7th Annual National Medical Interpreter Certification Forum

May 3, 2013

4400 NE Halsey Ave,

Portland, OR 97213

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ON BEHALF OF MAYOR CHARLIE HALES

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CHAIR OF THE NATIONAL BOARD OF CERTIFICATION FOR MEDICAL INTERPRETERS (NATIONAL BOARD)

NATIONAL MEDICAL INTERPRETER CERTIFICATION UPDATES

CARLOS GARCIA, CMI

EXECUTIVE DIRECTOR
OF THE NATIONAL BOARD

Language Access Service and the Oregon's Health System Transformation Plan

DR BRUCE GOLDBERG, MD

DIRECTOR OF THE OREGON HEALTH AUTHORITY

Expansion of the Oral Exams

JANET ERICKSON-JOHNSON

MA, CMI, BOARD DIRECTOR:
NATIONAL BOARD AND DIRECTOR,
INTERPRETER CERTIFICATION,
LANGUAGE LINE ACADEMY,
MONTEREY, CA

Virtual Proctoring

Technology and Application

Ken Anders, Director
The National Board of Certification for Medical Interpreters

 P.O.Box 300 – Stow, MA 01775 www. certifiedmedicalinterpreters.org

Current Practices

- Students must travel to an available testing location
- In-Person Proctor required to monitor test process
- Additional remote staff needed to prevent and resolve technical issues

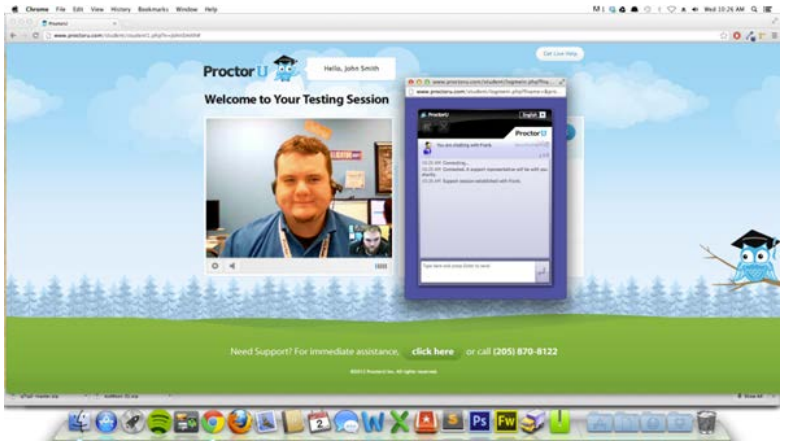
Issues

- Proctor is unfamiliar with the test or process or both
- Scheduling is difficult
- Student has additional costs (travel, time off work, etc.)

What is Remote Proctoring?

- Remote proctoring is an online testing process that allows students to take exams anywhere they have a reliable computer and internet connection.
- Tests are monitored remotely using access software and equipment at the student's location
- Tests are recorded (audio and video) for review by proctors & raters at any time to insure test integrity is maintained
- Students are connected to a live person during the entire test for guidance or issues

What is Required to take a Remote Proctored Test?



- A reliable computer
- A webcam
- Headphones or working speakers connected to the computer
- A working microphone connected to the computer
- A web browser with Adobe Flash Player installed
- A reliable, high-speed internet connection
- The ability to allow video and screen-sharing connections

How is Test Integrity Maintained?

- Student is Photo Identified
- Industry Standard – Challenge/Response Questions
- Room is scanned (webcam) before test starts
- Proctor "sees" everything on the Student's Screen as well as live video of the student during the entire test
- Proctor "hears" everything real-time through Student's microphone
- Proctor is trained on "human" reaction and can determine if Student is cheating or using external aids

Goals & Objectives for Certification

The National Board is working to develop a technology Solution to:

- **Simplify the Testing Process**
- **Verify student identification**
- **Eliminate the need to travel to testing locations**
- **Eliminate the need for students to have an in-person proctor for an exam**
- **Meet or exceed Accreditation requirements**
- **Proctor U**

Proctor U

Questions

Certification Implementation in Hospitals

SAMUEL PINO

CMI, SUPERVISOR,
LANGUAGE ACCESS SERVICES
DEPARTMENT, SALEM HEALTH

Certified Interpreter Experience

STEPHEN PICK, CMI

CMI, STAFF INTERPRETER
SALEM HEALTH

POLICY MAKERS AND COMPLIANCE

CERTIFICATION QUALITY AND ACCREDITATION

STEPHEN PICK, CMI

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POLICY MAKERS AND COMPLIANCE

