

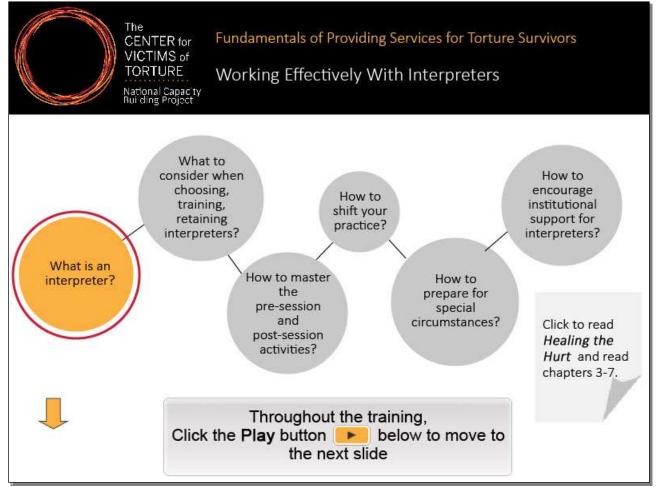
# Working with Interpreters

# Slide 1 - Welcome

$\bigcap$	The CENTER for VICTIMS of	Working Effectively
$\cup$	Lational Capacity Building Project	with Interpreters

Welcome to the Working Effectively with Interpreters unit in the Fundamentals of Providing Services to Survivors of Torture eLearning Series.

Slide 2 - Lesson Objectives



My name is Crystal Green. I am a licensed Marriage and Family Therapist in San Diego, CA. I served as the Associate Clinical Director at Survivors of Torture, Int'l in San Diego for eight years. During those eight years, I served as a staff member: I was responsible for the recruitment, training and supervision of the interpreter network used by all the providers in that system. Today, I would like to share some of the most important lessons I learned about working with interpreters and torture survivors.

These lessons are summarized by these key questions: What is an interpreter? What to consider when choosing, training, and retaining interpreters? How to master the pre-session and post-session activities? How to shift your practice? How to prepare for special circumstances? How to encourage institutional support for interpreters? As we review these areas, please make note of additional resource material related to working with interpreters you can find at <u>www.healtorture.org</u>, just search for *Healing the Hurt* and go to Chapters 3-6 and 7. Let's begin.

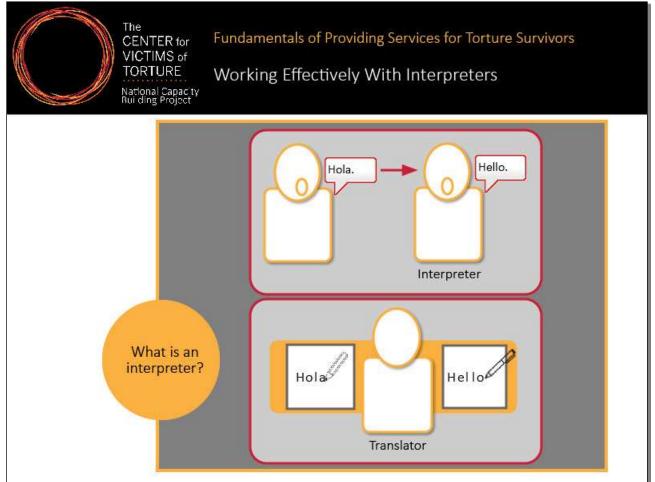
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### Slide 3 - What is an Interpreter?



What is an interpreter? In this lesson these points will be stressed in different ways. It is my hope that you will come away from the module with a greater appreciation for the function of the interpreter, and a greater awareness of what must be done to foster an effective interpreted session for your survivor clients, the interpreter and yourself.

Slide 4 - What is an Interpreter? Pt2

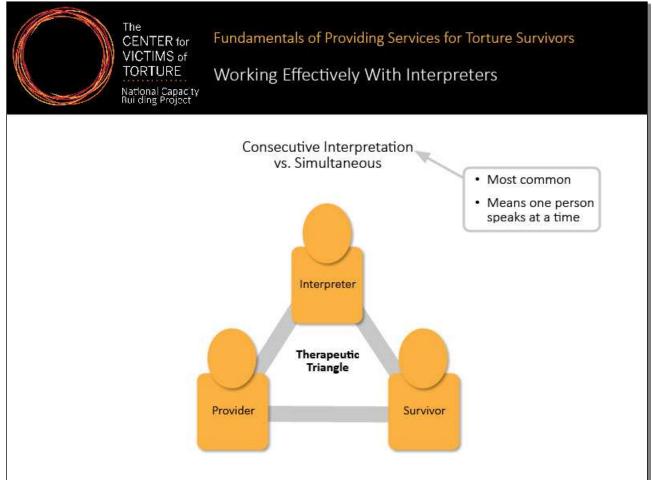


Let's begin by clarifying a common misconception. Many people misuse the terms "interpreter" and "translator." This could be a costly mistake, so allow me to clarify. An interpreter takes the spoken word in one language and changes it into the spoken word in a second language. A translator takes the written word in one language and changes it into the written word in a second language.

