VIDEO REMOTE INTERPRETING

The Registry of Interpreters for the Deaf, Inc., (RID) Standard Practice Paper (SPP) provides a framework of basic, respectable standards for RID members' professional work and conduct with consumers. This paper also provides specific information about the practice setting. This document is intended to raise awareness, educate, guide and encourage sound basic methods of professional practice. The SPP should be considered by members in arriving at an appropriate course of action with respect to their practice and professional conduct.

It is hoped that the standards will promote commitment to the pursuit of excellence in the practice of interpreting and be used for public distribution and advocacy.

About Video Remote Interpreting

Video remote interpreting (VRI) is a fee-based interpreting service conveyed via videoconferencing where at least one person, typically the interpreter, is at a separate location. As a fee based service, VRI may be arranged through service contracts, rate plans based on per minute or per hour fees, or charges based on individual usage. VRI can be provided as an on-demand service and/or by appointment. Unlike video relay service (VRS), video remote interpreting is not regulated by the Federal Communications Commission (FCC) or other telecommunications legislation. Video remote interpreting is currently used in a variety of settings including but not limited to medical, educational, legal and mental health. Each setting is discussed in depth through linked documents accessible electronically by clicking on settings above.

Successful VRI sessions use qualified sign language interpreters who have linguistic competence, are experienced in settings for which they will work, and adhere to professional interpreting standards. Additionally, successful VRI sessions have shared understanding of the benefits and limitations of VRI, common elements of established meeting preparation protocols, training regarding equipment and videoconferencing protocols, effective environmental controls, and compatibility of technical set-up and connectivity.

Benefits and Limitations

When used appropriately, VRI has several benefits such as "providing easier and faster access to communication, access to quality services, and effective use of fiscal resources."[1] VRI provides communication access for situations with an immediate need for interpreters; in addition, it meets interpreting demands when qualified onsite interpreters are not available, especially in rural areas where qualified interpreters are less accessible. VRI can reduce interpreting costs through fee structures and elimination of travel and mileage costs.

While providing a viable option for interpreting services, VRI is not a comprehensive replacement for onsite interpreting. In order to assure that equal access is achieved, the decision to utilize VRI should be made with input from all participants. VRI may not be appropriate for:
- Situations involving high interactivity, such as multiple participants with less structured turn-taking protocols;
- Situations with complex dialogic exchange, such as abstract philosophical interchange or dialogue with veiled intentions or multiple meanings;
- Situations involving communications of a sensitive nature;
- Situations involving individuals with a secondary disability (e.g. low vision) that impedes their ability to utilize the technology.

In addition, Deaf interpreters (see Teaming Section of this paper) are recommended for situations involving young children, foreign-born individuals, and those who have underdeveloped language or who use idiosyncratic language patterns.

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[1] Lightfoot, 2006

Readiness Protocol

VRI sessions require explicit content, technical and environmental preparation by those involved. Interpreters and participants should be educated in VRI protocols and equipment. Videoconferencing protocol training is widely available and encouraged.[2] Additionally, those participating in VRI sessions should obtain as much training and education about their respective video and audio equipment as possible via onsite or remote instruction, or self-paced learning.

As with onsite interpreting, VRI interpreting requires preparation by the interpreter to maintain quality standards. Preparation is needed for both appointment-based and on-demand services. The amount and type of preparation is dependent on the nature of the assignment and the interpreter's pre-existing knowledge base. To prepare for a VRI session, meeting organizers and participants analyze for appropriateness of VRI, as well as environmental and technical preparations as discussed in sections below.

Content

VRI sessions are successful when participants and interpreters have a shared knowledge of session content. Familiarity with topic and content leads to effective communication. Prior to a VRI session, relevant personnel share content information with the interpreter(s) through teleconference sessions, e-mail correspondence, faxed information or other means. Interpreter access to VRI session topic and content is advantageous for both appointment-based and on-demand VRI services.

Technical

VRI uses videoconferencing equipment over high-speed broadband connections or ISDN lines carrying both video and audio messages. Equipment is paired with wired or wireless connections. VRI sessions can be conducted via Internet, Intranet or ISDN. As technology evolves, additional connection types may become available.

