# Working with Interpreters: Service Provision with Torture Survivors

- Cross-cultural and trauma-informed skills are critical in all interpreter services
- Identify, manage, and address challenges faced by refugees, interpreters and service providers
- Explain best practices for working with an interpreter during a service encounter
- Interpreters' role varies from the black box, where the interpreter is machine-like to bi-cultural where the interpreter is collaborative, providing cultural formulations, recommendations, and even advocacy

## BEST PRACTICES FOR WORKING WITH INTERPRETERS

### PRE-ENCOUNTER CONVERSATIONS 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 (rhythm, pauses)
7. Encourage interpreter to interrupt and request speaker to slow down, repeat, or clarify

### 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
8. Manage boundaries and professional behavior

### DEBRIEFING CONVERSATION WITH INTERPRETER

1. Acknowledge and thank the interpreter for their 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

## ENSURING INTERPRETED SESSIONS REMAIN CLIENT-CENTERED

- Safety and Empowerment
  - ♦ Prepare clients to work with an interpreter
  - ♦ Provide introductions
  - ♦ Discuss confidentiality
  - ♦ Check in with clients on room positioning and address concerns
  - ♦ Encourage clients to voice any confusion or uncertainty
- Choice
  - ♦ Elicit preference for remote or proximate interpretation
  - ♦ Male or female interpreter
  - ♦ Allow a change in interpreter when requested
- Self-determination
  - ♦ Start in one language and then switch to another if needed for effective communication
- Trauma-informed
  - ♦ Have as much predictability as possible around the encounter and use of interpretation
  - ♦ Position everyone in the room that feels the safest for clients
    - ⇒ Do they want to see the door or be next to the door
  - ♦ Train or ensure interpreters are trained in trauma to better equip interpreters to tolerate clients' trauma reactions and to manage their own vicarious trauma reactions

## INTERPRETED ENCOUNTERS SHOULD BE TRAUMA-INFORMED

Looking through a "trauma lens" when providing services helps to understand the role of trauma in a client's presentation, behavior, use or lack of use of resources, and resilience and coping strategies. A "trauma lens" should also guide service providers in their responses to clients, selection of interventions, emphasis on confidentiality, and referrals for additional support. A "trauma lens" is critical because:

- Clients' experiences of betrayal by authority figures may impact their views of service providers
- Significant distrust can prevent service access
- In small communities, survivors and interpreters may know each other
- Stigma could impact disclosure of experiences and symptoms
- Support interpreters who can be impacted by the client's story and experiences

## WAYS TO ENSURE INPTRETED ENCOUNTERS ARE 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

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## BASIC DO'S

- Immediately establish the client-service provider dyad:
  - Make introductions
  - Explain:
    - ⇒ Interpretation process
    - ⇒ Roles
    - ⇒ Expectations
    - ⇒ Confidentiality
- Speak directly to the client and in the first person
- Consider positioning:
  - Stand or sit close to the interpreter so that the client can observe the interpreter's and the service provider's expression and gain an important part of the overall communication
- Look at the client, not the interpreter
- Speak at a normal rate of speed and make clear statements
- Speak in short sentences
- Say only what should be 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
- It is important to validate to the client how strange the interpretation experience can feel
- Check in with clients on the efficacy of the interpreter
- Encourage interpreters to learn the commonly used terms in the interpreted language
- Take time with clients to explore the meaning of words

## BASIC DON'TS

- Don't depend on children or other relatives and friends to interpret when other options are possible
- Don't ask the interpreter to do something outside of the role of interpreter that was not previously discussed and agreed upon, such as translating a document
- Don't ask the interpreter for 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, unless the interpreter is acting as a cultural broker.
- Don't hold personal conversations with the interpreter when the client is in the room. Once the interpreter has taken on their role, they can no longer be a part of the conversation.
- Don't stop to watch or wait for the interpreter to begin speaking. The interpreter may require a complete sentence in English before beginning to speak.

## FURTHER CONSIDERATIONS

In addition to language barriers, related policy and access issues, and resource constraints, there are additional layers that service providers must navigate. Considering and predicting these factors can help the client, the service provider and the interpreter to communicate more effectively, maintain the alliance in the care, and support referrals to additional services.

