Spanish – speaking Medical Interpreters working in Speech Language Pathology Sessions
Interpreting for monolingual and partially bilingual patients, their families and SLPs with various degrees of bilingualism

*By Constantina Fronimos – Baldwin, CMI**

Memphis, Tennessee, is home to a growing population of individuals who speak languages other than English at home. Most of these foreign language speakers speak Spanish and this population has doubled in our area since the last census (CA, 12/22/2010). Limited and Non English Proficient (LEP, NEP) patients have also doubled in numbers. Professional medical interpreters see more and more patients each day in a variety of settings such as emergency room visits, outpatient procedures, community clinics, diagnostic centers, and therapy sessions among several others. A challenging aspect of interpreting for clinicians and LEP/NEP patients is during speech language pathology (SLP) sessions, also known as speech therapy.
This article provides some perspectives for qualified medical interpreters working with speech language pathologists (SLPs). One of the purposes of this article is to demonstrate that there is a need for the interpreter and the SLP to follow a specific procedure when conducting a speech therapy session.

Speech Language Pathology
According to the US Bureau of Labor Statistics, speech language pathologists focus on "assessing, diagnosing, treating, and helping prevent disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency." SLPs work with people who "cannot produce speech sounds or cannot produce them clearly." They work on speech rhythm and fluency problems (e.g. stuttering), voice disorders (e.g. inappropriate pitch or harsh voice), accent modification, and cognitive communication impairments, such as attention, memory, and problem-solving disorders.
When I first interpreted for an SLP, I was four years into my career as a professional medical interpreter. I had some familiarity with the field through my work with professors at the University of Memphis. I worked as a Project Associate on a

bilingualism grant with Dr. Linda Jarmulowicz, Associate Professor, and Dr. Kimbrough Oller, Professor and Plough Chair of Excellence holder. Despite my exposure to speech language pathology, working in an evaluation setting and treatment sessions was a new experience for me and presented some unexpected challenges.

The Speech Therapy session

Patients are usually referred for speech therapy by their primary care physician or school. The first session includes an interview with the patient, or the patient's parents or family if the patient is a minor. During that session information about the patient's environment is collected, such as language spoken at home, exposure to other languages and the source of that exposure, such as English TV programs, siblings that speak English, etc. When assessing a NEP/LEP patient, the SLP should make every effort to schedule a medical interpreter to come in person and assist with communication during the evaluation and all therapy sessions scheduled after that.

Interpretation provided by telephone may be used only if there are not other options, since the SLP may be looking for nuances in the patient or parent's body language or pronunciation that may be missed by an interpreter who is listening only through the telephone.

My first speech therapy (ST) patient was a female pediatric patient with Down Syndrome whose mother spoke Spanish. The child hadn't learned how to talk yet; she was about 12 months old at the time and her SLP had some proficiency in Spanish. Walking into the session I was unaware of the breadth of an SLP's scope of practice. This session was about swallowing and feeding which caught me by surprise at the time. I remember that the SLP and I had a very brief pre-session and then walked into the room. For any readers unfamiliar with this term, a pre-session is an extremely helpful practice learned early in the medical interpreter training in which clinician and interpreter share some information on the nature of the encounter and the clinician's expectations. During the pre-session the interpreter has the opportunity to explain how she works and establish some rules that will help the healthcare provider communicate better with her patient and create rapport. Some things a medical interpreter may share during a pre-session are that she will speak in first person, that she will interpret with accuracy without adding, subtracting, or omitting any information, that the patient and the provider

should address each other and not the interpreter, that the interpreter may request that they speak in short segments, and that all information exchanged during the encounter will be kept confidential.

Steps in the process

My journey interpreting during SLP sessions has been more about "guessing as I go" rather than "knowing beforehand." In the sessions and years that have followed since that initial feeding evaluation, I have learned a lot. Here are some of the most important lessons:

A thorough pre-session makes for a good start

Having a pre - session is part of the Medical Interpreter Standards of Practice and it acquires additional importance when working with an SLP. Before starting any session the SLP and the interpreter must spend time together discussing the goals for that day and what the SLP will be looking for from the patient. This step is very important when doing a speech language evaluation or re - evaluation which usually takes place every 3 to 6 months. Tests usually have been modified to enable English-speaking therapists to assess Spanish-speaking patients. The interpreter is expected to ask many of the questions on the test. Some questions may allow for the test administrator to provide cues to the patient, while others may not. For example, the examiner may hold a pencil in her hand and ask the child, "What do you do with this?" In this situation, a cue would be to demonstrate the action of writing by pretending to write with the pencil in the air or on a piece of paper. Since this cue provides extra information to the child, it may or may not be allowed according to test protocol. In a case such as this, it is best to clarify with the SLP before doing anything more than reading exactly what the test states. With other questions, the SLP may be looking for pronouns as answers (e.g., "ella" instead of "niña", or certain verb conjugations or verb forms such as gerunds (e.g., "durmiendo" instead of "dormir"). The SLP may not assume that the interpreter working with her will know these goals beforehand and the pre-session is the time to discuss these details.

Interpreter positioning

During testing, the interpreter should be close to the SLP and the child since the interpreter will need to interact directly with both. During regular sessions the interpreter should aim to be in a neutral place where the child is not being distracted by

her. The SLP and the parent in the room should be the main focus of the child's attention.

