BELLEVUE/NYU PROGRAM FOR
SURVIVORS OF TORTURE

PSOT
Interpreter Orientation

BELLEVUE/NYU PROGRAM FOR
SURVIVORS OF TORTURE

NYU

History

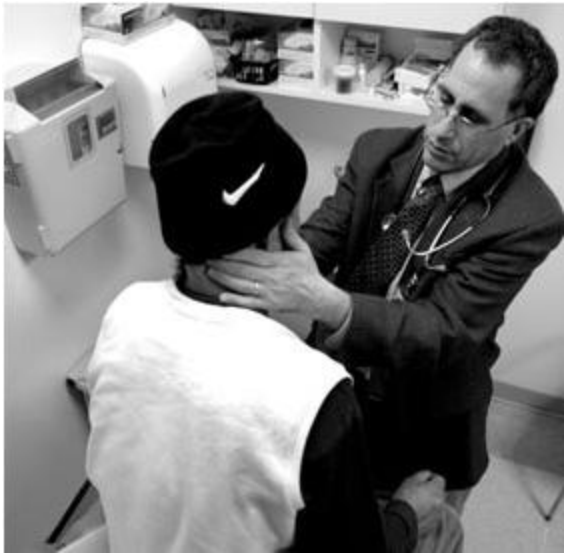
Founded by Dr. Allen Keller in 1995, the Bellevue/NYU Program for Survivors of Torture has provided treatment for over 3,000 survivors of torture and war trauma.

Mission

- To assist individuals and their families re-build health and lead self-sufficient lives
- Heal the whole person through multi-disciplinary services: medical, psychiatric, psychological, and social/legal services
- To contribute knowledge and testimony to global efforts to end torture

Treatment Philosophy

- Rebuilding the lives of survivors using their own resources, strengths, and resilience
- Reintegration of individuals into society without fear of further abuse or maltreatment
- Psychotherapy to address severe symptoms/problems
- Treat the *whole person,* regardless of ability to pay



United Nations Definition of Torture

"…any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him, or a third person, information or a confession, punishing him for an act he or a third person has committed, or intimidating or coercing him or a third person for any reason based on discrimination of any kind, **when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.**"

