

UTILIZATION OF INTERPRETERS

1. INTRODUCTION

People with limited English proficiency (LEP) and people who are deaf or hard of hearing face many barriers to health and mental health care. When communication barriers prevent providers from understanding clients, effective care is impossible. Not only may it be difficult to obtain the client's informed consent, but these barriers may also lead to improper diagnoses. Overcoming language barriers is critical to the well being of these clients. Consider hiring a bilingual provider or staff interpreter, or contracting with a language bank and community-based organizations who have staff fluent in various languages. Telephone translation services can provide interpreter services in over 140 different languages. A relay service for communication with patients who are deaf or hard of hearing is also available statewide (National Health Law Program, 1998).

Alaska has taken steps to improve communication in cross-linguistic legal situations. The 1999 Alaska Judicial Conference on Interpreting, the work done by the Language and Cultural subcommittee of the Alaska Supreme Court Advisory Committee on Fairness and Access, and the ongoing work of the Alaska Court Service Interpreter Task Force have been significant steps. Although state certification of interpreters is not currently required in Alaska, momentum towards establishing standards in Alaska is growing.

2. DECIDING WHEN YOU NEED AN INTERPRETER

Whenever a client requests, you must provide a trained interpreter, or when you believe that language or cultural differences may be preventing clear communication between you and the client. Clients may always refuse the use of an interpreter.

If the organization you work for receives federal funds of any kind, you are required to provide language assistance for limited-English speakers. According to Title VI of the 1964 Civil Rights Act, no recipient of federal funding may run its program in such a way as to discriminate on the basis of race, color, or country of national origin. One method to ensure equal access to care is to work through trained interpreters.

3. HOW TO CHOOSE AN INTERPRETER

A certified interpreter is a trained professional who can speak at least two languages and works in a health or mental health setting to make possible communication among parties using different languages. The skills of a certified interpreter include cultural competency, awareness and respect, as well as mastery of medical/social service terminology (depending on specialization). This creates

mutual trust and accurate communication leading to effective provisions of medical/social services (American medical Interpreters and Translators Association, 1998).

The quality and availability of interpreter services will vary in different parts of the state, depending upon available training and resources.

AT THE VERY LEAST, THE INTERPRETER SHOULD BE:

(Adapted from Cross Cultural Health Care Program, Working effectively with Interpreters in Health Care Services, 1998)

- **Fluent in both languages in question.** Language screening may be necessary to establish the degree of fluency.
- **Trained as an interpreter.** The fact that a person is bilingual does not make her or him an effective interpreter. Interpretation requires special skills that are acquired through training and experience. While training for interpreters will vary by region, some professional training is absolutely necessary. Certified interpreters must adhere to a professional code of ethics, including keeping all patient information confidential. Certified medical interpreters should also be familiar with medical terminology. It is useful for interpreters for crime victims to be familiar with issues and terms relating to victimization and mental health. Mistakes common to untrained interpreters including adding material, omitting material, changing messages, giving opinions, and not maintaining necessary professional boundaries.
- **Not a Community-Based Advocate.** An advocate's role is to support victims while the interpreters role is to remain as neutral as possible. When an advocate serves as an interpreter a conflict of interest may occur that may ultimately be detrimental to the victim.
- **Not a family member.** Family members play a valid role in providing client support, however, they are not appropriate interpreters. In cases of family violence, using a family member for interpretation is not recommended as it may put the client at greater risk. Additionally, it can be unfair to ask a family member to take on the role when they may need to deal with their own response or feelings around a family member's health. It is difficult for a family member to remain neutral and strictly interpret the provider/client conversation, and victims may also be loath to discuss certain problems in front of a family member (confidentiality concerns become paramount). Family members are also likely to be unfamiliar with medical and clinical terminology. If absolutely necessary a family member could be used for interviews where confidentiality and safety are not a concern, where nothing of a clinically sensitive nature will be discussed (such as setting up an appointment).

- **Never a child.** In addition to those concerns mentioned above, the use of children to interpret might create a power dynamic in the family where children are put in the position of having to take on a parental, adult role. Lack of vocabulary in both languages may be a problem when children interpret. In addition, children may be adversely effected by having to pass on bad news to a family member.
- **Appropriate fit with victim in terms of culture/ethnic/gender/age differences.** Be aware of ethnic, language (dialect/accent), and cultural differences between the client and interpreter share the same language does not mean they are culturally similar or that they will be able to communicate effectively. In some ethnic groups, women and girls prefer a female interpreter and some men and boys prefer a male. Some older clients may want an older interpreter.

