Published October 2014 by St. Catherine University, St. Paul, Minnesota.

Revised July 2016.

This resource was developed with funding from the U.S. Department of Education, Rehabilitation Services Administration, #H160A100003.

Although the contents were developed under a grant from the Department of Education, these contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the federal government.

This resource may be downloaded for free from healthcareinterpreting.org.

The CATIE Center is a member of the National Consortium of Interpreter Education Centers.

Publication services provided by T.S. WRITING
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The CATIE Center at St. Catherine University received funding for this project from 2010-2016 from the U.S. Department of Education, Rehabilitation Services Administration, grant #H160A100003.

Part of the CATIE Center’s work is to enhance resources and training for interpreters working in healthcare settings. To this end the CATIE Center has developed the following resources:

- **Body Language online modules**, designed to guide both novice interpreters and experienced practitioners in working with the common discourse of medical appointments, and building use of classifiers and space to convey anatomy, physiology, common procedures and diseases in ASL. Seven modules are offered, covering healthcare discourse, the cardiac system, the digestive system, the respiratory system, the muscular/skeletal system, diabetes, and heart disease.

- **Concept Map for Mental Health/Medical Interpreter Education**. This curriculum guide is useful to educators planning how to incorporate healthcare interpreting into coursework.

- **Healthcare Interpreting Fellowship**. A supervised field induction for certified interpreters looking to expand their practice in healthcare settings. Fellows work with real patients in actual clinical settings under the supervision of experienced staff interpreters.

- **Interpreting in Healthcare Settings Annotated Bibliography**. This resource, organized by the Medical Interpreting ASL-English Domains and Competencies, identifies relevant and useful articles to both interpreters interested in interpreting in healthcare settings, as well as those more experienced with interpreting in healthcare settings.

- **Medical Interpreting Immersion**. A face-to-face program that incorporates use of classifiers and space to convey medical concepts accurately, discussion of common issues in ASL, ethical decision making, and a tour of a local hospital.

More information about these resources can be found at healthcareinterpreting.org.
Deaf people surveyed in a national needs assessment identified healthcare as the setting in which it is most difficult to get qualified interpreters (NCIEC, 2008). However, there are very few educational programs to prepare interpreters to work in these settings. Interpreters who do work on these settings most often work alone, and experience many challenges related to logistics, role and ethics. This manual seeks to assist interpreters in developing decision-making skills in handling these challenges. It also can be used by interpreters not yet working in healthcare, as well as student interpreters, to anticipate dilemmas they may face and to strategize the kinds of responses that may be the most effective.

The cases included here have all come from real situations that healthcare interpreters have experienced, although some details have been changed to protect confidentiality. These cases were analyzed in consultation groups, run by facilitators that the CATIE Center prepared. Facilitators used the demand control schema approach as outlined by Dean and Pollard, including the process of identifying a series of demands, controls, consequences and resulting demands (DCCRD).

The case studies are grouped under the following themes:

- Logistics
- Decision-making latitude
- Responding as humans
- The need for advocacy and education

You will note that while the main demand relates to the section theme, many cases present concurrent demands that may also fit under a different theme.

The Demand Control Schema: Interpreting as a Practice Profession by Robyn K. Dean and Robert Q Pollard is a holistic work analysis framework that guides interpreters in their development of ethical and effective decision-making skills. Adapted from Robert Karasek's demand control theory, more about the demand control schema can be found at www.demandcontrolschema.com.
This resource was designed to be used with the demand control schema as presented in Dean and Pollard’s textbook, *The Demand Control Schema: Interpreting as a Practice Profession*. Before beginning your work, we encourage you to read the two examples in the beginning of this manual that illustrate how this process can be used. You will also find questions that relate to the DC-S framework following the cases to help you get started (Dean & Pollard, 2013, p. 135).


Readers should also refer to the *Medical Interpreting ASL-English Domains and Competencies and the Interpreting in Healthcare Settings Annotated Bibliography*. These resources are useful for identifying the demands presented, as well as for additional professional development resources related to ethical decision making. Both are available from www.stkate.edu/catie.

It is not a requirement to analyze the case studies in the order presented. Rather, read through them and select the ones that seem most challenging and most engaging.

Finally, we encourage you to work on these case studies with others. Get a group together and pick a case study to analyze (either independently or as a group) and discuss.

**Acknowledgements**

The development of this resource was led by Karen Malcolm, with additional support from Debra Russell, Marty Barnum, and Richard Laurion. Thank you for your dedication to advancing healthcare interpreter education.
CASE STUDY SAMPLE: PATIENT’S TENDENCY TO SCREAM

A 70-year-old Deaf woman has had the same interpreter for many of her medical appointments at different clinics over several years. The interpreter has observed the woman’s low tolerance for pain. Even as a blood pressure cuff tightens around the woman’s arm, she reacts as if experiencing significant, intense pain. The interpreter remembers how, on several occasions at the lab for routine blood draws, the woman screamed loudly as the needle went in her arm. The lab staff always is startled and many staff run to respond thinking something terrible has happened.

At a new clinic, the doctor wants her to go to the lab for a blood draw after her appointment. The interpreter wonders if she should forewarn the staff about the woman’s tendency to scream.

DISCUSSION

This is an example of one of the simpler cases presented in this manual. The interpreter’s experiences in past appointments with the Deaf woman inform her prediction of potential demands of this assignment. There may be an intrapersonal demand for the interpreter: as a hearing person, she may strongly feel that screaming is upsetting and disruptive. There is also a potential interpersonal demand: if the provider is startled while drawing blood, it may result in harm to the patient.

The next step is to list the possible controls available to the interpreter, such as:

• Saying nothing, letting the woman have whatever reaction she has and the staff having their reaction(s).
• Telling the lab technician that the woman may scream and asking the technician to alert the other staff members.
• Talking to the woman in advance, mentioning that the screaming may startle hearing people, and asking her permission to alert the staff.
• Doing the above, but telling her you will alert the staff, rather than asking her permission.
• Saying nothing in advance, but if she screams, quickly speaking loudly, “It’s okay! It’s not a problem,” to alert the staff.

From the list, choose the control that you are most likely to exercise. In a group discussion, you may want to vote on which control the majority prefers, and work with that control. Next, begin to delineate the consequences for this choice. For the purpose of illustration, let’s choose the option of talking to the Deaf woman in advance and asking her permission to alert the staff. If she agrees, the positive consequence could be that she is grateful to be consulted and agrees that the interpreter can prepare the staff. This would also address the interpreter’s discomfort. A negative consequence could be that she is embarrassed to realize that her screams have upset hearing personnel. She could also feel resentful that the comfort of hearing people takes precedence over her needs. She could wonder why the interpreter, who has worked with her for many previous appointments, didn’t talk to her about this previously.

If the patient disagrees, the interpreter may still feel uncomfortable. This creates a resulting demand for the interpreter, but she may then exercise a different control, such as saying something to reassure the staff as soon as the woman screams.
Even if the woman agrees to the interpreter forewarning the staff, some of the consequences may still lead to resulting demands, but that does not mean that the selected control was necessarily ineffective. The interpreter may, for example, need to explain her reasons for not having mentioned the scream at previous appointments, and reassure the patient that it is her right to express pain.

Continue to work with this case, and choose a different control while working through the consequences and resulting demands.
CASE STUDY SAMPLE: EYE CLINIC

The interpreter receives information that this is a follow-up appointment at an eye clinic. A different interpreter worked the initial appointment.

The patient is knowledgeable about working with interpreters, with no obvious language or cognitive deficits. The patient has a Deaf friend accompanying him in the waiting room.

The interpreter’s first realization that there is more going on than she initially expected occurs when they are escorted back to the room. The doctor enters and immediately wants to know the patient’s decision on the procedure.

The interpreter has no information about what the “procedure” is or what was communicated in the previous appointment. She realizes that she needs more information to be able to interpret the question.

The doctor is impatient, saying that all this information had been given at the previous appointment. The patient seems very anxious and decides to consult his Deaf friend in the waiting room. The interpreter accompanies him to the waiting room. The friend supports doing the procedure immediately. The patient is very stressed and nervous; his hands are shaking. Once back in the procedure room the patient says to go ahead with the procedure. The interpreter asks for the doctor to walk the patient through what will happen. The doctor complies quickly and the procedure begins.

