

DRAFT 2/3/2021
CHAPTER SPS 205

SIGN LANGUAGE INTERPRETERS; SCOPE OF PRACTICE RESTRICTIONS

SPS 205.01 Definitions. In this chapter:

(1) “Acute mental health crisis” means 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 to function effectively in the community.

(2) “Medical setting” means any interpretation situation involving the diagnosis, treatment, or prevention of illness or injury, not including treatments that are considered mental health treatments under sub. (3).

(3) “Mental health treatment setting” means an interpretation situation involving any of the following settings or situations:

- (a) Psychiatric, psychological, or neuropsychological evaluations.
- (b) Mental health or substance use assessments or screenings.
- (c) Court ordered mental health, behavioral health, or substance use disorder treatments.
- (d) State and county facilities that house individuals with mental illness, mental health, or substance use disorder diagnoses.
- (e) Legal settings involving mental health, behavioral health, or substance use disorder concerns.
- (f) An acute mental health crisis.
- (g) Evaluation, diagnosis, or treatment of minors or those under guardianship relating to mental health, behavioral health, and substance use disorder concerns.

(4) “Legal setting” means any interpretation situation involving consultation with an attorney for the purposes of obtaining legal advice, any interpretation situation involving a negotiation or meeting in which one of the parties is represented by an attorney, or any interpretation situation taking place within the courts of the State of Wisconsin.

(5) “Team interpreting” means the practice of using two or more interpreters who work together to provide interpretation for an individual with limited English proficiency, either due to a speech impairment, hearing loss, deafness, deaf-blindness, or other disability, so that the individual can adequately hear, understand, or communicate effectively in English.

SPS 205.02 Provision of services in a medical setting.

Only persons who meet one of the following criteria may provide sign language interpretation services in a medical setting:

(1) Holds a sign language interpreter - intermediate hearing license under s. SPS 203.01 and is team interpreting with a person who is licensed either as a sign language interpreter - advanced hearing license under s. SPS 203.02 or licensed as a sign language interpreter – advanced deaf license under s. SPS 203.03.

(2) Holds a sign language interpreter – advanced hearing license under s. SPS 203.02.

(3) Holds a sign language interpreter – intermediate deaf license under s. SPS 203.03.

(4) Holds a sign language interpreter – advanced deaf license under s. SPS 203.04.

SPS 205.03 Provision of services in a mental health treatment setting.

COMMENT: The requirements are not authorized by statute until September 2023.

Only persons who meet all the following criteria and are recognized by the department as a Qualified Mental Health Interpreter (QMHI) may provide sign language interpretation services in a mental health treatment setting:

(1) Holds either a sign language interpreter – advanced hearing license under s. SPS 203.02, or a sign language interpreter – advanced deaf license under s. SPS 203.04.

(2) Submits documentation to the department that the individual has completed 40 clock hours in approved training in the following content areas:

COMMENT: Does the committee want to recommend breaking down how many hours from each? What is approved training? Who offers this training?

(a) Professional conduct **COMMENT: Could some of these items combined with (f) Practice Competencies?**

1. Mentoring and supervision skills.
2. Interpreting methods and appropriate use of simultaneous, consecutive, and narrative interpreting.
3. Knowledge of the difference between interpreting and communication assistance or language intervention.
4. Identifying care providers, identifying mental health disciplines, and familiarity with milieus and settings. **COMMENT: Items appears to fit better under (b) - Could this be moved?**
5. The role of an interpreter as a professional consultant.
6. Professional boundaries.
7. Confidentiality and privilege, including abuse reporting, the duty to warn, and protections specific to Wisconsin statute.

(b) Mental health knowledge

1. Mental health issues and treatment options in Wisconsin.
2. Specialized vocabulary used in psychiatric settings in both the source and the target languages.
3. Psychopathologies, including knowledge of the names of the major mental illnesses treated in both the target and source languages.
4. Symptomology of major mental illnesses experienced by the patients as presented within the psycholinguistic context of the target language group.
5. Assessment methods and understanding of the impact of interpretation when doing an assessment.
6. Etiology and its impact on mental health, hearing loss, and language.