In terms of equipment, there are two kinds of VRI providers: those that recommend or endorse certain kinds of equipment that can be purchased and used by the receiving institutions and those that configure and sell a specific equipment package to be used by the receiving institution. Additional technical information is cited in the References Section of this paper.

Due to its videoconferencing nature, VRI sessions require technical familiarization by those involved. An extensive collaboration from the receiving institution's information technology department or videoconferencing department must be established and onsite technical support staff must be identified.

Sufficient lead-time is required to arrange the many technical aspects and logistics involved in VRI services. Equipment must be tested allowing ample time to ensure that the connection provides for clear reception at all sites. Prior to troubleshooting equipment, participants should understand equipment and connection type. Many entities using VRI have access to technical personnel for initial set-up and working sessions. Generally, technical support is available from the VRI provider and tends to be located off-site.

Prior to and during VRI sessions, an individual with a current knowledge of video and audio connections, IP settings, hardware arrangements and software configurations should be immediately available. Session testing provides quality assurance for bandwidth, video and audio clarity and maintenance of connection. Interpreters and participants may need to troubleshoot technical issues before and during an interpreted session.

Environmental Controls

Environments suitable for traditional onsite interpreting may not be appropriate for VRI. Effective management of environmental demands by all parties will help facilitate an acceptable provision of interpreting services. Environmental demands that may affect the VRI session include:
- lighting
- seating arrangements or sight lines to each video screen

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[2] Video Development Initiative, 2005

Environmental Controls (con't)
- location of cameras
- location of consumers in relationship to each other and to each camera
- use of microphones
- background movements
- environmental noise
- clothing colors and patterns
- interpreter or participant idiosyncrasies

The Role of the Interpreter

QUALIFIED

While adhering to the NAD-RID Code of Professional Conduct, interpreters working in VRI settings should also be qualified, having linguistic competence as well as a current understanding of the interpreting profession. High levels of skill, experience and professionalism are necessary for managing the varied content of VRI sessions. RID recommends that VRI providers develop hiring practices that ensure the highest quality interpreting services.

Standard practices of video remote interpreting sessions reflect traditional interpreting principles:
- Consistent use of qualified interpreters with appropriate skills and credentials for the setting;
- Appropriate length of time for interpreting segments in order to retain quality measurements;
- Use of interpreting protocols for team interpreting including use of Certified Deaf Interpreters (CDIs) when needed for effective communication.

TEAMING

Remote interpreting causes interpreter fatigue more rapidly than with traditional face-to-face interpreting.[3] While this paper references remote spoken language interpreting, video interpreters should employ self-care techniques to guard against overuse injuries and burnout. Fatigue factors affect the quality of the interpretation, requiring shorter lengths of time interpreting prior to alternating interpreters. If an interpreter is working alone, it may be necessary to arrange frequent rest breaks. The RID Team Interpreting Standard Practice Paper cites rationale for team interpreting including factors such as length and/or complexity of the assignment, unique needs of the persons being served, and physical and emotional dynamics of the setting.

At times, there is a need for the addition of a Deaf interpreter. According to the RID Certified Deaf Interpreter Standard Practice Paper, Deaf interpreters are used for special communication challenges such as when idiosyncratic signs are used, when there is a deaf-blind consumer, or when the consumer has minimal or limited communication skills. See the RID Standard Practice Paper, Use of a Certified Deaf Interpreter, for additional information.

SETTINGS

Interpreting skill sets needed for VRI are setting dependent. See the Medical, Educational, Legal and Mental Health Sections of this VRI Standard Practice Paper for additional information. Interpreters should have the needed certifications, experience and skills needed for settings worked. They may need to have specialized skill sets and vocabulary to be qualified for specific settings.

STATUTES

Many states have licensing statutes that limit interpretation in the state to those who hold specific qualifications and/or who have registered with a state licensing entity. If an interpreter located in one state is providing remote interpreting services in another state, the interpreter may need to comply with the licensing or registration provisions of both states. If both the deaf party and the hearing party are

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[3] Moser-Mercer, 2003

STATUTES (con't)

located in separate states, then there is a chance the interpreter will need to adhere to the licensing statutes in multiple states. Some statutes have a waiver provision for short-term assignments (e.g., two weeks per year), and at least one state has a provision allowing remotely interpreted assignments to be interpreted by non-licensed individuals.[4]

Conclusion

It is important to understand the differences between video remote interpreting (VRI) and video relay service (VRS) interpreting as well as the boundaries of using each of these services. Although both services are provided remotely, their purpose, requirements and uses differ. (See the RID VRS Standard Practice Paper for additional information.)