The procedure is fairly fast, done in the office with no special clothing or protective equipment required. At the end, the patient has temporary blindness. The doctor leaves the room and the nurse says, “He’ll be unable to see for about two minutes.” The patient is in hysterics, clenching the interpreter’s hands, unable to see. The interpreter tries to reassure him by attempting tactile sign language. This seems to only further agitate the patient. The interpreter realizes that by trying to communicate using tactile signs, she may have inadvertently reinforced the patient’s thought that he was blind.

Soon, the patient regains his vision. He is visibly embarrassed, signs, “I’m sorry” to the interpreter while hugging her and thanking her, and leaves.

DISCUSSION

This case offers multiple points where demands arise, and where choosing a different control earlier in the scenario may have prevented the demands that arise later. There also may be post-assignment controls that the interpreter needs to employ.

Near the beginning, the interpreter realizes that there is more going on than she initially expected. The doctor talking about a procedure makes her realize that she is unaware of what is going to take place. This may be a time to talk about pre-assignment controls: the interpreter perhaps should have sought more information when accepting this “follow-up” appointment, or should have talked with the Deaf person more in the waiting room (if he was amenable to doing so).

The next point where a DCCRD could be conducted is when the interpreter asks the doctor about the procedure, and he responds impatiently while the patient is demonstrating a great deal of anxiety. In response to these demands, the interpreter may choose other controls, such as:

• Asking the doctor for more information, and explaining the reason for needing the information. Requesting a 10-minute break to talk with the Deaf patient to understand the procedure, and what his anxiety is about.
Continuing to interpret as best she can, hoping that the nature of the procedure will become clearer to her as they proceed.

Choosing the option of requesting the 10-minute break and talking with the Deaf patient would have the positive consequence of gaining more details about the procedure, and learning that the anxiety concerns the patient's fear of damaging his sight. The interpreter could potentially gather enough information to ask the doctor targeted questions, so that the temporary blindness could be explained prior to the procedure. A negative consequence could be the doctor’s increasing impatience, which then feeds the patient's anxiety. It could also be that the Deaf patient doesn't really understand the procedure.

Other discussion points in this case include the patient's temporary blindness and his upset reaction, and then his embarrassment upon completion. Some post-assignment controls that the interpreter might exercise at the end of this case include:

- Assuring the patient that his reaction was natural and understandable.
- Talking to the doctor and/or nurse to educate them about the need to explain temporary blindness to a Deaf person in advance.
- Approaching the booking agency to let the agency know that more information is required for a follow-up appointment.

For more detailed information on the demand control schema, refer to the Dean and Pollard textbook.
A 60-year-old deaf woman, who is a wife, mother and grandmother, is with her deaf husband and their four adult hearing children in a hospital room talking with a surgeon prior to a surgical biopsy.

This doctor refers to the biopsy area as “a very concerning tumor,” “the suspicious mass,” and “the area of concern.” He never uses the word “cancer.”

The deaf couple have had little to say as the doctor speaks. The eldest daughter among the children is the only one to ask any questions. She seems the most visibly concerned. She also does not use the word “cancer” when talking to the doctor and appears to actively use the term “concern,” “complication,” or “problem” when asking further questions. She also asks if her mother will need to stay in the hospital and if her mother’s Medicare insurance will cover all expenses.

As the daughter continues with her questions, neither she nor any of the children sign or interact with their parents. They are directly engaged with the doctor and defer to the interpreter for all signed communication. The doctor directs his attention to the daughter, as she is leading the conversation for the family. The doctor informs the family that once the biopsy is done, he will wait for the pathology report and then come talk to them about the results.

The interpreter realizes, as they wait for the surgery room to become available, that she has to go with the patient for pre-operation communication and instructions. The interpreter begins to consider what communication issues may emerge during pre-op. It is also not clear who will interpret for the husband while the interpreter is with the patient. Observing the family dynamics thus far, it is not clear how the family typically communicates. The anesthesiologist is still due to see the patient, and there is not enough time in the interpreter’s schedule to work beyond pre-op; this means she is not available to interpret the discussion of the pathology report with family or interpret for the patient during recovery. She is concerned about communication continuity.
The interpreter has a private discussion with the nurse about the scheduling complications and her limited availability. She lets the nurse know that she may not be able to stay for the post-surgery discussion and that she definitely cannot work with the patient and the husband while both are in two locations. She adds that she is exploring the options of adjusting her schedule. The nurse says that not having an interpreter would be okay because the doctor can talk to the children, who can then tell the patient what is happening. The nurse adds that the hospital has a video remote interpreting service they can use in recovery, and this same service can be provided to the husband in the family area.

**INTERPRETING FOR AN MRI**

You arrive to interpret for an MRI and meet the Deaf client, who is new to you. He is accompanied by a staff member from the group home where he lives. You start to converse with him, and find that he doesn’t respond to you, but turns and looks at the staff member. The staff member tells him what to say, which he then parrots. You start to wonder if he has some cognitive challenges. He has a physical disability, appearing to have a twisted spine and one leg that turns in.

The technicians begin to explain what they will be doing, and what he needs to do for the MRI. There need to be some accommodations made for the physical disabilities, and then there are the general instructions for the MRI process.

You are not certain that he understands what is being said. He continues to look to the staff member, who re-directs him to watch you. The technician asks you what the hold up is, because he needs to get moving on the test.

**DISCUSSION QUESTIONS**

- What do you perceive to be the main demand in this scenario?
- What control(s) would you choose in this scenario?
- What concurrent demands might influence or be affected by the control choice(s)?
- What resulting demands could arise based on the choice of controls?
- Where would the controls you choose fall on the liberal-conservative continuum?
CONFLICT WITH DOCTOR

A 40-year-old Deaf woman has recently moved into the area. She is in the process of setting up all her first-time medical appointments, and after some research, has selected a local medical clinic. The appointment is with a new general practitioner (GP) doctor.

As the woman sits in the waiting room, the interpreter arrives. This is the first time they have met, and so they exchange many of the typical questions for a first-time meeting. The woman asks if the interpreter has Deaf parents, and wants to know more about the interpreter’s background. She also asks the interpreter about the local community. The interpreter wants to get a sense of the woman’s language use and make the woman confident that she will be understood, and so she answers appropriately. As they wait in the waiting room, the woman mentions that she is nervous about getting to know the new doctor and hopes she can establish a good rapport with him.

The nurse calls out the woman’s name, and both the woman and interpreter are led into an examination room. The woman asks the interpreter to stay in the room as they wait for the doctor, and they make small talk. After about 10 minutes, the doctor knocks and enters the room. As the appointment starts, the doctor keeps saying to the interpreter, “tell her” and “ask her.” When the interpreter politely suggests that he address the patient directly, the doctor glares at the interpreter and appears to take great offense.

The Deaf patient looks startled and concerned about the doctor’s sudden facial expression. After the appointment, the woman starts to leave with the interpreter following. The doctor walks out as well, behind the patient. As they walk down the hall, the doctor looks over at the interpreter and says, “I think I can communicate just fine with the patient. I don’t think you need to come again.” The patient, walking ahead, is oblivious to this conversation taking place behind her.

DISCUSSION QUESTIONS

• What do you perceive to be the main demand in this scenario?
• What control(s) would you choose in this scenario?
• What concurrent demands might influence or be affected by the control choice(s)?
• What resulting demands could arise based on the choice of controls?
• Where would the controls you choose fall on the liberal-conservative continuum?
HOSPITAL INTERPRETER SEATING

A Deaf patient presents in the Emergency Department with suspicion of an acute reaction to a prescribed renal drug. An interpreter is called. After testing and consultation between physicians, the patient is admitted for observation overnight. The first interpreter, nearing the end of her shift, calls to arrange for a replacement interpreter. If the patient’s condition changes, surgery may be necessary, requiring signed authorization and informed consent.

At 10 p.m., the replacement arrives and goes to the room. He expects to get a report from the first interpreter regarding the situation, how the interpreter has worked with the patient, the patient’s health status, what has taken place with the hospital personnel, and what plans might be in place for the evening.

He notices that the on-site interpreter is in the patient's room with books, laptop, water, etc., and is keeping herself occupied as the patient sleeps. No medical staff are in the room and the interpreter appears to have been in the room for some time. The replacement interpreter is surprised, in part because this is opposite of the standing policy between the hospital and interpreter service agency. The hospital has been concerned about liability issues and patient confidentiality as dictated by HIPPA, so interpreters are to stay outside patient rooms until their services are needed. When the interpreter sees the replacement interpreter, she quickly packs up all her stuff, expresses gratitude for her replacement, and leaves without providing a report.