BELLEVUE/NYU PROGRAM FOR
SURVIVORS OF TORTURE

NYU

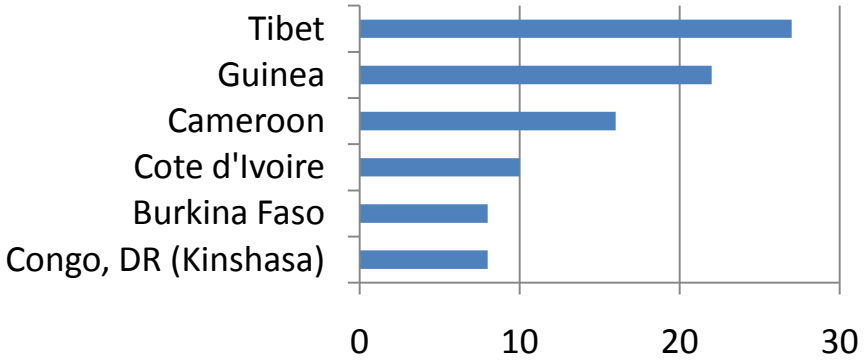
Torture Facts

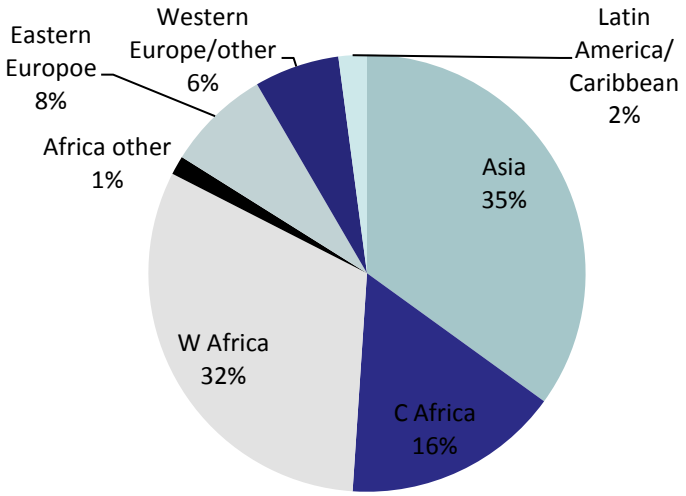
- Documented in more than 100 countries (Human Rights Watch, Amnesty Intl., U.S. State Dept.)
- 5-35% of refugees and asylum seekers have experienced torture (Baker,1992; Eisenman, Keller, & Kim, 2000; Montgomery & Foldspang, 1994)
- More than 500,000 torture victims, who fled their native countries, are believed to reside in the USA (Office of Refugee Resettlement)

BELLEVUE/NYU PROGRAM FOR
SURVIVORS OF TORTURE

Who are the clients we serve?

Top Countries of Origin for New Clients in 2010





- 161 new patients
  - Referred from other patients (25%), lawyers (25%), family or friends (20%), other hospital clinics (10%), web site (5%), or other places (15%)
  - 80% claiming asylum in immigration court

- 674 patients total served; number has climbed each year

Physical Torture Methods

- Beating, kicking, whipping, violent blows
- Positional torture, forced constraint, suspension, stretching limbs
- Burns with instruments, scalding, cigarettes
- Asphyxiation and choking, drowning, smothering
- Crushing and penetrating
- Chemical exposures, salt, gasoline, chili etc.
- Sexual violence including rape
- Amputations, removal of organs, pharmacological torture
- Detention and deprivation

Psychological Torture

Purpose: to damage the person's self-esteem and personality, to destroy trust in fellow humans and to terrorize the population.

Forms:

- Sensory Deprivation
- Perceptual Deprivation - during detention, movements are restricted and the environment may be dark or have bright lights or have a high pitch sound, strident music, or a crying sound.
- Social Deprivation - Isolation; the victims are blindfolded in solitary confinement.
- Deprivation of Basic needs – victims are completely isolated from families and social network.
- *Coercion Techniques or Compulsive Techniques:* such as forced sexual intercourse or forced to engage in practices against ones religion; forced nudity.
- Impossible Choices - Witness torture: forced to witness the torture of another prisoner or family
- *Threats and Humiliation* - victims or families are threatened with death; mock executions
- *Communication Techniques:* Misinformation, Conditioning Techniques
- *Pharmacological Techniques:* drugs are used to facilitate torture and to mask its effects.
  - Use of drugs to induce self-disclosure by CNS depression such as alcohol
  - Use of muscle-relaxants such as curare to the point of asphyxiation
  - Pain-inducing drugs
  - Hallucinogens
  - Psychopharmacological drugs, etc.

