WORKING WITH INTERPRETERS

Minimizing the challenges of language barriers to make therapeutic outcomes more successful

BY MASITSA L. SHAMALLA, RCC

Another Monday at the office. You're working in an understaffed, overtasked health-care office. A client comes in highly distraught as her children have been apprehended by child protection workers. You try to calm her down. When she starts to explain the situation, you realize her grasp of the English language is too limited for you to communicate effectively or to help her efficiently. You call her social worker and are told she speaks Slovak, a rare language in your city. You then embark on finding a suitable interpreter, acutely aware that your next client will be showing up in less than half an hour. As you dial your local immigration agency for leads, you wonder how much language barriers contributed to your client's current situation.

This scenario has become common in health care and is likely to become more so with increasing migration. Psychology and psychiatry were developed in a Western context, and applicability is limited when it comes to minority populations. Therefore, it is important, if not ethical, for clinicians to be aware of issues facing clients with English as a foreign language, including First Nations communities, and to know how to access help with interpretation.

ISSUES AND SOLUTIONS

Canada is a highly diverse society. According to Statistics Canada, 12.7 per cent of Canadians speak a language other than English or French predominantly at home, and about nine million Canadians have a mother tongue that is neither English nor French.[1] Undeniably, this has a significant impact on every aspect of service delivery, and health care is no exception.

Communication is vital for the delivery of inclusive, culturally competent, safe care. Although interpreter-mediated health care has been shown to improve clinical outcomes and contribute to higher patient satisfaction, studies have found that professional interpreters in health care are underused globally.[2] There are many reasons for this, some I have experienced and observed:

* lack of knowledge about where and how to access interpreters
* lack of access in remote locations
* lack of knowledge about client background
* lack of confidence in communicating with racial or differing minorities
* lack of training in working with interpreters
* lack of resources (i.e., time and money)
* lack of interest in /awareness of the importance of using interpreters
* poor perceptions of interpreters as professionals

Granted, inviting interpreters into your session is not without its complications. I have experienced various difficulties, including that interpreters and clients tend to be members of a minority group and very often relate outside of session (e.g., breaking Eid fasts together). If they don't know each other's families, chances are they will before the week is done. Undoubtedly, this can further complicate, as well as compromise, the counselling process.

While this can be avoided by using telephone interpreters, it is not without its faults. Although telephone interpreters tend to be better trained and there are fewer boundary issues, sessions tend to be impersonal, lacking in the vital information garnered through reading body language.

Two typical reactions arise for clinicians considering using interpreters: self-consciousness about having someone observe or judge their work, which could lead to hypervigilance; and frustration that everything takes longer to communicate.[4] When I started working with interpreters, these two factors didn't affect my sessions as much my sense of a lack of control, detachment from my client, and splitting due to the interpreter and client feeling a camaraderie against the "system" I

THE FOUR MODELS OF INTERPRETATION[3]

1. Linguistic: word for word

2. Psychotherapeutic: meaning and feeling is most important

3. Advocate: for the individual or wider cultural group

4. Cultural broker: also interprets relevant cultural and contextual variables

TIPS FOR WORKING WITH INTERPRETERS

Before session

* If possible, use an interpreter that speaks the first language (and dialect) that your client speaks. Language contexts predict differences in behaviour and personality.[5] Meanings may be coded, emotionally processed, and internalized in one language and not directly accessible in another language.

* Match gender, age, and religion whenever you can, and try to use the same interpreter for all sessions, if possible.

* Special care needs to be given when working with First Nations clients. The expectation that interpreters remain neutral and impartial is unrealistic. Interpreters are challenged by a legacy of historical and ongoing power differentials, as well as the drive to express solidarity with their kin, community, and people. Impartiality needs to be balanced against interpreter visibility, which empowers interpreters to carry out their professional duties with agency and confidence, facilitating access and greater engagement with the health-care system.[6]

* Do not use children for interpretation, and only use family members when absolutely necessary.