DR BRIAN BONTEMPO, PhD

COMMISSIONER,
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New York Medicaid Coverage of Language Services & Medical Interpreter Qualification Requirements

National Certification Forum, Portland, OR

May 2013

Eric Candle

President, National Training Institute,
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NY State Chapter Chair, IMIA

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- The **International Medical Interpreters Association** is a US-based international organization committed to the advancement of professional medical interpreters as the best practice to meaningful language access to health care for linguistically diverse (LEP) patients, www.imiaweb.org
- To achieve this goal the IMIA pursues the following main objectives:

- Defining educational requirements and qualifications for medical interpreters
- Establishing professional standards of practice for medical interpreting
- Promoting the establishment of professional interpreting and translation services by medical institutions and related agencies
- Acting as a clearinghouse for the collection and dissemination of information about medical interpreting & translation and related issues
- Promoting research of cross-cultural communication in the healthcare setting
- Promoting medical interpreting profession

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Medicaid

- U.S. health program for people/families with low incomes/resources
- jointly funded by the state and federal governments & managed by the states

New York Medicaid

- $52 billion program; 5.1 million (out of 19.5 million residents) enrolled (has grown by 157,000 since December 2011)
- 1 million residents eligible but not enrolled
- new streamlined enrollment process – new enrollees
- $27,105 – eligible income for a family of four
- Affordable Care Act offers eligibility for many new members
- Limited-English-Proficient (LEP) individuals account for 42% of New Yorkers below the poverty level
- Language is still a primary barrier to health care & coverage for LEP individuals

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Services by professional Interpreters are critical:

medical, business, legal and accreditation cases

- ***Poor communication leads to poor care:*** unexpected deaths, catastrophic injuries and other adverse events (a pilot Joint Commission study established a rate of severe adverse events of 3.7% vs. 1.4% for LEP vs. English speaking patients) - ***medical case***
- ***Lack of access* to professionally trained MIs impacts the cost and quality of healthcare**: longer stays, higher charges & frequent ER readmissions - ***business case***
- ***Healthcare institutions in the U.S. have a legal obligation*** to provide language services if they are recipients of Government funding - ***legal case***
- ***New Joint Commission (***on accreditation of Healthcare Organizations in the U.S.) ***Patient-Centered Communication Standards – accreditation case***

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Reimbursing Language Services

• States have tremendous flexibility in establishing reimbursement procedures for language services.

- They can:

• use hospital funds,

• require assistance from Medicaid managed care plans, or

• seek out local matching funds

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General Strategy to advance reimbursement:

- identify Reimbursement Champions at the state level
- create/join a broad coalition of stakeholders, including hospitals, community health centers, professional associations, patient safety advocates, language access groups, provider associations, immigrant/refugee advocacy groups
- encourage Letters of Support for language services reimbursement
- include American Sign Language and communication assistance for people with disabilities
- work with State Representatives, DOH, Governor's office

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Two approaches to achieving reimbursement

• **Legislative action**:

-2009 NY Assembly/Senate Bills A733/S3740 to reimburse hospital inpatient and outpatient departments and ERs, diagnostic & treatment centers, and federally-qualified health centers. Structured as a rate enhancement that would require tracking of service provision to enable audit. Status – open

• **Federal funding** (broad support from Governor, DOH & state legislators)

-Medicaid Redesign Team, MRT established in 2011 by Governor Cuomo (the first effort of its kind in NY State)
Operated in two phases:

-Phase I - budget cuts

-Phase II – implementing reforms to Medicaid/health system (via variety of workgroups, including health disparities with one of the tasks to review reimbursement rates for linguistic and cultural competency)

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Federal reimbursement : Fiscal Impact

- Estimated cost of interpreting services (with and with no Federal Financial Participation, FFP) – 3 major components:

- Percentage of Medicaid beneficiaries who will require interpreting services (to approaches: do not speak ‘very well’ or ‘well’)

- Average hours of interpreting services required per visit (0.7 hrs in Diagnostic Testing Centers & outpatient setting, and 1 hr in inpatient setting – report by the Connecticut Health Foundation)

-Hourly cost of interpreting services ($30 to $50/hr)

- Biggest barrier across the nation: cost in context of Financial climate, budget deficit, etc.

