Module III: Working with Interpreters

Crossing Worlds, Intersecting Services
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Learning Objectives

After this session, participants will be able to:

• Describe the role and responsibilities of an interpreter and interpretation
• Identify and address challenges with interpretation for clients, service providers, and interpreters
• Demonstrate cross-cultural and trauma-informed skills for an interpreted encounter
Language Access PSA

https://www.youtube.com/watch?v=q5ZJzEeJbe0

• Reactions?
• How might your agency handle a situation like this?
Let’s Practice: 5 minutes

- Roles: Client, Provider, Interpreter, observers
- Situation: Information gathering in intake/first encounter with a client
- Provider asks 3-4 questions that are commonly asked at an initial encounter at your agency
- Client responds to provider’s questions (use real life experiences)
- Interpreter “Interprets” English-English between Provider and Client
Practice Discussion

• What did you notice in your role play?
Modes of Interpreting

- **Consecutive**: interpreting occurs after the speaker has completed speaking
- **Simultaneous**: interpreting in real-time as the speaker speaks
- **Sight Translation**: changing written material in one language to spoken material in another language
- **Proximate**: interpreter is physically present
- **Remote**: interpreter is outside the room of the encounter
- **Word-for-Word**: verbatim; neutral; “black box”
- **Summary**: summarizes important points
Interpreter Role Continuum

- Conduit
- Clarifier
- Cultural Broker
- Advocate
Basic Do’s

• Immediately establish the client-service provider dyad
• Explain interpretation process, roles, and confidentiality
• Speak directly to client
• Look at the client, not the interpreter
• Consider positioning
• Speak at a normal rate of speed and make your statements clear
• Speak in short enough sentences for the interpreter to interpret
• Say only what you want repeated to the client.
• Interrupt if something seems to not be going well.
• Check-in a few minutes into session
Basic Don’ts

• Don’t depend on relatives and friends to interpret when other options are possible
• Don’t ask interpreter to go outside the role of interpreter unless previously discussed and agreed upon
• Don’t ask interpreter for her opinion about the client, unless possibly in a cultural broker or advocate role
• Don’t hold personal conversations with the interpreter. Once the interpreter has taken on her role, she can no longer be a part of the conversation.
• Don’t wait for the interpreter to begin speaking. The interpreter may require a complete sentence in English before beginning to speak.
What else needs to be considered?

In addition to language barriers, refugees may be experiencing:

- Stressors related to displacement
- Impact of interpersonal trauma
- Culture Differences
PSOT’s Trauma-informed interpreting

Why?

• Promotes: safety, trustworthiness, choice, collaboration and empowerment*
• History of betrayal and persecution by authority figures
• Session may be overwhelming for the interpreter

What?

• Interpreter role is explicitly defined in front of client and interpreter
• Space and positioning take into account experiences of client
• Service provider explains confidentiality
• Interpreter receives trauma and self-care training

*Fallot & Harris (2009). Creating Cultures of Trauma-Informed Care.
Language Rights & Realities

- Title VI of Civil Rights Act of 1964: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”
- 2000: Presidential Executive Order to provide “meaningful access” to patients with limited English proficiency
- 2003: Departments of Health and Human Services & Justice provide guidelines to put act into practice
- 2017: Access to needed interpretation is not always available or utilized
- Best Practice vs. Best-that-we-can Practice
What are the resource realities?

- Insufficient access to trained interpreters
- Insufficient access to interpreters trained in trauma
- Interpretation services are expensive
- Interpreters with trauma histories that can get activated
- Clients and interpreters may have dual relationships
- Interpreters may be overworked
What are impacts of NOT having an interpreter?

- Medical Care
- Psychiatric and Psychosocial Care
- Education Settings
- Social Service Agencies
- Asylum Office
A Few Best Practices

1. Pre-session conversation with Interpreter
2. First-session conversation with client and interpreter
3. Debriefing conversation with interpreter
Best Practices: Pre-Session conversation with interpreter

• Explain purpose of the interview
• Confirm the mode of interpreting
• Request the use of first-person interpretation
• Discuss case, terminology, relevant background information, vicarious trauma
• Describe interview process (including seating arrangements)
• Discuss interpreter preferences (i.e. rhythm, pauses, etc)
• Encourage interpreter to interrupt and request speaker to slow down, repeat, or clarify
Best Practices: First-session conversation with client and interpreter

1. Explain confidentiality
2. Explain interpreter’s role
3. Describe interview (including seating arrangements)
4. Predict some initial “bumps” and planned adjustments
5. Predict that any participant may interrupt and request speaker to slow down, repeat, or clarify
6. Highlight eye-contact between therapist and client

Manage boundaries and professional behavior throughout
Best Practices: Debriefing conversation with interpreter

• Supports maintenance of boundaries for interpreter
• Acknowledge and thank the interpreter for her collaboration/contribution to the session
• Elicit feedback on notable speech (terminology, stutter, pauses) or response patterns (off-topic) that may have been missed by service provider
• Allow interpreter to discuss aspects that were confusing or distressing
• Direct interpreter to supportive resources
What are some challenges faced by interpreters?

- Strong identification to client or content
  - Shared cultural history or trauma history
- Survivor guilt
- Idealizing/Devaluing the patient
- Personal disagreements with the content or process
- Feeling overwhelmed
- Urge to act
- Finding the right words
- Membership in community/role
- Vicarious traumatization
What about…?

- Bilingual Staff
- Spouse insisting she should interpret
- Phone interpretation
- Untrained interpreter
Interpreter Associations of Standard Setting

• International Medical Interpreters Association (IMIA)
• The National Standard Guide for Community Interpreting (Canada)
• Australian Institute of Interpreters and Translators (AUSIT)
• *National Council on Interpreting in Healthcare (NCIHC)
Resource Sharing – YouTube Videos

• **InterpreTIPS**
  Interpreter Q&A Videos
  Experts on interpreting answer interpreter practice and ethical questions in short youtube videos.

• **Safe Space**
  Trauma Informed Interpreting Videos
  Safe Space, a program for survivors of domestic violence/sexual assault based in Austin, Texas, has developed a series of videos for interpreters on trauma informed interpreting. While aimed at sign language interpreters (each video is signed in American Sign Language, and accompanied by English voice over), the lessons are applicable to spoken language interpretation.
Resource Sharing – Newsletters & Manuals

• “Intersect: A Newsletter about Interpreting, Language, and Culture”
  Cross Cultural Communications weekly updates from the field, offering highlights about community interpreting and cultural competence

• Cross Cultural Healthcare Program
  Monthly newsletter on culture and language in healthcare

• Breaking Silence: Interpreting for Victim Services
  Training manual and workbook of role-plays and exercises for interpreters produced by Cross-Cultural Communications for Ayuda, a nonprofit organization based in Washington, DC.
Literature


Literature, cont.


References