

Chapter SPS 203

SIGN LANGUAGE INTERPRETERS; SCOPE OF PRACTICE RESTRICTIONS

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SPS 203.01 Definitions. In this chapter:

(1) “Acute mental health crisis” means any situation in which a individual’s behavior puts them at risk of hurting themselves or others or prevents them from being able to care for themselves or to function effectively in the community.

(2) “Medical setting” means any interpretation situation involving the diagnosis, treatment, or prevention of illness or injury, not including a mental health treatment setting.

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

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

(4) “Legal setting” means any interpretation situation involving consultation with an attorney, law enforcement related setting, or during any immigration related proceedings, for the purposes of obtaining legal advice, any interpretation situation involving a negotiation or meeting in which one of the parties is represented by an attorney, or any interpretation situation taking place within a law enforcement setting, immigration proceeding or courts of the state of Wisconsin or United States.

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

(6) “Video Relay Services” means the practice of individuals who use sign language to use video equipment to communicate with other individuals who are using a voice telephone.

(7) “Video Remote Interpreting” means the practice of providing interpreting services through video technology, and the interpreter is offsite or remote while providing services to the client.

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SPS 203.02 Provision of services in a medical setting. Only individuals who meet one of the following criteria may provide sign language interpretation services in a medical setting:

(1) Hold a sign language interpreter – intermediate hearing license under s. 440.032 (3) (c), Stats., and is team interpreting with an individual who is licensed either as a sign language interpreter – advanced hearing license under s. 440.032 (3) (d), Stats.,

or licensed as a sign language interpreter – advanced deaf license under s. 440.032 (3) (f), Stats.

(2) Hold a sign language interpreter – advanced hearing license under s. 440.032 (3) (d), Stats.

(3) Hold a sign language interpreter – intermediate deaf license under s. 440.032 (3) (e), Stats.

(4) Hold a sign language interpreter – advanced deaf license under s. 440.032 (3) (f), Stats.

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SPS 203.03 Provision of services in a mental health treatment setting. This section only applies to applications for licensure received on or after September 1, 2023.

(1) Individuals who hold an active qualified equivalency from the Alabama Department of Deaf Services may provide sign language interpretation services in a mental health treatment setting.

(2) Individuals who do not hold the qualified equivalency must meet the following alternative pathway criteria to provide sign language interpretation services in a mental health treatment setting:

(a) Hold either a sign language interpreter – advanced hearing license under s. 440.032 (3) (d), Stats., or a sign language interpreter – advanced deaf license under s. 440.032 (3) (f), Stats., and

(b) Submit documentation, satisfactory to the department that they have completed a minimum of 40 clock hours of training within the previous 2–year license cycle including the following topics:

1. ‘Mentoring and supervision skills.’
 - a. Interpreting methods and appropriate use of simultaneous, consecutive, and narrative interpreting.
 - b. Knowledge of the difference between interpreting and communication assistance or language intervention.
 - c. Identifying care providers, identifying mental health disciplines, and familiarity with milieus and settings.
 - d. The role of an interpreter as a professional consultant.
 - e. Professional boundaries.
 - f. Confidentiality and privilege, including abuse reporting, the duty to warn, and protections specific to Wisconsin statutes.
2. ‘Mental health knowledge.’
 - a. Mental health issues and treatment options in Wisconsin.
 - b. Specialized vocabulary used in psychiatric settings in both the source and the target languages.
 - c. Psychopathologies, including knowledge of the names of the major mental illnesses treated in both the target and source languages.
 - d. Symptomology of major mental illnesses experienced by the patients as presented within the psycholinguistic context of the target language group.
 - e. Assessment methods and understanding of the impact of interpretation when doing an assessment.
 - f. Etiology and its impact on mental health, hearing loss, and language.
3. ‘Cultural competency.’
 - a. Treatment approaches.

- b. Impact of cultural influences on assessment and treatment.
 - c. Inpatient settings and the various staff that will be working in those settings and how interpreting and cultural differences can influence therapeutic relationships in those settings.
 - d. Outpatient settings, self–help and support groups and the specialized vocabulary used in those groups.
 - e. Influence of interpreting and cultural differences on therapeutic relationships in both inpatient and outpatient settings.
 - f. Cultural views of mental illness, mental health, behavioral health, and substance abuse specific to the populations the interpreter works with.
 - g. Constructs of deafness and hearing loss relative to majority/minority cultures and pathological models.
 - h. Sociological impact of cross–cultural mental health service provision and the impact of an interpreter on the therapeutic dyad.
 - i. The impact of stereotypes on mental health service delivery.
4. ‘Substance use disorders.’
- a. Specialized vocabulary used in substance use disorder treatment in both the source and the target languages.
 - b. Substance use disorder theory and issues involving substance use disorder.
 - c. Assessment methods and treatment approaches.
 - 5. ‘Disability knowledge.’ Issues involving developmental disability and any additional disabilities and the role culture and language plays in providing services to people with developmental disabilities or additional disabilities.
 - 6. ‘Practice competencies.’
 - a. Personal safety issues, including an understanding of at–risk conduct and personal boundaries as it applies to mental health interpreting work and an awareness of de–escalation techniques and universal precautions.
 - b. Assessing communication effectiveness.
 - c. Matching the interpreting method with the client and the setting.
 - d. The impact of emotionally charged language.
 - e. Unusual or changed word or sign selection.
 - f. Linguistic dysfluency or marked changes in linguistic fluency within a psycholinguistic context.
 - g. Conveying information without alteration, emotional language without escalation, and ambiguous or emotionless language.
 - h. Isolating peculiar features of eccentric or dysfluent language use.
 - i. Reading client case documentation and recording appropriate documentation of linguistic significance.
 - j. Personal mental health issues and maintaining the personal mental health of the interpreter.
 - k. The impact of personal issues on the interpreting process.

1. Awareness of countertransference in the interpreter and familiarity with transference to the clinician or to the interpreter.

(c) Submit documentation to the department indicating that they have completed a 40–clock–hour supervised practicum within one year meeting all the following requirements:

- 1. The practicum site must be primarily clinical in nature.
- 2. The site is approved by the practicum supervisor.
- 3. The work must be direct interpreting and may not be social in nature.
- 4. The practicum must involve both in–patient and out–patient practice.

(d) Submit documentation to the department indicating that they have passed an examination approved by the department on the topics covered in par. (b).

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SPS 203.04 Provision of services via video relay services or video remote interpreting. (1) A Wisconsin interpreter licensee is required to provide interpreting services via video remote interpreting under all circumstances where the licensee or the client resides in the state.

(2) Video relay services are regulated by the Federal Communications Commission. Wisconsin licensed interpreters should follow federal regulations under all circumstances where video relay services are used.

Note: Federal Communications Commission regulations on video relay services can be found under 47 CFR 64 at <http://www.ecfr.gov>.

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SPS 203.05 Maintenance of qualified mental health interpreter status. This section only applies to renewal applications for licensure received on or after September 1, 2023. An individual recognized as an interpreter qualified to provide services within a mental health treatment setting by the department under s. SPS 203.03 must submit documentation indicating completion of one of the following requirements to the department as part of the application for renewal of the individual’s sign language interpreter – advanced deaf license issued under s. 440.032 (3) (f), Stats., or sign language interpreter – advanced hearing license under s. 440.032 (3) (d), Stats.:

(1) At least 40 clock hours of actual interpretation work in a mental health or substance abuse setting annually. This requirement includes 20 clock hours of actual interpreting and 20 clock hours of health–related training.

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

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

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