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Medicaid and State Child Insurance Program (SCHIP)* funding for language services

- Year 2000: Centers for Medicare and Medicaid Services (CMS) reminded state Medicaid directors that language services could be included as an optional covered service in their Medicaid and SCHIP programs and therefore allowing direct reimbursement of providers for these services
- As of today, only District of Columbia & 13 states (Hawaii, Idaho, Kansas, Maine, Minnesota, Montana, New Hampshire, Utah, Vermont, Virginia, Washington, Wyoming, and – since Oct. 2012 – New York) have elected to provide coverage

*SCHIP - covers uninsured children in families with incomes that are modest but too high to qualify for Medicaid

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Medicaid and State Child Insurance Program (SCHIP)* funding for language services (cont.)

- Each state determines if, and how, it will reimburse health care providers for language services to Medicaid and SCHIP recipients. Individual hospitals cannot seek reimbursement unless their state has elected to do so.

Coverage of Medical Language Interpreter Services

- Effective October 1, 2012, Medicaid Fee-for-Service implemented coverage of medical language interpreter services for Medicaid recipients with limited English proficiency (LEP) and communication services for recipients who are deaf and hard of hearing.
- Effective December 1, 2012, these services are reimbursed by Medicaid Managed Care and Family Health Plus plans in accordance with rates established in provider agreements or, for out-of-state network providers, at negotiated rates.

Medical Language Interpreter Services

Must be provided by a third party interpreter who is:

- employed by or
- contracts with the Medicaid provider

Modality:

- face-to-face or
- by telephone

The interpreter must demonstrate competency and skills in medical interpretation techniques, ethics and terminology. **It is recommended**, but not required, that such **individuals be recognized by the National Board** of Certification for Medical Interpreters (NBCMI).

Who Qualifies for Medical Language Interpreter Services

- **Medicaid recipients with limited English proficiency**
  - Defined as patients whose primary language is not English and who cannot speak, read, write or understand the English language at a level sufficient to permit such patients to interact effectively with health care providers and their staff.

- **Medicaid recipients who are deaf and hard of hearing**

Reimbursement

- Reimbursement of medical language interpreter services is payable with HCPCS (Healthcare Common Procedure Coding System) procedure code T1013 (sign language and oral interpretation services) and is billable when provided by a third party interpreter during a medical visit.
- **HCPCS Code T1013:**
  - *One unit :* includes a minimum of 8 and up to 22 minutes of medical language interpreter services at **$11.00**
  - *Two units:* include 23 or more minutes of medical language interpreter services at **$22.00**
- Medical language interpreter services are reflected in the prospective payment system rate for those FQHCs that do not participate in the Ambulatory Patient Group, APG reimbursement.
- The need for these services must be documented in the medical record.

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States: Three primary reimbursing decisions

- **Covered vs. Administrative:** affects the amount of Medicaid reimbursement provided by the federal government: either the states' regular federal matching assistance percentage [FMAP] for a covered service, or 50% for administrative expenses
- **Types of medical providers assisted**: New York will reimburse Article 28, 31, 32 and 16 outpatient departments, hospital emergency rooms (HERs), diagnostic and treatment centers (D&TCs), federally qualified health centers (FQHCs) and office-based practitioners
- **Types of language services paid for:** most states reimburse contract on-site/telephonic interpreters but do not reimburse interpreters on a hospital's staff who may interpret as all or part of their job responsibility

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NY Medicaid Coverage of Medical Language Interpreter Services

- The interpreter must demonstrate competency & skills in:
- medical interpreting techniques (National Certification oral exam),
- ethics (15% of National Certification written exam), and
- terminology (61% of National Certification written exam)
- **It is recommended**, but not required, **that such individuals be recognized by the National Board of Certification for Medical Interpreters (NBCMI**).

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The Joint Commission Standards for Patient-Centered Communication:

- Require healthcare providers to develop a system of identifying a patient's preferred language, to certify the competency of language services providers, to develop a program for delivering language services, to document each interpreting session, and to translate written documents/signage for most common languages

- *Standard HR.0102.01* instructs hospitals and healthcare organizations to define and confirm staff qualifications (language proficiency, education, training, and experience for all interpreters that work full time, part time, through an agency, or through a remote provider)

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Enhanced National Standards for Culturally & Linguistically Appropriate Services (CLAS) in Health & Health Care,

U.S. Department of HHS, April 2013:

- 1.To respond to current and projected demographic changes in the United States.
- 2. To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds.
- 3. To improve the quality of services and primary care outcomes.
- 4. To meet legislative, regulatory and accreditation mandates.
- 5. To gain a competitive edge in the market place.
- 6. To decrease the likelihood of liability/malpractice claims

In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is **$1.24 trillion** (LaVeist, Gaskin, & Richard, 2009)

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Professional Interpreter vs. Ad Hoc vs. No Interpreter

(a study by Dr. Flores et al.)