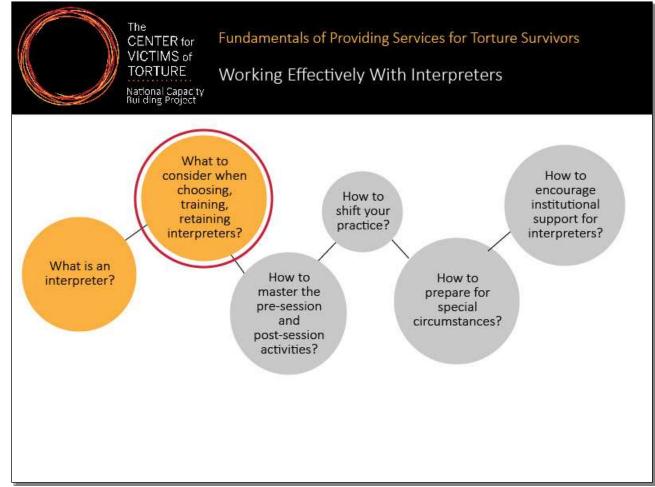
These two jobs require very different training and skills, and even different personality traits or abilities to be effective with people. In this training, we will be talking about working with interpreters, not translators. Some interpreters also translate for a living, or could be asked to translate, if needed. However not all interpreters make good translators, and vice-versa.

Translation = Written; Interpretation = Spoken. These are very different skills!

### Slide 5 - What is an Interpreter? Pt3



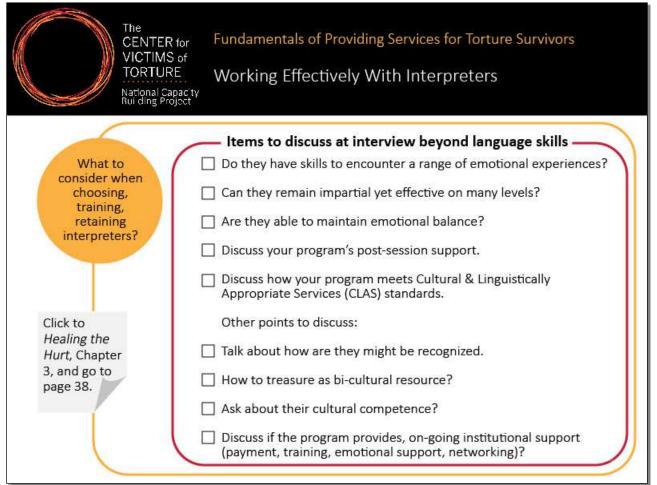
Let's also clarify the difference between consecutive interpretation and simultaneous interpretation. Most health-related sessions are interpreted consecutively, meaning the interpreter speaks after the provider or the survivor finishes. Simultaneous interpretation, where the interpreter speaks at the same time as the provider or survivor is speaking, typically requires special equipment and training, is expensive, and not very conducive to the more personal meeting that health services generally requires. Interpreters who have been trained in simultaneous interpretation might not be suited for the slower, more intimate pace of consecutive interpretation. Be clear about the needs of your agency or practice and hire accordingly. Slide 6 - Next: Consideration



Now let's discuss what to consider when choosing, training, and retaining interpreters.

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Slide 7 - Hire for Success



The job of interpreting a mental health or medical session is much more than transmitting words from one language to another. There are many nuances and subtle meanings that must be transmitted as well. When it comes to choosing, retaining, and training interpreters, consider what criteria you use to select them and where or how you find them. What should be on your must do success checklist when selecting an interpreter? Beyond being fluent in two languages, consider the following as items.

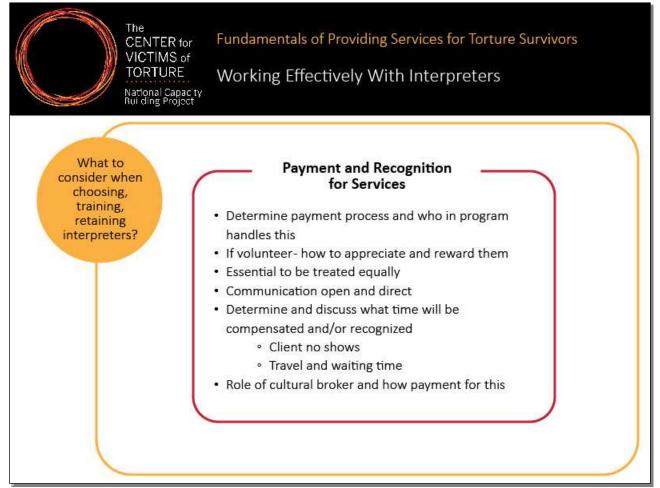
First, an interpreter in a setting with torture survivors must be prepared to encounter a range of emotional experiences, remain impartial yet effective on multiple levels, and be able to maintain emotional balance. It's important to assess when interviewing whether an interpreter has the skills to meet these challenges. It's also essential for the agency and its providers to regularly offer post-session review and emotional support for interpreters in dealing with the stressful material being discussed in the sessions. Be sure that your agency is abiding by CLAS standards set forth by the Office of Minority Health (US Dept of HHS). For specifics, see page 38 of *Healing the Hurt* for more information, or go to the OMH website. Staying healthy in body, mind, spirit, and social functions in life is essential to all helpers, including interpreters. An agency that includes such topics in their orientations and trainings for interpreters sends the message that the overall health of each provider

