



Dos and Don'ts: Guidelines for Clinicians Working with Interpreters in Mental Health Settings

General Guidelines

This brief is intended to provide an outline of best practices for clinicians working with interpreters in mental health settings.

- ▷ *Interpreters* facilitate spoken or signed communication between the patient and provider. *Translators* work with written text.
- ▷ Interpreters are obligated to interpret everything said by the patient, provider, surrogate decision makers, and health care proxies (e.g., parents, guardians, spouses, adult children, or persons with durable power of attorney for health care).
- ▷ Interpreters facilitate the exchange of communication between the patient and provider while utilizing the first person when interpreting (e.g., "I want..." instead of "Patient says that s/he wants...").
- ▷ Clinician and patient should speak directly to each other during the interpreted session. If the clinician or patient needs to speak to the interpreter directly, a summary of that conversation should be provided by the interpreter to the other party.
- ▷ Clinicians should avoid speaking for long periods of time without interruption, in order to allow for interpretation to take place.
- ▷ Clinicians should refrain from using overly abstract words or idioms, as these may not have linguistic equivalents in another language (e.g., "do you feel blue?").
- ▷ Patients with surrogate decision makers or health care proxies who are limited English proficient (LEP) should be provided with interpreting services, even if the patient is not LEP.

DOS



- ☞ Keep in mind that the best practice for service provision to people with limited English proficiency (LEP) is to utilize bilingual clinicians. The next best practice is to utilize a trained interpreter (in-person, telephonic, or video-conferencing). Use of untrained family members or friends is not recommended.
- ☞ Know how to access an interpreter (in-person, telephonic, or video-conferencing) and be familiar with the facility's language access policies and procedures.
- ☞ Provide access to interpreters in a timely manner.*
- ☞ Inform patients that interpreter services are provided by the organization at no cost to the patient or patient's family.*
- ☞ Recognize that the clinician leads the session, but a collaborative relationship needs to be established between the clinician and the interpreter.
- ☞ Set a brief introductory meeting (pre-session) with the interpreter, which may be by phone, and cover the following areas:

Clinician should:

- ▷ share basic information about the patient (e.g., demographic information, presenting problem).
 - ▷ If time permits, share his/her level of experience with mental health interpreting and ask interpreter for this information as well.
 - ▷ clarify the type of healthcare setting and purpose of the appointment (e.g., "intake evaluation for outpatient clinic").
 - ▷ share and discuss pertinent issues that may come up during the appointment, including technical terms or acronyms (e.g., "PTSD," "EEG") or medications.
 - ▷ introduce the interpreter to the patient.
 - ▷ introduce other person(s) in the room (e.g. surrogate decision makers, health care proxies, family members, providers).
- ☞ If working with novice interpreters, emphasize to the interpreter the importance of interpreting the patient's speech or phrasing "as is", rather than editing or organizing it to be more understandable (e.g., some psychotic patients may speak in delusional or disorganized ways, which is important for clinicians to know).
 - ☞ Remember the interpreter will interpret everything the clinician and the patient say, so be aware that what is said by the clinician will be interpreted to the patient (and vice versa).
 - ☞ Document the name of the interpreter in the patient's chart (in-person, telephonic, or videoconferencing). If a relative or friend is acting as the interpreter, document the name of the person and his/her relationship to the patient.
 - ☞ Although the use of untrained family or friends is not a recommended practice, a patient has the right to choose a friend or relative. However, the clinician also has the right to have a trained interpreter present during the session.
 - ☞ Be aware that friends and family members are usually untrained or "ad hoc" interpreters. The provider should instruct them to interpret everything said by the patient and provider.