- Effects of interpersonal trauma
  - Limited trust of others, systems, and authority
  - Disconnection from their cultural community
  - Psychiatric symptoms
  - High risk behaviors
  - Depressed mood
  - Client concerns about private and confidential information
- Stressors related to displacement
  - Limited support system
  - Disconnection with community
  - Environmental stressors
    - ⇒ Unstable housing
    - ⇒ Financial difficulties
    - ⇒ Lack of access to healthcare
    - ⇒ Lack of access to transportation
    - ⇒ Limited life skills in a new environment
- Cultural differences
  - Unfamiliarity or discomfort with discussing issues outside the family
  - Difficulty talking about topics not commonly discussed in one's culture
  - An interpreter from the same culture could impact what the client chooses to disclose
  - Expectations of roles and responsibilities

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## IMPACT OF NOT HAVING AN INTERPRETER

- Medical Care
  - Worse understanding of diagnosis and treatment may occur
  - Patients may be less likely to obtain preventative care
  - Delays in treatment initiation, management and discharge from hospitals may occur
  - Higher rates of non-adherence to medication may occur
- Psychiatric and Psychosocial Care
  - Clinicians more likely to ask closed-ended questions that elicit brief replies
  - Different or wrong symptoms may be endorsed
  - Mistakes in word tense can lead to confusion about current condition, especially concerning suicide assessment
- Education Settings
  - Children and parents may not receive the same orientation to a school
  - Handouts, announcements and permission slips may be less likely to be read, understood or followed up on by the parents
  - Delays or cancellations of meetings may occur
- Social Service Agencies
  - Clients may be asked to sign documents they do not understand
  - Denial of eligible public benefits may occur
- Asylum Office
  - Delays in cases due to lack of or poor interpretation

## RESOURCE CONSTRAINTS

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

## CHALLENGES FACED BY INTERPRETERS

- Strong identification to client/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

## LANGUAGE RIGHTS AND REALITIES

**Interpretation is very often clinically indicated and in many settings legally required. Yet, progress is still needed to ensure interpretation services are being offered to those most at need, resulting in providers offering resource-limited services, rather than best practice services.**

- **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 is enacted**
- **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**

## 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 the needed vocabulary or grammar for bio-psycho-social-legal services that are provided
- Need for interpretation is inevitable in most settings

This information guide is based on research and a January 21st, 2015 NPCT webinar on this topic presented by the director of social services at the Bellevue/NYU Program for Survivors of Torture, Nancy Murakami, LCSW. The webinar is archived on our website, www.gcjfcs.org/refugee/webinars

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## MODES OF INTERPRETATION

- Consecutive: interpreting occurs after the speaker has completed speaking
- Simultaneous: interpreting occurs 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 in:
    - ⇒ Assessments
    - ⇒ Factual information, such as directions to an agency
    - ⇒ Explaining technical procedures
  - ♦ Challenges:
    - ⇒ May require interruptions
    - ⇒ Takes a long time
    - ⇒ Miss out on nuances and 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

## 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)
  - ♦ Offers guidelines for:
  - ⇒ Practice
  - ⇒ Training interpreters
  - ⇒ Raising the quality and consistency of interpreting
  - ⇒ Performance monitoring

## RESOURCES

- Interpreter Associations of Standard Setting
- Cross Cultural Communications
  - ♦ Training, consultation, and technical assistance in community interpreting
- The Voice of Love
  - ♦ Trainings, resources, and support for trauma-informed interpreting
- "Intersect: A Newsletter about Interpreting, Language, and Culture"
- Development for your organization:
  - ♦ Research available interpreter services in your community
  - ♦ Seek funding for interpreter trainings
  - ♦ Develop interpreter trainings (and refreshers) for interpreters and for service providers
  - ♦ Develop confidentiality agreement and codes of ethics for interpreters
  - ♦ Develop system for monitoring, evaluating, and giving feedback to interpreters
  - ♦ Develop interpreter support structures, including supervision, trainings, meetings, and mentorship programs

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