more situations that would be problematic.

**Recommendation #4a** It is recommend that the department define the such setting as following:

Q-MHI is Mandatory for the following situation/settings:

- *Any interpretation for any psychiatric/psychological/neuropsychological evaluation,*
- *Any interpretation of any mental health/substance abuse use assessments and screenings conducted by mental health providers and/or substance abuse providers. \**
- *Any interpretation in setting where the person is experiencing acute mental health crisis+*
- *Any interpretation in setting where any treatment is court ordered#*
- *Any interpretation in state and county facilities that house individuals with mental illness, mental health, or substance abuse diagnoses.*
- *Any interpretation involving evaluating, diagnosing and treating minors or those under guardianship related to mental and behavioral health.*
- *Any interpretation in a legal setting involving mental health, behavioral health and substance abuse concerns.*

\*Mental health/substance abuse providers are defined as any person who diagnose mental health/substance abuse conditions and provides treatment who are licensed in Wisconsin.

+ Mental Health crisis is defined as any situation in which a person's behavior puts them at risk of hurting themselves or others or prevents them from being able to care for themselves or function effectively in the community. While recognizing that it may take some time to find Q-MHI in an emergency situation, only Advanced Interpreter may interpret but is required to reach out to Q-MHIs as soon as safe and practical.

#excludes AA/CA/NA meetings as they are self-help groups and should be exempted.

#### **Recommendation #4b**

That department allows the following situation/settings, Advanced Sign Language Interpreters may interpret in the following setting upon completion of 40 hours of Mental Health Interpreting training. The interpreter in this category will be identified as Mental Health Interpreter-In Training. (MHI-IT)

- Any Mental Health/SUD related education
- Any therapy/counseling for Mental Health/SUD issues
- Care planning without any assessment (for those client with MH/MI/SUD diagnosis)
- Any other mental health setting not defined under mandatory setting.

MHI-IT may interpret in Mandatory Q setting while in training with an approved supervisor. The approved supervisor may allow the MHI-IT to team with QMHI as part of the training.

Marriage, Divorce or Family counseling involving individuals that do not have any MH diagnoses don't need Q-MHI.

**Rationale:** Through the public hearing process when the bill was introduced in legislative, it was made it known that high risk setting, especially the Mental health setting requires high quality interpreters. Recognizing that we only have 20 something interpreters that meet the full qualifications that are being recommended, while having approximately 20(?) additional interpreters that have completed 40 hours of training but not the practicum part. We need to ensure that there is flexibility because we do not have the supply that may meet the demand in the underserved part of the state, hence the creation of MHI-IT. As we build up our supply, we can always re-visit the rule and make any necessary modifications to ensure that the deaf/hard of hearing/deaf-blind citizens will continue to receive the highest quality services as possible.