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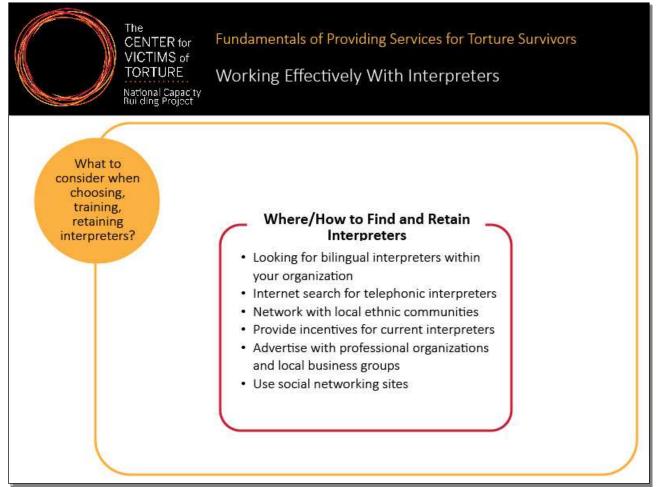
is critical to creating a successful healing community. These principles are important both for the person who is tasked with interviewing interpreter candidates and for the providers who end up working with them.

Slide 8 - Hire for Success Pt2



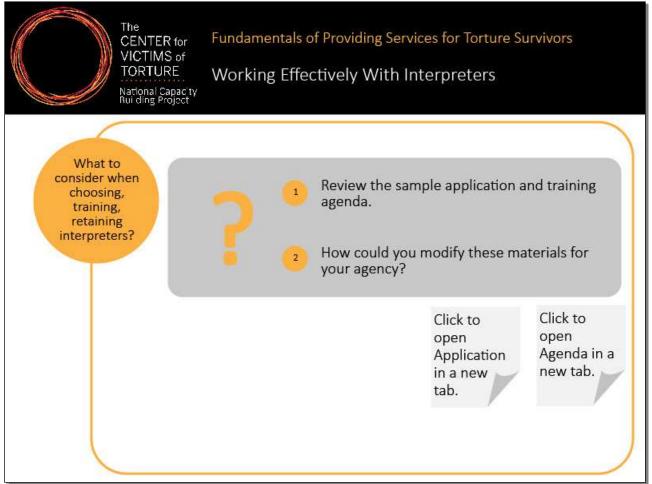
Handling payment for services, or planning how to appreciate volunteer interpreters, is a topic that should be codified and assigned to specific person in your agency. It is essential that all interpreters are treated equally and that communication is open and direct. If not, inconsistencies can lead to the appearance of discrimination or favoritism, either of which could undermine rapport, reputation and the quality of service. It is also very important to consider what amount of time spent will be compensated or recognized. For example, how will client no-shows and the interpreter's travel time or waiting time, be handled at your agency? Lastly, it is important to recognize that the role of cultural broker is an invaluable asset to the clinician and client, but we have to be thoughtful about when and how we learn about culture from an interpreter. It wouldn't be fair to keep an interpreter after a session to talk about culture, for example, if they weren't being paid or if it was keeping them from other responsibilities. It might be more appropriate to schedule an appointment with the interpreter or learn from other resources.

Slide 9 - Hire for Success Pt3



A third area to consider is where and how to find and retain interpreters? There are several ways to recruit or locate interpreters. First of all, many organizations have bilingual or bicultural staff members whose established role in the organization includes interpretation. They are often the glue that holds the service program together. Beyond this, consider an Internet search for "telephonic interpretation" in your area, network with local ethnic communities, provide incentives for current interpreters, or advertise with former Peace Corps, professional organizations, and business groups. You might even create a presence on social networking sites or offer payment for services to attract candidates. Be interested to exchange ideas with other providers in your area in order to get to know the most likely places and ways to keep you interpreter pool running smoothly.

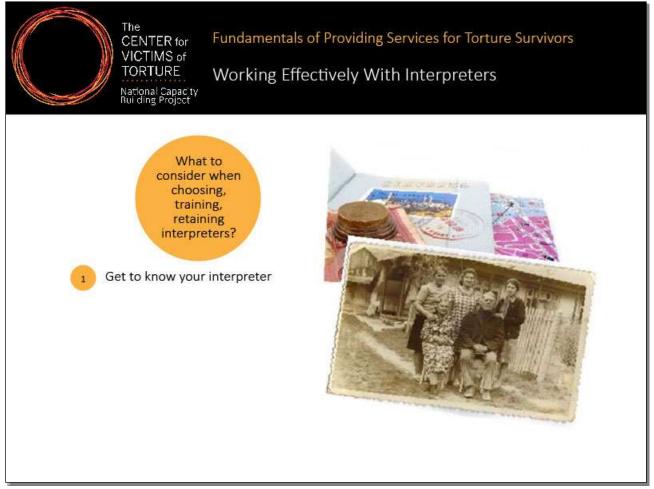
Slide 10 - Application and Agenda



Now, let's help you consider how this information can relate to you and your work. Click each of the document icons to review the sample application and the training agenda. Next, how could you modify these materials for your agency?

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Slide 11 - Get to know your interpreter



It is best if mental health or medical providers can take a little time to get to know the interpreters whom they work with most often. This may seem like a luxury in the hectic world of healthcare, but it really is a necessity. Think of it like the primer and surface preparation before a really important paint job!

You might want to ask about work history or educational experiences to help you determine the interpreter's understanding of mental health care or medical processes. You might also want to know a little about the interpreter's own trauma history and how they react in stressful situations.