Video remote interpreting is a viable form of interpreting with characteristics that are setting specific. The linked VRI setting discussions provide additional information for medical, educational, legal and mental health settings and give guidance when working in these settings.

VRI is not an absolute substitute for face-to-face interpreting. However, VRI can be used effectively by following guidelines set forth in this Standard Practice Paper, including the References Section, and by consulting with participants and other stakeholders.ing across cultures will improve services provided by interpreters in the VRS setting.

REFERENCES:

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[4] Illinois Statutes Chapter 225 §443/25

VIDEO REMOTE INTERPRETING
medical setting

About

The mandates of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (1990) require that all medical facilities ensure effective communication with deaf individuals.[1] Video remote interpreting (VRI) is a service that healthcare providers may utilize to respond to the communication needs of deaf consumers in medical settings. However, in many healthcare settings, VRI technology complicates the challenges of communication between deaf consumers and medical staff. This paper describes benefits and limitations, readiness protocols, technology and interpreter qualifications that need to be considered for the use of VRI in medical settings.

RID acknowledges that deaf consumers in medical settings include deaf medical professionals. This paper, however, will focus on deaf consumers of medical services and deaf family members of hearing consumers.

> *If at any time the deaf consumer determines that VRI does not provide effective communication, the consumer may choose to decline use of VRI in medical settings.[2]*

Benefits and Limitations

Medical settings and providers vary greatly; this paper does not address all possible scenarios. The most common scenarios are addressed here.

In the emergency room, medical facilities frequently use VRI service until an onsite interpreter arrives. This allows the medical staff to respond expediently and obtain pertinent medical information in order to triage the patient's condition. Once the patient's condition has been assessed, basic facts of the situation can be reported to a local interpreter referral agency so that an appropriately matched onsite interpreter can be arranged as soon as possible, if indicated.

Whenever VRI service is used in non-emergency situations, it is crucial to obtain the consent and cooperation of all participants, especially the patient. When consent cannot be obtained, VRI is not appropriate and it is advisable to use an onsite medical interpreter. If at any time the deaf consumer is not comfortable with the physical set-up, the technology and/or the remote interpreter, it is the consumer's right to decline use of VRI in medical settings.

As with any medical situation, assessment of the individual's communication needs and the nature of the event will determine which service is optimal for effective communication. Medical situations that may not be conducive for VRI include:
- Some mental health settings (see the Mental Health Section for more information);
- Initial meetings with a specialist;
- Highly sensitive communications (e.g., diagnosis of a serious illness);
- Eye exams;
- Some occupational and physical therapy sessions;
- Patient transport.

An onsite interpreter may be preferable in these situations due to the communication and logistical complexities involved. A patient's stress level is often elevated during a medical visit; introducing a new technology may increase their discomfort.[3]

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[1] Americans with Disabilities Act, 42 U.S.C. §§ 12101 et seq. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794.
[2] National Association of the Deaf, Use of Video remote interpreting in the Medical Setting, 2008 Position Statement
[3] National Association of the Deaf, Use of Video remote interpreting in the Medical Setting, 2008 Advocacy Statement

Sometimes, situations that might typically be conducive for VRI will not be appropriate due to the nature or condition of the patient. It may be inappropriate to use VRI when:

- The patient is a child;
- The patient has a cognitive limitation;
- The patient is heavily medicated or intoxicated;
- The patient is highly emotional or presents with violent tendencies;
- The patient has a secondary disability (e.g., low vision);
- The patient has an injury that impedes their ability to view the screen.

In these scenarios, a Certified Deaf Interpreter (CDI)[4] is recommended and should be provided onsite to work collaboratively with either a remote or an onsite hearing interpreter. Certified Deaf Interpreters are also recommended for similar collaboration in situations involving foreign-born deaf people, individuals with underdeveloped language and those who use idiosyncratic language patterns.