DON'TS



- ☞ Address comments to the patient while looking at the interpreter, or refer to the patient in the 3rd person. Instead, the clinician should speak directly to and look at the patient.
- ☞ Shout, speak overly slowly or too quickly, or mumble. Instead, speak in a normal tone and pace of voice and pause regularly to allow the interpreter to interpret.
- ☞ Have extensive sidebar conversations between the patient and interpreter or clinician and interpreter in the presence of the other party. Remember, the interpreter is obligated to interpret everything that is being said by the patient or provider.
- ☞ In the case of sign language interpreting, clinicians should not use excessive hand gestures or attempt to use basic sign language as these may confuse the patient. Instead, allow the sign language interpreter to facilitate the communication.
- ☞ Use complicated medical jargon and highly idiomatic expressions that are difficult to interpret and are usually based on culturally specific associations (e.g., "do you feel blue?").
- ☞ Ask the interpreter to persuade, convince, or demonstrate to the patient his/her support for one clinical option over another.
- ☞ Assume that, because the patient and interpreter share the same language, they also share the same cultural and ethnic background.
- ☞ Provide services in English to a patient with limited English proficiency without an interpreter. Instead, the clinician should seek appropriate interpreter services.
- ☞ Request that the patient bring his/her own interpreter to the appointment.
- ☞ Assume that, because a patient may have a limited command of English, he or she does not want or need an interpreter.

Interpretation and Language Access Resources

- NY State Office of Mental Health—Bureau of Cultural Competence**, http://www.omh.ny.gov/omhweb/cultural_competence—Provides information on how to access approved vendors for interpreter services and provides training in accessing interpretation and translation services.
- Better Communication, Better Care: Provider Tools to Care for Diverse Populations**, http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf—Comprehensive compilation of useful tips for healthcare professionals working with interpreters.
- Guidelines for Use of Medical Interpreter Services, Association of American Medical Colleges**, <https://www.aamc.org/students/download/70338/data/interpreterguide.pdf>—Provides guidelines and offers tips for working with an ad hoc interpreter (e.g., family, friends, or untrained staff).
- Hablamos Juntos: Language Policy and Practice in Health Care**, <http://hablamosjuntos.org/default.asp>—Information and resources on developing language access programs for health care organizations providing services to Latinos.
- Limited English Proficiency (LEP): A Federal Interagency Website**, <http://www.lep.gov/>—Provides information on language access for federally conducted and federally assisted programs; also serves as a clearinghouse, linking to information, resources, and tools for limited English proficiency and language services resources.
- National Council on Interpreting in Health Care**, <http://www.ncihc.org/>—Information for interpreters and providers, including standards of practice and code of ethics for interpreters in health care.
- NY Lawyers for the Public Interest**, <http://www.nylpi.org/images/FE/chain234/siteType8/site203/client/Language%20Access%20Legal%20Cheat%20Sheet%20Final%20-%209.09.pdf>—Provides an overview of federal, state (NY) & local (NYC) laws & regulations for language access in healthcare settings.

* Applicable to OMH licensed facilities & required by the New York State Mental Hygiene Regulation Section 527.4 and Office of Mental Retardation and Developmental Disabilities Regulation Section 633.4

HOW TO...



REMEMBER...



How to offer interpreter services to the person

- ☞ Identify patient's primary language and preferred language, and provide interpreting services in the patient's preferred language. Remember that patients may speak several languages and have various levels of proficiency in them. If the patient is not fluent in the chosen, preferred language, the provider should offer the patient interpreting services in his/her native language, if available.
- ☞ The Language section of the DSM-5 Cultural Formulation Interview (CFI) Supplement on Cultural Identity has other examples of questions to ask that assess language abilities and preferences. May be found at: <http://www.psychiatry.org/practice/dsm/dsm5online-assessment-measures#Disorder>
- ☞ Speak normally and clearly, using simple words and short sentences (do not speak loudly or shout).
- ☞ Assure the patient that the interpreter understands the importance of confidentiality and is, legally, not allowed to repeat what he or she hears during the session.
- ☞ If the patient does not speak English at all and you are unable to discern the language needed:
 - Clinician should:
 - ▶ Contact the contracted telephonic interpreting vendor to identify the language needed.
 - ▶ Use "Speak" cards or language identification posters to assist in identifying the patient's language. May be found at: <http://www.lep.gov/resources/resources.html#MM>
- ☞ If a patient speaks a limited amount of English:
 - ▶ Ask the patient for his/her language preference. For example, say: "I think I'm having trouble explaining this to you, and I really want to make sure you understand. Would you mind if we connect with an interpreter to help us? Which language do you prefer to speak?"