As you talk together, get a feel for the interpreter's pace, accent, and speech habits. Adjust your own to make a better match with your co-communicator.

Allow the interpreter to get to know you, too. You will be working as a team now, and professional familiarity will be sensed by many of your clients.

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Slide 12 - Working as a team



As you develop your relationships together, be aware of conflicts that can easily arise in cross-cultural, intensely emotional situations. You should be aware of potential conflict between client and interpreter, because of racial or sub-group differences, socio-economic class differences, education levels, and gender experiences.

The interpreter should never be asked to take responsibility for providing health care to the client - that is the clinician's or physician's job. For example, never ask an interpreter to read or translate a consent form for a client on the spot. It is the responsibility of the healthcare provider to make sure the client understands all the important information in the consent form. I suggest clinicians and physicians read the forms aloud, allowing the interpreter to interpret the spoken information, as he or she was hired to do. Another pitfall to watch out for would be leaving an interpreter alone with a client to complete intake forms or take the client's history. This puts the interpreter into a compromised position and in charge of clinical duties not meant for him or her.

Slide 13 - Protecting your interpreter



I want to stress to you all that the interpreter is a professional member of your treatment team. As providers, we are not always accustomed to bonding with a co-facilitator. We are most often trained to bond with and build rapport with our clients.

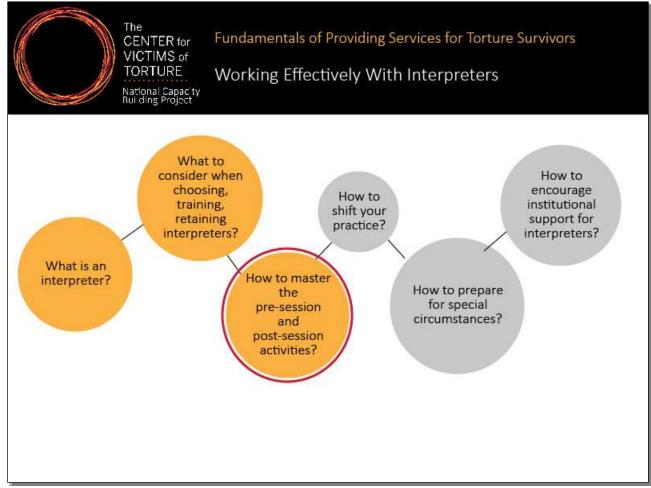
However, survivors may naturally bond with fellow countrymen, leaving the clinician to fight for rapport. This is problematic for reaching treatment goals and for maintaining professional boundaries. You can help your interpreter by being aware of some common dynamics. For example, compromising situations may arise that threaten the triad. Imagine that during a session you step out of the room. The client tells the interpreter that he is not really taking his medication, but says not to tell the doctor. You can protect your interpreter by not leaving him or her alone with the client, or by stating up front that no discussion is to be secret. Another example is helping the interpreter to save face, perhaps by clarifying words or procedures outside the session; Plan ahead how to handle uncomfortable situations, for example a client undressing for a medical exam.

Lastly I will caution you to protect your interpreter from being used. For example, a client may ask the interpreter for money, a ride or even for housing "as a brother/sister". You can help make the workplace a

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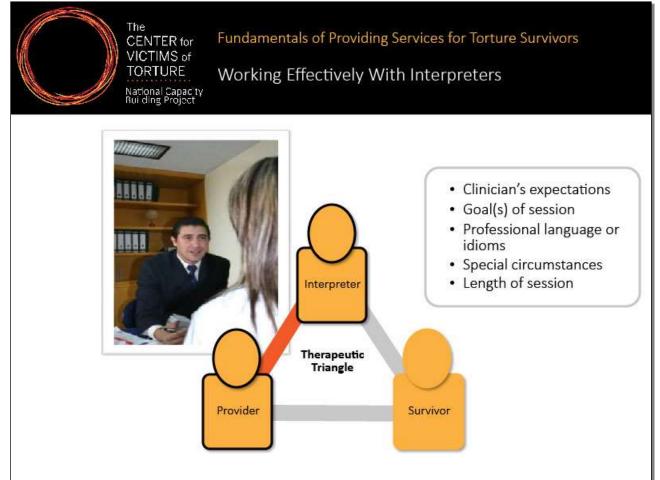
more comfortable place and retain your good interpreters by making it clear to the interpreter that he or she need not and should not go beyond the interpreter role.

Slide 14 - Next: Pre- and Post-Sessions



Now that we've discussed some considerations, let's discuss the "hows" of working with interpreters.

Slide 15 - Therapeutic Triangle

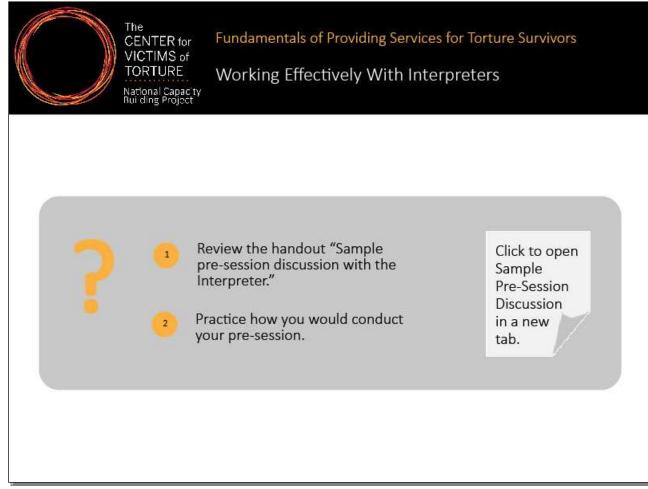


It is very important to do a pre-session meeting with your interpreter. This is the time you will explain instructions for this specific session in detail. What is the goal of the session? What are you looking for? What forms need to be completed? Never assume the interpreter understands jargon or professional idioms. If you are going to be talking to the client about medication or a symptom, tell the interpreter some of the terms you will be using. Allow the interpreter to write down the words if they are complex or new. Get verbal confirmation after each piece of information given to ensure comprehension.