If patient consent is obtained, VRI can be effective for:

- Routine physical exams;
- Some follow-up appointments;
- Doctor rounds;
- Admissions paperwork;
- Educational lecture format classes that require minimal demonstration (e.g., nutrition and smoking cessation classes).

In any of these instances, it is paramount that the illness or injury does not prevent patients from seeing VRI monitors and/or using their hands to communicate with remote interpreters.

Readiness Protocol

VRI providers strive to assign the best-matched qualified interpreters for specific assignments, including gender matching when appropriate (e.g., ob/gyn, urology). During on-demand emergency sessions, the remote interpreter or VRI provider will assess the communication needs of the situation and, if appropriate, may re-assign the session to an interpreter more suitable for the situation.

It is common practice for the remote interpreter to conduct pre-conference sessions with medical personnel and deaf consumers in order to obtain information relevant to the situation. These preliminary sessions promote effective communication as they allow the remote interpreter to gauge the consumer's language use, the positioning of equipment and the effectiveness of remote interpretation for the particular assignment. Depending on the nature of the medical situation and the consumer's language needs, the length of the pre-conference will vary.

> *If the remote interpreter determines that the situation is not appropriate for VRI, an onsite interpreter should be provided. If any of the participants believe that remote interpreting is not effective, then the parties need to arrange for an onsite interpreter. This could include providing an onsite Certified Deaf Interpreter (CDI) to work collaboratively with either a remote or an onsite hearing interpreter.*

In response to staff turnover and rotating shifts, hospital personnel should be routinely trained in the use of VRI equipment and remote interpreting protocols. Training instruction includes:

- Location of equipment and access protocol;
- How to operate the equipment (e.g., powering on, connection to remote interpreter, disconnection procedures, troubleshooting technical problems including loss of connectivity, etc.);
- Limitations of the equipment and where it can be used within the medical facility;
- Guidance for working with a remote interpreter (e.g., awareness of additional lag time).

Such training is conducted periodically for medical staff and personnel and includes hands-on training and demonstration. Clear and concise operating instructions should be posted with the VRI equipment.

[4] RID, Use of a Certified Deaf Interpreter Standard Practice Paper, 1997.

VRI sessions must comply with the Health Insurance Portability and Accountability Act (HIPAA) require-ments to ensure a confidential environment that protects the privacy and dignity of the consumers.[5] When VRI is used in common areas of the hospital, such as hallways or public areas, the VRI unit should be at the lowest possible volume that allows for clear understanding of the parties involved. The VRI monitor should not be visible to anyone not involved with the patient.

Because sign language interpretation relies on clear visual and auditory communication, any such barriers should be resolved before interpretation begins. Examples of potential visual and audio barriers include:
- Medical equipment
- High traffic areas
- Dark spaces
- Extraneous environmental noise

Due to the risk of equipment failure, an escalation plan should be posted with the VRI equipment. When medical personnel are not able to fix the failed equipment in a timely fashion, an onsite inter-preter should be procured as soon as possible. Escalation plans include contact information for the:
- Onsite Information Technology (IT) Department;
- Materials Management Department;
- Video remote interpreting provider;
- Local interpreting agency that provides onsite interpreters.

The medical facility's Materials Management and IT Departments work together to ensure readiness of VRI equipment. Equipment is regularly tested and checked to confirm high-quality connectivity and clarity of video/audio transmission. It is recommended that medical facilities have a backup VRI unit in case of equipment failure of the primary unit(s).

Technology

Several of the readiness protocols described above apply to basic technical concerns. Wireless con-nections and positioning of equipment are addressed below.

Many medical environments use wireless connectivity in their network. Wireless connectivity for VRI has several limitations. The challenges of using wireless connections for VRI in medical settings include:
- "Dead zones" within the facility where reception is not accessible;
- Signal interference with other medical equipment (e.g., portable x-ray machine, EKG monitor, etc.);
- Lower bandwidth generally associated with wireless connections;
- Greater percentage of packet loss causing distorted and pixilated video output.

These factors affect the video stream and can negatively impact the communication.

A typical stand-alone VRI unit will not work in all medical settings. Patients will be in a variety of posi-tions due to their injuries or illnesses. VRI units need to move in order to accommodate the patient's ability to see the VRI monitor and communicate with the remote interpreter. Portable VRI carts allow for a variety of placement options of the unit. VRI monitors on a flexible arm allow the patient to view the screen from a variety of positions.

