

Challenges and Complexities of Mental Health Interpreting

Presented by

Anita Coelho Diabate

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Medical/Mental Health Interpreter, Portuguese
Cambridge Health Alliance

Vice President - International Medical Interpreters Association

Terms

- The term '**translation**' is used to define written translation from one language to another.
 - The term '**interpretation**' refers to translation done orally and includes the complex cognitive process that an interpreter must use to render the final translation.
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Mental Health Interpreting as a Specialization

- Mental Health interpreting as a *'specialization'*, is much like any specific professional focus, where specialized training is required in order to perform the interpretation.
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Mental Health Interpretation Training and Education

- Interpreters who pursue training in Mental Health interpretation should have completed a minimum of 40 contact hours through an educational program at an accredited institution or organization and ideally should have had at least 100 hours of field experience.

National Consortium of Interpreter Education Centers

<http://www.nciec.org/>

Mental Health Interpreting Training

- ❑ **Cambridge College, Cambridge MA**

www.cambridgecollege.edu/community/programs.cfm

- ❑ **The Cross Cultural Communications Institute (CCCI)**

www.cccsorg.com

- ❑ **University of Minnesota**

www.cce.umn.edu/creditcourses/pti/services/refugee.html

- ❑ **The National Latino Behavioral Health Association (NLBHA)**
and The National Asian American Pacific Islander
Mental Health Association (NAAPIMHA)

www.nlbha.org . **Berthoud, CO**

- ❑ **Alabama Department of Mental Health**

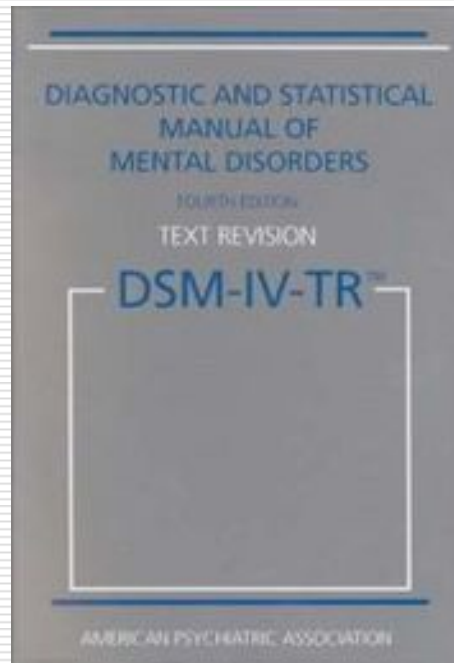
www.mh.alabama.gov

- ❑ **Department of Psychiatry, University of Rochester**

www.rochester.edu

The DSM-IV

For Reference Only



The DSM-IV

- ❑ **Common Axis I disorders** include depression, anxiety disorders, bipolar disorder, ADHD, Autism, phobias, and schizophrenia.
 - ❑ **Common Axis II disorders** include personality disorders: paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, borderline personality disorder, antisocial personality disorder, narcissistic personality disorder, histrionic personality disorder, avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder, and mental retardation.
 - ❑ **Common Axis III disorders** include brain injuries and other medical/physical disorders which may aggravate existing diseases or present symptoms similar to other disorders.
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The DSM-IV

The DSM-IV uses a Multi-axial system by organizing each psychiatric diagnosis into five levels (axes) relating to different aspects of disorder or disability:

- ❑ **Axis I:** clinical disorders, including major mental disorders, as well as developmental and learning disorders
 - ❑ **Axis II:** underlying pervasive or personality conditions, as well as mental retardation
 - ❑ **Axis III:** acute medical conditions and physical disorders
 - ❑ **Axis IV:** psychosocial and environmental factors contributing to the disorder
 - ❑ **Axis V:** Global Assessment of Functioning or Children's Global Assessment Scale for children and teens under the age of 18
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Perceptions of interpreting

- Common perceptions of interpreting often do not take into account the skill set interpreters must have to discern the subtleties of vocal inflection and non-verbal communication through the practice of professionally trained observation skills required by interpreters to effectively interpret.
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Distinctions between Medical and Mental Health interpretation