(c) Cultural competency

1. Treatment approaches.
2. Impact of cultural influences on assessment and treatment.
3. Inpatient settings and the various staff that will be working in those settings and how interpreting and cultural differences can influence therapeutic relationships in those settings.
4. Outpatient settings, self-help and support groups and the specialized vocabulary used in those groups
5. Influence of interpreting and cultural differences on therapeutic relationships in both inpatient and outpatient settings.

6. Cultural views of mental illness, mental health, behavioral health, and substance abuse specific to the populations the interpreter works with.
 7. Constructs of deafness and hearing loss relative to majority/minority cultures and pathological models.
 8. Sociological impact of cross-cultural mental health service provision and the impact of an interpreter on the therapeutic dyad.
 9. The impact of stereotypes on mental health service delivery.
- (d) Substance use disorders
1. Specialized vocabulary used in substance use disorder treatment in both the source and the target languages.
 2. Substance use disorder theory and issues involving substance use disorder.
- (e) 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) Practice competencies
1. 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. Assessing communication effectiveness
 3. Matching the interpreting method with the client and the setting.
 4. The impact of emotionally charged language.
 5. Unusual or changed word or sign selection.
 6. Linguistic dysfluency or marked changes in linguistic fluency within a psycholinguistic context.
 7. Conveying information without alteration, emotional language without escalation, and ambiguous or emotionless language.
 8. Isolating peculiar features of eccentric or dysfluent language use.
 9. Reading client case documentation and recording appropriate documentation of linguistic significance.
 10. Personal mental health issues and maintaining the personal mental health of the interpreter.
 11. The impact of personal issues on the interpreting process.
 12. Awareness of countertransference in the interpreter and familiarity with transference to the clinician or to the interpreter.

(3) Submits documentation to the department indicating that the individual has completed a 40 clock hour supervised practicum meeting all the following requirements:

- (a) The practicum site must be primarily clinical in nature.
- (b) The site is approved by the practicum supervisor.
- (c) The work must be direct interpreting and cannot be social in nature.
- (d) The practicum must involve both in-patient and out-patient practice.

(4) Submits documentation to the department indicating that the individual has passed an examination approved by the department on the topics covered in sub. (2) of this section.

SPS 205.04 Maintenance of qualified mental health interpreter status.

An individual recognized as a qualified mental health interpreter by the department must submit documentation indicating completion of one of the following requirements to the department as part of the application for renewal of the individual's sign language interpreter – advanced deaf license issued under s. SPS 203.03 or sign language interpreter – advanced hearing license under s. SPS 203.02:

(1) At least 40 clock hours of actual interpretation work in a mental health or substance abuse setting annually.

(2) Attending 40 clock hours of mental health related training annually.

(3) Any combination of the above equaling 80 clock hours during the 2 year license cycle.

SPS 205.05 Qualified mental health interpreter practicum supervisor qualifications.

Practicum supervisors must be approved by the department with the advice of the committee, and may include any of the following individuals:

(1) An interpreter who is currently recognized by the department as a qualified mental health interpreter.

(2) An interpreter who holds a graduate level degree in psychology, clinical social work, psychiatry, marriage and family therapy, or professional counseling.

(3) An individual who has completed the Alabama Office of Deaf Services qualified mental health interpreter supervisory training program.

COMMENT: *Are there others the committee suggests adding?*

SPS 205.04 Provision of services in a legal setting.

Only persons who meet both of the following criteria may provide sign language interpretation services in a legal setting:

(1) Holds a license under either ss. 440.032 (3) (d), (e), or (f), Stats.

(2) Is authorized by the supreme court to act as a qualified interpreter in court proceedings under s. 885.38 (2), Stats.