Consequences of Torture

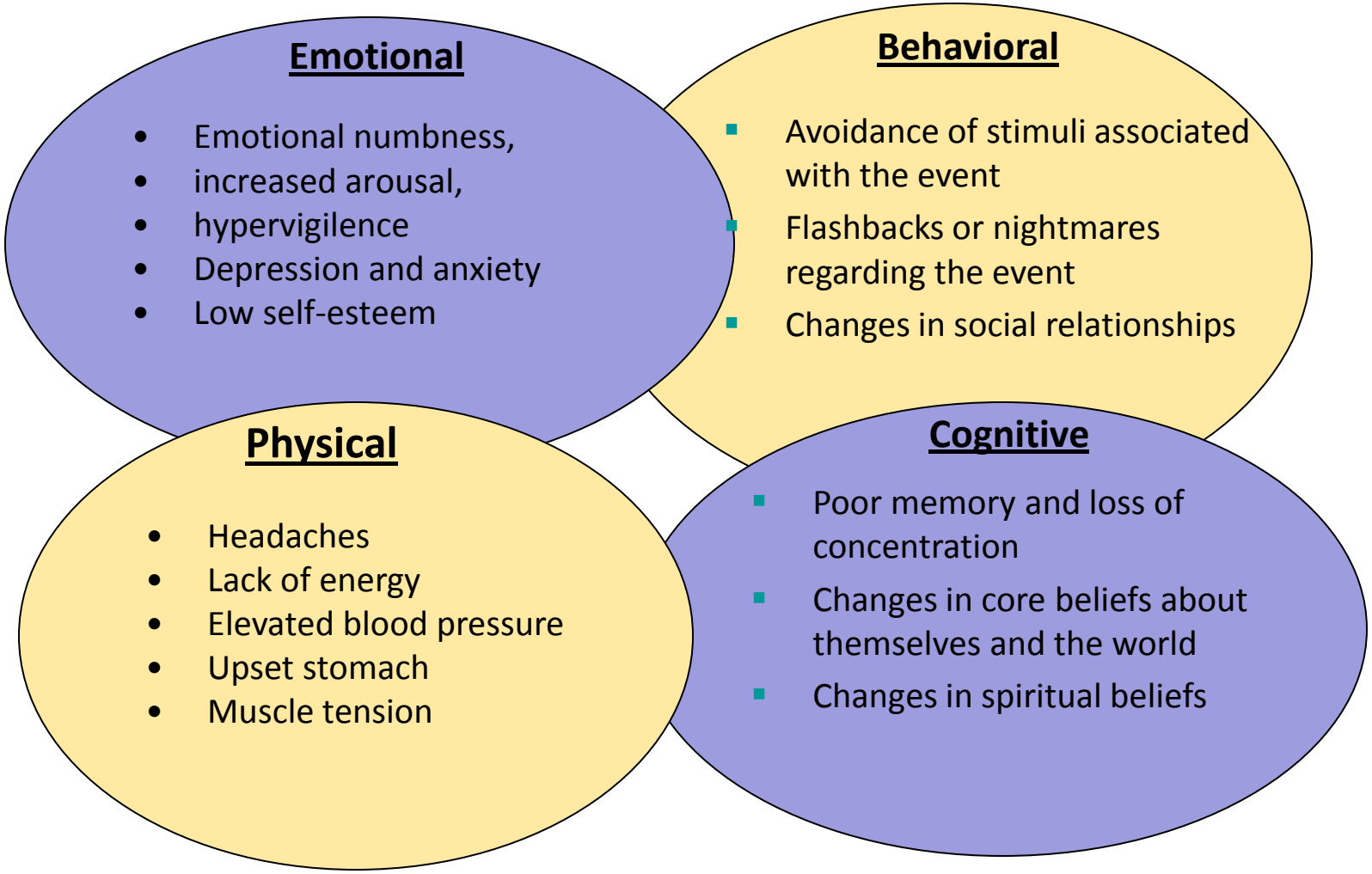
- Distrust
- Silencing and Self-expression
- Disempowerment/Helplessness
- Shame and Humiliation
- Denial and Disbelief
- Disorientation and Confusion
- Rage
- Psychiatric Sequelae

** For torture survivors, the most common psychiatric diagnoses are PTSD and major depression. More rarely, there may be a delusional disorder (usually persecutory in nature) or psychosis.

Torture Victim in a Spider's Web, Anonymous, watercolor on paper, 8.27" × 11.69", early 1980s. The artist, who wishes to remain anonymous, is a survivor of torture.