Interpreter Qualifications

Similar to onsite medical interpreters, remote interpreters in medical settings possess the appropriate credentials and training to work in this setting.[6]

In addition, remote interpreters:
- Have thorough training on the use of VRI equipment;
- Troubleshoot technical issues in a timely manner;
- Are able to assess appropriateness for VRI and whether remote interpretation is a viable or effective service.

> *If at any time the deaf consumer determines that VRI does not provide effective communi-cation, the consumer may choose to decline use of VRI in medical settings.[7]*

[5] Telemedicine Information Exchange, 2001, Law and Policies in Telemedicine, Privacy, HIPAA, Telemedicine and Telehealth, http://telemed.org/legal/privacy.
[6] RID, Interpreting in Health Care Settings Standard Practice Paper, 2007.
[7] National Association of the Deaf, Use of Video remote interpreting in the Medical Setting, 2008 Position Statement.

VIDEO REMOTE INTERPRETING
educational setting

STANDARD PRACTICE PAPER

About

Video remote interpreting (VRI) can be an effective and appropriate way to deliver interpreting services in educational settings. Factors to consider before this technology is utilized include: student characteristics, content areas, readiness protocols, technology specifications, preparation and training.

Student Characteristics

Students receiving interpreting services through VRI need to be familiar with the specific role and responsibilities of the educational interpreter prior to initiating services through this media. For that reason, it is recommended that consumers in the K-12 environment be no younger than middle school age (6th grade and above).[1] Students at the postsecondary level can typically receive interpreting services through this venue with basic orientation to the technology; however, onsite interpreters are more effective when the classroom environment is highly interactive.

Content Areas

Careful consideration should be given to course content and teaching methods when opting to use VRI services. Issues impacting the auditory environment (e.g., poor acoustics) and the interpreter's ability to visually refer to content (e.g., not being able to see the blackboard) must be resolved. VRI is more appropriately used in lecture format classes. Curriculum with highly visual topics such as mathematics or courses involving extensive work on the board may exclude the interpreter from seeing the vital content, thereby impacting the accuracy of the interpretation. VRI is also less effective in classes taught using the Socratic Method, such as law, philosophy and medicine since the auditory environment can be difficult for the remote interpreter and result in limited access for the deaf consumer.

Readiness Protocol

When working with public schools and universities, firewall issues, security concerns and network traffic patterns must be addressed. Technical support personnel available to address these issues can vary at each institution. Staff from Information Technology (IT) and/or Instructional Support Departments should be included in the planning stages along with Disability Support Services (DSS) or Special Education personnel. Once it is established that the educational institution has the necessary resources to use VRI effectively, students and faculty who will use the service should be included in test calls and preliminary orientation meetings when possible. These meetings will provide consumers with general information on how the equipment works. It will also give faculty members guidance for best practice while this technology is being used. During this meeting, both students and faculty members will have an opportunity to ask questions and be provided the contact information for IT support services.

Technology

In educational settings, the type of equipment chosen can depend, to a large extent, on the need for portability. Laptops that are equipped with software and Web cams or desktop personal units which integrate the software and Web cam in one portable unit are both readily available. Either of these options can be moved to various locations at an institution. Laptops using outboard devices (Web cams and wireless microphones) should be configured with care. It is important that the total CPU load on a laptop configuration is adjusted to accommodate the CPU load the devices demand in order to ensure that video quality is not sacrificed.[2]

[1] Betts, J., Mckay, J., Maruff, P., & Anderson, V. (n.d.). The development of sustained attention in children: the effect of age and task load. Child Neuropsychology , 12, 205-221.
[2] Polycom, Inc. (n.d.). Configuring Video and Audio Devices for Use with Polycom PVX. Retrieved from http:www.polycom.com/global/documents/support/user/products/video/select_audio_video_devices_for_pvx.pdf

Technology (con't)

VRI can also be used to accommodate students in distance learning classrooms. Classes taught using videoconferencing can be linked in a multipoint configuration. This allows the interpreter to receive the lecture from one location and simultaneously be seen at the deaf student's distance learning classroom location. In addition, VRI services can be used to allow deaf students to participate in traditional teleconferences when videoconferencing is not available.