- Professional interpreters result in a significantly lower likelihood of errors of potential consequence than ad hoc and no interpreters. *Among professional interpreters, hours of previous training, but not years of experience, are associated with error numbers, types, and consequences*
- Requiring at least 100 hours of training for interpreters might have a major impact on reducing interpreter errors and their consequences in health care while improving quality and patient safety

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The Interpreter Evolution:

- Bilingual Person: a person who can render a message spoken in one language into a second language
- Interpreter: a bilingual person who renders a message spoken in one language into a second language, and who adheres to a code of professional ethics
- Professional interpreter: an interpreter with appropriate training & experience who interprets with consistency & accuracy & who adheres to a code of professional ethics
- Qualified Interpreter: a professional interpreter who is checked/tested for proficiency in both languages
- Certified Interpreter: an interpreter who has met the prerequisites & successfully passed certification exams

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Qualified Medical Interpreter:

- Strong language skills (interpreter is trained and tested for language proficiency in both languages)
- Successful completion of professional training
- Knowledge of medical terminology
- Adherence to a Code of Professional Ethics
- A sound grasp of culture
- Ability to think on one's feet
- Membership in a Professional Association
- Growth through Continuing Education
- Knowledge of one's limitations

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Medical interpreters save lives in many languages

International Medical Interpreters Association - www.imiaweb.org

GOING GLOBAL

National Certification Goes International

ANDREW CLIFFORD, MCI, PhD

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AMERICAN SIGN LANGUAGE CERTIFICATION SYSTEM

A HISTORICAL PERSPECTIVE

By: Kalen Beck, CI and CT

WHAT DOES CERTIFICATION MEAN?

- Certification is essentially a warranty provided by an organization that says that the people to whom the organization has issued a certificate have the knowledge and skills required to competently perform a given job at a given level. This means that anyone who engages or receives the services warranted from such certificants has the organization's assurance that the certified person will be able to perform those services competently at the level in which they are certified.
- This does not mean that all certificants are of equal ability. What the certification means is that all certificants can do the described job at least at the level of basic competency.

CERTIFICATION VALIDITY

- Certifications can consist of both “content validity” and “face validity.”
  - Content validity accurately measures the knowledge and skills that are required for competent performance of the job
  - Face validity has more to do with market acceptance than it has to do with actual test quality. Face validity means that the testing process “looks something like” what the candidate does on the job.

ESTABLISHING A STANDARD?

- In the late1960's the "Interpreting for Deaf People" board was established and a code of ethics was developed – board consisted of members of the interpreting, deaf and religious communities
- 1972 The first testing structure (National Evaluation System) was established as a "solution" to the rapidly growing concern of interpreter quality
- This evaluation system was not created in conjunction with the deaf community or NAD; therefore…
- In 1991, the NAD established the Interpreter Assessment and Certification Program

NAD ESTABLISHED THEIR OWN TEST

- In 1986 NAD members voted to explore the feasibility of an alternative assessment to RID's testing system
- 1988 NAD adopted California's Association of the Deaf Sign Language Assessment system
- Tests are conducted in front of a live panel (three deaf raters and two hearing raters)
- The assessment had a five-tiered rating system. Should a candidate achieve one of the top three levels, they would be considered a "certified" interpreter

DIFFERENCE BETWEEN NAD / RID TESTS

RID

1. Tests have two components:
   - Written knowledge
   - Performance
2. Tests are done through video taping and assessed later by unknown raters
3. RID provides a pass/fail notification of general areas
4. RID's test tape samples were developed by a testing committee
5. RID has a variety of tests available to candidates

NAD

1. Test consists of oral examinations at time of interview
2. Tests are conducted in front of a live panel
3. Provides a written profile indicating specific strengths and weaknesses
4. NAD's test tape samples were created by members of the deaf community
5. NAD does not test deaf interpreters and has just one standardized test

WHEN THE STANDARDS WERE SET TOO HIGH

- After the establishment of the RID CI and CT generalist tests, RID had a national standard that people were not meeting.
- Many states started developing their own state tests in which interpreters could pass
- Many members were in support of state testing – thinking it would be a springboard to national certification
- Unfortunately, the trend was that interpreters stopped at state certification

ESTABLISHING THE NAD-RID TASK FORCE

- Established in 1994 to work toward a comprehensive certification
- 2000 Task Force became the NAD-RID National Council on Interpreting
- This group worked with content experts (deaf consumers and hearing interpreters) to develop the blueprint for the new NAD-RID National Interpreter Certification test.
- 2005 NIC Test was released

NATIONAL INTERPRETER CERTIFICATION

- NIC - Passing the test at the NIC level indicates that the interpreter has demonstrated skills in interpreting that meet a standard professional performance level and should be able to perform the varied functions of interpreting on a daily basis with competence and skill.
- NIC Advanced – Candidates scored within the high range on the performance portion of the test.
- NIC Master – Candidates scored within the high range on both the interview and performance portions of the test.