How to choose the type of interpreter

- ☞ Trained in-person interpreters are preferable to trained telephonic interpreters.
- ☞ Some patients may be reluctant to use in-person interpreters, if they know the person or are concerned about a perceived breach of confidentiality (this may occur more frequently in smaller language communities). Assure the patient that the interpreter understands the importance of confidentiality.
- ☞ Telephonic interpreter services are more readily available and cover many languages.
 - ▶ Although convenient, telephonic interpreting has limitations, including technical difficulties (e.g., poor reception), loss of nonverbal information, and decreased ability for rapport-building.
- ☞ For reliable communication and to maximize confidentiality and avoid legal issues, avoid using minors, family members, or untrained staff or volunteers.

How to establish a positive triadic relationship between the clinician, interpreter and patient

- ☞ Reiterate to the patient that his or her confidentiality will be preserved by both the clinician and the interpreter. This is particularly important in smaller language communities.
- ☞ Make eye contact with the patient and use positive non-verbal communication (e.g., smiling when appropriate, appropriate tone of voice, use of patient's name when appropriate) to help engage the patient in care.
- ☞ Meet with the interpreter after the patient's session has ended, in order to debrief the session as well as get the interpreter's assessment of issues related to the patient's cultural background or community, speech issues (e.g., organization, fluency), or any other information that may not have come up during the interpretation of the actual session but would be relevant for diagnosis or treatment.
 - ▶ In cases where the content of the session involves traumatic or other upsetting experiences, this "debriefing" session will also help clarify whether the interpreter is suffering from "vicarious traumatization" and could use further debriefing or access to additional resources.

Use of friends and family as interpreters

- ☞ Family members or friends should **not** be used as interpreters:
 - ▶ Friends' or family members' English language proficiency may not be sufficient.
 - ▶ Higher number of interpreting errors may result with this type of interpreter.
 - ▶ Friends and family may lack familiarity with clinical terminology.
 - ▶ Patient confidentiality may be compromised.
 - ▶ An unintended disclosure could affect the relationship between the patient and his or her friend or relative.
 - ▶ The patient might withhold pertinent information if a friend or family member is present.
 - ▶ Friends and family might withhold pertinent information.
- ☞ A patient who has been offered a trained professional interpreter may still express a preference for a family member or friend to interpret instead.
 - ▶ This may be because the patient feels more trusting of a family member or friend or feels more comfortable with someone he/she already knows.
- ☞ Remember to document in the chart that the service was offered but the patient declined and opted to use a family member, friend, etc.
- ☞ Remember that delay in obtaining a professional interpreter is not a sufficient reason for using untrained interpreters, except in case of emergency.
- ☞ If the patient insists on having a family member or friend interpret, a professional interpreter should still be present as well.
- ☞ Clinicians should document the name of the family member or friend in the chart, his/her relationship to the patient, and the patient's reason for refusing the professional interpreter (if a professional interpreter is also present, document his/her name as well).
- ☞ Never use minors as interpreters, except in case of **absolute** emergency.

Use of untrained bilingual staff as interpreters

- ☞ A patient may express a preference for an in-person bilingual staff member to serve as an interpreter, instead of using a professional telephonic interpreter.
 - ▶ Use of an untrained interpreter, even if bilingual, is not recommended.
 - ☞ A higher number of interpreting errors may result, the untrained interpreter may lack familiarity with clinical terminology, and the additional responsibility may substantially increase that staff member's workload.

References

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