



**Refugee Services**  
National Partnership  
for Community Training

Gulf Coast Jewish Family & Community Services

# **Working with Interpreters in Refugee Services**

Amy Greensfelder

Nancy Murakami, LCSW

National Symposium:

Connecting Leaders, Impacting Communities & Sustaining Programs:

Strengthening the National Torture Treatment Network

# Learning Objectives

After this workshop participants will:

- Understand the role of the interpreter in a mental health encounter;
- Know where to find additional resources for interpretation in mental health settings;
- Be equipped to identify and correct issues with interpretation as they occur in mental health settings.

# Overview

- Introduction to interpreter roles, responsibilities, and ethics
- Practice Scenario in Large Group
- Small and Large Group Discussion
- Interpretation Practice
- Large Group Discussion
- Resource Sharing & Conclusion



# Why is Interpretation Needed?

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

# 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.”*

# 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”
- **Summary:** summarizes important points

## 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)

# Interpreter Core Values (NCIHC)

- **Beneficence:** The well-being of the patient is central
- **Fidelity:** Faithfulness to role/assignment and to the message
- **Respect** for the importance of culture and cultural differences



# Interpreter Roles



Advocate

Cultural  
Broker

Clarifier

Conduit

# Trauma-informed interpreting

## Why?

- History of betrayal by authority figures
- Significant distrust can prevent service access
- Focus on safety and empowerment
- Session content and client presentation may be overwhelming

## What?

- Interpreter role is explicitly defined in front of client and interpreter
- Space takes into account experiences of client
- Service provider explains confidentiality and consequences of breaches in confidentiality
- Interpreter receives trauma training

# 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

# A Few Best Practices

1. Pre-session conversation with Interpreter
2. First-session conversation with client and interpreter
3. Debriefing conversation with interpreter

## 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

# What about...?

- Bilingual Staff
- Spouse insisting s/he should interpret
- Phone interpretation
- Untrained interpreter

# Practice Scenario 1

- Characters: Provider, Interpreter, Client, Client's Son
- Setting: Information gathering encounter at client's home
- Issues that are highlighted in encounter:
  - Confidentiality
  - Side Conversations
  - Fidelity to message
  - Roles



# Discussion: Scenario 1

- What concerns did you notice in the role play?
- What could the provider have done differently before, during, and after the encounter?
- What could the interpreter have done differently before, during, and after the encounter?

# Let's Practice!

- Characters: Client, Provider, Interpreter
- Setting: Information gathering in first encounter with a client
- Break into groups of three: interpreter, provider, client
- Provider asks 3-4 questions that are commonly asked at intake at your agency
- Client: Responds to provider's questions
- Interpreter: "Interprets" consecutively between Provider and Client (repeats what has been said in English)
- After 3-4 questions switch roles

## Discussion: Scenario 2

- What concerns did you notice in the role play?
- What could the provider have done differently before, during, and after the encounter?
- What could the interpreter have done differently before, during, and after the encounter?

# Resource Sharing/Conclusion



*Positive Externalities*



# Stay in Touch!

## Nancy Murakami

Director of Social Services  
Bellevue/NYU Program for  
Survivors of Torture  
212-562-8725  
Nancy.Murakami@nyumc.org

## Amy Greensfelder

Refugee Mental Health Program  
Coordinator  
Maryland Department of Health  
and Mental Hygiene  
410-767-1850  
Amy.Greensfelder@Maryland.Gov

# 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.*
- 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>.
- Marcos, L.R. (1979). Effects of interpreters on the evaluation of psychopathology in non-English speaking patients. *American Psychiatric Association, 171-174.*
- National Council on Interpreting in Healthcare (2004). *A National Code of Ethics for Interpreters in Healthcare*. Retrieved from: <http://hospitals.unm.edu/language/documents/ncihc.pdf>
- 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.*
- Shrestha, N.M. and Sharma, B. (1995). Torture and torture victims: a manual for medical professionals. Nepal: Centre for Victims of Torture, 1-21.



# Contact Information

The image shows a screenshot of the Gulf Coast Jewish Family & Community Services (GCJFCS) website. At the top left is the logo, which consists of a circular emblem containing a tree and a menorah, with the text "gulf coast JFCS" next to it. To the right of the logo is a navigation menu with the following items: Home, About GCJFCS, About You, Children & Family, Elderly & Disabled, Employment, Jewish Community, Mental Health, and Refugee. Below the navigation menu is a large banner featuring a close-up photograph of an elderly Black man's face. Overlaid on the right side of the banner is the text "in times of need" in a large, white, serif font. To the right of this text, in a smaller white font, is "GCJF&CS Refugee Services".

[www.gcjfcs.org](http://www.gcjfcs.org)

E: [partnership@gcjfcs.org](mailto:partnership@gcjfcs.org) T: 305-275-1930