Notify the interpreter of how long you plan to run the session. The scheduler, if other than yourself, may not have been clear. It is terrible to get into a great session only to have the interpreter announce they have to leave for another appointment. Adjust your session plans rather than cancel if the interpreter doesn't have enough time. It takes a lot of emotional energy as well as other resources for the client and interpreter to get to the session.

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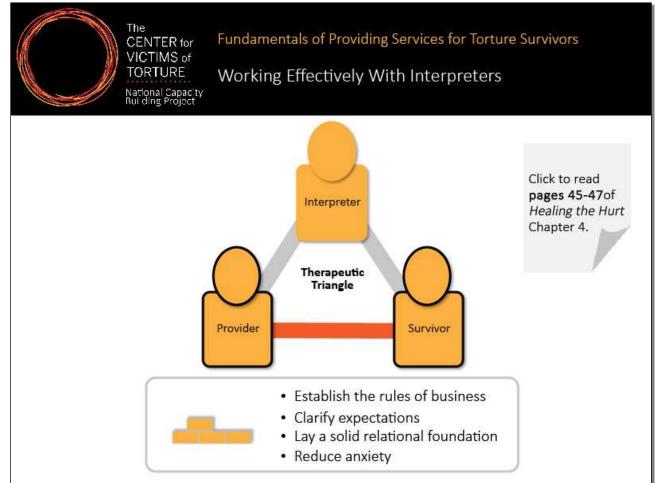
Slide 16 - Pre-session practice



Let's apply what you've learned. Click on the document icon to review the handout "Sample Pre-Session Discussion with the Interpreter". Next, practice how you would conduct your pre-session.

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Slide 17 - Therapeutic Triangle 2

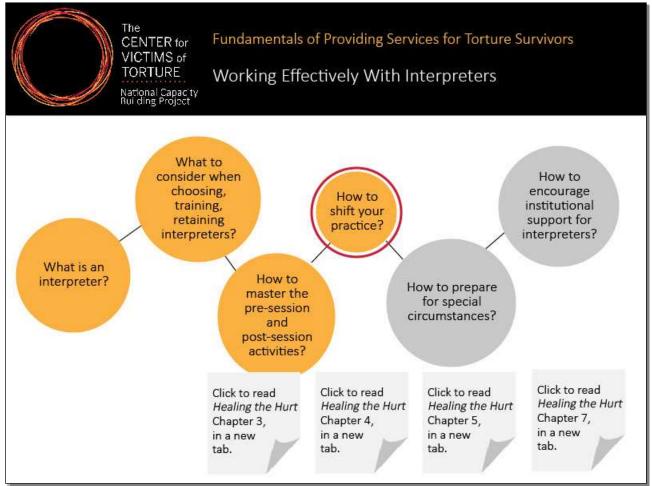


Once you have met with, and prepared the interpreter, you must now turn to your survivor client and prepare him or her for the interpreted session. This is only done once with the survivor, and it is well worth the investment. Remember, you are building trust and rapport in everything you say and do, including these opening rituals: establish the rules of business, clarify expectations, lay a solid relational foundation and reduce anxiety.

Traumatized survivors often need to be assured about boundaries, roles and expectations. By creating a reliable structure, you are inviting control and reducing helplessness – key components to healing trauma. In addition, this practice of including the survivor in the discussion allows for her or him to take co-ownership of the relationship and you will see fewer cancelled sessions and more involvement. For more discussion on this topic, please see the CVT publication *Healing the Hurt*, pages 45-47.

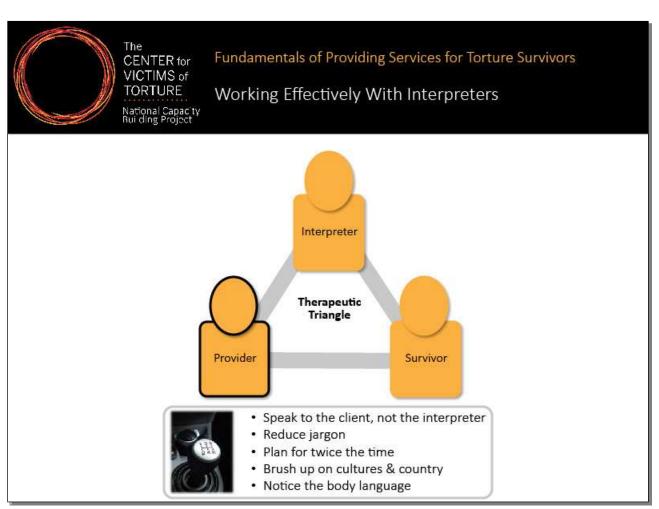
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Slide 18 - Next: Shifting Your Practice



Now I'd like to address some of the challenges that clinicians often face when working with interpreters. Ultimately, it's about shifting your practice to meet the needs of survivor, interpreter and yourself. You can find more information about this section in *Healing the Hurt*, a CVT publication, especially in Chapters 3, 4, 5 and 7.