ISSUES WITH THE NIC CERTIFICATIONS

- Consumers expressed concerns that they could not rely on the NIC credential(s) to identify interpreters with the skills they needed to do a job.
- There was not a clear warranty of what the “certified” interpreters could do.
- Consumers were confused by the titles assigned to the various levels and what they meant.
- The test wasn’t reflective of real life practice
- Training programs were developing curriculum that “taught to the test”

THE CURRENT NAD-RID NATIONAL INTERPRETER CERTIFICATION TEST

EDUCATIONAL REQUIREMENTS

As of July 1, 2012:

- Hearing exam candidates must have a minimum of a bachelor degree (any major) before testing for any RID performance-based exam. This applies to ALL hearing exam candidates, including those who already hold RID certification.

- Deaf exam candidates must have a minimum of an associate degree (any major) before testing for any RID performance-based exam. This applies to ALL deaf exam candidates, including those who already hold RID certification.

NIC EXAMINATION TEST

The NIC Examination tests interpreting knowledge and skills in three critical domains:

- General knowledge of the field of interpreting through the NIC Knowledge Exam;
- Ethical decision making through the interview portion of the NIC Interview and Performance Exam; and
- Interpreting skills through the NIC Interview and Performance Exam.

CURRENT RID CERTIFICATES OFFERED

- NIC (National Interpreter Certification)
  - NIC – Advance*
  - NIC – Master*
- CDI (Certified Deaf Interpreter)
- OTC (Oral Transliteration Certificate)
- SC: L (Specialty Certificate: Legal)
- Ed: K-12 (Educational Certificate: K-12 aka EIPA: Educational Interpreter Performance Assessment)
- CLIP-R (Conditional Legal Interpreting Permit – Relay)

* These two levels were discontinued in December 2011

RETIRED RID AND NAD CERTIFICATES

- CSC (Comprehensive Skills Certificate)
- MSCS (Master Comprehensive Skills Certificate)
- RSC (Reverse Skills Certificate)
- TC (Translation Certificate)
- IC (Interpretation Certificate)
- CI (Certificate of Interpretation)
- CT (Certificate of Transliteration)
- OIC (Oral Interpreting Certificate)
- SC: PA (Specialty Certificate: Performing Arts)
- CDI-P (Certified Deaf Interpreter – Provisional)
- NAD III – Generalist
- NAD IV – Advanced
- NAD V – Master

CERTIFICATION TESTING FEES

RID Exam	Member	Member Retake	Non-Member	Non-Member Retake
NIC Knowledge	$285	$235	$385	$335
NIC Performance	$370	$320	$470	$420
SC: L Knowledge	$185	$125	$240	$150
SC: Legal Performance	$270	$240	$355	$325
CDI Knowledge	$185	$125	$240	$150
CDI Performance	$270	$240	$355	$325
OTC Knowledge	$185	$125	$240	$150
OTC Performance	$270	$240	$355	$325