Educational VRI services that rely on a wireless connection should only be used when the necessary bandwidth can be dedicated to the call. Insufficient bandwidth can cause packet loss resulting in poor video quality.[3] With the advent of Internet2, many campuses and educational institutions will be able to provide exceptional levels of dedicated bandwidth for VRI in the classroom.[4]

Preparation and Training

Similar to onsite interpreters, it is essential that VRI interpreters in this setting prepare by familiarizing themselves with the content, context and participants. Whether VRI services are arranged in advance or on short notice, preliminary conferences between DSS and technical staff, instructors, interpreters and students are necessary. This allows for:
- Training in videoconferencing protocols that consider the interpreting process, in-class question repetition and communication delay;
- Training in the proper use of the equipment and application software, including how to place a call and make adjustments to the camera.

Students and professors must be comfortable with the arrangement and the use of the technology.

Interpreter Qualifications

In addition to licensing statutes required by individual states, interpreters in educational settings may need to satisfy requirements established by the relevant regulating body of state education systems.

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[3] http://pride.valdosta.edu/Whitepaper_Distance_Learning.pdf.
[4] Greenberg, A. (2004). Super-Size Bandwidth and Two-Way Video in the Classroom: Internet2 and its impact on videoconferencing. http://www.ivci.com/pdf/video_conferencing_in_the_classroom.pdf.

VIDEO REMOTE INTERPRETING
legal setting

About

While no standardized rules exist, certain protections are to be used for any remote legal interpreting assignment. As with any legal assignment, an individual analysis must be made of the demands of the case prior to recommending that it be undertaken on a remote basis. All parties consent in writing to using a video remote interpreting (VRI) service. As well, if it appears for any reason that the interpretation is not effective through a remote service, any party, including the interpreter, has the authority to suspend the matter and re-schedule it with an onsite interpreter. All VRI legal assignments, especially in law enforcement settings, should have the interpretation and the participants' original statements preserved through the use of visual and auditory recording mechanisms.

Benefits and Limitations

Since there is little guidance in the form of statute or regulation to define the parameters of video remote interpreting in legal settings, an analogy can be made to the treatment of videoconferencing use in federal criminal matters. In federal courts, the physical presence of the accused is required for certain matters, while in other matters videoconferencing can be used if the defendant waives the right to be present. While the analogy to the physical presence of an interpreter is not exact, an examination of Federal Rule of Criminal Procedure 43 is useful for determining when remote interpreting should be avoided.[1]

Expanding this analogy, legal interpreting settings that require the presence of deaf participants and onsite interpreters include:
- Trials;
- Contested hearings (including domestic matters);
- Guilty pleas;[2]
- Mental commitment evaluations and/or proceedings;
- Polygraph examinations;
- Witness testimony;
- Depositions;
- Preliminary hearings;
- Evidentiary hearings;
- Ex parte domestic proceedings;
- Cases with multiple deaf participants;
- Cases with pro se deaf participants.

Certain other assignments are best suited for onsite interpreters. Matters involving deaf children, foreign-born deaf people or individuals who have underdeveloped language or who use idiosyncratic language patterns are generally not conducted through video remote interpreting.[3] In these matters, a Certified Deaf Interpreter (CDI)[4] is recommended and should be provided onsite.

Onsite interpreters are advisable for lengthy, complicated or critical matters such as settlement discussions, pre-trial or deposition preparation. In those proceedings in which a table interpreter is indicated for immediate communication access to counsel, onsite interpreters should be provided.

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[1] Fed. R. Crim. Pro. 43(a)(1-3).
[2] *United States v. Melgoza*, 248 F.Supp.2d 691 (S.D.Ohio 2003).
[3] RID, Interpreting in Legal Settings Standard Practice Paper, 2007.
[4] RID, Use of a Certified Deaf Interpreter Standard Practice Paper, 1997.

Benefits and Limitations (con't)

Some law enforcement assignments may be done remotely. For example, standard booking or administrative processing incident to an arrest made with probable cause do not typically require much complicated communication. In these settings, remote interpreting may be more effective than using written communications for the majority of deaf people. However, in those law enforcement settings in which the Americans with Disabilities Act would suggest that an interpreter is a reasonable accommodation for effective communication, the interpreter should be provided in person.[5] Additionally, due to the nature of many law enforcement assignments, the use of a CDI is advisable.[6] When CDIs are used, the interpretation should not be done remotely because of the complicated nature of the work as stated above.