There are some excellent tips for working with interpreters in social service, mental health, medical and legal situations.



I've mentioned that most of us are trained to speak to our clients, but as soon as a non-English speaker is present, we forget all our training, and we focus our attention on the interpreter! It is critical to speak to the survivor, not the interpreter. If you hear yourself saying, "Tell him (this or that)..." or "tell Ahmed..."then you've got to adjust or shift your practice. Make a list for yourself of the common terms you use and simple definitions or explanations. Try it out on your partner or spouse to see if someone from a different discipline can understand what you mean.

An interpreted session means at least twice the time of a non-interpreted session. If you normally meet with survivors for 50 min, schedule to meet with your client and interpreter for 2-2.5 hours. This is face to face, not including your time for note writing. You will need more time to trade off between languages, and you will need to set up at the beginning and to review with the interpreter at the end of each session. While you are working with an interpreter, pay attention to how long you speak. A common speech turn is about 50 words.

Be careful not to go on too long a tangent, only to find the interpreter has forgotten where you started! Another shift that will enhance your practice, is if you know a little something about the culture, country, conditions and general lifestyle where the survivor, and perhaps the interpreter, are from. This can help to build rapport and confidence of survivor, and it can also build your own confidence and familiarity with the

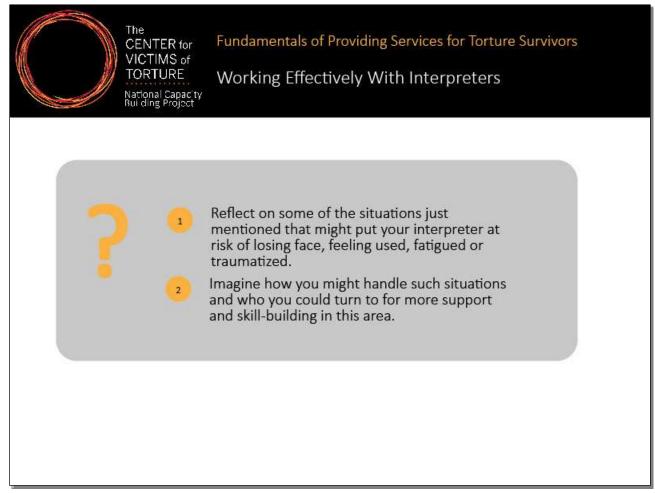
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stories you are about to hear. When a survivor tells you he misses eating *fou-fou* (a common food in West Africa), and you nod knowingly, both you and the survivor will be relieved! Lastly, my favorite perk of interpreted sessions, I have time to relish body language, skin changes and other non-verbal communications from my client that I might have missed if the session were in English and conducted at a faster pace.

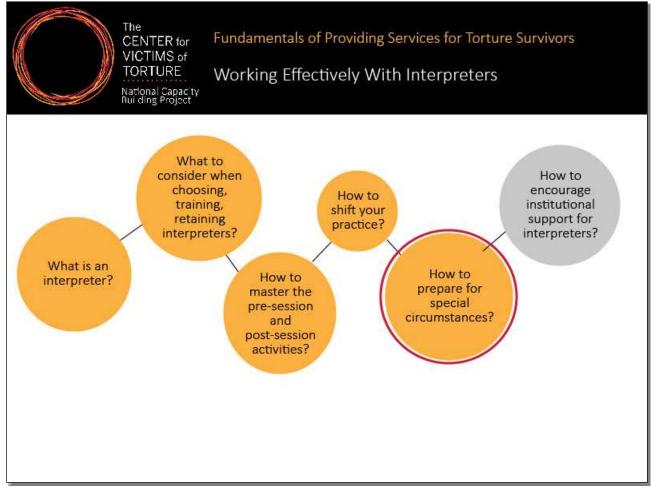
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Slide 20 - Reflections



Let's reflect on what you've learned. Please read the questions and record your answers in your journal.

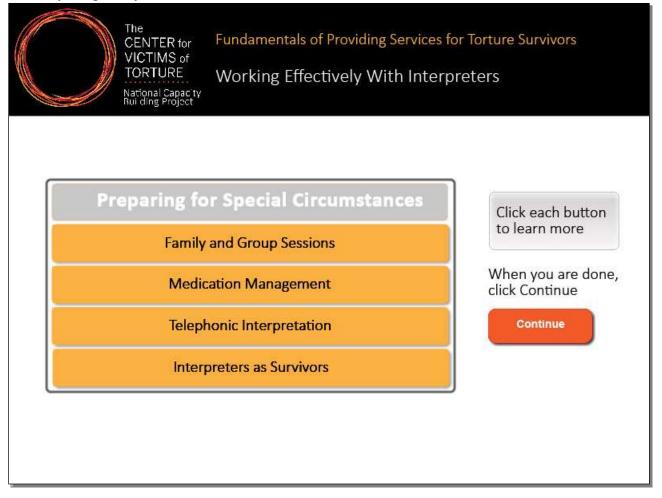
Slide 21 - Next: Special Circumstances



It's important to realize that working effectively with interpreters requires preparation for special circumstances. Let's discuss some common special circumstances that are likely to arise.

