



Refugee Services

National Partnership
for Community Training

Gulf Coast Jewish Family & Community Services

Working with Interpreters

Service Provision with Torture Survivors

Bellevue/NYU Program for Survivors of Torture

January 21, 2015, 1pm EST

Learning Objectives

As a result of this training, you will be able to:

- Anticipate, identify and address challenges related to interpretation
- Demonstrate cross-cultural and trauma-informed communication skills during an interpreted service encounter
- Explain best practices for working with an interpreter during a service encounter

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: Department of Health and Human Services and the Department of Justice provide guidelines to put this act into practice
- 2015: Access to needed interpretation is not always available or utilized
- Best Practice vs. Best-that-we-can Practice

What are the language needs?

- 500,000 torture survivors are estimated to be living in the United States
- Torture is documented in over 140 countries around the world, representing a much greater number of language and dialects
- Torture survivors who have learned English may not have needed vocabulary or grammar for bio-psycho-social-legal services
- Need for interpretation is inevitable

What are impacts of NOT having an interpreter?

- Medical Care
- Psychiatric and Psychosocial Care
- Education Settings
- Social Service Agencies
- Asylum Office

What are the resource realities?

- Insufficient access to interpreters trained in interpretation
- Insufficient access to interpreters trained in trauma
- Interpretation services are expensive
- Interpreters with trauma histories that can get activated in the work
- In smaller communities, clients and interpreters may know each other
- Interpreters may be overworked

Interpretation: Types and Standards

Modes of Interpreting

- **Consecutive:** interpreting occurs after the speaker has completed speaking
- **Simultaneous:** interpreting in real-time as the speaker speaks
- **Proximate:** interpreter is physically present
- **Remote:** interpreter is outside the room of the encounter
- **Word-for-Word:** Verbatim; neutral; “Black box”
 - Context best used: assessments, factual information, explaining technical procedures
 - Challenges: may require interruptions, takes long time, miss out on nuances/cultural information; does not allow for untranslatable words or concepts
- **Summary:** Summarizes important points
 - Context best used: high degree of trust and experience between provider and interpreter; group/multiple person sessions
 - Challenges: not all information gets interpreted, may be less accurate
- **Black Box – Bi-Cultural – Cultural Broker Continuum:** the role of interpreter from machine-like to collaborator providing cultural formulations, recommendations, and even advocacy

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)

Utilizing Interpretation: Best Practices

Basic Do's

- Immediately establish the client-service provider dyad: make introductions and explain the interpretation process, roles, expectations, confidentiality, etc.
- Speak directly to the client and in the first person.
- Consider positioning: Allow the interpreter to stand or sit close to you so that the client can see you and the interpreter at the same time. This enables the client to watch your expressions for an important part of the overall communication.
- Look at the client, not the interpreter.
- 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. Trained interpreters are obligated to interpret everything that is spoken or signed.
- Interrupt if something seems to not be going well.

Basic Don'ts

- Depend on children or other relatives and friends to interpret when other options are possible.
- Ask the interpreter to do something outside of her role as interpreter unless this was previously discussed and agreed upon.
- Ask the interpreter for her opinions about the client (i.e., “Do you think he understands me?”). The interpreter is simply there to communicate the information between you and the individual.
- Hold personal conversations with the interpreter. Once the interpreter has taken on his or her role, they can no longer be a part of the conversation.
- Stop to watch or wait for the interpreter to begin speaking. The interpreter may require a complete sentence in English before beginning to speak

How can an interpreted session remain client-centered?

- Safety & Empowerment
- Choice
- Self-determination
- Trauma-informed

What else needs to be considered?

In addition to language barriers, survivors of torture are coping with:

- Effects of interpersonal trauma
- Stressors related to displacement
- Cultural differences

Why should interpreted encounters be trauma-informed?

- Experiences of betrayal by authority figures
- Significant distrust can prevent service access
- In small communities, survivors and interpreters may know each other
- Stigma could impact disclosure of experiences and symptoms
- Promotes support for the interpreter

How can interpreted encounters be trauma-informed?