The replacement interpreter pulls a chair into the hallway just outside the patient’s room. A nurse approaches him and encourages him to move back into the room and stay “out of the way.” The interpreter respectfully declines, explaining that the hospital's policy is in place to avoid any liability issues and to ensure that any communication with the patient is done in a healthcare practitioner’s presence. The nurse replies that she still thinks it is more effective, safer, and less of a distraction for the hospital staff if the interpreter stays in the room.

The interpreter again declines and remains sitting in the hallway.

DISCUSSION QUESTIONS

• What do you perceive to be the main demand in this scenario?
• What control(s) would you choose in this scenario?
• What concurrent demands might influence or be affected by the control choice(s)?
• What resulting demands could arise based on the choice of controls?
• Where would the controls you choose fall on the liberal-conservative continuum?
PLACEMENT OF INTERPRETER IN INPATIENT MENTAL HEALTH UNIT

The interpreter is called to a locked inpatient mental health unit in a large metropolitan hospital. Upon arrival, the interpreter is told that she is required to sit in the lobby past two locked doors and the nursing staff will come and call her when the group begins. The interpreter is uncomfortable with the arrangement and asks why she isn't on the unit to be available for the patient to interact with hospital staff and patients. She is told that hospital policy allows only hospital staff interpreters to be behind the desk; agency interpreters must sit in the lobby. The interpreter wonders if part of the reason the hospital staff doesn't want her on the unit is to decrease the amount of interaction the staff has with the patient. She has been at a different hospital where she was not allowed back, and where the patient had expressed the desire for the interpreter to be present, which staff ignored, so she is concerned that a similar situation is happening here.

Upon finally being called to interpret for one of the group sessions, the interpreter overhears staff saying that the Deaf patient had a phone call earlier but they took a message. The interpreter thinks this is a good example of why it would provide better service to the patient if she were able to access the unit prior to the start of group.

PATIENT TRYING TO COMMUNICATE DIRECTLY

The patient has an interpreter scheduled, and is using his limited spoken English to communicate. The interpreter wonders whether she is needed or not. She decides to stay as a backup for the doctor and patient. During the appointment the patient speaks in English sometimes, signs and talks sometimes, and sometimes only signs. The interpreter is trying to determine if the information that the patient is saying in English is clear to the provider. At times she interprets when the patient talks and signs at the same time. The doctor becomes confused between the patient's use of the first person and the interpreter's use of the first person, wondering who is answering. At times the doctor asks a question of the patient, then after listening to the patient's response in English, the doctor responds to the patient's comments with "Yes..." while looking at the interpreter puzzledly. The interpreter thinks that the doctor is not sure he understood the patient completely. The patient is also trying to understand the doctor without the interpreter's involvement. The interpreter tries to read the patient's expressions and body language for clues that he does not understand and to determine when to interpret something. The interpreter leaves the session feeling dissatisfied with the way the appointment proceeded.
A Deaf father and his son come to the pediatrics clinic as walk-ins. One of the staff interpreters who is at another appointment receives the page from the scheduler. The interpreter is asked to go as soon as possible to the building’s walk-in pediatric clinic for an appointment just made. Since this is an immediate need, the scheduler tries to emphasize that the interpreter should hurry as soon as her current appointment is finished.

Unfortunately, the interpreter is still with a patient whose appointment is taking longer than expected. As a result, the interpreter doesn’t arrive at the walk-in clinic for 20 minutes. When she approaches the desk and identifies herself as the interpreter, the registration clerk hands her several forms and asks that she have the Deaf father who is sitting in the waiting room fill them out.

The interpreter has not met the Deaf father previously, so walks up to him and introduces herself. The father mentions that he had been there several times and he didn’t remember meeting her before. The interpreter confirms that she has not interpreted for them before. She explains that there are three staff interpreters and that she is the first one available to come to this unscheduled appointment. While chatting, the father expresses frustration that it has taken 20 minutes to get an interpreter. He states that he has been waiting too long. He tells the interpreter that when he and his son arrived and asked for an interpreter, he was told that there were none available. Since his family has used this medical center many times, as have other members of the Deaf community, he knew there were full time interpreters employed by this facility and that all the front desk had to do was call. The interpreter acknowledges his frustration.

While getting to know the client, the interpreter learns that he is an Information Technology Specialist and his wife, who is hearing, is a physician’s assistant and usually takes the children to the doctor. The father seems very interested in knowing the English word for certain things; for example, he takes time and care to spell the word “contagious,” asking the interpreter to confirm that it is spelled exactly right. He expresses concern about his son’s health and whether he should be in daycare that day.

The father, child, and interpreter are put into a room and the nurse asks about the health concerns that have brought him and his son here, which the father answers easily. The interpreter leaves when the nurse does, and is greeted almost immediately by the doctor, so both go into the room. The doctor seems rushed—he doesn’t wait for the father’s questions or comments to be completed before he starts talking again. The interpreter attempts to interpret more quickly, to try to get a complete message conveyed, but the overlapping and interruption continue.

After a quick examination, he diagnoses the problem and tells the father a long, Latin phrase. He explains
what it means and seems ready to leave. The father, however, wants to be sure he has the right spelling and the right information. He asks the doctor to spell it so he can write it down. The doctor dismisses this request and continues to tell the father the treatment plan. The father pushes for the information and asks the interpreter to write the diagnosis down.

**DISCUSSION QUESTIONS**

- What do you perceive to be the main demand in this scenario?
- What control(s) would you choose in this scenario?
- What concurrent demands might influence or be affected by the control choice(s)?
- What resulting demands could arise based on the choice of controls?
- Where would the controls you choose fall on the liberal-conservative continuum?
CONTINUITY OF CARE

You are a freelance Deaf Interpreter who has worked for several years at a local hospital for an adolescent patient’s ongoing appointments. You have covered topics such as birth control, sexual health and protection, body development, family concerns, and school issues. When the patient became pregnant, her care was transferred to another hospital and you continued to provide interpreting services, working alongside a hearing staff interpreter.

At the new hospital intimate topics were covered related to infant development, prenatal health, issues at school, and concerns about the patient’s family, her boyfriend, and herself. Once the baby was born, there were further conversations of a sensitive nature about who would be responsible for what, with respect to raising the child.

The young mother and infant are now back at the original hospital for their primary care. You continue to interpret, but are aware that you hold important historical information about this new family that the staff interpreter does not know. In addition, your schedule has changed and you anticipate there will be many appointments in the future that you will not be able to attend, so a different DI will likely be brought in. You decide to share some important information with the staff interpreter, so that she will have a better sense of the complex context within which this family would be seen. However, the staff interpreter stops you as you begin to relay this information, and says she does not want to engage in gossip. You try to explain that you are doing this to provide continuity of care, but the staff interpreter becomes angry and says she will not participate in this breach of confidentiality, and that if you continue, she will file a grievance against you with RID.

DISCUSSION QUESTIONS

• What do you perceive to be the main demand in this scenario?
• What control(s) would you choose in this scenario?
• What concurrent demands might influence or be affected by the control choice(s)?
• What resulting demands could arise based on the choice of controls?
• Where would the controls you choose fall on the liberal-conservative continuum?
ADULT PATIENT WITH PARENTS

An interpreter is booked for an appointment at a busy medical clinic with a Deaf man in his 40s, who is accompanied by his hearing parents. While in the waiting room, he complains to the interpreter that his legs hurt, he doesn't like his apartment, his parents interfere in his life, and he has no money. The parents get involved, fingerspelling everything they say, telling him to quit smoking. He gets angry with them and says he won't quit.

The appointment finally starts 45 minutes late. The doctor makes no eye contact with the patient and fires off a series of rapid questions, not waiting for the patient's answer sometimes. The parents respond to the doctor's questions before their son can, while the son is still attempting to answer. The doctor tells the patient he must stop smoking or his asthma will continue to be a problem, and the patient replies that smoking has nothing to do with it, it's his dusty apartment that makes his asthma worse. The Deaf man starts to yell at the doctor, telling him he is incompetent, which the interpreter interprets. The doctor turns to the interpreter and says angrily, “I don't like your tone of voice, you will not address me like that,” which the interpreter also interprets. The Deaf man then says, “I can't be responsible for the interpreter's tone of voice!”