* Educate yourself about your client's background through research and questioning the client/interpreter. Power differentials in your client's socio-political background may affect their relationship with the clinician and interpreter.

* If possible, meet the interpreter before the session and initiate a therapeutic relationship. Communicate roles, expectations, boundaries, responsibilities, ethics, confidentiality; address transference, countertransference, vicarious trauma; and explain the therapeutic process.

* Decide if you would like to sit in a triangle so you are equidistant or if the interpreter should sit behind the client.

* Communicate to your client the interpreter's role and background, explain confidentiality and the therapeutic process, as well as your expectations.

During session

* Make eye contact with the client and speak directly to them (not to the interpreter).

* Speak slowly and clearly, being cognizant of your interpreter's education level. Consider how easily your words can be translated. Avoid technical terms and sayings.

* Allow time for the interpreter to communicate what you said and for the client to clarify.

* Use the interpretation time to observe the client and formulate questions and the direction of the session.

* Ensure you remain in charge of the session; this is important to your client. If necessary, interrupt the interpreter to clarify the process.

* Reviewing at the end of session is helpful for all parties.

* Provide supportive health information if possible. A lot of health articles have been translated into different languages and are available free of charge.

* You have a duty of care to debrief with the interpreter after the session. They likely have no knowledge of mental health, no supports without breaking confidentiality, and many times, no self-care strategies.

represented. Fortunately, this changed when I remained consistent with my boundaries and showed respect and unconditional positive regard to my client and interpreter.

Although I am aware that language is not directly interchangeable, I also experienced some frustration when I felt that not everything being said was being translated. However, after appropriately interrupting the interpreter a few times, and with added trust, the interpreter interpreted the client's speech in more detail.

Clients may also be reluctant to have an interpreter in session. Some sense a potential threat from someone who speaks their own language, often for socio-political reasons, or they may fear being judged. Many are anxious about confidentiality as everyone in small communities tends to know each other, or they may feel frustrated if they feel what they are saying is not being relayed accurately. Some clients have reported feeling infantilized, especially if the interpreter is younger than them.[7]

One of my greatest lessons was the assumption that clients are more comfortable with clinicians from their own background. In a group consultation, a client shared that it is "more shameful to share how bad your life is with someone similar to you who is doing much better than you. It makes you feel that it is possible and that you failed."

Other issues include conflict of interest, lack of group confidentiality, cultural considerations (e.g., age, gender, political agendas), vicarious trauma and triggers from their own trauma, professional ethics, and the interpreter not being fluent in both languages.