- Interpreter role is explicitly defined in front of client and interpreter
- Space and positioning takes into account experiences of client
- Service provider explains confidentiality and consequences of breaches in confidentiality
- The interpreter has been trained in trauma and its impact on survivors

Best Practice 1: Pre-Encounter Conversation with Interpreter

1. Explain purpose of the interview
2. Discuss interpretation modes and use of first-person
3. Reiterate confidentiality and boundaries
4. Discuss case, terminology, relevant background information, vicarious trauma
5. Describe interview process (including seating arrangements)
6. Discuss interpreter preferences (i.e. rhythm, pauses, etc)
7. Encourage interpreter to interrupt and request speaker to slow down, repeat, or clarify

Best Practice 2: First-encounter conversation with client and interpreter

1. Introduce the Interpreter
2. Explain confidentiality
3. Explain interpreter's role and responsibilities
4. Encourage client to ask questions, raise concerns
5. Describe encounter or therapeutic process (including seating arrangements)
6. Predict that any participant may interrupt and request speaker to slow down, repeat, or clarify
7. Highlight connection between provider and survivor

Manage boundaries and professional behavior throughout

Best Practice 3: Debriefing conversation with interpreter

1. Acknowledge and thank the interpreter for his/her collaboration and contribution to the encounter
2. Elicit feedback on notable speech (soft, stutter, long pauses) or response patterns (off-topic)
3. Allow interpreter to discuss aspects that were confusing or distressing
4. Direct interpreter to supportive resources
5. Reiterate confidentiality

What are some challenges faced by interpreters?

- Strong identification to client or content
 - Shared cultural history
 - Trauma history
- Survivor guilt
- Idealizing/Devaluing the patient
- Personal disagreements with the content or process
- Feeling overwhelmed
- Need to act
- Finding the right words
- Membership in community/role
- Vicarious Traumatization

Additional Resources

- Interpreter Associations of Standard Setting
- Cross Cultural Communications (<http://www.cultureandlanguage.net/>) - training, consultation, and technical assistance in community interpreting
- The Voice of Love organization – trainings, resources, and support for trauma-informed interpreting
- “Intersect: A Newsletter about Interpreting, Language, and Culture” Email list
- Develop for your organization:
 - Interpreter trainings (and refreshers) for interpreters and for service providers
 - Confidentiality agreement and codes of ethics for interpreters
 - Feedback systems to ensure high quality interpretation
 - Interpreter support structures

Discussion

References

- Akinsulure-Smith, A.M. (2004). Giving voice to the voiceless: providing interpretation for survivors of torture, war, and refugee trauma. *The Gotham Translator, May/June, 6-7.*
- Amnesty International (2014). Torture in 2014: 30 Years of Broken Promises. Amnesty International.
- Bauer, A. M., Alegria, M. (2010). The Impact of Patient Language Proficiency and Interpreter Service Use on the Quality of Psychiatric Care: A Systematic Review. *Psychiatric Services, 61 (8), 765-773.* doi 10.1176/appi.ps.61.8.765.
- Dodd, W. (1983). Do interpreters affect consultations? Great Britain: Oxford University Press, 42-47
- Flores G. (2006). Language Barrier. Rockville, MD: Agency for Healthcare Research and Quality. Available at <http://www.webmm.ahrq.gov/case.aspx?caseID=123>.
- Haenel, F. (1997). Aspects and problems associated with the use of interpreters in psychotherapy of victims of torture. *Torture, 7(3), 68 – 71.*
- Marcos, L.R. (1979). Effects of interpreters on the evaluation of psychopathology in non-English speaking patients. *American Psychiatric Association, 171-174.*
- O' Hara, M., Akinsulure-Smith, A.M (2011). Working with Interpreters: Tools for Clinicians Conducting Psychotherapy with Forced Immigrants. *International Journal of Migration Health and Social Care, 7 (1), 33-43.*
- Randall, G.P and Lutz, E.L. (1991). Serving survivors of torture: physical sequelae of traumatic human rights abuses. Washington, DC: American Association for the Advancement of Science, 29-53.
- Shrestha, N.M. and Sharma, B. (1995). Torture and torture victims: a manual for medical professionals. Nepal: Centre for Victims of Torture, 1-21.