Use of first person or third person

Interpreters learn either through experience or through training that small children – as well as mentally ill patients - may be confused by the use of the first person by the interpreter. If the therapist is holding a big red cube in her hand and asks the child, "What do I have here?" the interpreter would confuse the patient if she were to say, "¿Qué tengo aquí?" with nothing in her hands. My finding has been that using the third person may be appropriate in such situations. However the interpreter has to alert the SLP of all changes in sentence construction, grammar or any pronoun exchanges the interpreter believes she will use. Exchanging the pronoun "I" for "she / he" may be inappropriate in an evaluation and the SLP needs to know.

Parent participation

Parent participation is vital during speech therapy sessions of NEP/LEP patients. Parents can provide very useful information on the words used by the child at home and also on pronunciation of certain sounds the SLP may be testing. Mom and dad can share with the SLP if their child at home says "sweater" instead of "chamarra, campera o abrigo" or if the child actually says "ice cream" instead of "nieve" or "helado". Some children use English words both in Spanish-speaking and English-speaking environments. If the patient responds to the questions "¿Qué color es este?" with the word "yellow" the SLP may give the child credit because that may be the only word she knows and she may have never have heard of "amarillo." Another good example is when the child uses words in place of other words (here the assistance of the parent is again very valuable). The child may use the words "teta" or "leche" in place of the words "bottle" or "food". The medical interpreter should be humble enough not to assume she knows all the regionalisms in the Spanish language; always ask the parent to provide information on these.

Another suggestion is for the parent to be involved in the pre-session before an evaluation or re-evaluation and help the SLP and the interpreter make sure that the words and sounds used in the standardized test are used by the family. For example the test may ask the patient in a comprehension test with pictures "Enséñame la falda" (Show me the skirt) and the patient or family may not use that word at home. In some

Spanish-speaking countries the word "pollera" is used instead. The parent will be able to point that out for the SLP to consider. During articulation evaluations the SLP will ask the child to repeat a list of words after her. I have found that it is much better to let the parent read the words to the child instead of the interpreter. The parent's pronunciation will always be more familiar to the child than that of the interpreter.

Could it be a lisp?

Some SLPs may think that a patient's use of/θ/ where she should have used /s/ may be due to a lisp. A good example is when the patient may pronounce the word "zapato" (shoe) as "θa / pa / to" instead of "sa/pa/to". Also some patients (even adult ones) may say "mih/ mo" (same) instead of "mis / mo". These phenomena may be due to dialectal differences in pronunciation rather than an articulation disorder, and the interpreter should be in the position of alerting the SLP. For example, the aspiration of the middle "s" sibilant sound is common in the Spanish spoken in the Rio de la Plata region.

Problematic behavior

In some therapy sessions the pediatric patient may behave badly, not pay attention to the therapist, or even throw a tantrum. In such situations the interpreter should refrain from intervening and should not attempt to calm down the child, even though she may think it is helpful to the therapist. It is very important to let the therapist handle the situation and deal with the child and the parent. SLPs have several resources they could use and even a temper tantrum is part of the relationship between the SLP, the patient and her parents. The interpreter should encourage that rapport and maintain her role as a message conduit unless the therapist asks for her help.

Conclusion

There are many things an interpreter has to keep in mind when interpreting in a speech language therapy session. In summary, the best advice would be to just remember what we learned during our training as medical interpreters and apply it. Adopt the four roles of the interpreter (conduit, clarifier, cultural broker, and patient advocate) and avoid stepping out of those roles. Inform the SLP about any exchanges you use when converting the message from the source language to the language of service (are you saying "she" instead of "I"?; did you say "el niño come" instead of "él está comiendo"?) and let the SLP guide you. Be aware of gesturing since it may not be allowed in many

situations. Allow for the relationship between the SLP, patient and parent to develop and avoid the center stage. Working in the speech and language pathology setting may be a daunting task for interpreters and SLPs alike given the broad scope of practice, the diverse ages of the patients, and the fact that the SLPs are trying to diagnose disorders in patients whose language they do not speak. A speech therapy session with an SLP, a medical interpreter, and an LEP / NEP patient is an increasingly common occurrence and there must be a collaborative effort between SLPs and interpreters if these sessions are to be effective.

There is a need for more medical interpreters and more research on creating a best practice for the collaboration between SLPs and interpreters. The future of this field is exciting and unknown.

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Speech Language Pathologist Elizabeth Upchurch collaborated in this article.

Glossary

English	*Spanish*
Cognitive	Cognitivo
Stuttering	Tartamudeo
Dysphagia	Disfagia
(To) suck	Chupar, succionar, jalar
Feeding therapy	Terapia de la alimentación
Swallowing	Tragar, pasar, deglutir
Fluency	Fluidez

Tantrum	Rabieta, pataleta, ataque de cólera, capricho
Hoarse	Ronco
Impairment	Impedimento
Time – out	Penitencia
Language	Lenguaje
Voice disorders	Trastornos de la voz
Lisp	Ceceo
Speech Language Pathologist	Fonoaudiólogo, logopeda, terapeuta o terapista del lenguaje
Modified Barium Swallow Study (MBSS)	Estudio modificado de deglución del bario
Pitch	Entonación
Sinuses	Senos paranasales o senos aéreos
Speech	Habla

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