- PTSD Symptoms
  - Re-experiencing trauma, including flashbacks and nightmares
  - Avoidance symptoms, including detachment, withdrawal, emotional constriction
  - Hyperarousal, including sleep problems, irritability, startled
- Clinical Depression and Clinical Anxiety
- Dissociation, depersonalization, atypical behavior
- Damaged self-concept and foreshortened future
- Psychosis, including paranoia and delusions, perceptual anomalies
- Somatic pain or discomfort
- Sexual Dysfunction
- Substance abuse, (usually to self-medicate anxiety and depressive symptoms in the absence of other therapeutic alternatives)
- Personality changes
- Neuropsychological effects, including changes to executive functions and other cognitive sequelae

Common Reactions to Torture



INTERPRETERS at PSOT

Interpreting Needs

- Medical: Monday Night Clinic, Dental Clinic
- Intakes
- Psychotherapy: Individual and Group
- Language Services Interns (translation)

Modes of interpreting

- "Word-for-word" interpreting
- "Summary" interpreting
- Combination of word for word and summary interpreting

- Word-for-Word:
  - Verbatim or line-by-line translation; neutral; “Black box”
  - Contexts best used: factual information; explaining technical procedures
  - Disadvantages: may require interruptions, takes long time, miss out on nuances/cultural information; does not allow for untranslatable words or concepts

- Summary:
  - Summarizes important points; not necessarily exact works/ sentences
  - Context best used: emotional content; high degree of trust between clinician and interpreter; group/multiple person sessions
  - Disadvantages: may be less accurate but faster

What is PSYCHOTHERAPY?

Psychotherapy (or therapy) is a special relationship in which a trained professional (a "psychotherapist" or a "therapist") provides support to an individual, a couple, a group, or a family to work through or sort out difficult experiences in the present or past. It is a ***talking*** treatment that can help you to understand and manage confusing or painful feelings such as sadness, anxiety, anger, or low self-esteem.

Psychotherapy is not about getting advice. The main goal aim of **psychotherapy** is to help you to understand why you feel the way you do, and what lies behind your responses to other people and to things that happen to you. Many people find that this understanding helps them to deal more successfully with problems and distress. A psychotherapist is someone who will listen to your problems and help you draw your own conclusions about how to solve them. She or he will not have all the answers, but will have some useful questions or thoughts. A competent therapist will offer observations about how thoughts and feelings connect to each other as well as to present and past experiences and help you into a more satisfying way of being.

Psychotherapy can be difficult work. Sometimes people go through strong and painful emotions on their way to becoming healthier. Clients may feel worse before feeling better, but **psychotherapy** does work to make most clients feel better.

BELLEVUE/NYU PROGRAM FOR
SURVIVORS OF TORTURE

Benefits of Psychotherapy

Psychotherapy allows you to talk about your emotions in a safe environment. There is a healing value in having someone regularly listen to you and display an understanding and acceptance of you. Gaining insight and self-knowledge can lead to control over symptoms such as depression, anxiety or obsessive behavior.

Other benefits of psychotherapy:

- ✓ Confidentiality – information discussed in psychotherapy cannot be shared with others, except in rare situations without your written consent.
- ✓ The relationship focuses exclusively on you and the intention of the session is to help you.
- ✓ The therapist has specific training and expertise to work with people. Their training includes understanding of how to achieve good mental health and common problems affecting mental health.
- ✓ The therapist can recognize problems that warrant referral to a physician for medication.
- ✓ The therapist is more objective than friends and family because s/he is not personally involved with you outside of the sessions.

Guidelines for Interpreting

- Always use first person in your interpretation in both directions. The patient and the therapist should be speaking directly to one another
- Do not edit, add, substitute, omit, condense or polish
- Do not censure or inject your own values
- Become familiar with linguistic regionalisms and idiomatic phrases
- Control the pacing of the interview with hand signals to slow down speakers and/or to indicate to them to break the flow into shorter segments
- Feel free to ask for repetition
- Let the speaker know if you do not know how to interpret what is being said
- Translate ALL of the therapist's statements in addition to their questions and interventions (e.g., therapists often make reflective statements that might not seem necessary to interpret, but every utterance has a purpose and must be spoken)
- Do not accept money or gifts
- Abide by the code of ethics

Challenges Faced by Interpreters

- Over identification
    - Shared Cultural History
    - Trauma History
- Survivor Guilt
- Idealizing the patient
- Stereotypes
- Feeling Overwhelmed
- Need to act
- Personalizing
- Finding the right terms for mental/physical problems

CONFIDENTIALITY AGREEMENT

- The Bellevue/NYU Program for Survivors of Torture (PSOT) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. In the course of my volunteer service at PSOT, I may come into the possession of confidential information.