NOT AN EMERGENCY

A Deaf man wants to obtain copies of his medical records to apply for a volunteer position. He contacts the scheduling department at 1:30, requesting a staff interpreter he knows well to come within the next hour. The scheduling department determines that this is a billable assignment, and requires additional information to proceed. When they are unable to obtain confirmation after leaving a voicemail message, they tell the Deaf man that the interpreter can't come at his preferred time.

He then contacts the emergency scheduling department, and states that he has a mental health emergency, and needs an interpreter. He is known to the department as someone who does have mental health issues, and they send you to the appointment.

When you arrive at the emergency department, he tells you that he lied to get you there. He says, “You are MY interpreter, and it is my right to get you to interpret when I want you.” The emergency staff begins the triage procedure, which you start to interpret.
You are a staff interpreter at a medical facility. You are scheduled for a Saturday from 9 until 2. On your way to the facility, you see a case paged through the interpreter paging system requesting an interpreter “ASAP” for an inpatient appointment, from 8:30–1:30. Since you are already booked with a previously scheduled appointment, you expect the hospital will use interpreters from the local freelance agency.

You complete your scheduled appointment and check with your office to see if any additional cases have been added to your schedule. Seeing none, you are free to head home earlier than your scheduled 2 p.m. end time, as per agreements with the hospital.

Once home, prior to the end of your scheduled shift time, you receive a text message from your supervisor telling you to switch out the agency interpreter who was covering the emergency. You assume this is being done to save costs, and you agree to return to the hospital right away.

When you arrive, the freelance interpreter is not aware of the plan to replace her. She mentions that the patient is Deaf-Blind and the freelance interpreter has expertise in tactile communication. You have worked with the Deaf-Blind patient once before, but she doesn’t remember you. The patient would like the freelance interpreter to remain, for the ease of communication, and for continuity. You agree that it makes more sense for the freelance interpreter to continue, and yet your supervisor has told you to replace her until the completion of your 2 p.m. shift. If the emergency continues past 2 p.m., you are not sure who would then be covering the assignment.

**DISCUSSION QUESTIONS**

- What do you perceive to be the main demand in this scenario?
- What control(s) would you choose in this scenario?
- What concurrent demands might influence or be affected by the control choice(s)?
- What resulting demands could arise based on the choice of controls?
- Where would the controls you choose fall on the liberal-conservative continuum?
PATIENT WANTS A RIDE

You have just interpreted an emergency appointment for a woman who is having difficulty breathing. During the course of the appointment, you get the sense that she may have some mental health problems. She is sometimes non-responsive to questions, tells rambling stories that trail off, and reacts angrily to simple requests from the hospital staff.

She is treated and discharged. You suspect she may ask you for a ride, so you say goodbye and that you need to go back in to the facility to complete paperwork. You wait five minutes, but when you come out she is still in the lobby. You then say you are going to use the bathroom before heading home, and go back in and wait another five minutes, but she is still in the lobby.

As you start to head to your car, she follows, asking for a ride to her daughter’s place, which is two miles away. She says that she doesn’t know how to get there. These statements are interspersed with unrelated comments, which seem to be part of an ongoing conversation she is having with a person not there.

You suggest that she call a taxi, call her daughter, ask the hospital for a map, or ask them if they have any assistance with transportation, but she doesn’t respond and just keeps staring at you. Finally, you state that you are going home, and say goodbye. She continues following you to your car, and once you are there she runs up to the passenger door and gets inside, saying thank you. You ask her to leave, and say that you didn’t offer her a ride, but she says, “Oh it’s only two miles, and my ankles hurt.” You end up driving her to her daughter’s home, feeling very unsafe the whole time.
WAITING ROOM DILEMMA

A Deaf wife has brought her Deaf-Blind husband to see his GP. The interpreter meets the couple in the dimly-lit waiting room. The Deaf-Blind man can't see the interpreter. The wife starts providing information about the appointment to the interpreter, but doesn't make efforts to let her spouse know what she is saying. The interpreter suggests that they both move closer to the husband so he can follow their conversation, but the wife dismisses that suggestion. The interpreter feels this unfairly excludes the husband, but can't figure out how to include the husband without offending anyone.

The couple are taken into an examination room. The patient starts to tell the interpreter the reason for his visit. His wife interrupts him and tells him not to bother because the interpreter already knows. He looks confused and asks how the interpreter knows, and his wife responds that she told the interpreter. The husband gets angry; they start to argue just as the doctor arrives and asks them what brings them here today.

THERAPY APPOINTMENT

A young adult with cognitive delays, bipolar disorder, and PTSD was recently discharged from a psychiatric ward and is at a clinic to follow up with a therapist. His mother accompanies him.

The patient, mother, and interpreter are called into the therapist's office. After sitting down, the therapist asks how the patient is doing now that he is back at his group home. The patient does not answer, instead stating he needs to use the restroom. He excuses himself and the interpreter waits in the hallway. The interpreter sees herself as an integral part of the team and hears the therapist asks the mother how her son has been doing since his discharge. The interpreter wonders if this information is pertinent enough that she should stay in the room to hear, if she should continue to place herself in the hallway, or if she should ask if they feel comfortable with her staying to hear the discussion. The interpreter wants to align herself with the goal of the environment, but does not want to be seen as aligning solely with the therapist when the patient returns. Yet, with this person's cognitive disability, an update would assist her with the later points of the interpreted event.

DISCUSSION QUESTIONS

• What do you perceive to be the main demand in this scenario?
• What control(s) would you choose in this scenario?
• What concurrent demands might influence or be affected by the control choice(s)?
• What resulting demands could arise based on the choice of controls?
• Where would the controls you choose fall on the liberal-conservative continuum?
CANCELLING A LATER APPOINTMENT

A private practice interpreter is called to interpret for an in-patient at the hospital. The interpreter learns the patient’s name and realizes that she has an appointment with the same patient at another facility later that day.

The interpreter arrives and steps into the patient’s room to let him know she is on-site. The patient quickly reminds the interpreter that his eye appointment is later that afternoon, but he wants it cancelled. The nurse enters and again the patient indicates that he wants to cancel his appointment. The nurse states she will cancel the appointment. She then administers medication and assesses him as the patient continues to express the importance of cancelling the appointment.

The interpreter is familiar with the patient’s health history and his need to avoid any anxiety, so she states to the nurse that the patient should be able to relax slightly once he knows she has called the optometrist. The nurse agrees and says she will do it soon. The nurse leaves the room and the patient says he is worried the nurse will forget to call. He asks the interpreter to call herself and cancel the appointment. The interpreter suggests him to call, with her interpreting. The patient becomes agitated and says he can’t do that. The interpreter goes to check with the nurse to see if she has called the office, but the nurse is nowhere to be seen.

DENTAL CLINIC

A Deaf patient has a lot of dental work needed, and is anxious about it. She specifically requests an interpreter she is friends with, who has experience as a dental hygienist. The interpreter accepts the appointment knowing that she is probably requested as much for emotional support as for her professional background. Based on her experience as a hygienist, she also knows how beneficial and less time-consuming it is if the patient is as relaxed as possible. During the appointment, the interpreter responds to the patient’s request to hold her hand and distract her during particularly painful moments. The interpreter feels comfortable with her ethical choices, but then the patient thanks her effusively and says she is going to tell all her friends about how supportive and friendly she has been. The interpreter begins to worry that others may question her professionalism or even expect that she would make the same choices in a different situation.
PATIENT WITH ACCOMPANYING CHILDREN

A staff interpreter has an appointment at the end of the day. By then, she is the only interpreter remaining in the office. She heads to the appointment and finds the patient and her two young children in tow. The interpreter learned at previous assignments that this patient aged out of the foster care system, is a new single mother, and is trying to hold down a full-time job in a new community.

The patient is scheduled for a quick temporal lobe scan for a cochlear implant. The interpreter is immediately concerned about who will watch the children as the scan takes place. The interpreter decides she will talk with the imaging staff to see how they normally handle such a situation. However, she realizes that if the imaging staff wants to reschedule because of the children's presence, it is likely that the scan will not happen because the patient previously indicated that she is new to the area and has no support.

The imaging staff is running behind. When they come to get the patient, they apologize for the delay and state that they don't have enough staff that afternoon. The interpreter is now even more uncertain as to what to do.