At the initial attorney-client conference, an onsite interpreter should be provided so that the attorney and the client can develop a rapport. Thereafter, some attorney-client interactions, such as discussion of scheduling matters, document review or preparation for a deposition, can be conducted with remote interpreting if all parties consent.

Other matters may be conducive to the use of video remote interpreting. Federal Rules permit video teleconferencing for initial court conferences,[7] arraignments,[8] status conferences, scheduling conferences, bond review hearings and other non-evidentiary hearings with the consent of the defendant. In these cases, the defendant is located off-site and participates through videoconferencing technology; the same underlying principles apply to video remote interpreting.

Staffing

Court cases are typically staffed by a team of onsite interpreters. The number and function of deaf participants in the case determines the number and positioning of interpreter teams. Onsite interpreter positions at any given moment will depend upon who is speaking, where the speaker is located, where the deaf participants are located, whether exhibits are being handled, the acoustics and the physical layout of the court room. Because of the need to change positions frequently, to accommodate multiple deaf participants and have complete visual and auditory access to the court and all of the participants, video remote interpreting is not recommended for most complicated or lengthy legal proceedings.

When considering the use of VRI in less complicated legal proceedings, several factors should be considered, including but not limited to:
- The number and roles of participants;
- The role and function of interpreters;
- The existence of visual and/or acoustic impediments;
- The need to interpret privileged communications;
- The physical placement of participants in the court room.[9]

During proceedings when deaf participants need immediate access to counsel, onsite table interpreters typically work outside of court in the hall, in a witness room or at the table. When the interpretation is handled remotely, this type of immediate privileged communication is far more difficult to arrange logistically. In the remote setting, there is typically one videophone that would have to be physically moved from setting to setting to handle these conversations. Likewise, protections must be put into place to ensure that the audio portion of the interpretation is not overheard by any of the other participants present. Due to the cumbersome logistics involved, remote interpreting should not be used when the proceedings are complex enough to require table interpreters.

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[5] Americans with Disabilities Act, 42 U.S.C. 12101, *et seq.*
[6] RID, Use of a Certified Deaf Interpreter Standard Practice Paper, 1997.
[7] Fed. R. Crim. Pro. 5(f).
[8] Fed. R. Crim. Pro. 10(c).
[9] Mathers, C. (2007). Sign language interpreters in court: Understanding best practices. pp. 73-178. Bloomington, IN: Authorhouse.

Interpreter Qualifications

The legal interpreter should hold the Registry of Interpreters for the Deaf Specialist Certificate: Legal (SC:L). In the absence of that credential, the interpreter should hold national certification in ASL interpreting and should have taken legal interpreter training. Deaf interpreters should have both generic interpreter training and legal interpreter training to be qualified to work in remote interpreting environments.

Preparation/Readiness Protocol

Interpreting teams for on-the-record proceedings and attorney-client conferences must preview pertinent documents from the case file as far in advance as possible. Documents can be sent by facsimile or by electronic mail to interpreting teams working in a remote setting. Prior to the assignment, the remote interpreters must be afforded the opportunity to interview each deaf participant and counsel.

The interpreters should supply the hiring party with a copy of their credentials by electronic mail or facsimile to be placed on the record. Prior to interpreting the proceeding, the interpreters should undergo voir dire, which means to be sworn to interpret accurately and to state credentials and absence of any improper relationship with the participants for the record. The oath should include the fact that the interpretation is being conducted remotely, and that the interpreters agree to stop the proceedings if the interpretation is compromised by the technology in any manner.

If any party believes that remote interpreting is not effective, then an onsite interpreter must be provided.

With regards to specific technical needs of interpreting an on-the-record proceeding remotely, the equipment must be able to switch between private and public settings in order for the attorney to use the remote interpreters for attorney-client conversations. During the proceeding, then, if the deaf person wants to confer with counsel, the proceedings must stop, and either the equipment must be moved to a private area for the privileged communication, or the attorney must have access to head phones in order to hear the interpreted rendition of the deaf client's privileged communication. Finally, the technology must allow for the interpreters to initiate bench conferences when issues affecting the interpretation need to be heard in private.