- By signing this document, I understand the following:

1. 1, I agree not to disclose or discuss any patient, research, and/or administrative information with others, including friends or family, who do not have a need-to-know.
2. I agree not to consult patient charts without permission from the PSOT staff.
3. I agree not to access any information or utilize equipment, other than what is required to do my job.
4. I agree not to discuss patient, research, or administrative information where others can overhear the conversation, e.g. in hallways, on elevators, in the cafeteria/coffee shop, on shuttle buses, on public transportation, at restaurants, at social events. It is not acceptable to discuss clinical information in public areas even if a patient's name is not used. This can raise doubts with patients and visitors about our respect for their privacy.
5. I agree not to make inquires for other personnel who do not have proper authority.
6. I agree not to make any unauthorized transmission, inquiries, modifications, or purging of data in the system. Such unauthorized transmission include, but are not limited to, removing and/or transferring data from Bellevue Hospital Center's computer systems to unauthorized locations, e.g. home.
7. I agree to log off prior to leaving any computer or terminal unattended.

- I have read the above Confidentiality Agreement and agree to respect the confidentiality of all patients at PSOT and to make only authorized entries for inquiry and changes into the system and to keep all information described above confidential. I understand that violation of this agreement may result in corrective action, up to and including termination of my volunteer service and/or suspension and loss of privileges. I certify that the information that I have provided to the staff of the Program for Survivors of Torture is correct, and I agree to abide by the guidelines of the Program for Survivors of Torture, and to uphold the policies and procedures of Bellevue Hospital Center.
- Name (Please Print): _____
- Signature: _____
- Date: _____

BELLEVUE/NYU PROGRAM FOR
SURVIVORS OF TORTURE

CODE OF ETHICS FOR INTERPRETERS

1. **Confidentiality**
   Interpreters must treat all information learned during the interpretation as confidential, divulging nothing without the full approval of the patient and his/her health provider

2. **Accuracy: conveying the content and spirit of what is said**
   Interpreter must transmit the message in a thorough and faithful manner, omitting or adding nothing, giving consideration of linguistic variations in both languages and conveying the tone and spirit of the original message. A word-for-word interpretation may not convey the intended idea. The interpreter must determine the relevant concept and say it in language that is readily understandable and culturally appropriate to the person being helped. In addition, the interpreter will make every effort to assure that the patient has understood questions, instructions and other information transmitted by the health provider.

3. **Completeness: Conveying everything that is said**
   Interpreters must interpret everything that is said by all people in the transaction, but they should inform the health professional in the content to be interpreted might be perceived as offensive, insensitive or otherwise harmful to the dignity and well-being of the patient.

4. **Conveying cultural frameworks**
   Interpreter shall explain cultural differences or practices to health care providers and patients when appropriate

5. **Non-judgmental attitude**
   An interpreter's function is to facilitate communication. Interpreters are not responsible for what is said by anyone for whom they are interpreting. Even if the interpreter disagrees with what is said, thinks it is wrong or even immoral, the interpreter must suspend judgment, make no comments, and interpret everything accurately

6. **Client self-determination**

The interpreter may be asked by the client for his or her opinion. When this happens, the interpreter may need to provide or restate information that will assist the patient in making his or her own decision. The interpreter should not influence the opinion of patients or clients by telling them what action to take.

7. **Attitude towards clients**

The interpreter should strive to develop a relationship of trust and respect at all times with the patient by adopting a caring attentive, yet discreet and impartial attitude toward the patient, toward his or her questions, concerns and needs.