- ❑ Pre-session is often necessary
- ❑ Complete focus without interruption*
- ❑ Simultaneous vs. Consecutive
- ❑ Flow management required from the interpreter
- ❑ Cross-cultural knowledge
- ❑ Post-session desired if time allows

** Pagers or cell phones should be SILENT.*

Types of Encounters

- ❑ taking the medical and psychological history
 - ❑ explaining evaluations
 - ❑ diagnoses
 - ❑ treatment planning and treatment
 - ❑ providing individual, group, couples or family therapy
 - ❑ providing discharge instructions and information about follow-up care
 - ❑ twelve step programs such as AA and NA
 - ❑ family conferences
 - ❑ psychological and neuropsychological testing
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Encounter Flow Management

- It is very important to effectively manage the expectations of the provider, especially in a Mental Health setting. A pre-session is the most appropriate forum to make clear to the provider the distinctions between “word-for-word” interpretation and interpreting the desired communication.
 - If clarification is required from either patient or provider, always take the initiative to stop and ask that clarification be provided in order to continue.
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Inadequate communication can result in a distorted understanding by the patient of:

- the role of the mental health professional
 - the role of the service
 - the nature of the illness
 - the purpose of treatment or medication
 - side-effects of medication
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Provider perspective; Inadequate communication can limit:

- the ability to develop a therapeutic relationship
 - understanding the experience and point of view of the patient
 - understanding the cultural context of behavior
 - the ability to conduct an assessment
 - formulation of a diagnosis
 - determining an appropriate program of treatment
 - the ability to monitor the illness
 - evaluating the effectiveness, and any adverse effects, of treatment
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Diagnostic and treatment errors may include:

- ❑ diagnosis of psychopathology that is not present
 - ❑ failure to correctly identify the type of psychopathology present
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Safety concerns

- The mental health professional can help interpreters by providing information on appropriate actions to take in the event of volatile situations and by respecting reasonable limitations interpreters may place on their involvement.

 - Interpreters should never be left alone with patients and should not be expected to assist in physically restraining patients.
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Interpreting in Group settings

- ❑ Proper turn taking for speaking in a group is important because of the interpreting process.
 - ❑ The interpreter is not a family member or friend of the patient.
 - ❑ The interpreter will keep all group information confidential.
 - ❑ The interpreter will not participate in the group session or converse during the session.
 - ❑ Participants may interact with the LEP individual through the interpreter at appropriate times.
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Treatment Methods

The goals of treatment are to reduce symptoms of emotional disorders; improve personal and social functioning; correct distorted thinking; develop and strengthen coping skills; and promote behaviors that make a person's life better. Biomedical therapy, behavioral therapy, and psychotherapy are basic approaches to treatment that may help a person overcome problems. There are many specific types of therapies that may be used alone or in various combinations.

It is the role of an interpreter to merely use the limited knowledge of the DSM IV to provide themselves with context in interpreting communication between the patient and provider in the encounter and to provide cultural context if needed while maintaining transparency in the process.

What the provider should know

- ❑ Hold a pre-session to orient the interpreter to the goals of the session and special techniques you may use.
 - ❑ Work with the interpreter and the patient to determine the best possible physical placement for all parties in the situation
 - ❑ Face the patient and address questions and comments to the patient not to the interpreter.
 - ❑ Use first person; avoid saying, "Ask him..." or "Tell her..."
 - ❑ Know that the interpreter can only provide information about the patient's language, not personal information or opinions about the patient
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What the provider should know

- ❑ Expect that the interpreter may occasionally pause to ask you for an explanation or clarification of terms in order to provide an accurate interpretation
 - ❑ Recognize that the interpreter will interpret all that is said in the presence of all individuals and will not edit out anything spoken as an aside or anything that is said to others in the room
 - ❑ Be aware that the interpreter is responsible only to interpret, and is never responsible to supervise the patient
 - ❑ Hold a post-session with the interpreter to sort out communication issues and possible therapeutic concerns such as transference/counter-transference that may have surfaced
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Interpreter vs. Relative or Friend