In sum, most legal assignments should be handled by onsite interpreting teams. In those limited instances in which the Federal Rule of Criminal Procedure would permit a defendant to attend a proceeding through videoconferencing technology, then an interpreter who is present through videoconferencing equipment may also be acceptable. All parties should be afforded the opportunities to accept or reject video remote interpreting; however, the duty lies within the court interpreter to assess the assignment and advise the participants regarding the effectiveness of the solution.

VIDEO REMOTE INTERPRETING
mental health setting

STANDARD PRACTICE PAPER

About

Video remote interpreting (VRI) in mental healthcare environments requires thoughtful, collaborative deliberation. When mental health interpreters share the physical environment with patients and staff, they are better equipped to recognize and respond to the demands of the mental healthcare environment and convey the essential nuances of communication.[1] VRI technology could address the need for provision of interpreter services in areas where qualified mental health interpreters are not available; however, VRI should not be considered a substitute for onsite mental health interpreters.[2]

Readiness Protocol

It is critical to obtain the consent and cooperation of all participants, especially the patient, for the use of VRI technology.[3] At a medical or mental healthcare entry point, determination of consent for initial use of VRI can be attempted by referencing an iconic representation of VRI equipment. The deaf individual may then indicate whether VRI is an acceptable option. Prior to the VRI session, the video interpreter and the mental healthcare professional should engage in a pre-session conversation to communicate therapeutic or situational goals and strategies for managing technical parameters and procedures. The video interpreter may offer their professional judgment on pertinent issues of language, culture and whether an onsite interpreter might be a more suitable option.[4] If consent is obtained and the pre-session is complete, the video interpreter and patient establish rapport and assess communication compatibility.

When consent cannot be obtained, VRI is not appropriate and it is advisable to use an onsite mental health interpreter.[5]

When using VRI, protection of patient privacy should be a primary concern. Video equipment should be located in a quiet, private location. The video screen should be located behind and slightly to the side of the mental healthcare provider or staff to allow a direct sight line, thus supporting the development of provider-patient rapport. VRI sessions must comply with the Health Insurance Portability and Accountability Act (HIPAA) requirements in order to ensure an environment conducive to confidentiality and the protection of the privacy and dignity of the communication interaction.

Benefits and Limitations

Some mental healthcare situations are not appropriate for VRI. Individuals who are unable to differentiate reality from delusions cannot be expected to effectively communicate through an interpreter on a video screen. Consideration must be given as to whether the patient can tolerate the limitations of a designated signing space and maintain eye contact necessary for VRI sessions. VRI is not recommended for group settings in mental healthcare because audio and visual limitations do not allow the interpreter to adequately identify the group participants and convey subtle nuances of communication.

When an onsite interpreter is not available, VRI can be used effectively when all parties consent. Should a deaf person prefer not to use an onsite interpreter for one-on-one settings, including triage or intake interviews, discharge planning and meetings with counselors, VRI is appropriate once the technical and logistical criteria have been met.

[1] RID, Interpreting in Mental Health Settings Standard Practice Paper, 2007.
[2] National Association of the Deaf, Use of Video remote interpreting in the Medical Setting, 2008 Advocacy Statement
[3] National Association of the Deaf, Use of Video remote interpreting in the Medical Setting, 2008 Position Statement
[4] RID, Interpreting in Mental Health Settings Standard Practice Paper, 2007.
[5] Telemedicine Information Exchange, 2001, Law and Policies in Telemedicine, Privacy, HIPAA, Telemedicine and Telehealth, http://telemed.org/legal/privacy

Interpreter Qualifications

Parallel to onsite interpreters, it is essential that remote interpreters demonstrate therapeutically aligned demeanor and possess a specialized skill-set for interpreting in mental healthcare settings. RID recommends that interpreters working in these settings hold current RID certification to assure a minimum level of interpreting competence and compliance with the NAD-RID Code of Professional Conduct.

Additional Resources

Telepsychiatry Via Videoconferencing Resource Document. (1998). Retrieved from http://archive.psych.org/edu/other_res/lib_archives/archives/199821.pdf