TRAUMATIC BRAIN INJURY

A Deaf man was involved in a head-on collision that killed his wife. He suffered a significant traumatic brain injury. His adult children wanted to be the ones to tell their dad what happened to their mother when he is lucid. When they told him, an interpreter was present. Some days he remembers and is sad, but on other days he asks for his wife.

A new staff member is interacting with the patient when he asks where his wife is. The employee says under his breath, “I don't know if he has been told yet and what to say.” The lead physician has been encouraging staffers to reorient the patient any time there is confusion. The interpreter is unsure about what to say, because she knows the children have told their father. The patient, meanwhile, continues to ask where his wife is and begins to look upset about not getting a response. He starts asking the interpreter if she knows where his wife is. The staff member continues to seem undecided; he asks the interpreter if she has any information.
UNSUCCESSFUL TEAMING EXPERIENCE

You and an interpreting colleague are working in a team to provide interpreting services for a Deaf social worker who has Deaf clients who have additional disabilities. The social worker is engaged in clinical supervision with a consulting psychiatrist on a client’s mental health issues; this client has complex needs. Originally, you both understood that you would be working the regular staff meeting, but you learn about the psychiatrist consultation only 10 minutes before you go into the meeting. During the meeting, your colleague struggles to understand the ASL, and you provide support and feeds. The information is laden with medical terminology, medication names, and contextual information about changes in the client’s life circumstances.

The social worker and her non-deaf colleague are becoming increasingly frustrated with your team interpreter. Meanwhile, a hearing colleague, who can sign and has worked with the social worker for more than 10 years, is also participating in the meeting. This hearing colleague interrupts often to clarify information that the other interpreter has not interpreted accurately. Despite the challenges and the dynamics, you and your colleague continue to offer services in the way you agreed upon, which is switching every 20 minutes and supporting each other. After the appointment, you have some time to debrief as a team, with both of you acknowledging that the assignment was not very successful. You are also aware the co-interpreter has previously perceived you as more experienced and accomplished, and that has created some tension between you as a team. You attempt to raise the issue of the other interpreter not being able to convey the medically-based content. He deflects some of these comments, stating that there wasn’t time to prepare, and he is just getting over a cold and was not doing his best work. After several attempts to address the concerns, you decide to leave it alone.

One week later you are called back to interpret a different meeting for the same social worker and her colleague. At the end, they ask if they can speak with you in confidence; you agree. They share significant concerns about your team interpreter from last week, and how they do not want him to interpret again. However, they indicate they do not wish to speak with him about it.

DISCUSSION QUESTIONS
• What do you perceive to be the main demand in this scenario?
• What control(s) would you choose in this scenario?
• What concurrent demands might influence or be affected by the control choice(s)?
• What resulting demands could arise based on the choice of controls?
• Where would the controls you choose fall on the liberal-conservative continuum?
CONFLICTING NEEDS

A male patient accompanied by his wife is scheduled for a doctor’s appointment. Both are Deaf, although the husband can speak fairly clearly and seems to sometimes hear what is said. The interpreter has interpreted for this patient previously and knows that he benefits from having an interpreter. He says at this appointment that he doesn't need an interpreter, but each time he states this, his wife states that she needs one, and asks the interpreter to stay. The doctor enters the room, ready to start the appointment. The husband repeats that he doesn't need an interpreter. The interpreter voices what the husband is saying and the doctor replies to the interpreter, “That’s fine then, so I guess you can leave.” The wife doesn’t say anything but looks at the interpreter purposefully, which the interpreter takes to be a silent plea to not leave. The doctor stares at the interpreter, waiting for her to leave.

PATIENT LITERACY ISSUES

After interpreting several appointments with the same doctor and a 45-year-old Deaf female for high blood pressure and kidney problems, the interpreter has observed a pattern of responses to written information that leads her to suspect the patient struggles to comprehend English and might be illiterate. The patient has always forgotten her reading glasses and says she can’t see forms. Printed instructions from the previous appointment are frequently lost or not followed. The interpreter observes what appears to be the doctor’s frustration with this patient. Ongoing problems have emerged from the patient’s lack of compliance with preparation instructions prior to medical tests and procedures, confusion about prescription directions, and not showing up at specialist appointments that the patient had been notified of via a mailed letter.

DISCUSSION QUESTIONS

• What do you perceive to be the main demand in this scenario?
• What control(s) would you choose in this scenario?
• What concurrent demands might influence or be affected by the control choice(s)?
• What resulting demands could arise based on the choice of controls?
• Where would the controls you choose fall on the liberal-conservative continuum?
LABOR AND DELIVERY

A male interpreter, a relatively new hire at the hospital, is called to labor and delivery. There is a woman in labor who has no support person or family in the room. The interpreter, who is often unsure of protocol, is standing at the bedside where the support person typically stands. The physician is at the foot of the delivery bed, the delivery nurse is on the other side of the bed, and a medical student is immediately behind the physician. There usually is at least one more support nurse in the room, but the ward is short-staffed. The patient is having extremely strong and painful contractions.

Since there is no support person and limited options for a clear sight-line, the interpreter stands close to the head of the bed and happens to have his hand on the handrail. During a contraction, the patient suddenly grabs and clutches the interpreter’s hand. The interpreter instantly faces a dilemma: should he retract his hand and stick to the “no physical contact with patient” etiquette, or accept the patient’s indirect plea for support?

DISCUSSION QUESTIONS

- What do you perceive to be the main demand in this scenario?
- What control(s) would you choose in this scenario?
- What concurrent demands might influence or be affected by the control choice(s)?
- What resulting demands could arise based on the choice of controls?
- Where would the controls you choose fall on the liberal-conservative continuum?
INTERPRETING OVERHEARD PHONE CALL

You are scheduled at a medical clinic to interpret for a Deaf woman in her late 70s or early 80s. You haven’t met her previously but she has attended this clinic for several years. You have the opportunity to chat with her in the waiting room and you seem to be able to converse together easily. She tells you that she has a skin condition she wants to discuss with the doctor.

She is called in and you interpret her question about her skin condition. The doctor replies saying, “Yes, yes we’ve talked about this before, you need to go buy the cream I prescribed and use it.” He then goes on to say that her test results have come in and he is going to phone her hearing adult daughter. The Deaf woman smiles and nods. The doctor proceeds to make the call. While he is talking, you are interpreting what he says, but the Deaf woman starts chatting to you. The doctor lowers his voice and hunches over the phone. You hear him say something about test results not looking good, and you think you hear him say something about a tumor. You interpret as much as you are able to hear, but the Deaf woman continues to chat.

PEDIATRIC EMERGENCY

You are called to a pediatric emergency late in the evening. The patient is a two-year-old hearing girl, and her Deaf mother is with her. She is being treated for pink eye and diaper rash.

During the examination, the nurse wants to remove the girl’s diaper to look at the rash, and asks her to lie down on the exam table, but the girl refuses and fights the nurse, crossing her legs. The nurse tells you to hold the girl’s hand, as a means of restraining her. You interpret to the mother that the nurse wants you to do this, but the mother gives no kind of indication as to her wishes. Instead, the mother asks the nurse how she would know if her daughter had been abused. The nurse responds curtly, “Please, one thing at a time, just hold her hand so I can do this examination!”

DISCUSSION QUESTIONS

- What do you perceive to be the main demand in this scenario?
- What control(s) would you choose in this scenario?
- What concurrent demands might influence or be affected by the control choice(s)?
- What resulting demands could arise based on the choice of controls?
- Where would the controls you choose fall on the liberal-conservative continuum?
**POST-PARTUM EMERGENCY**

You have interpreted for labor and delivery, and have been awake for 12 hours. You are preparing to leave, completing some paperwork for payment, when a nurse who was present during labor comes running out in the hall and tells you to hurry and come back, that there is an emergency. The Deaf woman is experiencing a post-partum hemorrhage. A new doctor is present with his team, working to staunch the bleeding. You decide to stand in a corner, out of the way where the Deaf woman can see you and you will not interfere with the team’s work. The Deaf woman starts signing, “Stop raping me!” and orders the doctor and the team out of the room. He tries to explain the urgency of treating her hemorrhage, but she repeats the same statement and tells them to leave, and that she only wants the primary care nurse and the interpreter to stay in the room. They decide to stay and continue to treat her and she starts venting to you, saying that you didn’t interpret right and she wants them to leave now.