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### Slide 22 - Preparing for Special Circumstances



### Slide 24 - -Family or Group Sessions



I want to remind you that many torture survivors are here with their families, and their families often suffer with similar symptoms or suffer because of the survivors' symptoms. Involving family members can be a wonderful intervention, if done with respect, creativity, and knowledge. If you meet with the family as a group, prepare yourself, your interpreter and your group ahead of time. For example, you might consider holding a pre-session planning meeting with the survivor, the interpreter, and an elder, such as the spouse or parent of the survivor. This way you and the interpreter are not such strangers to the family and might gain the blessing of the elder. This also builds pre-session rapport for you and the interpreter. Always schedule more time than you think you will need for a family session. All interpreted sessions need more time, but you must realize you are compounding that need for time by serving a larger group. You might also consider including more than one interpreter for a family or group session. For example, a male and a female interpreter might be helpful to encourage both genders to speak up. Lastly, discuss with your interpreter(s) any concern over alliances or potential conflicts they may have with the survivor or his or her family. Are the interpreters or their parents from the same town or village? Do they worship at the same place? Are their families historical enemies due to clan or ethnicity? Alliances like these are unfamiliar to most Americans, but the stuff of everyday life for most of the rest of the world.

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### Slide 24 - - Medication Management



Consider that interpreters may improve communication about how to properly use medications in therapy or treatment. We can never assume the survivor or the interpreter are fully knowledgeable about the use of medications. In many countries, the only medication available is an antibiotic or a vaccination. Long-term use or recognition of side effects is largely unknown. Also, use of herbals may be common, but not disclosed to the provider.

Learning to utilize an interpreter effectively in psychiatric sessions, medication management sessions, or in ongoing psychotherapy, may be critical to a survivor's recovery. Preparation of the interpreter in pre-session and on-going education of both interpreter and survivor about the expectations of psychiatrists and medical doctors will help all three of you – the provider, the survivor, and the interpreter – to function better as a team and move the survivor along in healing.

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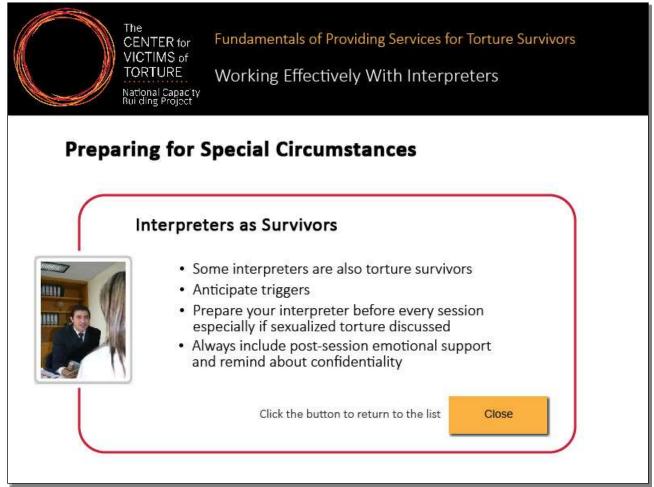
# Slide 26 - - Telephonic Interpretation



Next, I would like to call attention to the use of telephonic interpretation, and to shed some light on the pros and cons of this practice. Some providers will frown on the use of the telephone for therapy. However, it can be utilized to your advantage in an interpreted session. For example, you may be able to use a smaller office and you may have access to home bound interpreters, such as stay at home moms or elders. Some survivors may be more comfortable with telephone interpretation, feeling less fearful of being recognized. Others may reject it, worrying about confidentiality. Respect the survivor's preference on this. If you use telephonic interpretation, do be aware of the environment on both ends of the line. If the survivor is outside of your office, does s/he have anyone listening in that might hinder an open discussion? Is it noisy or are children present to distract? Ideally, the survivor should be in your office and the interpreter on the phone, but it can work in many different configurations, as long as you the provider maintain control.

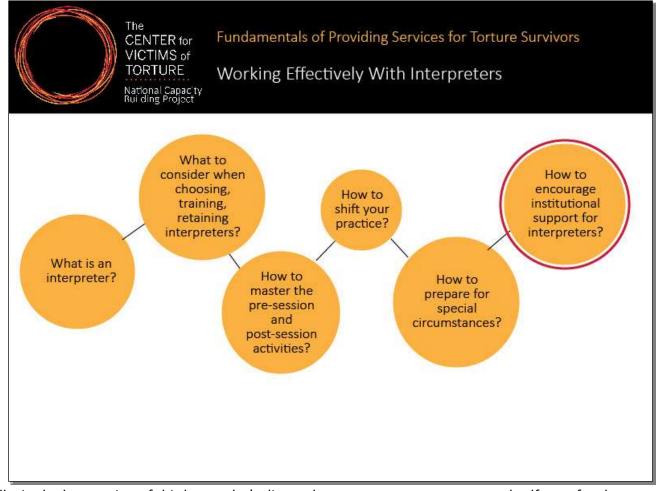
If you have an interpreter on the line via 3-way call, after your session be sure that the survivor has hung up before you discuss any other business, especially any other survivors who may be next on the list to call. Be sure that you practice using the conference call features on your phones before you make your first call for an actual session.