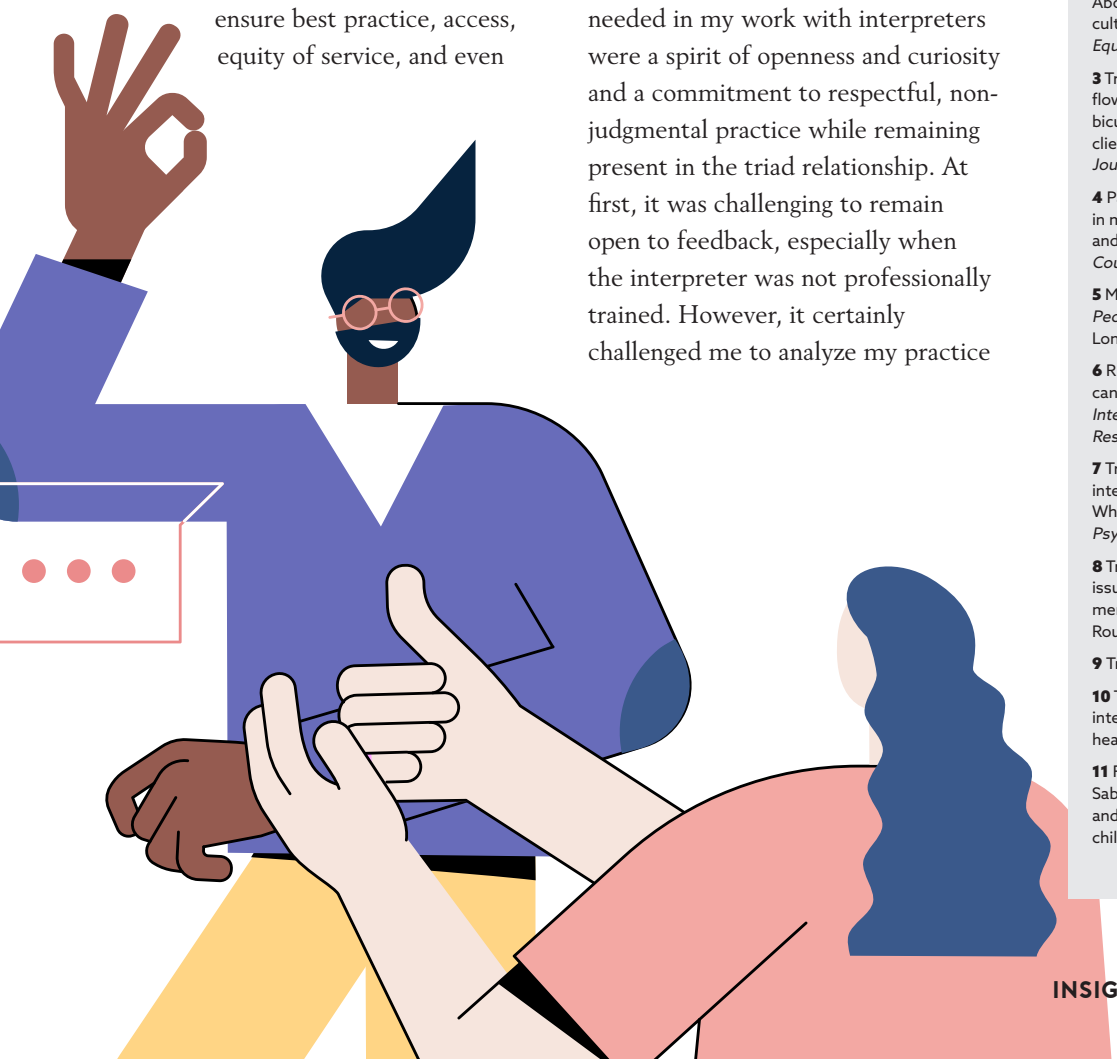
ENSURING BEST PRACTICE

Counsellors who use interpreters can experience countless benefits, including widening your scope of practice and enriching your practice by appreciating other cultures — their behaviours, health beliefs, and even world religions, because for many clients, culture, religion, and health beliefs are intertwined. It helps you grow by questioning your assumptions and presents an opportunity for learning through additional research. Interpreters interpret the spoken word as well as the social, cultural, and contextual information, which may have significant bearing on psychological issues.[8]

Clearly, serious clinical, moral, ethical, and legal obligations are involved in therapeutic work using interpreters, but it is essential to use interpreters when needed to ensure best practice, access, equity of service, and even adherence to legislation.[9] Effective communication is vital for accurate assessment, diagnosis, and treatment. It has been proposed that using interpreters in early mental health interventions is not only best practice, but also cost effective, as the cost of inaccurate diagnosis and referrals may be higher.[10] It also leads to better assessment and improves access and quality of care, which increases client trust and results in a better therapeutic relationship and understanding of the treatment plan.

Clients who are unable to communicate effectively are less satisfied with the client-provider relationship, have a poorer understanding of their diagnosis and treatment, are more likely to be misdiagnosed and/or receive inappropriate care.[11]

In my experience, the qualities I needed in my work with interpreters were a spirit of openness and curiosity and a commitment to respectful, non-judgmental practice while remaining present in the triad relationship. At first, it was challenging to remain open to feedback, especially when the interpreter was not professionally trained. However, it certainly challenged me to analyze my practice critically from my viewpoint, as well as that of my client and interpreter. I believe that made me a better clinician and, most importantly, clients received the help they needed in an effective, empowering, and culturally relevant way. ■



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