

# Language Equity in Clinical Assessments when Working with Non-Native English Users & Interpreters

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## Introduction & Purpose

- Highlight the importance of language equity in clinical assessments
- Address English-centric biases in clinical tools and forms
- Explore best practices when working with interpreters

## Session Goals

- Recognize limitations of standard clinical assessments
- Identify challenges and benefits of working with interpreters
- Understand how paralinguistic cues differ across languages (e.g., affect, word choice)
- Learn to adapt forms and standard assessments to support equitable, person-centered care (e.g. MSE, MMSE, PSRS)

## Language Access & Interpreters

- Non-native speakers and Deaf ASL users face barriers to care
- Lack of Deaf therapists or bilingual clinicians necessitates interpreter-mediated communication
- Interpreters are essential but add complexity to completing diagnostic assessments/forms

## Challenges in Assessments

- Standard tools assume English paralinguistic norms
- Sociolinguistic and paralinguistic differences can alter how *affect* and *behavior* are understood (e.g., facial expression, pauses, eye contact)
- Assessing “normal speech” is difficult when clinician and patient do not share a language
- Written tasks and idioms often disadvantage Deaf and non-native English users

## Adaptations and Solutions

- **Reframe or replace hearing/English-centric diagnostic tasks** — avoid idioms and written prompts, and ensure assessment of paralinguistic cues accounts for visual/spatial language parameters
- **Debrief with interpreters** after sessions to clarify cues and reduce bias
- **Hire Deaf clinicians** to provide culturally and linguistically informed care for Deaf clients
- **Include Certified Deaf Interpreters (CDIs)** alongside Certified Hearing Interpreters (CHI) when appropriate, to enhance accuracy and cultural mediation
- **Screen for possible Language Deprivation Syndrome** by asking about early language acquisition and consulting with a CDI, a Deaf clinician, or CHI with specialized training

## Key Takeaways

- Standard forms may not apply equitably or yield accurate diagnoses

- Interpreter-mediated sessions require mindful language and diagnostic adjustments
- Adapt paralinguistic analysis with Deaf ASL users – know which cues to ignore, clarify, or assess as usual
- Focus on content; ask direct questions for clarity; debrief with interpreter
- Avoid over-focusing on word choice, metaphors, or idioms
- Equity in tools leads to equity in care

## Next Steps

- Raise awareness of language equity in mental health care
- Train clinicians in interpreter-mediated practice
- Adapt and validate tools for diverse patient populations

## Further Resources and Deaf Organizations

- Deaf Yes! – Center for Deaf Empowerment and Recovery: [deafyes.org](http://deafyes.org)
- National Deaf Center – National Deaf Center: [nationaldeafcenter.org](http://nationaldeafcenter.org)
- Language deprivation syndrome: a possible neurodevelopmental disorder with sociocultural origins  
[mhit.org/assets/Hall\\_etal\\_2017\\_LanguageDeprivation\\_Neurodevelopmental\\_Disorder.pdf](http://mhit.org/assets/Hall_etal_2017_LanguageDeprivation_Neurodevelopmental_Disorder.pdf)

## Glossary of Key Terms

- **Affect** (noun) – The outward expression of a person’s emotional state, observed through facial expression, tone, body language, and other paralinguistic cues. In clinical practice, affect is evaluated by how well these expressions align with the patient’s reported thoughts and feelings.
- **Paralinguistic Cues** – Features of communication that influence meaning, such as pauses, prosody, tone, and eye contact, but that are not part of a language’s grammar or lexicon
- **Iconicity** – When an ASL sign visually resembles its meaning or how it is used (e.g., the ASL sign for “book” looks like opening a book). Lexical iconicity can assist semantic memory tasks.
- **Interpreter Lag** – The natural delay between a speaker’s words and the interpreter’s signed/spoken interpretation. This can obscure or distort timing cues like pauses.
- **Idioms** – Expressions whose meaning cannot be understood from the words themselves (e.g., “No ifs, ands, or buts”). Idioms rarely translate directly across languages.
- **Mental Status Exam (MSE)** – A structured assessment tool used in clinical practice to evaluate appearance, mood, affect, thought processes, speech, cognition, and other domains
- **Language Deprivation Syndrome (LDS)** – A cluster of cognitive, emotional, and behavioral difficulties that can occur when Deaf individuals grow up without full access to a natural, accessible language during early childhood. Language deprivation may result in lifelong impacts on communication, learning, mental health, and social-emotional development

## Closing Question

- **Am I evaluating language, or am I evaluating mental health?**