In small communities it may be difficult at times to find an interpreter who isn't connected to the victim or perpetrator. In these cases discuss your concerns with the potential interpreter and refer to the interpreter code of ethics. Use a phone interpreter if you, the interpreter, or the client think it will be difficult for the interpreter to remain neutral.

4. **ROLE OF THE MEDICAL/MENTAL HEALTH INTERPRETER**

THE BASIC ROLE OF THE INTERPRETER IS:

- To facilitate understanding in communication between people who are speaking different languages.
- To dissolve the barriers that language differences create between people.
- To create conditions similar to those that would exist by two people sharing a common language.

SOME SPECIFIC ROLES OF THE TRAINED INTERPRETER ARE:

(Adapted from Cross-Cultural Health Care Program, Roles of the Medical Interpreter, 1998).

- **Conduit:** Rendering in one language accurately what has been said in the other, with no additions, no admissions, no editing, or polishing.
- **Clarifier:** In this role the interpreter verbally explains or makes word pictures of terms that have no linguistic equivalent (or whose linguistic equivalent is not understood by the victim) and checks for understanding. The interpreter takes this role when he or she believes it necessary to facilitate understanding.
- **Culture Broker:** In this role, the interpreter provides a necessary cultural framework for understanding the message being interpreted. The interpreter takes

this role when cultural differences are leading to a misunderstanding on the part of either the provider or the client.

- **Advocate:** Advocacy is an action taken by an interpreter, on behalf of the client, outside the bounds of an interpreted interview. The advocate is concerned with the quality of care in addition to quality of communication. Interpreters appropriately become advocates when the needs of the client are not being met due to a systematic barrier such as the complexity of the health/mental care system or racism.

5. **WORKING EFFECTIVELY WITH INTERPRETERS: BEFORE, DURING AND AFTER THE SESSION**

(Adapted from Graham, 1995).

BEFORE THE SESSION

- If possible hold a pre-visit conference with the interpreter-introduce yourself to the interpreter (this is especially important the **first** time you work with an interpreter.
- Establish the interpreter's level of English skill and professional training and request that the interpreter interprets everything into the first person (to avoid "he said, she said.")
- Establish the context and nature of the visit "Ann is a new client so I will be taking a history..."
- Determine if there are any time constraints on the interpreter.
- Ask the interpreter if he/she has any concerns that he/she wants to share before the visit.

DURING THE SESSION

- Introduce yourself to the family (if present) and the interpreter.
- Write down the interpreter's name and interview language on the progress note.
- Tell the interpreter where you want him or her to sit. Beside the provider or just in back of them is best because the client looks at both the provider and the interpreter.
- Direct questions to the client, not to the interpreter unless they are meant for the interpreter. If you are going to pause and ask the interpreter a question in English, tell the client that this is what you will be doing.

- Establish the style of interpretation. In general, speak at an even pace in relatively short segments; pause so the interpreter can interpret. Simultaneous interpretation may be useful for short statements like how to take medications, but can often be confusing. Summary interpretation, where the provider or client makes long statements and the interpreter tries to summarize them can be used for simple problems and to explore sensitive areas but can lead to errors.
- Work to ensure that everything you say, everything the client says, and everything the family members (if present) say is interpreted.
- Do not hold the interpreter responsible for what the client says or doesn't say; the interpreter is the medium, not the source of the message.
- Be aware that many concepts you express have no linguistic or often even conceptual equivalent in other languages. the interpreter may have to paint word pictures of many terms you use; this may take longer than your original speech.
- Avoid highly idiomatic speech, complicated sentence structures, sentence fragments, changing an idea in mid-sentence, and asking multiple questions at the same time.
- Encourage the interpreter to ask questions and to alert you to potential cultural misunderstandings. Respect an interpreter's judgement regarding the cultural appropriateness and either ask for help in rephrasing questions or ask for help in eliciting information in a more appropriate way.
- Check your own assumptions. Avoid patronizing the client. A lack of English language skills is not a reflection of low cognitive functioning or lack of education.
- Acknowledge the interpreter as a professional in communication. Respect his or her role.
- Be patient. Providing care across a language barrier takes time. However, good rapport and clear communication will repay the time spent up front.
- Control the interview just as you would in a session where no interpreter is required. You have your job; the interpreter has his/hers.
- In closing the session make a plan for how to schedule the next appointment (ask the interpreter to help with this) and also plan for how the client can change the appointment if needed (this can often be done through the interpreter or his/her agency.)

AFTER THE VISIT

- Do a post-visit conference with the interpreter outside the room if you have concerns about the interview. This can help determine if there are language problems (perhaps accents or dialects that are different,) or if the client has a mental illness that present a barrier to communication.

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RELATED READING

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