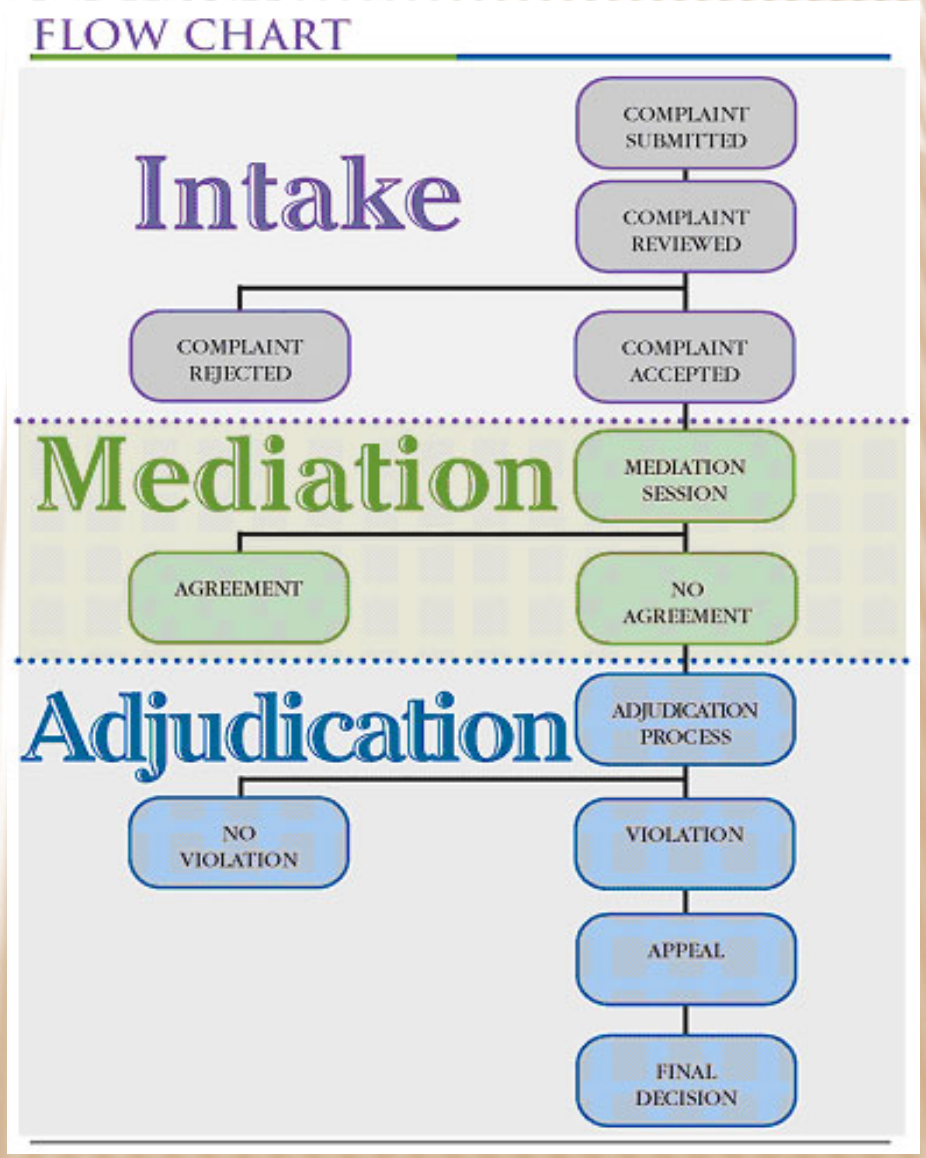
*In order to receive the retake fee, the candidate must have previously taken that specific test within the last 5 years

CERTIFICATION MAINTENANCE PROGRAM

- Maintain current RID membership by paying annual RID Certified Member dues
- Meet the CEU requirements :
  - 8.0 Total CEUs (80 hrs) with at least 6.0 (60 hrs) in PS CEUs
  - SC:L's only–2.0 of the 6.0 PS CEUs must be in legal interpreting topics
  - SC:PA's only–2.0 of the 6.0 PS CEUs must be in performing arts topics
- Follow the NAD-RID Code of Professional Conduct

GRIEVANCE PROCEDURE

- RID's Ethical Practices System (EPS), seeks to bring accountability to the field of interpreting. EPS Provides:
  - Guidance (Standards of Practice/Code of Conduct)
  - Enforcement to professionalism and conduct
  - Offers a complaint filing and review process to address concerns regarding the ethical decision-making of interpreters.



FRUSTRATIONS OF CURRENT SYSTEM

- The expense of the test(s)
- Finding a local testing site and wait list to take a test
- The change in meaning of certification(s)
  - Previously was held as “the gold standard” and deemed high quality
  - Currently it is the “minimum standard” for interpreters to work as a qualified interpreter
  - Therefore – interpreters holding old certifications do not feel equally “qualified” as interpreters with the new certificate
- Notification of test results generally runs six months to one year
- Rater standardization
- Re-vamping without member input
- Keeping it current (cost, time and effort involved)
- The five vignettes are 4 minutes each – not enough time to warm up, rid nerves, set the stage/concepts

LESSONS LEARNED

- Certification needs to include all stakeholders
- More reliance on empirical data
- Don't keep "re-inventing" the test – keep the parts that work
- Common understanding of what certification means (what does "minimum standards" look like)
- Having a strong generalist test as a baseline and specialty tests in areas that require more in-depth study
- Certification is the beginning of the journey – not the destination
- Take advantage of technology for wider accessibility to testing "sites"