**QUESTIONING A TEAM INTERPRETER’S DECISION**

You are a Deaf Interpreter who is called to a meeting between a Deaf patient and a vascular surgeon, to discuss varicose veins. The Deaf patient heavily relies on visual gestural signs. The surgeon is patient with the interpreting process, and very amenable to ensuring that communication is effective.

The surgeon asks a number of questions to determine the patient’s pain level, to assess if she is a candidate for surgery. The patient replies several times that there is no pain at all. Based on these responses, the surgeon determines that surgery is not warranted. The patient is very annoyed and upset with this decision. The surgeon expresses regret that she is unhappy, but says his decision is final, and he exits the room.

The hearing interpreter then says to the patient, in front of you, that she should have said there was a lot of pain, so that the surgeon would have approved the procedure. The Deaf patient thanks the interpreter, and says perhaps she will try with a different surgeon.

You are extremely shocked that the hearing interpreter said this, and the hearing interpreter notices the expression on your face. After the patient leaves, the hearing interpreter states that it is part of the responsibility of interpreters to educate patients about how the medical system works. You strongly disagree, but are not sure what else to do.
DEAF COUPLE CONFLICT

An interpreter is scheduled for a doctor’s appointment with a Deaf woman she has met before, but doesn’t know well. When the Deaf woman arrives, her Deaf husband is with her; he also has an appointment. The interpreter is fine with interpreting for each of them.

The doctor is a temporary replacement for their usual doctor. Neither of the couple has met him before. The doctor sees the woman first. Once in the examination room, she is very upset and says that her husband sexually assaulted her, and she wants the doctor to examine her to gather evidence so she can report her husband to the police. The doctor leaves her to get undressed, and goes with the interpreter into another examination room where the husband is.

Once there, the doctor tells the husband what the wife is alleging. The husband denies it, explaining that they had an argument this morning, and this is her way of trying to get back at him. The doctor states that he doesn’t want to get in the middle of a domestic dispute. He then proceeds to complete the appointment with the husband.

The doctor and interpreter go back to the room where the woman is. The doctor examines her, and then tells her there is no basis for her complaint, and she is being silly. The woman breaks down into tears. She gets dressed, and leaves with her husband.

INFORMATION ON DOMESTIC VIOLENCE

- Read more about what the American Medical Association has to say about medical professionals and reports of intimate partner abuse, as well as mandatory reporting requirements, at:

- To find additional information about domestic violence education within the Deaf community, visit:
  www.adwas.org/information/domesticviolence/
INPATIENT BEHAVIORAL UNIT

A male Deaf patient, from a Middle Eastern culture, is hospitalized in a behavioral health unit. The interpreter is asked to interpret a phone call between the patient and his parents. All patients are required to use a public phone, with a hospital staff member present during the call. The patient requests a pass to go off the unit to visit relatives, but his parents deny his request. The phone call evolves into a shouting match between the patient and his parents. As the conversation becomes more and more heated, the interpreter struggles to understand all the participants. The patient is so angry, and is signing rapidly. However, ASL is not his first signed language and he starts using signs in his native language. The parents’ English is heavily accented, and they continue to speak over the interpreter as she tries to interpret his comments. At the end of the phone call, the patient starts to berate the interpreter for not convincing his parents, and she begins to feel threatened. The staff member instructs the patient to cool off in his room, and he leaves. The interpreter is very shaken by the angry interchange and by the patient’s anger directed at her.

MEDICATION REFILL

An interpreter is called to an appointment at a walk-in medical clinic where a 30-year-old Deaf woman is waiting to be seen. The woman says she was in a car accident several months ago and injured her neck, and has ongoing pain. She wants to get a refill for her pain medication but couldn’t get in to see her regular doctor.

The appointment starts and the woman is crying and holding her neck, asking for the refill. The doctor asks her why she hasn’t gone back to her regular doctor, and the woman replies that his office is too far away and she needs the medication now. The doctor tells her he doesn’t believe her, that she is simply trying to get more drugs, and that he won’t write the prescription. The Deaf woman looks stunned and starts crying more, pleading for the medication. The doctor stands up and walks out of the office. The woman gets up and follows him, sobbing and pleading, with the interpreter following and voicing what she is saying. The doctor turns to the interpreter and says, “Tell her to leave and stop telling me what she’s saying. She is not getting that medication.”

DISCUSSION QUESTIONS

• What do you perceive to be the main demand in this scenario?
• What control(s) would you choose in this scenario?
• What concurrent demands might influence or be affected by the control choice(s)?
• What resulting demands could arise based on the choice of controls?
• Where would the controls you choose fall on the liberal-conservative continuum?
PAIN CONTROL

A Deaf woman is hospitalized for extreme pain from advanced stage cancer. The physician and nurse want to create a palliative care plan for pain management with her. Hospital personnel talks with the patient and they agree that methadone would be the most effective pain control medication given her condition.

Her hearing husband arrives shortly thereafter, and objects to the plan. He is loud, dominating, and does not want his wife to have methadone. He states that methadone is used for heroin addicts, and his wife is not an addict. He adds that their religion believes that pain can be managed with prayer, and he will pray with his wife.

The on-call interpreter’s shift has come to an end and she is replaced by another interpreter. The first interpreter lets the second interpreter know about relevant health information, including the husband’s objections. As she prepares to leave, she wonders if she should say something to the nurse to encourage the staff to follow the patient’s wishes, not the husband’s.

ULTRASOUND

An interpreter is interpreting regularly for an expecting couple. At a regular visit, the expectant mother undergoes an ultrasound. At every appointment, both parents have been adamant that they do not want to know the baby’s gender. At this particular appointment, however, the father is not present. In the small examination room, there is an ultrasound technician, the expectant mother, the interpreter, and other individuals whose roles are uncertain but they seem to be medical students, trainees, or residents.

The lead technician asks again if the mother would like to know the gender, and upon hearing the mother’s response, turns the monitor away to prevent any accidental revelation. The mother comments that they have a son and are hoping for a girl this time.

As the medical personnel file out of the room allowing the expectant mother to gather her belongings, the interpreter takes a step back to allow them to pass. One of the “students,” grinning ear-to-ear, quietly states in passing to the interpreter, “They are not going to get what they want” —thus revealing the gender.
A 33-year-old Deaf woman, 24 weeks pregnant, is in the ICU. Eight days ago she awoke in the middle of the night with a tremendous headache. By the time her Deaf husband returned from asking the mother-in-law upstairs for help, she was unconscious on the floor. The doctors determined that she suffered an aneurysm and a significant brain bleed; she has been in a coma since then. The doctors have asked the family to attend a case conference with the hospital ethicist and ICU specialists who have been caring for the patient.

The interpreter has worked the eight days with the husband, and has also met the woman’s two Deaf sisters. The husband is from Guatemala and his first signed language is Guatemalan Sign Language, and he is fluent in written Spanish. Although he is not yet fluent in English, he has a working knowledge of ASL. The wife and her family are Vietnamese immigrants, and the hearing family members speak Vietnamese and a little English, but are not fluent. The hospital has arranged for an English-Vietnamese interpreter for the meeting for the patient's parents, while the ASL interpreter provides interpreting services for the patient's husband and two sisters.

During the meeting, the doctors reveal that there is no brain stem activity and that to keep the patient alive for the sake of the fetus is a very problematic position, given that she has been in a coma. The Vietnamese interpreter begins talking with the family in very animated ways, and the ASL interpreter has no access to what is being said. The Deaf husband is very distraught and wants to know what to tell their two daughters and when to end life support. The two Deaf sisters are also very emotional and want to know what the interpreter and their parents are discussing.

When the doctor asks the Vietnamese interpreter to reveal what she is saying, she says she was sharing her experience of her mother, who was in a coma for 14 days. The mother awoke from the coma and was fine, and the interpreter states she is sharing this to help the family realize there is hope and to not disconnect life support. The ICU charge nurse interrupts the meeting to ask the ethicist to step out of the room to speak with another family. The two interpreters are in the room with the family members, another ICU
The Vietnamese interpreter begins speaking in English to the husband and sisters, providing advice about how they should not disconnect life support, that there is a chance the patient will live, and at the very least, the fetus might continue to grow in her body until there is a greater chance that the baby will live. She offers her opinion about Buddhist beliefs on life support. The Vietnamese interpreter’s beliefs are distinctly different than the husband’s Catholic beliefs, and he makes her aware of that in that moment. Amidst all of the high emotion as the ASL interpreter interprets for the Vietnamese interpreter, the ASL interpreter is aware that the parents have begun talking quietly with another doctor about removing life support at midnight, in keeping with their traditions, using their limited English to make the doctor aware of the family decision. They don’t appear to want to engage the husband in the conversation. The ASL interpreter knows the husband has not had any input into this decision, nor have the doctors asked him about his wishes.