- The relative or friend may have attitudinal or emotional issues that could affect objectivity and impartiality, and could prevent accurate communication.
 - For example, a relative or friend might feel compelled to “protect” the patient from uncomfortable questioning, or to withhold potentially embarrassing or self-incriminating information expressed by the patient.
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Interpreter vs. Relative or Friend

- ❑ A family member may not have the language skills or the correct terminology for communicating effectively in the mental health setting.
 - ❑ Using a relative or friend could breach the patient's right to privacy and confidentiality.
 - ❑ The patient may not feel comfortable to freely express feelings with a relative or friend present.
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Terms

Intercultural Mediation:

When an interpreter explains a culturally based idea or context to the party (provider or patient) who is not privy to such information. It is also when an interpreter 'interprets' non-verbal information based on cultural background knowledge.

Cultural Competency

When an old man from a remote foreign village is asked by the Mental Health provider: **“When are you most sad?”**

He responds **“When the Blue cow flies over the Western mountains.”** The doctor proceeds to begin writing his assessment of the degree of the patient’s disfluency.

As a cultural broker you kindly interrupt to say:

“Doctor, may I clarify the statement made by the patient?”

You then tell the doctor that in the patient’s remote foreign village, legend has it that when the winter is to be longer, the sacred Blue cow can be seen in the cloud formations in the western skies” therefore your professional interpretation is that the patient’s response was actually:

“I am most sad when the winters are longer”.

Best Practices in Mental Health Interpreting

□ **First impressions are key**

This is your chance to make a strong first impression by showing your professionalism.

Trust in you from both patient and provider will be built from this point forward.

□ **Ask the provider for a brief pre-session**

A good interpreter introduction will always include a request for information on the patient and the situation at hand.

Best Practices in Mental Health Interpreting

Work on developing a teamwork approach with the provider

When interpreters and providers work as a team, the work of both the interpreter and the provider is much more effective.

Likewise, when there is no teamwork, the quality of the interpretation and the mental health session often suffers.

Best Practices in Mental Health Interpreting

Literal translations

Literal interpreting may not always be suitable to assist communication. Often interpreting from one language to another means that sentence structure will differ from one to other language.

It is essential to keep the interpretation as close to the original communication as possible for effective diagnosis. Be sure to give clarification to the provider when syntax differs in any way.

Best Practices in Mental Health Interpreting

- **Fidelity**
This is most important in mental health interpreting. Fidelity to tone and register is extremely important.
 - **Transparency**
When not working in a transparent way, others can be made to feel left out. This can cause lack of knowledge of what is happening, mistrust and resentment.

Not a teamwork approach.
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Best Practices in Mental Health Interpreting

Providing cultural context

When providers OR patients are not aware of the cultural context of the other party, it becomes increasingly difficult to understand each other. Interpreting language alone is not enough to facilitate communication.

Best Practices in Mental Health Interpreting

Setting boundaries

Boundaries are even stricter in a mental health setting than in a typical medical encounter for several reasons. Boundaries are the best way in which to prevent risky situations or relationship expectations that cannot be maintained.

Best Practices in Mental Health Interpreting

Simultaneous skills

Simultaneous interpreting is inevitable in mental health interpreting. If you are not fully proficient, disclose it when requested to do any mental health assignment. You never know when it's going to be needed. There are training opportunities available for interpreters of all languages.

Citations

- **VTPU Guidelines for Working Effectively with Interpreters**
Tania Miletic, Marie Piu, Harry Minas, Malina Stankovska, Yvonne Stolk, Steven Klimidis
 - **Interpreting in Mental Health Settings**
Standard Practice Paper; Registry of Interpreters for the Deaf
by the Professional Standards Committee, 1997-1999
 - **Top Ten Best Practices in Mental Health Interpreting**
Izabel Arocha, M.Ed.
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Contact Info • Q&A

Anita Coelho Diabate

Medical/Mental Health Portuguese Interpreter
Multilingual Services, Cambridge Health Alliance
Cambridge, MA

adiabate@challiance.org

VM: 617.665.1384 - FX: 617.665.2410

Vice President - International Medical Interpreters Association

IMIA - Leading the advancement of professional interpreters

<http://www.imiaweb.org>