Organizing To Defend Access

Historical Overview of Oregon Healthcare Interpreter Law

Dr James Mason, PhD

EXECUTIVE DIRECTOR
CULTURALLY COMPETENT CARE GIVING
PROVIDENCE HEALTH & SERVICES, OREGON

Putting it ALL Together

7th Annual National Medical Interpreter Certification Forum

May 3, 2013

Portland, OR 97213

THE FUTURE OF CERTIFICATION

WELCOME & OPENING COMMENTS

Moderator: David Cardona, MD, MPH

Panelists:

DR ERIC HARDT, MD

SASHA VERBILLIS-KOLP, MSW, QMHP

DR PIERRE MORIN, MD, PhD

KIM KIRKSEY, MSW

SERAFIN P.COLMENARES, PHD

Professionalization of Medical Interpreters:

4400 NE Halsey Ave,

Portland, OR 97213

Dr. Eric Hardt, MD

JC Patient-centered Communication Standards for Hospitals

- **The hospital identifies the patient's oral and written communication needs including preferred language, language interpreters, translated materials.**

- **How long before they require certified interpreters?**

- **What about other regulators, 3rd party payors, etc. ?**

  e.g. insurers, state DPHs, medical societies, medical centers, employers of Mis, others?

The Joint Commission, 2/9/11

Professionalization of Medical Interpreters: What are the expectations from providers?

- Assurances of baseline level of quality.
  - Special skills true multilingualism
  - Training, specialized knowledge, understanding of medical terminology, history-taking, culture, roles

- Assurances of professionalism:
  - Integrity, confidentiality, high standards, integrity, awareness of liability, ethics
  - MD, RN, SW, PT, dietician, Xray tech [professionals] **VS**

secretary, clerk, receptionist, dietary aide, transport worker

The professionals are all licensed by the state. How long before state licensing is required?

New Standards for malpractice

- A few famous cases are repeatedly mentioned, but many legal actions in hospitals are being settled with no publicity
- As “standards of care” for interpretation are more widely accepted, potential lawsuits will increase, risk managers will require CMIs.
- New Joint Commission standards will make a huge difference
- Language testing for doctors and others who want to practice in a second language or offer help to “interpret”; they will not be CMIs, but this will identify those whose skills are inadequate
- What about off-shore telephone interpreters? Will we expect them to be certified as well? Why not!

- **Languages of Limited Diffusion**

Serafin P. Colmenares, PhD

Languages of Limited Diffusion
Serafin P. Colmenares, PhD

Aloha!

- Introduction
- Hawaii's Languages
- Language Access in Hawaii
  - Hawaii's Language Access Law (2006) and the Office of Language Access (2007)
  - HB266 (2013)
- Interpreter Certification in Hawaii
- Issues and Challenges
- Toward a Multi-Tier System

Hawaii's Languages

ACS 2006-2008 :

Total Population = 1,280,273

Speak Language Other than English at Home = 296,402

Speak English Less than Very Well = 134,556

83% +Asian Language Speakers

9%+ Hawaiian and Pacific Island Language Speakers

LEP Languages with 1,000 speakers or more:

1. Ilokano (27,077)
2. Tagalog (26,418)
3. Japanese (21,710)
4. Chinese – Mandarin/Cantonese (15,751)
5. Korean (11,397)
6. Spanish (7,384)
7. Vietnamese (5,060)
8. Other Pacific Islander – Chuukese/Marshallese (6,458)
9. Samoan (3,334)
10. Cebuano (2,137)
11. Hawaiian (1,292)

Court s: Top Requested Languages (2012):

Total = 4,945

1. Chuukese (1,365)
2. Marshallese (704)
3. Ilokano (689)
4. Spanish (409)
5. Korean (348)
6. Tagalog (253)
7. Vietnamese (203)
8. Japanese (144)
9. Samoan (143)
10. Tongan (134)
11. Mandarin (106)
12. Pohnpeian (99)
13. Cantonese (91)
14. Thai (45)
15. Russian (29)
16. Kosraean (29)
17. Laotian (23)
18. Cebuano (16)
19. Portuguese (7)
20. Bengali (7)
21. Hawaiian (6)

Interpreter Certification in Hawaii:

- Hawaii Court Interpreter Certification Program –
  - 6 tiers; 29 languages (including ASL); highest tier achievable in 12 languages
  - # interpreters with certified status or better (tiers 4-6) – Ilokano (1), Laotian (1), Mandarin (1), Spanish (6), ASL (15)

- Medical Interpretation – 2 AHIs (CCHC), 4 licensed Bridging the Gap trainers (Kokua Kalihi Valley); training conducted by KKV, UH-CITS, UH-KCC; community interpretation training

<u>Issues and Challenges:</u> competent vs. certified; lack of trained interpreters; lack and cost of development of language tests; cost of training and certification; cost vs. quality; infrequent work opportunities, cultural and linguistic diversity, etc.