**DISCUSSION QUESTIONS**

- What do you perceive to be the main demand in this scenario?
- What control(s) would you choose in this scenario?
- What concurrent demands might influence or be affected by the control choice(s)?
- What resulting demands could arise based on the choice of controls?
- Where would the controls you choose fall on the liberal-conservative continuum?

**WITNESSING AN UPSET DEAF PATIENT**

You arrive early for an appointment at a public health clinic and proceed to the waiting room. When you arrive, you see a Deaf woman you know (not your client) at the reception desk. She is using her voice and signing agitatedly, and the reception staff have retreated away from the desk and look frightened. There are 12 people in the waiting room, all staring at the woman, and you overhear a man comment on how loud the woman’s voice is.

You approach the woman and ask her if she is OK. She tells you that she has just been informed that no interpreter has been booked, and this is the third time this has happened to her, and she is very angry. She insists that you interpret the appointment for her, since you are already there.
COUNSELING SITUATION

You are scheduled for a court-ordered follow-up child services counseling appointment. You have been the ongoing interpreter for this Deaf man and the counselor and interaction has gone well in past sessions. You and the Deaf man meet in the waiting room and chat until the counselor calls you back. The Deaf man goes first, and as you are following, the counselor says to you that she will really be pushing him today.

The session begins with some general discussion of the client’s involvement with parent education sessions. Then the counselor asks him why his children were taken away. He replies that he doesn’t know, that he worked hard to provide for his children, and while the house might have been a bit dirty, it was really just his interfering mother-in-law that caused the state to get involved, and they had no right. The counselor states that he must have done something wrong, or the authorities wouldn’t have apprehended his children.

At this the Deaf man becomes very angry and starts cursing and swearing at you, stating that you have no idea what really happened and you have no right to judge him. You are taken aback at this, and start using “SHE says” while you are interpreting, to indicate that it is the counselor, not you, that is saying these things, but the swearing doesn't stop. The counselor continues to push the client, and the client continues to swear at you, until the session ends.
You are booked to interpret a doctor’s appointment because the patient’s mother, Maria, is Deaf. She is in her early 30s and her son Anthony is 3. You and Maria have worked together numerous times. Anthony, who is hearing, has gone through a number of treatments and procedures, many of which you interpreted for Maria. The last time you saw Maria and Anthony was last week, when he was an inpatient at the hospital where you work as a per diem interpreter.

Maria’s mother (Anthony’s grandmother) has been present a few times when you were interpreting. Maria and Anthony live with her mother. Over the past several months Maria has shared her frustration with you that her mother has continuously refused to allow her to apply for SSI, a job, or seek any other means of independence. Your interactions with Maria left you with the impression that she is a caring and capable mother, and that she is willing to learn what she doesn’t already know about providing for Anthony and meeting his myriad medical needs.

The grandmother had been claiming she had full custody of Anthony and interacting with the medical team as though that were true. She made decisions about Anthony’s care without consulting Maria. It wasn’t until someone at the hospital realized Maria was Deaf, and called you to interpret, that it became clear that Maria shares custody with her mother.

Today you walk into the clinic to find Anthony and his grandmother, without Maria. The grandmother, who does not speak fluent English, shows you a typed letter from Anthony’s pediatrician at their primary care clinic. It is addressed “To Whom It May Concern,” and includes the following information:

• the patient’s complicated diagnosis requires frequent antibiotics and attentive care;
• the grandmother has medical custody of Anthony and can therefore sign consent forms on her grandson’s behalf;
• last week Maria packed two suitcases, left the house she shares with her mother, and her whereabouts are unknown;
• Maria is unable to care for her son due to her deafness and disability;
• the grandmother was present for the entire duration of Anthony’s last hospital stay.

Because you worked with Anthony and Maria throughout Anthony’s last hospital stay, you know it is not true that the grandmother was present for the entire duration of that hospitalization. It is also your opinion that Maria is capable of caring for her son, and being deaf does not preclude her from doing so.

The grandmother asks you who the appropriate people are to show the letter to, so that she can take care of Anthony’s treatment at the hospital.
LIPREADING

A Deaf senior citizen is admitted to the hospital for a small bowel obstruction. She is not eligible for a surgical procedure to remove the obstruction because of her age and health status. Instead, the doctors have inserted a tube through her nose and guided it to the obstruction in her small intestine in order to remove the blockage. If this procedure is successful, she will live.

The emergency on-call interpreter arrives and checks in at the unit desk. She asks if there are any precautions and finding there are none, goes to the patient's room to introduce herself and let the patient know interpreting services are available. Upon entering the room, the interpreter notices on the white board, written in large letters, “Patient can lipread.” She introduces herself to the patient, chats briefly to establish trust, and then informs the patient she'll be sitting in the hallway and available to interpret when the doctor arrives. She notes that the patient is using ASL, and understands ASL well. She wonders how comfortable the patient is with lipreading, and if she should say anything to the patient and/or the hospital staff.

PHYSICAL EXAMINATION OF DEAF-BLIND PATIENT

A 60-year-old Deaf-Blind man goes to his doctor with concerns about knee pain. He communicates using tactile signs, and the male interpreter is comfortable with this. He has met the patient several times in the past, but hasn't interpreted for him in this setting before. The patient has seen this doctor previously with different interpreters.

As the appointment progresses, the doctor wants the patient to perform a number of actions to identify where the pain is, and what seems to make it worse. The interpreter begins to interpret the instructions, but then the doctor physically grabs the patient and starts moving him into specific directions. The Deaf-Blind man looks startled, and the doctor’s placement makes it impossible for the interpreter to reach the patient's hands.
VRI IN THE EMERGENCY ROOM

The interpreter works in a video relay service (VRS) setting that also receives video remote interpreting (VRI) calls. A VRI call comes and the interpreter sees a patient lying in bed, and a nurse. The male patient seems to be older and a bit frail. The interpreter introduces herself, and the nurse introduces the patient and then says, “We just want to know if he has any questions.”

The interpreter has no context to ask the question. From the room layout, it seems that the patient is in the emergency room, but there is no confirmation of this. The interpreter feels pressured to interpret and not ask questions, so she does this. The patient does not respond. The interpreter lets the nurse know that the patient is not responding and asks for clarification. The nurse says, “Well, the doctor wants to know if the patient has any questions.”

The interpreter wonders what happened previously. Was there another video interpreter? How did they communicate? Was it with pen and paper? Was a procedure done? A history taken? The patient seems very passive and as he watches the interpreter, he does not respond. The interpreter is unsure if he is heavily medicated and having difficulty understanding her, or if he has some kind of cognitive deficit. She is not sure how to ask this information with the patient watching everything. The nurse again asks if the patient has any questions, and states that if he doesn’t, she will leave.

The interpreter decides to try and get some context on what is going on. She asks the nurse, “Can you tell me what has happened so far?” The nurse responds that the doctor is reading the scan and wants to know if the patient has any questions.

The interpreter asks, “Was that a CT scan?” When the answer is affirmative, the interpreter tries asking the patient again with the added information about the CT scan. The patient still does not respond. After the interpreter notifies the nurse of this, the patient finally signs clearly, but weakly, that he is hungry and wants something to eat.

The nurse says, “Yes, I understand, but we have to wait for the doctor to read the scan to see if you can have anything to eat or drink.” The patient repeats what he wants, and the interpreter is voicing and signing this exchange. The nurse then asks, “Well, do you have any other questions?” The patient again does not respond to this. The interpreter tries to expand the question to see if she can get elicit any more of a response from the patient. After an extended time, the patient says, “No questions.”
A staff interpreter is scheduled to interpret for a surgery. The interpreter meets the patient at admitting and accompanies the patient to the pre-surgery area. This interpreter’s practice is to ask patients if they would like the interpreter to accompany them into the operating room until they are asleep. The operating room staff has always accepted and appreciated when interpreters accompany the patients. All of the staff interpreters know where the bunny suits are kept as well as the surgical caps and foot covers.