8. **Acceptance of assignments**

If level of experience or personal sentiments makes it difficult to abide by any of the above conditions, the interpreter should decline or withdraw from the assignment.

Interpreters should disclose any real or perceived conflict of interest that would affect their objectivity in delivery of their service. For example, interpreters should refrain from providing services to family members or close personal friends except in emergencies. In personal relationships, it is difficult to remain unbiased or non-judgmental.

In emergency situations, interpreters may be asked to do interpretations for which they are not qualified. The interpreter may consent only as long as all parties understand the limitation and no other interpreter is available.

9. **Compensation**

This is a volunteer position. Interpreters should not accept additional money, considerations or favors for services. Interpreters should not use Bellevue/NYU Program for Survivors of Torture's time, facilities, equipment or supplies for private gain or advantage, nor should they use their position to secure privileges or exemptions.

10. **Self-Evaluation**

Interpreters should represent their certification(s), training and experience accurately and completely.

11. **Ethical violations**

Interpreters should withdraw immediately from encounters that they perceive to be in violations of the Code of Ethics.

12. **Professionalism**

Interpreters shall be punctual, prepared and dressed in an appropriate manner.

**Source: This code is a combination of the Codes of Ethics from the Hospital Interpretation Program in Seattle, WA; Boston City Hospital in Boston, M.A. and the American Medical Interpreters and Translators Association (AMITAS) in Stanford, CA.*

ETHICAL DILEMMAS

"*Don't tell the doctor what I just told you*"

Ethical Dilemma: Should the interpreter take some action to help the provide receive this new information or should they remain silent and maintain patient confidentiality?

Food for thought

- What is your attitude about torture?
- What are your thoughts and feelings about:
  - being displaced?
  - about talking to someone about your problems (psychotherapy)?
  - about taking medication to help cope with problems
- How might your own trauma history get in the way?
- What reactions might you have to interpreting for sexual violence survivors?
- How might gender impact your work?
- How might religion/race/culture impact it?

Occupational Hazards

Vicarious Trauma: the development of trauma reactions (e.g., intense fear, helplessness, or horror) secondary to exposure to clients' traumatic experiences.

<u>Risk factors for Vicarious Trauma</u>

- Exposure to the stories (or images) of multiple trauma survivors
- Your empathic sensitivity to their suffering
- Any unresolved emotional issues that relate (affectively or symbolically) to the suffering seen/discussed

Self Care is VITAL!

What are some enjoyable and fulfilling pursuits that provide you with respite and relaxation to nurture your own spirits?

NEVER FORGET THAT YOU ARE PART OF A…

"Without this Program, I think I might have died. I was very sick. And my children, I didn't know if they were safe. The Program helped me"

Ms. E, a survivor at the Bellevue/NYU Program for Survivors of Torture

References

Akinsulure-Smith, A. M. (2004). Giving voice to the voiceless: providing interpretation for survivors of torture, war, and refugee trauma.

Dodd, W. (1983). Do interpreters affect consultations? *Great Britain: Oxford University Press*, 42-47.

Haenel, F. (1997). Aspects and problems associated with the use of interpreters in psychotherapy of victims of torture, 68-71.

Marcos, L. R. (1979). Effects of interpreters on the evaluation of psychopathology in non-English-speaking patients. *American Psychiatric Association*, 171-174.

Pentz-Moller, V. (19). Torture: the ethics and techniques of interpreting, 17-18.

Pentz-Moller, V. and Hermansen, A. (19)Torture: interpretation as part of the rehabilitation part I. 9-12.

Pentz-Moller, V. and Hermansen, A. (19)Torture: interpretation as part of the rehabilitation part II. 5-6

Randall, G.P. and Lutz, E.L. (1991). Serving survivors of torture: psychological sequelae of traumatic human rights and 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 of Victims of Torture*, 1-21.