<u>Toward a multi-tier system:</u> CMI, QMI, SMI?

"Provider Perspective on Mental Health Interpreting"

Pierre Morin, MD, PhD
Sasha Verbillis-Kolp, MSW

“Provider Perspective on Mental Health Interpreting

MH Providers tend to offer agency specific training to interpreters. Topics may cover:

- Mental health across cultures
- Developing therapeutic alliance/triad
- Understanding different clinical situations
- Tips for managing ongoing self-care and vicarious trauma
- Supervision and clinical team processes
- Safety concerns /protocols
- How to structuring interpreted encounters- pre-session/post session de-briefs
- Interpreters role in MH interpreting

Recommend training/content areas for credentialing to include:

- Cultural explanatory beliefs and psychopathology, understandings regarding symptom expression
- Examples of how **mental health encounters can differ** from other interpreter encounters
- **Differing perceptions** about mental health across cultures
- **Cultural beliefs** and **stigma** regarding mental health/ or mental illness
- Semantic and contextual differences between “consumer” client and interpreter
- Structuring clinical encounters
- How to address issues of transference/countertransference
- Various roles interpreters may play
- Strategies for self-care and interpreter stress- need for ongoing debriefing psychological support for interpreters

Clinical Considerations: MH Interpreting

- Specific therapeutic considerations
- Developing competencies (practicum hours) and special training
- Handling emotionality non-verbal and verbal interactions, psychotic speech or phenomena unknown to interpreter due to class, age, gender or ethnic distinctions
- Safety concerns, crisis protocols
- Understanding thresholds of psychiatric distress
- Applicability or lack of EBP for MH assessment with specific languages
- Confidentiality/dual roles/ boundary challenges for interpreters from small communities

Remaining Questions

- ***What are available resources and unmet needs for training in mental health interpreting?***
- ***What might be other areas to consider for future specialty certification?***
  - **E.g. Pediatrics; Geriatrics; Medico-legal; Intensive care units; ED; survivors of torture or sexual trauma**
- ***What additional training is needed for MH providers to work effectively with interpreters?***
  - **Eg- training programs, consultations, establishing communication for interpreters/providers**

- Need for Certification on Mental Health Interpreting

  Kim Kiskey, MSW

Need for Mental Health Interpreters

- Due to an increasing demand for mental health services in Spanish and a paucity of bicultural, bilingual counselors, therapists and psychiatrists, there is an ever growing need for qualified medical interpreters to specialize in mental health.
- Due to the cultural stigmas surrounding mental health, the majority of Latinos who seek assistance do so in a medical setting. It is therefore critical for interpreters to have proper training and certification in mental health.

Lack of Providers

- According to a white paper published by the National Council of La Raza in 2005, there are roughly 20 Latino mental health providers per 100,000 Latinos.
- Mental Health Interpreters with the proper education, training and eventually certification are in dire need in order to fill in the gaps. At minimum it requires six years of college (four years undergraduate, two years graduate) to educate mental health providers. While organizations such as the Latino Social Workers Organization and the Latino Behavioral Health Association actively seek to recruit new professionals, the need simply cannot wait. Creating a certification process for mental health interpreters is a shorter path to insure that individuals suffering from mental health issues receive the services needed to improve their lives.

- The same cultural stigmas that keep many Latinos from seeking mental health services also keep Latinos from pursing a career as a mental health professional.

Other Factors to Consider

- Being bilingual is not enough. If cultural competency were only measured by language fluency then all English speakers would be culturally competent working with Native Americans and African Americans. We know that this is not the case. In addition to language, the mental health interpreter has a vital role as a cultural broker.

- Although many non-English speaking individuals are US citizens or have authorization to reside in the United States, one must consider the impact of immigration policy and sadly, in many areas the anti-immigrant backlash. Some states (such as Oklahoma) have gone the extra mile in passing English only laws. Such laws are very divisive and create friction between mono-lingual English speakers and non-English speaking individuals.

Self Care

- Lastly, it is critically important that those working in medical or mental health settings as interpreters have access to qualified clinical staff to conduct regular debriefings due to their repeated exposure to extremely traumatic and emotional events.

7th Annual National Medical Interpreter Certification Forum

Round Table Discussions