When asked about the interpreter accompanying him, the patient says “yes” without hesitation. A nurse assists the interpreter in getting prepped. The anesthesiologist comes in to review the routine pre-operation procedure and says to the patient, “You don't really need the interpreter to go in with you. She can introduce an unnecessary risk, such as an infection. I'm being serious here.” The interpreter perceives the patient as feeling cornered into saying that he understands and will be fine without the interpreter, although he does not look completely comfortable.

The anesthesiologist looks at the interpreter and tries to get her to agree. This is not a new anesthesiologist; the interpreter has worked with him before. The interpreter is also feeling cornered, due to the strength of the anesthesiologist's statements. The anesthesiologist goes on to assure the patient that the interpreter is not even really needed in the operating room, and that she will be there in the recovery room when he wakes up.

**DISCUSSION QUESTIONS**

- What do you perceive to be the main demand in this scenario?
- What control(s) would you choose in this scenario?
- What concurrent demands might influence or be affected by the control choice(s)?
- What resulting demands could arise based on the choice of controls?
- Where would the controls you choose fall on the liberal-conservative continuum?
PSYCHIATRIC ASSESSMENT

An interpreter is called to the emergency department, and told only that there is a Deaf patient there. When she arrives, she finds a Deaf man in his 40s. She starts a conversation with him, but he answers only with short responses, or else doesn't respond at all. Very quickly he is seen by hospital staff, and she discovers that he is being given a psychiatric assessment. The psychiatrist is working through a standard assessment. The patient often does not respond, but when he does, the interpreter has a difficult time understanding him. She considers three possibilities: that she does not have the language background to understand him, that he is not fluent in ASL, or that a mental health issue or medication is affecting his language. She tries to tell the psychiatrist this, and suggests that a CDI should be brought in. The psychiatrist says that he needs to do the assessment now, and she should just try to do her best.

PRENATAL ADVICE

A 25-year-old Deaf woman, originally from Turkey, has been in the country for five years. She has learned some ASL, but is not fluent in the language. She is shy and uncertain in interacting with Americans. Usually her Deaf husband, who is more fluent in ASL and more comfortable interacting, accompanies her, but he is unable to attend her prenatal appointment today. The interpreter has met the Deaf woman a few times and they have successfully communicated, so she feels qualified to interpret this appointment.

The woman has taken a home pregnancy test. She and her husband are delighted that she is pregnant with their first child. This is her first appointment with the doctor to discuss her pregnancy.

The doctor enters and begins to talk to her about genetic testing, and the risk of the baby being disabled. The woman begins to look very alarmed, and uncertain about what to do. He keeps talking about tests, disabilities, and the possible option of terminating the pregnancy. As the doctor continues to talk, the interpreter begins to get the sense that he is talking about the baby possibly being Deaf, although he never says this outright. The woman asks what could be wrong with her baby, but the doctor doesn't respond specifically to her question.

DISCUSSION QUESTIONS

- What do you perceive to be the main demand in this scenario?
- What control(s) would you choose in this scenario?
- What concurrent demands might influence or be affected by the control choice(s)?
- What resulting demands could arise based on the choice of controls?
- Where would the controls you choose fall on the liberal-conservative continuum?
CHILDREN’S HOSPITAL SURGERY

You accept an assignment from a referral agency for a patient (hearing, 5 years old) who will have a tonsillectomy (same-day surgery). The child's father is Deaf and his mother is hearing. You are needed for registration, surgery, and recovery until the patient leaves the hospital and/or is admitted to the hospital for an overnight stay if required. The parents have received counseling related to the procedure and have consented to the surgery for their child prior to the surgery date.

The child is prepped for surgery and the doctor and the anesthesiologist arrive to review the procedure. They begin to explain that they are not expecting any difficulties, but that with any surgery and use of anesthesia there are side effects and possible risks. They begin to explain what may occur. The father becomes agitated and asks for his wife to interpret his next statement, not you.

This startles you and you wonder if something is wrong with your interpretation. You interpret what the father just said and then ask for a moment to talk with the father briefly. He explains that he is satisfied with the interpreting that has been taking place. He has no questions and clearly understands the information that has been presented by the doctor and the anesthesiologist. The father shares that he wants his wife to interpret for him because he wants to say, “If anything happens to my child I will kill you.” He knows that she will say “kill” and he knows that some interpreters will use other words and soften a message like his. He wants to use the word “kill” and does not want you to get into trouble.

MEDICATION CONFUSION

You have interpreted many appointments for a Deaf woman in her 20s, who is on medical assistance. She has a number of medical issues, and you have interpreted for different specialists, so you are aware that there is a lack of consultation between them, and that she is getting conflicting advice from some of them.

Today’s appointment is with a respirologist who the patient has seen twice before. He is upset that she is misusing her puffers; the one that says “use every 4–6 hours as required,” she is using every day between 4–6 hours, while the puffer that says “once daily” she was using only when she felt like it because it did not say “required.” The doctor asks her what she thought the puffers were for and she replies that they were for her panic attacks. The doctor becomes even more concerned and says no, they are for asthma. The patient replies that her mother told her to use them for panic attacks. The doctor asks you if there is anyone who could assist the patient in figuring out how and when to use her puffers.
PROFESSIONAL DISAGREEMENT

You have been interpreting on an ongoing basis for a Deaf-Blind woman who is in palliative care. She uses Mexican Sign Language (LSM) while her husband is an ASL user. You are the ASL/English interpreter and your colleague interprets between LSM and English. There is also an intervenor who uses LSM and Spanish, as well as some English. All of you have experience working together for this patient. You have had concerns about the intervenor’s lack of professionalism in the past.

The staff are holding rounds, checking on patients, and you are interpreting, along with your LSM colleague and the intervenor. They are attempting to assess mental state, and want to determine if the pain medication they are administering is affecting the patient’s thought processes.

At one point during the conversation, the Deaf-Blind woman signs a petting motion beside the bed. The LSM interpreter asks your opinion, and you agree it looks as though she is petting a dog. The LSM interpreter then checks with the patient, who says that yes, there is a dog in the room, and she is petting it now. The LSM interpreter interprets this to the staff.

The intervenor then speaks up and says that yes, there is a dog in the room, and it is a spirit dog, sent to help ease the woman on her journey. Both you and the LSM interpreter think it is a hallucination and important for the staff member to realize this. The intervenor is insistent that this is a spirit dog, and starts talking about shamanic beliefs she has studied.

DISCUSSION QUESTIONS

• What do you perceive to be the main demand in this scenario?
• What control(s) would you choose in this scenario?
• What concurrent demands might influence or be affected by the control choice(s)?
• What resulting demands could arise based on the choice of controls?
• Where would the controls you choose fall on the liberal-conservative continuum?
HEARING HUSBAND AND DEAF WIFE

You are called to interpret for a Deaf woman in her 30s who you have worked with before. She is married to a hearing certified interpreter who is not currently practicing. The husband has an appointment with the same doctor immediately after his wife’s, but he tells the doctor his will be quick, so he would like to come in and cover his issues with his wife there, and then the doctor can move immediately to his wife’s concerns. He then begins to talk to the doctor about testosterone levels and erectile dysfunction. This is unexpected and somewhat embarrassing for you. Since he is speaking in English, you interpret for his wife.

Then the doctor turns to the wife and her issues. While they are talking she uses the name sign for one of their children. It is the same name sign as another Deaf couple’s child and you mistakenly use that English name. The husband quickly corrects you, and you let the Deaf woman know your mistake. She responds by giggling and continuing with her conversation with the doctor. The husband interjects and interprets what she is saying several times before you have a chance to. At one point, you use the English word “pathology” to interpret what she has signed and he objects saying, “She didn’t use that word, she doesn’t know that word.” You are starting to feel very frustrated with his interjections. He apologizes and says he is just so used to interpreting what his wife says. He then says in English, “You know what these deafies are like,” and pats his wife’s leg. You interpret the comment and his wife slaps his hand, at which point the doctor requests that he not interrupt or interject. He again apologizes and states that he is under a lot of stress, not getting work or earning income, and also concerned about his own medical issues. The doctor reminds him that they are focused on his wife’s health now.

The doctor is ready to do a pelvic exam on the woman. You ask her if she’d like you to leave the room but she requests that you stay in the room on the other side of the curtain, which you do. The husband also stays in the room and starts a conversation with you, asking you how much work you are getting, and how much you are getting paid.