### Slide 27 - - Interpreter as Survivor



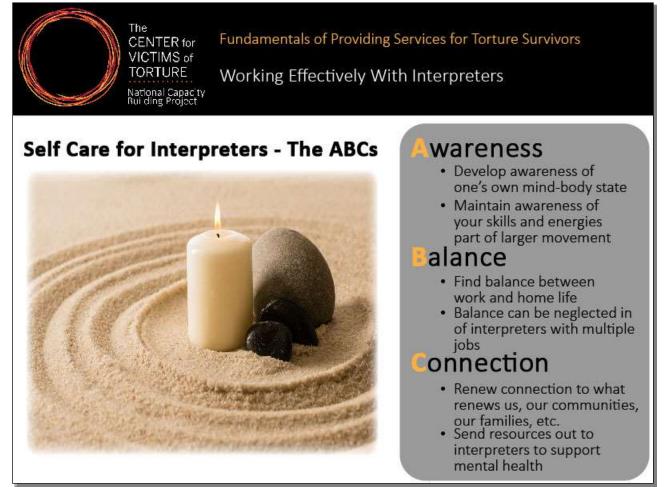
Since we know that some interpreters are also torture survivors, you may never know all of their prior experiences, so it's best to assume there will be many triggers in sessions. Prepare your interpreter before every session, but especially when rape or other sexualized tortures may be the topic of discussion or other medical examination. Finally, always include time for post-session emotional support and make reminders about confidentiality, even with experienced interpreters.

Slide 28 - Next: Encourage Support



Finally, in the last section of this lesson, let's discuss how to encourage support and self-care for the interpreters.

# Slide 29 - Self-care for Interpreters



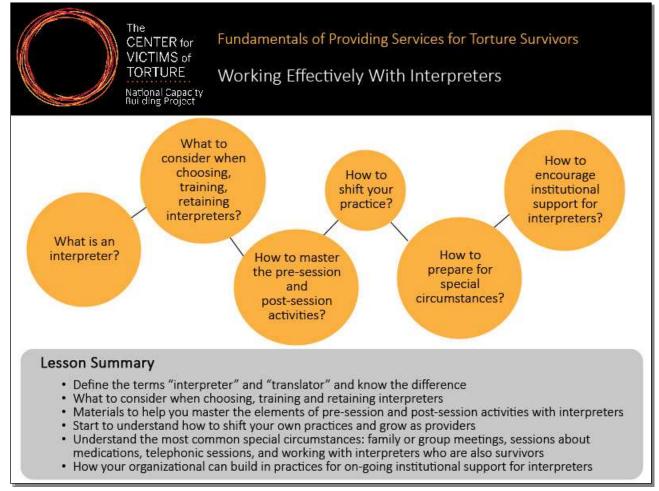
Like all of us, professional interpreters need to take care of themselves so they can continue being conduits for healing communications.

One simple formula you might use in training and post-session review with interpreters, is the ABCs of selfcare. Developing an awareness of one's own mind-body state, and not falling prey to denial or self-medication of to cope with stress. Maintaining an awareness of how one's skills and energies are a part of a larger movement to heal torture, and finding balance in work and play is always important, but often neglected in our busy lives (and for interpreters, often a multi-layered employment experience). And finally, renewing connection to what makes each of us tick, to our communities, our families, our reason for being in the world. Additionally, you may also want to consider lining up some resources in case an interpreter asks for mental health resources. This may be due to vicarious trauma, previous experiences, or just everyday problems. Keep in mind that it may be a big step for him or her to ask you for such a referral, so having it handy could be very useful. • • • • • • • • • •

I suggest the ABCs be a part of every post-session review to remind us of specific activities we use in order to stay in top shape for this demanding work we do to help heal survivors of politically motivated torture and their families.

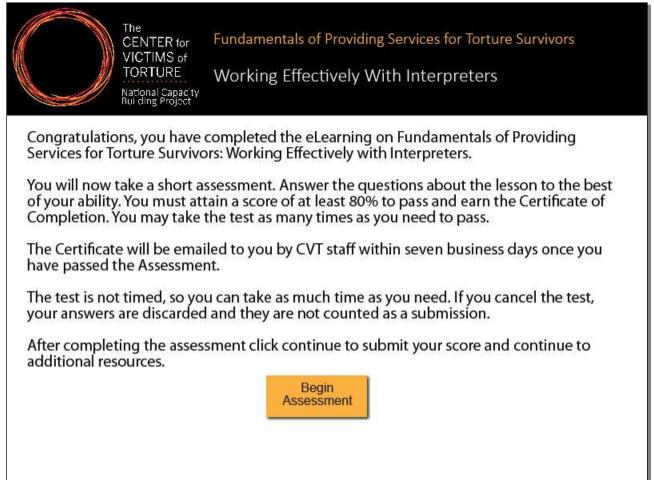
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Slide 30 - Lesson Summary



Congratulations, you've completed this lesson. We've covered some important aspects of how to choose, train, and retain excellent interpreters. You have materials that will help you master the art of the pre-sessions with both your interpreter and your client. We've opened what I hope will be a long, interactive dialogue for you all about how you need to shift your own practices and grow as providers in this field of service. We have also covered some of the most common special circumstances that you should be prepared for: family or group meetings, sessions about medications, use of the telephone, and working with interpreters who are also survivors. Lastly, I hope each of you will pay attention to how your organization can build in practices for on-going institutional support for interpreters. Thank you for participating in this lesson.

#### Slide 31 - Lesson Assessment



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